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The Importance of the Non-Psychotic Part of the Personality in Schizophrenia[1]

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Descriptive psychiatrists have attempted to classify the various forms of schizophrenia, but without being able to lend insight into structure. Because these psychiatrists have lacked the proper tools to relate preceding phenomena to the psychosis proper, they have concentrated merely on psychotic symptoms. It cannot be denied, however, that in its limited field descriptive psychiatry has done excellent work.

In recent years psychotherapists have invaded the field of the psychosis. So far, however, I cannot find that they have contributed very much to the increase of our metapsychological insight. Apparently the therapists have set themselves the task of establishing contact with the patient and thus leading him back to reality. To attain their goal, they are unable to make use of classical analysis, and one gets the impression that they rely largely upon acting out together with the patient, and eventually upon the interpretation of content but not of form. They do not bother to classify the patient's ideas and therefore disregard many of psychiatry's pertinent findings.

The child therapists, who are making the diagnosis of childhood schizophrenia more and more frequently, have departed in still another way from the tenets of the old descriptive psychiatry. They completely ignore the established entities of illness in favour of a homemade picture of schizophrenia—a picture which has little in common with the classical types of schizophrenia.

I shall therefore go my own way in an attempt to bring clarity into the process of schizophrenia. In my present paper I shall have time only to state some of the results of my research, and for further details I would refer you to my previous publications on schizophrenia.

Before the patient acquires such marked psychotic symptoms as delusions, hallucinations, etc., he goes through a period which deviates from normality. During this period a regular neurosis, such as hysteria or an obsessional neurosis as seen in daily analytical practice, [2] is not present, yet neither is the main characteristic of the psychosis evident, namely, the loss of contact with reality. For delusions and hallucinations are obvious signs that the patient has abandoned contact with reality and is living in a world of his own. This transition period I have called the prepsychotic period.

Freud, in his article on Schreber, [3] states that this withdrawal from reality occurs silently, that it is imperceptible, that what attracts the observer's attention is the schizophrenic patient's conspicuous attempt at restitution, which attempt expresses itself through delusions, etc. I do not think we can accept this statement of Freud's as he originally formulated it. It may be true that in a few cases the psychosis appears to begin suddenly, without any warning, but in the great majority of cases this is not true. It is not true even of Schreber, for there is ample evidence of the existence of a prepsychotic period in his case; in fact, Schreber devotes an entire chapter to a description of the hypochondriacal and phobic symptoms which preceded the outbreak of his typically psychotic symptoms.[4]

Two different methods may be used to secure information about the prepsychotic period: (*a*) direct observation, and (*b*) reconstruction.

The second method is the more complex, but is at least as useful as the first. When direct observations fail or cannot be employed to a sufficient degree, it is necessary to rely completely on reconstruction. This method is based upon the existing relation between the phenomena in the prepsychotic phase and the subsequently occurring delusions, hallucinations, etc. When, in the prepsychotic phase, the ego loses its power to master certain conflicts by reality means and therefore contact with reality has to be relinquished, an attempt at restitution sets in. This restitutional attempt deals with the same conflict and solves it by unrealistic means.

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[1] Paper read in the Symposium 'Theory of Schizophrenia' at the 18th International Psycho-Analytical Congress in London, 28 July, 1953.

[2] This statement needs correction to the extent that sometimes the ego's attempt to prevent a psychotic development results in a neurosis, which most of the time is of a transitory nature.

[3] Freud, Sigmund: *Collected Papers*, Vol. III, p. 458. (London, Hogarth, 1946.)

[4] See Katan, M.: 'Schreber's Prepsychotic Phase', *Int. J. Psycho-Anal.*, **34** (1953), Part 1.

Let me cite two short examples:

1. In the last phase of the prepsychotic period, the conflict of the male patient revolves around the wish to be a woman in relation to a father-figure. After contact with reality is severed, one result of the restitutional attempt may be that the unconscious wish to be a woman no longer constitutes a part of the unconscious but becomes, through projection, a part of the delusional outer world in the following way: the patient believes himself persecuted by a father-figure who wants to use him (the patient) as a woman or to make a woman out of him.
2. The restitutional attempt may also take another way of resolving the conflict. The feminine part is still projected, but this time to a mother-figure. The patient has lost his unconscious feminine part and in his delusion is in love with a mother-figure who represents his own projected femininity. We shall return to a discussion of this mechanism presently.

Our newly gained insight into the relationship between prepsychotic phenomena on the one hand and delusions, hallucinations, etc., on the other opens up for us a new field of interpretation. From the existing delusions, hallucinations, catatonic symptoms, etc., we are now able to reconstruct the conflict as it was before contact with reality was broken off. Especially important is the fact that from the hallucinations far-reaching conclusions may be drawn about the defence mechanisms which were originally planned in order to maintain contact with reality but which eventually had to be abandoned. Frequently these hallucinations reveal which defence mechanisms would have been employed by the ego if the latter had not lacked the energy to cathect them. This subject will be discussed a little more at the end of my paper.

