MODIFICATIONS IN A SCHIZOPHRENIC REACTION WITH PSYCHOANALYTIC TREATMENT

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The modifiability of schizophrenic reactions by psychoanalytic methods is a problem which has been much debated. I am reporting here the case history of a patient who came into analysis during her convalescence from a severe schizophrenic episode and who, in the course of that analysis, went through two subsequent upsets which were of diminished intensity and which showed progressively less schizophrenic and more affective features.

In the spring of 1933, a married woman aged 30 passed through a period of mild, unacknowledged depression which was characterized chiefly by an apathetic attitude toward friends, relatives and her 3 year old daughter, by difficulty in making decisions and by retreat into a routine of excessive smoking and intensive reading of murder mystery stories. In June, after a move to the country, the patient experienced insomnia and, for a few days, a certain amount of restless overactivity. Out of this background there developed a sudden and acute psychosis. She showed obvious, intense panic and great perplexity and occasionally alluded to delusional notions of kidnapping or persecution. On one occasion she started to wander away from home, which led to her being placed in a hospital, where in a setting of increasing tension, perplexity and confusion, there developed a short period of mutism and catatonic posturing. Later, during subsequent analysis, it was possible to fill out this picture with many details, which will be alluded to later.

The acute upset lasted about eight weeks and was followed by gradual and uncomplicated convalescence, of similar duration. After a short vacation with her husband, she returned to her home and entered analysis in September 1933.

About the nature of this acute episode there had been no doubts in the minds of any who had seen her. Most of those who had been called in consultation had given an unqualifiedly bad prognosis. I expressed the belief that the prognosis for the acute attack was good but concurred in the opinions of the others that, unless some form of successful treatment could be instituted, the patient would suffer from recurring attacks, probably of increasing severity and duration, terminating, in all probability, in a permanent paranoid schizophrenic psychosis. It was recommended that an effort be made to modify the course of the illness through psychoanalysis, not with any promises of success but with the hope that one might at least ameliorate the unfavorable outlook. From the first, it was predicted that there would be recurrent episodes of illness during the course of the analytic treatment.

Because of the limits of this communication, no effort will be made to present any details of the subsequent years of psychoanalytic investigation and treatment, except when these are necessary in order to trace the clinical course of the patient's illness.

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The first weeks of analytic work unleashed a torrent of retrospective data on the acute illness from which the patient had just emerged—data which demonstrated the florid and extravagant nature of the delusional processes which had been at work, but most of which she had kept masked during the tense and suspicious phases of the illness. Thus, she had imagined that she was under constant surveillance and that she was the center of a plot to trap her into damaging admissions on the basis of which her child would be taken from her. She was the focus of an elaborate scheme of blackmail. Her daughter had never really been born, or if she had been born, there was no way of proving that she was really her daughter, should the child ever be kidnapped. Her husband was her recently deceased father-in-law, in disguise. Her husband and mother-in-law were planning to kidnap the daughter. Daughters, worthy mothers and grandmothers were all to be kidnapped together and transported to some island, for experiments in homosexual breeding, but the patient was ruining the scheme and therefore would have to die. She must save herself from destruction by leaving her finger-prints on all objects in the room. The pictures in the room kept changing to scenes of her childhood. Confusion arose as to whether her own father was dead or alive. Eyes were watching her from all shiny surfaces. She doubted whether she had ever been married and whether, if she went to sleep, she would ever awaken. Again, she felt sure that she was surrounded by homosexual male patients. The masseuse was really a man dressed as a woman; as the patient laid her hand in the masseuse's lap, she felt an invisible penis. The massage itself was masturbatory preliminary love play which would lead to intercourse. She herself was a hermaphrodite, and she attempted to urinate like a man. Various investigations of intestinal functions, which had been undertaken unwisely at this time, were also fitted into her delusional scheme.

These samples of her profuse productions served to establish beyond doubt the essential nature of the illness.