What affords us the best opportunity of studying this prepsychotic period by the method of direct observation? In my opinion, the best opportunity is present when the ego makes strenuous efforts to prevent the ties with reality from being severed. In such cases the transition period is fixed for a certain length of time so that the characteristics may be studied and compared on the one hand with neurotic, on the other with overtly psychotic symptoms.

What do we learn from our study of this prepsychotic period? Its outstanding characteristic, it seems to me, is the loss of the positive Oedipus complex: the positive attachment (in the boy) to the mother, and the ambivalent attitude towards the father, is relinquished. The point I want to stress is that the Oedipus complex has *lost* its cathexis; in other words, that it is not repressed.[5]

Here it is in order to make a few remarks about the positive Oedipus complex. Many years have passed since Freud made his original statement that the Oedipus complex was at the centre of the neurosis—and one may add that this complex also forms the basis for normal development. Through the study of the neurosis, light has been shed upon the disadvantage of too strong oedipal wishes. Intense clinging to oedipal wishes leads to conflict with reality, and in order to avoid this conflict, many defence mechanisms are set up by the ego. The reality situation requires the individual to ward off these oedipal wishes. If the warding off is not successful, a neurosis may result from the conflict between the ego defences and the oedipal wishes. It is a striking fact that this struggle takes place early in life. Therefore an adult neurosis always has its origin in infantile life and is preceded by an infantile neurosis.

In recent years attention has been focused not only upon the oedipal phase but also upon the developments which take place before the Oedipus complex is established. The study of the pre-oedipal phase has therefore received much attention. The observation has been made that not only the oedipal but also the pre-oedipal wishes have their influence upon the development of the neurosis. This new insight gained through study of the pre-oedipal phase logically brings the following question to the fore; namely, can the Oedipus complex still be considered to be at the centre of the neurosis? At the last International Congress, held at Amsterdam, this question was one of the main points of discussion. This discussion, in my opinion, revealed no reason why Freud's original statement should be changed. The Oedipus complex may still be called the centre of the neurosis. True, pre-oedipal developments exert a powerful influence upon later developments, but they do not affect the importance of the Oedipus complex. The pre-oedipal developments are channelled into the Oedipus complex.

We may also consider the perversions in this connexion. The perversions are not an exception to Freud's statement. To generalize, we may say that the perversion, too, is the result of the struggle against the demands of the Oedipus complex. Recognizing the important rôle which homosexuality plays in the schizophrenic psychosis, let us focus our attention temporarily upon the homosexual perversion. This perversion may be strongly rooted in pre-oedipal developments. Constitutional and environmental factors in the pre-oedipal phase may already be so strong that eventually the homosexual perversion cannot be avoided. Nevertheless, pre-oedipal developments must still pass through the oedipal phase.

To take an illustration. We are all familiar with the example of the homosexual man who is so strongly attached to his mother that at the point

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5 The first person to draw attention to the relation between the absence of the positive Oedipus complex and a delusion was Ruth Mack Brunswick in her article, 'The Analysis of Case of Paranoia', *J. Nerv. Mental Dis.*, **70** (1929), pp. 1–22, 155–178.

where he should break this attachment in order to transfer his love to a girl, he is unable to do so. Instead of the normal course of events, he identifies himself with his mother, and from then on, his love object is a boy, who represents himself. Clearly, the rôle of the positive Oedipus complex in the development of the homosexual perversion is an important one.

I have reiterated these well-known facts in order to stress that with the loss of the Oedipus complex in the prepsychotic period, a process occurs which is completely differnt from that in the transference neurosis as well as from that in the perversion. When the Oedipus complex is lost, only pre-oedipal fixations remain. In this prepsychotic stage the homosexual urge predominates. Because of the loss of the Oedipus complex, the structure of the homosexual urge in the prepsychotic stage differs from the structure of homosexuality in the perversion or in the neurosis.

To stress this difference, I shall repeat the sequence of events. Through the loss of the Oedipus complex, the homosexual urge has now a pre-oedipal character. The prepsychotic schizophrenic male patient wants to be a woman. This wish has its origin wholly in the constitutional wish to be a woman and does not arise from attempts to ward off oedipal demands. In the woman, the wish to be a man predominates. Here again this desire for masculinity does not stem from the positive female Oedipus complex but is directly derived from the constitutional factor of masculinity.

Thus we meet the problem of bisexuality. Of course, this problem also is present in the common neurosis. Yet in the neurosis the problem of bisexuality is dealt with on an oedipal level and does not endanger the ties with reality.

In schizophrenia, on the other hand, attempts to solve the bisexual problem and still remain in contact with reality fail. Therefore, in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished. Before discussing this state, I want to describe the change in structure of the Oedipus complex before it is relinquished during the prepsychotic schizophrenic development.

Let me begin with the following. Freud, in his article 'On Narcissism, an Introduction', [6] attempted for the first time to distinguish between the way a man loves and the way a woman loves. The man, in his oedipal development, bases his love for his mother upon an earlier attachment which is formed at the time when the mother satisfies his narcissistic needs by nursing him; whereas the woman loves in the man one of her own narcissistic ideals. Thus the man will choose a love object based upon the example of the nursing mother, whereas the woman will love in the object some characteristic representing herself or what she might like to be.