In the first weeks of analysis the patient did little but discharge the pent-up panic by pouring out memories of all this confusion. She discussed it freely, wrote it out several times and dreamed fragments of it again and again. In this reworking and reliving of the experience of illness it became evident that injudicious handling of the situation during its earlier phases had nearly precipitated her into suicidal efforts. On the one hand, the neurologist's thoughtless use of colonic irrigations and massage had thrown her into acute homosexual panics. On the other hand, an ill-timed and brutal confrontation of her with some partial evidence of latent homosexuality by an untrained pseudoanalyst had given her the feeling that there was no escape from all this except through death. I secured the first positive reaction from the patient when, on being introduced into the picture, I terminated all such violent nursing and medical attention, allowed the patient a maximum of seclusion and gave her the companionship of a silent, unobtrusive and passive nurse; furthermore, I attempted no verbal rapport with the patient until she was well able to tolerate it in small doses and without panic.

The first winter of analytic work yielded little external evidence of progress. After the initial outpouring of material, it became necessary to engage in an incessant struggle against the patient's obstinate efforts to repress all important psychologic data, whether immediate, recent or remote. Probably the most that can be claimed for this first winter of work was that the patient for the first time began to have the courage to face certain facts about her life—facts which were obvious to all her friends and to her family but from which, with char-
acteristic solicitude, they had shielded her, and which she was too pathetically timid ever to have faced alone. Thus, she came to recognize the blinding terror which dominated every human relationship: terror of her dead father and her brother, fear and hostility toward her mother, incessant terror of her husband and his family, obsequious fear of her servants and even of her 3 year old daughter and of all her friends. She saw that she spent her life between placating and hating, and she realized that, historically, this was in some way all connected with jealousy of her brother, jealousy of the girls she liked, deep-seated shame about masturbation and acute jealousy toward women. In the analysis, as in her life for years past, she maintained a lethargic and evasive attitude, through which it was only rarely possible to break, and then only for a moment. Thus, it was months before a sufficiently strong relationship had been built up to make it possible to induce her to relinquish her escape into florid and murderous mystery tales. This deprivation became effective only when she began to catch a glimmer of insight into the secret gruesome satisfaction which these pictures of death and destruction afforded her. This insight eased her at the same time in another important direction. She lost a severe phobia that her child would be run over, when she began to sense that this child represented to her all the hated girl rivals of her puberty and adolescence and that, in fact, she was obsessed with secret and triumphant fantasies of the child's death.

In May a series of strains occurred, which threw the patient into a new episode of illness. Her mother and stepfather sailed for a prolonged stay abroad. Her husband had to go away for a few days on a business trip, on which he used for the first time an exceptionally expensive, large and high-powered automobile, which had just been given him, at the same time that the patient had been given a Ford. More important than any of these events, however, was the fact that just at this time her husband's closest friend announced his separation and impending divorce. With increasing panic, the patient faced the implications of this move for her husband's life—correctly, for she knew that her husband's attachment to this friend was a much deeper bond than he himself realized, a bond based on fundamental identifications. It was not a chance coincidence that the husband at this time used a slight cold as an excuse to withdraw from all sexual life with the patient and to sleep in his study rather than in their bedroom. The period of slowly but steadily mounting anxiety finally culminated in a mild hypomanic swing and then a renewed outburst of deeper panic, with increasing confusion. It became necessary, after ten days, to move the patient to a nursing home for a few weeks. This time, however, there were no outspoken delusions, but at times there were much confusion and unhappy puzzling and questioning: Had I learned accurate facts from her husband? Was there anything wrong with her body? Was there anything strange about her father's death? At other times, momentarily, in a ranting, emphatic, protest

ing, assertive or querulous voice, she talked rapidly, with true flight of ideas by Klänge associations, but without elation. She referred to the delusional material of her first illness by saying that the thought kept coming to her that similar things were happening around her but that she knew this was not true.

The panic, confusion and excitement subsided rapidly in the nursing home, and within a few weeks the patient was taken to a quiet home for convalescent patients in the country, where she moved slowly through a mild depression, from which she made a gradual and uncomplicated recovery. After a short holiday at the seaside with her husband, she returned to analysis in the middle of September 1934.
There then began a much more profound and significant phase of the analytic work—a period of uninterrupted gain and progress which lasted for nearly eighteen months and during which it became evident to the family and to friends that out of the timid, frustrated, evasive and insecure person was emerging some one of much firmer substance and character. The reports that came to the family were not that the patient was "her old self" but that she was freer, firmer, more vigorous and gayer than she had ever seemed before. She undertook a daily part-time job and in it won for herself the high regard of her associates.