My study of schizophrenic men pointed to the existence of a prepsychotic oedipal relationship of a purely narcissistic type. As an example, I shall cite the case of a man who in 1887, the year when his psychosis began, was 27 years old. He made the following statement: 'According to the basic law of 1887, every Netherlander had rights to the throne. There was no masculine heir. The population became half insane and filled with anxiety.' This man then asked to be made Crown Prince, whereupon he was institutionalized.

The patient's words contain a delusional distortion of the true facts. The King of the Netherlands was old, his two sons had died, and his only remaining child was his daughter by a second marriage, who at that time was only seven years old. It was therefore imperative that some new laws be made to provide for a regency in case the King should die before the Crown Princess was old enough to reign herself.

These facts enable us to make an interpretation. The patient's statement that the population became half insane and filled with anxiety because there was no male heir means that the patient himself was insane and was afraid he would lose his masculinity and be changed into a woman. To ward off this danger, he asked to be made Crown Prince. The 'changing of Holland's basic law of 1887' means that the patient's own basic law had changed in that year: he had become psychotic. About six years later he addressed a letter to the Princess, asking her to marry him. Meanwhile his delusions of grandeur had progressed further: he thought that he was Emperor of France, identifying himself with Napoleon.

At first glance one might think that the patient's marriage proposals were directly derived from an existing Oedipus complex. Yet we know that previously he had been afraid he would become a woman. Obviously, he had got rid of his femininity by projecting it onto the Princess, whereupon he was able to maintain a pseudo-masculinity.[7] In his delusion he was striving to establish contact with his projected femininity. There are good reasons for conceiving of this projected femininity as no longer occupying a place within his delusional personality.[8] The psychotic phenomena, although at first appearing to be derived from the Oedipus complex, point only to a state of absolute narcissism. The patient's psychotic outer world, namely, the Princess whom he wanted to marry, represents an externalized part of his own personality.

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6 Freud, Sigmund: *Collected Papers*, Vol. IV. (London, Hogarth, 1946.)

7 See, for instance, Katan, M., 'Structural Aspects of a Case of Schizophrenia', in which article pseudomasculinity is discussed. *Psychoanalytic Study of the Child*, Vol. V. (New York, International Universities Press, 1950.)

8 See, for instance, Katan, M., 'Structural Aspects for a Case of Schizophrenia', in which article pseudo-masculinity is discussed. *Psychoanalytic Study of the Child*, Vol. V. (New York, International Universities Press, 1950.) p. 202 ff.

Yet, as I have mentioned, a delusion is always an elaboration of a mental conflict preceding the delusion, in which conflict contact with reality was maintained. By interpreting the delusion, let us now try to reconstruct the prepsychotic conflict which corresponds to the conflict resolved by the delusion. In the delusion the homosexual urge is mastered by projection of the patient's feminine part. By this process the feminine part becomes a delusional mother-figure whom the patient loves. We may therefore conclude that in the preceding prepsychotic conflict the patient attempts to ward off his urge towards femininity by loving his mother (or a mother-figure). This fact is evidence that in the corresponding prepsychotic development he is still clinging to his Oedipus complex in his defensive struggle against homosexual feelings. Yet the delusion reveals also that what he loves in his mother is a representation of what he would like to be himself, namely, a woman. Therefore, the mother represents his own narcissistic ideal. In this way he wards off femininity by admiring it in his mother instead of in himself. To stress the difference between this phenomenon and the delusion, I repeat that in the delusion the patient's femininity is no longer a part of his personality but, through projection, has become outer world. In the delusion he does not love anything in existing reality but loves only his projected self, whereas in the prepsychotic state he loves his mother in order to ward off his own unconscious femininity.

We may ask whether the patient who develops schizophrenia in adult life has, in infancy, always passed through this narcissistic phase of oedipal development. We may ask further whether his Oedipus complex has not failed to progress beyond such a state. We may even ask whether this narcissistic phase is not a normal transition, implying that in everyone the Oedipus complex has narcissistic roots. However, these questions at the moment are not relevant. For our purpose it is important only to recognize that at least a number of schizophrenic patients, before their illness becomes apparent, pass through a state in which the Oedipus complex assumes this narcissistic structure before it finally disappears.

I was pleasantly surprised when my ideas on this subject, which I noted down in 1943, found support in Nunberg's brilliant treatise on circumcision. Proceeding by a completely different approach, he arrives at a conclusion identical with mine about the narcissistic roots of Oedipus complex formation. You will remember that circumcision means not only castration but also a getting rid of the feminine part of the male body.[9]

It is, of course, already a sign of weakness that the entire personality structure must rely upon a narcissistic formation of the Oedipus complex, and when the unconscious urge towards femininity continues to increase in strength, the ego eventually gives up the struggle and abandons the Oedipus complex.

After the Oedipus complex is lost, in some cases an attempt at restitution sets in. What I have in mind is an 'as if' reaction, through which the patient attempts to copy the Oedipus complex of another. Needless to say, such an attempt succeeds only in temporarily postponing further development in the direction of the psychosis. Helene Deutsch, in her first article on the 'as if' reaction, ventured the hypothesis that all schizophrenic cases go through such an 'as if' stage.[10] In my experience, however, this reaction can be observed only when attempts at restitution are already present in the prepsychotic phase.

Our next question is: How does the loss of the Oedipus complex influence the ego during prepsychotic development? This question focuses attention upon the necessity for the existence of the Oedipus complex. With the loss of the Oedipus complex, there are no longer numerous and strong ties with reality. To underline this, let me give the following illustration.

The new-born baby is completely dependent upon his environment and especially upon his mother. If the baby's needs are not met, he will die. The baby is not aware of his dependence; he is still in a narcissistic state and has not yet learned to direct his libido to objects. Hand in hand with the subsequent ego formation goes the recognition of the outside world. Yet the ego is still narcissistic in the sense that the child overestimates the importance of his own self in relation to his surroundings and becomes aware of his dependence only when his narcissistic needs are not immediately satisfied. Gradually his bodily dependence becomes less, but never during the first two or three years of life is the child appreciably aware, from an objective point of view, of his dependence upon his environment.

This situation changes, however, with the development of his Oedipus complex. The child's love for his mother makes him aware of the vulnerability of his position; namely, it would be a great trauma for him if his mother failed to love him. At the time when the child's objective bodily dependence has markedly diminished, his subjective psychic dependence enters the picture. He now rapidly becomes, not only objectively but also subjectively a member of his family. This marks the beginning of his understanding that he is to a great extent dependent upon the outer world.

When the Oedipus complex in the prepsychotic development is lost, we may conclude that the ties with reality have weakened. The prepsychotic

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9 Nunberg, Herman: 'Circumcision and Problems of Bisexuality', *Int. J. Psycho-Anal.*, **28** (1947), pp. 145–179.

10 Deutsch, Helene: 'ber einen Typus der Pseudo-affektivität ("Als ob")', *Int. Z. für Psychoanal.*, **20** (1934), p. 332.

patient may be compared to a ship which, in a storm, has lost its rudder. The neurosis, as we see it in our daily analytical practice, plainly reveals the disadvantages when certain oedipal demands are too strong. In the prepsychotic state, on the other hand, we see the advantages of the existence of the Oedipus complex, for it affords a strong protection against the danger of a psychosis. As soon as the narcissistic form of the Oedipus complex is also lost, the personality returns to an even more pronounced state of narcissism. The latter will be the subject of our present scrutiny.

In this new phase of prepsychotic development the ego continues to defend itself—although without the help of the Oedipus complex—against the unconscious urge towards femininity, which urge contains the idea of sexual contact with a father-figure, the latter representing the patient's narcissistic ideal of masculinity. For example, in my paper 'Schreber's Hallucinations about the "Little Men"', which I read four years ago at the congress in Zürich, I stated that Schreber's God who persecuted him represented parts of Schreber himself and that God's male organs symbolized Schreber's own genitals. This delusional narcissistic idealization of God contains a repetition of an idea already present in the prepsychotic phase; namely, the homosexual object of the patient's unconscious desire represents his own masculine ideal.[11]

Here I should like to remind you of Anna Freud's paper on homosexuality presented at the congress in Zürich, in which paper she gave a number of very instructive examples demonstrating that in certain passive types of homosexuality the patient loves, in his object, the masculinity which he has relinquished in himself. Fortunately this process is reversible, and Anna Freud's patients were able to recover their own masculine heterosexual feelings.[12]

Yet, notwithstanding the similarity in idealization of the love object, we should not overlook the fundamental difference between these passive homosexuals and prepsychotic patients. As already mentioned, the pervert has reached the oedipal stage. The castration threat connected with the heterosexual urge is the reason why he relinquishes his masculinity. The projection of his masculine attributes upon his male love object is a defence against the danger resulting from his positive Oedipus complex. Even a superficial examination of the pervert's personality structure leaves not the slightest doubt that his relation with reality is as sound as that of a heterosexual individual. There is a sufficient outlet for the expression of his sexuality in contact with another man, or in masturbation, or at least in nocturnal emissions.

The reason why the prepsychotic ego still continues to defend itself against the feminine wish, after the Oedipus complex drops out, lies in the danger of emasculation.[13] Yet it is clear that the warded-off sexual urge is trying to become satisfied. We shall therefore want to study the sexual behaviour of the prepsychotic patient.

To generalize about the entire prepsychotic period, it may be said that the picture varies. Sometimes there is a strong increase in the frequency of intercourse; sometimes the patient is impotent; sometimes the entire sexual urge seems to have disappeared. A similar but more detailed picture is available when one focuses attention on masturbation and on nocturnal emissions, which may be considered the equivalent of the masturbatory act. The patients may be divided into four groups: (*a*) those who masturbate, sometimes excessively; (*b*) those who begin by masturbating excessively but later break off and from then on exclude masturbation completely; (*c*) those who do not masturbate at all (and this category includes a large number of individuals); and (*d*) those who, like Schreber, ward off masturbation until finally their defences break down. You will recall that Schreber suddenly experienced a single night when he had six nocturnal emissions, and his psychotic symptoms followed immediately after this experience.