A detailed review of the nature of the analytic work during this constructive period will have to be presented elsewhere. Its major emphasis, however, can be summarized briefly. The patient became increasingly aware of the traumatic impact of her mother's anxieties, jealousies and attachment to herself and of their jealous rivalry for her brother and painfully conscious of the hurt which she had experienced through the indifference and rejection with which her scholarly recluse of a father had treated her. Above all else, however, she became aware of the passionate, eager, jealous attachments with which she had fled from her complex family scene to relationships with other girls and women. Long before this material could be thoroughly worked out in detail (for the patient was as ever a slow and resistant worker at analysis) and long before there could be any thorough emotional reliving and working through of this material, the patient was faced with the most severe blow which she could have had—a blow which, before she was ready for it, threw her directly on the problems of her unresolved homosexuality. This came about when she was suddenly confronted by her husband with a plan for an almost immediate separation and an ultimate divorce. Needless to say, the patient felt that it was wise, from the point of view of herself, their child and her husband, to hide her hurt and avoid all recriminations. Therefore she pretended to all except her own family and a few intimate friends that the separation was the result of a plan mutually agreed on. Therefore, the outside world inevitably leaped to the usual hasty conclusion: that the analysis had caused the separation.

For a month the patient contemplated the proposed separation calmly and reasonably. Because of the many deep-seated neurotic difficulties from which the husband suffered and from which, because of his aggressive, self-righteous nature, he had always caused her to suffer, she could even anticipate many advantages from this separation. She went over the past and admitted that in the year preceding her first breakdown she had been struggling to hide from the realization that in her marriage she had an almost impossible task on her hands and that it was only timidity which had kept her from facing this fact at that time. Then came the husband's move to separate living quarters. Still for a month and a half she continued to live fully and freely, with a feeling that for the first time in her life she was ready to live on an adult and independent basis. At this point, however, her mother again left the country, for an unavoidable prolonged stay abroad. Despite the hostile nature of the attachment that existed between them, within two weeks the patient's confident and healthy status was shattered, and she lapsed into a third short episode of illness.

In almost every way, however, this third illness was different from those which had preceded it. Only the succession of events at the onset bore the stamp of the old pattern: i. e., anxiety, followed by mild speeding up, which in turn was punctuated by recurrent moments of greater panic. This time, however, there was not even a semblance of formation of delusions. For a short period
there were a tendency on the patient's part to feel that there might be some "strangeness" or "coincidence" attached to every-day objects and occurrences and some perplexed overinterpretation of somatic sensations. This was all that was left of the délire d'interprétation which had marked the first illness and which had been so plainly recognizable below the surface of the second. A few rigid mannerisms and phrases crept in. Frequently she interrupted her talk with an impatient gesture and the words "skip it, skip it"; her customary facial and bodily mannerisms were all exaggerated, to a fixed and somewhat stereotyped degree. At no time in this illness, however, was there any need for hospitalization. For a few weeks she was more comfortable if protected from complex social demands by avoiding social engagements and utilizing the daytime companionship of a nurse; she was relieved of the care of her household and child. Throughout the illness, however, it was possible to keep up the analytic work; indeed, because of the patient's extraordinarily insistent drive, this led rapidly to one of the most profitable periods of deep investigation. During this period significant and hitherto repressed details of her early instinctual development came to clear expression, and with this the third psychotic episode subsided. Its exact duration is hard to indicate, because in about eight weeks all panic, pressure and perplexity had disappeared, leaving the patient in a somewhat subdued state of natural and inevitable depression. From this she emerged slowly and gradually. Thus, the major period of illness was one of sluggish and mild depression, which ran a slow convalescent course, as the analysis worked on.

So excellent had been her general level of adaptation during the months before her husband confronted her with his decision and so far reaching were the implications of the analytic work which she had done in the preceding year and a half that it is legitimate to doubt whether she would have had the last illness had she had more time in which to consolidate her new-won gains. His decision forced her prematurely to face certain deep-seated problems which she had only begun to uncover in the analysis and to trace to their origins. The impact of his decision on her, had it come a year later, might have had a far less disturbing effect.