The explanation of the sexual behaviour is not difficult. In those cases where the heterosexual urge is still present, although the feminine urge has already increased considerably in strength, either intercourse or masturbation is employed as a defence against the feminine urge, and for this reason the frequency is sometimes 'stepped up'. Masturbation may acquire a compulsive character or it may sometimes manifest exhibitionistic traits. In a case of mine published recently, masturbation was accompanied by heterosexual fantasies, but it could nevertheless be demonstrated that strong homosexual excitement found an outlet in masturbation.[14] Then one day the patient received a castration threat, and his excessive masturbation stopped immediately.

When the positive Oedipus complex is relinquished, intercourse or masturbation is no longer used as a defence. Indeed, masturbation then stops. To our surprise, an urge to masturbate still remains, but this urge is always warded off. From the moment that the positive Oedipus complex is abandoned, the meaning of masturbation changes. Masturbation

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[11] Katan, M.: 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, **31** (1950), Parts 1 and 2.

[12] This same material was covered by a paper, 'Studies in Passivity', read by Anna Freud at a meeting of the Detroit Psychoanalytic Society in Cleveland, Ohio, 25 October, 1952. This study has not yet been published.

[13] I want to stress the distinction here between castration- and emasculation-danger. Castration-danger arises from the positive Oedipus complex, whereas emasculation-danger results from the constitutional urge towards femininity.

[14] See Katan, M.: 'Structural Aspects of a Case of Schizophrenia', *Psychoanalytic Study of the Child*, Vol. V. (New York, International Universities Press, 1950.)

the becomes the expression of the feminine urge. This conclusion throws light upon the entire phase which follows, during which phase the various defence mechanisms are concentrated upon warding off masturbation.

This defensive struggle is proof that in this part of the prepsychotic phase genital excitement exposes the patient to inordinate danger. Why else is the warding off of genital excitement so intense, and why, especially in cases like Schreber's, is the connexion with reality severed as a result of the inability any longer to exclude genital orgasms? We cannot escape the conclusion that most of the time the patient does not wait until a genital orgasm occurs but breaks off connexions with reality before this point is reached.[15]

The prepsychotic personality structure, which is the aspect of our subject now under consideration, is greatly weakened. The remnants of the ego ward off the urge towards femininity because of the danger of emasculation. If a genital orgasm still occurs, however, it is a sign that the feminine urge has been victorious and that emasculation must be accepted. The only way of escape, then, is to abandon reality.

Let us examine closely the defence process before reality must finally be relinquished. Through the dropping out of the positive Oedipus complex, the ego defences have become extremely limited. The relation between ego- and id-strength tends to change even more in favour of the id. The situation may be summarized as follows: the ego tries (*a*) to ward off the stimulation exerted by the outside object, (*b*) to repress the urge, and (*c*) to prevent the urge from arousing the genital apparatus.

a. The struggle against the outside object seems to be of secondary importance, for the stimulation of the genital apparatus can occur independently of the presence of the object because of the tremendous strength of the unconscious fantasy. Not that this type of defence is altogether lacking, for frequently feelings of estrangement may exist in relation to the environment or there may be avoidance of certain men, aggressive acts against these men, or complaints by the patient that the male attendants are ordered to bathe him, etc.

b. The ego is powerless to diminish the strength of the feminine urge. Its principal mechanisms of defence are repression; anxiety attacks; phobic mechanisms; hypochondriacal anxieties, which show gloomy portents of what may happen to the body if the genitals are aroused; etc.

c. At first glance, the chances of the ego's preventing or at least postponing the outbreak of sexual excitement by interference in genital function seem rather good. The ego relinquishes this function and, through projection, ascribes to its male love object these genital attributes. True, in this way the patient finds a defence against the possibility of his penis becoming aroused. But what actually happens, as a result of this defence, threatens to destroy his success completely. To demonstrate what takes place, let me show how Anna Freud's examples of passive homosexuals, and also how the prepsychotic phenomenon of the 'narcissistic' Oedipus complex, differe from the prepsychotic state now under consideration. The passive homosexual, through idealization of the other man, creates a homosexual relationship through which he is able to defend himself against the castration danger resulting from the positive Oedipus complex. In the transitory phase of the narcissistic Oedipus complex, the patient loves the mother in order to ward off his own femininity. Thus in both phenomena a dangerous urge is warded off by the process of idealization. Although at the moment that the positive Oedipus complex is lost, the idealization of the other man may at first ward off the outbreak of sexual excitement—and this point I particularly want to stress—the dangerous urge is nevertheless not waided off. On the contrary, this idealization will further accentuate the patient's feminine urge. The patient now finds himself in a dead-end street: his admiration of the other man—initiated in order to ward off his sexual excitement—intensifies his feminine urge, which fact leads to a return of his genital excitement, and as a result he must increase his efforts to repress his feminine urge. The advantages of the idealization are almost immediately neutralized. When this stage is reached, the anxiety in many cases acquires enormous proportions. It is my impression that the anxiety in the prepsychotic phase surpasses any other anxiety state. Sometimes the patient, in desperation, attempts to commit suicide. A few individuals even try to get rid of the troublesome organ by castrating themselves.

In view of this emasculation danger, it is appropriate to ask why the patient continues to cling to his masculine love object, why he does not relinquish his feminine urge immediately. To find out the answer, we must focus our attention upon the patient's relation to reality. Once the Oedipus complex has been relinquished, the patient's main tie with reality is his attachment to the other man. If this attachment is abandoned, contact with reality can no longer be maintained. The maintaining of contact with reality is the ego's primary task, and this task is facilitated by the fact that the male object constitutes the patient's own ideal of masculinity, which narcissistic ideal he does not want to surrender. In this phase the ego, in order to exist, either must love itself or must love its ideal in another person. The dangerous desire to be a woman in relation to the other idealized man is in harmony with the ego's aim to maintain contact

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15 Once delusions are formed, potency may return. The patient is then sometimes able to perform intercourse again or to engage in masturbation.

with reality. Here the ego is caught between two opposing forces within itself. The feminine urge carries with it the danger of emasculation, and therefore the ego has to ward off this urge. On the other hand, this unconscious urge constitutes the last tie with reality, i.e. the last tie with the object which represents the ego's ideal. In the latter situation, therefore, the ego and the id have become partners. Very little is necessary at this point to disturb the balance, and the ego is forced to give up the struggle of maintaining contact with reality.

The question now arises, why is some other development not possible, namely, why is the ego not able to bring this urge to regression, in which state it (the ego) would have anal or oral desires to cope with, which desires would perhaps give rise to a lesser danger than the danger revolving around the genitals? The limitation of time prevents me from discussing this problem here. I shall simply stress that it is necessary for the ego not only to bring the urge to a state of regression but also to build up sufficiently strong defences to prevent the arising of anal or oral excitement extending to the genital region and arousing the penis. Of course, in the prepsychotic phase *warded-off* anal and oral material may also be present, but genital excitement is usually still possible at the same time. During the prepsychotic phase, therefore, this process of regression of the urge is not too successful in warding off the outbreak of genital excitement.

There is still another method of ego defence possible in the prepsychotic period. Reconstruction of the prepsychotic period, through the use of psychotic material—delusions, hallucinations, and catatonic symptoms—shows that the prepsychotic ego regresses in order to remain in command of the situation. Needless to say, any such attempts are in vain. Let us take as an example the catatonic patient who lies curled up in a foetal position. This behaviour points to a prepsychotic ego defence of a flight back to the womb in order to ward off the genital homosexual danger. Such an ego defence is not possible in the sphere of reality. Therefore, although the prepsychotic ego makes use of regression, an observer would not be aware of the presence of this regressive material if it were not revealed by the psychotic catatonic symptoms, the latter being a delusional expression by means of the body.

Within the frame of ego regression, the very early pre-oedipal relationship to the mother constitutes a special problem. For instance, there are analysts who think that the homosexual conflict, as I have described it, is not something fundamental to the development of schizophrenia but represents only a later phase of a development which began with the early oral attachment to the mother. In my opinion, clinical material leaves no doubt as to the overwhelming importance of the homosexual conflict. This typical conflict is not the result of warding off dangers which revolve around the positive Oedipus complex, nor was this conflict ever present in this form in early infantile life. In the prepsychotic conflict the masculine attributes of the object represent (for the male patient) an ideal of his own masculinity which he has had to surrender. The early mother-figure did not have the meaning of such a narcissistic ideal. Therefore, if such early attachments play a rôle during the prepsychotic phase, they may have started merely as ego-attempts to cope with the conflict through the use of regressive attitudes. These ego-defences are bound to be unsuccessful in warding off the conflict. What then happens is that the warded-off urge penetrates into the defence mechanism. The phallic mother-figure becomes secondarily (for the male patient) simply a regressive representation of the feared father-figure in the homosexual conflict—the breast, for instance, becoming a phallic symbol. We may assume that women schizophrenics generally reveal more pre-oedipal material than men do, for the mother-figure is at the centre of the prepsychotic conflict in the woman.

I have already explained why I think that the passive feminine urge of the prepsychotic phase (in the man) is a constitutional one. It is thus my impression that if the early attachments to the mother are expressed at all, they are channelled into the all-prevailing homosexual conflict. Some male schizophrenic patients, for example, will insist that the female head nurse is a man in disguise.

Too strong pre-oedipal fixations can lead to a very disturbed personality structure in later life. Nevertheless, such fixations generally do not result in subsequent schizophrenia. We may assume that for the formation of the specific schizophrenic conflict, the influence of other factors is necessary. In particular, such factors must cause the heterosexual element to disappear.

Finally, when the ego is too weak to master the conflict, contact with reality is broken off—an event which marks the end of the prepsychotic phase.

Before leaving the prepsychotic phase, I wish to make a single remark about borderline cases. The latter show many prepsychotic characteristics, and a large number of these cases may be considered as being in a more or less fixed prepsychotic state.