**COMMENT**

The ultimate fate of the patient is not yet assured. Since the last illness nearly a year has gone by, again with slow but steady gains both in analytic insight and in the quality and apparent security of her adjustment to life. Nevertheless, this report is one not of a cure but of a gradual basic modification of a schizoid character and a striking modification of a schizophrenic illness, with lessening of the delusional tendencies and a shift toward simpler affective responses, in place of the down grade tendency which the nature of the first illness had led every one to expect. To what extent this modification of the illness is due to the analysis is difficult to establish at this stage of the work. However, when the structure of the illness is finally worked out, it may be possible to establish even this point with some degree of probability.

For the present, it is sufficient to describe the apparent influence of the analysis in three stages: 1. After the first illness the analytic work helped the patient to accept the fact of her illness, to face certain aspects of the raging hostilities which she hid beneath her saccharine
and placating manner and to face certain of her own instinctual demands and the frustrations of these in her life situation as it was then constituted.

2. The interval of analytic work between the second illness and the third extended her knowledge of her psychosexual constitution to include certain grave homosexual inclinations and anxieties and laid the basis for a much more profound understanding of the early conditioning influences which had played on her emotional development. As a result, the whole tenor of her living shifted. From exclusiveness and a lifelong sense of social alienation, she became less constrained, social instead of asocial and firmer in her dealing with domestics and her associates in work, and for the first time she worked consistently and effectively at a useful job, in which she manifested an unexpected and high degree of ability.

3. This happy state of affairs was interrupted, of course, when the husband's sudden announcement precipitated the third illness. Since the third episode, however, the patient has worked through and out of her profound and bitter fear of and hatred for her mother, to a relationship of genuine friendliness, warmth and honesty. She has freed herself from the rivalry with her little daughter and for the first time has become in any true sense her daughter's mother. She moves in a healthful fashion among a widening circle of friends, at the same time keeping up her effective work. In this period there was successful analysis of her vast system of unconscious fantasies about illness and death, whereby she won her first freedom from fantasies about the supposedly ruinous effects of infantile masturbation.

During this phase of the treatment the analysis of the persistent compulsion to pick at her face uncovered the fact that during the weeks in which her first illness had been rolling up, the patient had indulged a secret and peculiar nightly orgy. Seating herself on the edge of the wash-basin, her face close to the bathroom mirror, for hours on end she would press, pick and squeeze at real or imaginary pimples on her face, in an irresistible frenzy, accompanied by almost orgastic sensations. With lessened, but essentially unaltered intensity, this drive had persisted throughout the healthy interludes of her analysis, as well as the periods of illness, until as a result of certain specific analytic processes, the compulsion relaxed its destructive grip and practically disappeared.

However, many serious problems remain to be resolved. There are certain deep-seated obsessional tendencies which manifest themselves in a few compulsive mannerisms, some ticlike manifestations, minor dressing compulsions and the like. These indicate that the resolution of the psychotic tendencies will not be complete until these unmasked neurotic fragments can also be analyzed and resolved. This is obviously
the task that remains, but it is one in which one can hope for a considerable measure of success.

From the formal clinical standpoint, this case raises further problems of considerable interest. The patient was a timid person who throughout life had protected herself from all-inclusive terrors by an array of minor obsessional and compulsive rituals. These rituals hampered and constrained every detail of her living but did not manifest themselves in overtly neurotic behavior. Through this protective array of defenses the illness came, with a sudden rush. There was a preliminary flurry of anxiety, followed by a burst of false self-confidence in a mild hypomanic swing, which was accompanied by erotic fantasies of unwonted daring. These fantasies brought basic libidinal attitudes close to expression, which in turn released her sense of sudden danger. The resulting panic hurled her into confusion, perplexity and disorganization of ordinary thinking processes, with partial loss of the capacity to distinguish between reality and fantasy.

One wonders whether this sequence of events is always characteristic of the evolution of a schizophrenic illness in such timid and obsessional personalities and whether it would always be true, as it was here, that the indecision of the "normal" obsessional character would be represented in a subsequent psychosis by what Hoch pictured so vividly in his description of states of distressed perplexity.