The Non-Psychotic Layer

After contact with reality has been broken off, the symptoms of the psychosis proper make their entry, such as hallucinations, delusions, etc. This does not mean that from then on, the entire personality has become psychotic. To our surprise, we must conclude that a part of the personality continues to behave as if the prepsychotic personality structure still existed. We arrive at this conclusion (1) from our observation that, in addition to the strictly psychotic symptoms, prepsychotic ones are also frequently still present, and (2) from our reconstructions.

That part of the personality which has not become psychotic does not remain constant in size but changes all the time. It increases and decreases in size continually. In my opinion, it is easy to see why this occurs. When the danger constituted by the homosexual urge is not too pressing, the remnants of the ego are naturally able to cope with the situation in a realistic way. That is the reason why psychotic patients at certain periods may make a normal impression. When the homosexual urge increases in strength, however, under the influence of either inner or outer stimuli, the relative strength of the ego will decide whether a subsequent reaction will be in accordance with reality or whether a psychotic symptom will make its appearance.

Thus we see that the situation as it exists during the prepsychotic phase still continues in the psychosis. One cannot call this part of the personality psychotic, for a certain contact with reality—although of a very simple nature—is still maintained. Neither can this part be called prepsychotic. I have therefore given it the name of the non-psychotic (parapsychotic) layer.

We next discover that Freud, in his article 'On Narcissism, an Introduction', has already described a group of phenomena in schizophrenia which are residual in nature.[16] The same idea, although in a much more specialized form, is set forth in 'Certain Neurotic Mechanisms in Jealousy, Paranoia, and Homosexuality'; namely, the three layers of jealousy—the normal, the 'projected', and the delusional—overlap in jealousy paranoia.[17] Here I am conceiving of the 'projected' form as belonging to the non-psychotic layer. What Freud pictures clinically as a special occurrence is actually a general phenomenon common to both paranoia and schizophrenia.

What changes occur in the prepsychotic personality or in the non-psychotic layer when relations with reality are severed? I have explained elsewhere why I think that in the part of the personality which is affected, a total regression takes place to the undifferentiated state. The cathexes of both ego-and id-strivings, content, etc., are withdrawn. Through the psychotic restitutional process the conflict is cathected again and mastered by unrealistic means. The delusion constitutes this psychotic mastery of the conflict. Here we reach a very important conclusion: the delusion does not possess an unconscious. To give an example. One may distinguish between a neurotic and a delusional projection. The neurotic projection serves the purpose of warding off the id. For instance, the man who thinks somebody else is a homosexual may have this thought in order to keep his own homosexuality confined to the unconscious. The delusional form of projection has a wholly different structure. The homosexual drive has lost its cathexis in the id and is now attributed to someone else. To put it differently, although not entirely correctly: part of the id has become outer world. The delusion is a sign that in the prepsychotic phase or in the non-psychotic layer contact has been broken off, and the formation of the delusion is the result of the attempt to repair the break with reality.

The hallucination, which one may call a delusional observation, belongs to the same class as the delusion. Let us take as an example Schreber's hallucination of the 'little men'.[18] The content of the hallucination, namely, little men descending from the stars and sometimes dripping down upon his head by thousands in a single night, symbolizes a nocturnal emission. The 'little men' themselves symbolize spermatozoa as well as the men to whom Schreber in his earlier days had been homosexually attracted. His excitement, which had its origin in the non-psychotic part of the personality, took a different course from that in the prepsychotic period prior to the psychosis. In the prepsychotic period the excitement led to genital emissions; a few weeks later, in the psychosis, before a situation leading to excitement could arise, the energy of the homosexual urge was withdrawn and then used to form the hallucination. Thus the hallucination is formed in anticipation of a danger. The energy of the homosexual urge evaporates in forming the hallucination. *The hallucination is therefore a discharge phenomenon, which serves to prevent the development of danger.* Of course, when the homosexual urge acquires energy again, then the danger returns.

Our newly gained insight into the hallucination as a discharge phenomenon agrees substantially with Freud's idea in *The Ego and the Id*: '… the most vivid memory is (still) always distinguishable both from a hallucination and from an external perception; but it will also occur to us that when a memory is revived, the cathexis in the memory-system will remain in force, whereas a hallucination which is not distinguishable from a perception can arise when the cathexis does not merely extend over from the memory-trace to the Pcpt-element, but passes over to it entirely.'[19] In Freud's opinion, the entire cathexis is used in the perception. Time is lacking to go into this subject further.

Through the hallucination the energy of the dangerous urge which would destroy contact with reality is discharged, and this fact leads to the conclusion that the hallucination serves to maintain contact with reality in the non-psychotic layer. This goal of maintaining contact with reality can be achieved only by abandoning it for a short while through the formation of a psychotic symptom (the

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16 Freud, Sigmund: *Collected Papers*, Vol. IV, p. 44. (London, Hogarth, 1946.)

17 Freud, Sigmund: *Collected Papers*, Vol. II, p. 234.

18 Katan, M.: 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, **31** (1950).

19 Freud, Sigmund: *The Ego and the Id*. Fifth Impression, p. 22. (London, Hogarth, 1949.)

hallucination). It is like avoiding a major evil by accepting a minor one. The permanent severing of contact with reality would lead to delusion formation. The *hallucination*, viewed from this angle, is *a prevention of a delusion*. This function is demonstrated beautifully in the case of Schreber by the group of hallucinations revolving around the idea of the 'end of the world'. When the hallucinations had to be given up, Schreber formed the *delusion* that the world had come to an end.

The latter delusion and also certain catatonic symptoms are very special phenomena among the psychotic symptoms. The non-psychotic counterpart of the delusion of the 'end of the world' would be the attempt by the ego to negate the existence of the men in the environment whom the patient found homosexually stimulating. Since this non-psychotic defence of negation is not possible, the cathexis of the id-representations of the stimulating aspects of these men is withdrawn. Through this withdrawal the ego defence loses its *raison d'être*, and its energy too becomes available. The withdrawn energy is then used by the attempt at restitution to form the delusion that the men in his (Schreber's) environment do not exist, i.e. 'the world has come to an end'. This psychotic idea is not a negative hallucination but the patient's delusional conviction about his environment. Of course, not all stimulating influences from the outer world can be prevented in this way. In Schreber's case, for instance, notwithstanding the fact that the world had come to an end, Flechsig's soul still continued to influence Schreber, and also the unconscious urge in the id of the non-psychotic part of his personality was aroused by inner stimuli. But the delusion demonstrates that the patient was trying to protect himself against surprises from the outside.

This defence against the outer stimuli enables the non-psychotic ego to concentrate upon further suppressing the genital excitement. As soon as the ego in the non-psychotic layer succeeds in excluding genital sexuality, the homosexual danger caused by the presence of other men is removed. It is therefore no longer necessary to negate their existence, and at this point the delusion about the 'end of the world' disappears.

A similar function is performed by certain catatonic symptoms. These symptoms aid the ego in warding off the possibility of the genitals becoming aroused in spite of the various defences. As soon as the ego is able to master this excitement sufficiently, the catatonic symptoms disappear again.

Once the non-psychotic ego has acquired complete mastery of the genitals so that they will not become aroused any more, a new phase in the psychosis comes to full bloom. The picture of the psychosis is now determined by the psychotic defences against anal strivings.[20] It is sometimes not until several years after the psychosis proper has begun that the ego in the non-psychotic part of the personality finally succeeds in bringing the passive feminine urge to regression. Again I want to remind you that these processes manifest themselves in psychotic symptoms, which are the source for our conclusions about the preceding non-psychotic conflict.

CONCLUSIONS

At the close of my paper I can only express the hope that I have made it clear why I consider the non-psychotic layer more important than the psychosis itself. The psychotic symptoms are end products. Only by examining their origin can we gain insight into their structure, and this origin is to be found in the prepsychotic phase and in the non-psychotic layer.

How is it possible to effect improvement if the psychotic symptoms are signs of absolute narcissism? When we speak of the psychosis as a state in which no contact is maintained with the outer world, we are referring to the results of the attempt at restitution. In the psychotic part of the personality contact with reality is lost, and one cannot establish contact with the psychotic layer through psychotherapy. Yet the psychotherapists are correct in their assertion that they are able to effect improvement in the schizophrenic patient. By securing a foothold on non-psychotic territory, the therapist attempts to increase the strength of the ego. If this attempt is successful, the ego is able to surmount dangers which previously it was powerless to cope with. Because of this fact, energy which otherwise would reach the psychotic part may now remain within the more healthy part of the personality.

Both the prepsychotic and non-psychotic layers of the personality play a rôle in the formation of the psychosis, which rôle may be compared with that of the infantile neurosis in the formation of the adult neurosis. In the adult neurosis we find the same defences against the conflict as were already present in the infantile neurosis.

In the psychosis the relation to the prepsychotic or non-psychotic conflict is a different one. The psychotic defences are necessarily different from the non-psychotic ones because the defences working in harmony with reality are too weak to ward off the danger and therefore cannot be maintained. On the other hand, a relationship between non-psychotic and

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[20] Catatonic symptoms and the influence of anal strivings upon the picture of the psychosis will be subjects for future articles.

psychotic defences is not totally lacking. The non-(pre-) psychotic defences serve as a matrix for the psychotic ones. In view of this difference between the two types of defences, we may say that psychotic symptoms do not have a direct connexion with infancy. Events happening in infancy may lead to a weakening of the personality structure in later life and thus be directly related to the prepsychotic and the non-psychotic layer, but the psychosis proper does not have its immediate origin in infancy.

As far as the cause of schizophrenia is concerned, two factors come at once to the fore: constitutional and psychogenic. In view of the changes taking place in the constitutional bisexuality, namely, the disappearance of heterosexuality and the predominance, in the prepsychotic development, of an urge towards femininity in the man (and towards masculinity in the woman), one is inclined to add a third factor, an acquired organic one, which is probably of endocrinological nature. These three factors seem to work in combination. Now and then one of the three may be held entirely responsible for the outbreak of a psychosis, but in the majority of cases there seems to be a combination of the three factors. It will be up to chemistry to prove whether this hypothesis is true.