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A DELUSIONAL SYSTEM AS A DEFENCE AGAINST THE
RE-EMERGENCE OF A CATASTROPHIC SITUATION

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The patient I wish to describe presents a rather unusual pathology, which leads to considerable technical difficulties. I have come to the conclusion that my patient has undergone in his infancy a psychic catastrophe. He has survived it psychically by building a delusional system. Any breach of this defence system threatens my patient with a repetition of the catastrophic situation. This situation or a delusional system as an attempt at recovery following a catastrophic situation up to a point bears out Freud's theory that a delusional system is an attempt at restitution of a destroyed world following a psychic catastrophe. (Freud - 1911-1924). The nature of the catastrophic situation which I think is at the core of my patient's personality is however different from Freud's hypothesis of decathexis, and the dynamics of the delusional system has characteristics not covered by Freud's description.

In the first consultation the patient described himself as an obsessional neurotic. (1) He said he suffered from severe obsessional ceremonials and from an inability to make up his mind. (How serious the symptoms were I only found out in analysis. For instance, he could take nine or ten hours to get through his ceremonials before going to bed. In the early days of his analysis he once spent twelve hours making up his mind whether it was more efficient to take a bath before work or to do his work first and take his bath after.) He told me that he had spent the past eighteen months trying to decide on the choice of the type of analysis and of an analyst. This had been his full-time occupation during that time. He brought with him twelve or thirteen sheets of what he called a questionnaire, which he tried to put me through. And, en passant, practically leaving the room, he told me that he was a homosexual - which did not worry him; in fact he considers heterosexuality rather sissy; but it was very time-consuming and interfered with his efficiency.

(1) in that he resembles the case described by G. Bychowski in "The Obsessional-Compulsive Facade of Schizophrenia" J.J.P.1966

The reason he sought treatment, he told me, was that he has a mission in life - to convert people to Christianity. He had undergone a conversion in which he became convinced that he was a very special chosen instrument of God. To perform his mission he must be perfectly efficient and his illness interferes with efficiency. He would need to be cured in under four years because otherwise he would be too old to enter a seminary and be ordained. His age was then 44.

Of the history I shall give only those elements which are directly relevant to my material. He told me he had a very happy childhood, a model childhood. In fact he was breastfed for about six weeks and he had an extremely traumatic weaning. It was 1917 and when his soldier father came on leave his mother weaned him in order not to spoil father's leave. There is a letter extant from his mother to his father saying "George cried for the breast but I didn't give it to him". Not long after, his father was killed in the War. In the analysis he reconstructed that his mother must have been very depressed and also that some time after his father's death she left him and the family for several months, he thinks in order to do nursing in France. Around the age of 1 year or eighteen months he nearly died of pneumonia, but we do not quite know whether it was during his mother's absence or after her return. There is a photograph of him aged about 2, sitting in the pram with a completely vacuous expression. At that time an aunt was afraid that he was mentally deficient, because he would sit in his pram for hours without movement or expression.

His mother remarried and his brother was born when he was about 4. There is also a three-years-older sister. The whole family is very disturbed. Of his natural father we know little as he is intensely idealised by the whole family as the romantic hero who perished in the war. There are however occasional hints of hypochondriacal and obsessional symptoms. The sister was either a severe obsessional or a

simple schizophrenic. She was certainly quite incapable of independent existence and up to her death (while the patient was in analysis) lived at home. Like my patient she had a religious obsession, but without his grandiosity. Her whole life was devoted to moral rearmament. His younger half brother, certainly the sanest member of the family, was expelled from school for stealing boys' underwear; he is a homosexual who spent a number of years in the Foreign Legion in Vietnam following a legionary he was in love with. Unlike my patient, he is capable of work and had a spell in the Foreign Office; but for years now he has been acting housekeeper/cook/nursemaid to his aged mother. The mother, intensely idealized by the whole family, was a beauty in her youth and at times appears as a monster of narcissism. She is completely oblivious of the illness of all her children and quite content to have them all at home adoring her. In recent years, following the death of her daughter and faced with her own aging, she has developed a senile psychosis which manifests itself amongst other symptoms in a quite overt inability to tolerate any situation in which she is not treated as the star. (This attitude I think was always characteristic of her, but her attractiveness, wealth and social position enabled her to maintain her narcissistic position without exposing her to any gross disappointment.) The whole family is excessively religious and exhibits a collusive megalomaniac attitude to the rest of the world based on what they consider to be their superior social position. They live, behave, talk rather like a caricature of 17th-18th century lords of the manor. This is unrealistic even by their own standards, since in fact the family is one of relatively minor gentry, but the considerable wealth, mostly originating from the stepfather, enables them to maintain it. Nearly all relatives referred to by the patient - aunts, cousins, uncles - are homosexual or otherwise disturbed and eccentric. The stepfather, though obsessional and peculiar in many ways, appears as a very much healthier man than the patient's mother or father, and certainly gave my patient as a boy considerable care and devotion. This however did not do for the boy as much as it might have

done because of the mother's idealization of her first husband and the general family collusion that the patient's father was in every way a superior being to his stepfather. The mother made no secret of the fact that she married the latter for his money.

As a small child my patient never played except for three so-called games: collecting a piles and hoarding them; owning a bit of gravel-path on which he would not allow anyone to walk; and tearing paper. At the age of 8 he was sent to boarding school and there is an important memory of his first day there, the only experience ever of his having consciously felt depressed. In his preparatory school and public school he already exhibited secret grandiose delusions and marked obsessiveness. It was in his preparatory school days that he developed the belief that he had a genius for strategy; one day he realised when doing Latin "unseens" that if he did not know a word he could work it out from the context. He thought that he was the only one to have discovered it and never shared his secret with anyone. From that thought developed the conscious conviction that he had a genius for strategy.

The central theme of his life is his mission. As far back as he remembers he had fantasies of being the President of the World, or the Pope. Finally he settled in a completely rigid way on the mission. It very soon became apparent that the real Messiah in his mission was himself. His father's death of course contributed significantly to this system; he was the son of the Father in Heaven; an attitude with which his family to a large extent colluded, treating him as very special. All his life is a preparation for the fulfilment of his mission.

The content of the mission is generally vague except on two points; (1) that it has to do with conversion and (2) that because

of his special strategic genius the mission is to be strategic, something like becoming the great strategist of the Church of England. The mission is linked with a quite indescribable arrogance and feeling of superiority which underlie all his activities and his very rare human relations. It is also a complete bulwark against guilt. When he started analysis it was clear that he had never in his life experienced a feeling of guilt. He lies, cheats, steals without compunction. He also finds it hard to visualize that other people may have different standards. He is always shocked and bewildered if someone refuses a bribe. At the beginning of his analysis he told me that it does not matter if he seduces a thousand boys if it does him good, since he might in the end be able to save a million souls.

The idea that he is a great strategist makes him lead his life as a series of what he calls "operations". In the first years of his analysis nearly all his life was consumed by the "operations". Some of them have a permanent status. To mention just a few: "mentalism" is a way of thinking in very clear images; he once read a book about mentalism and it has become his great obsession and it is felt as an extremely superior thing. In fact, it covers up defective thinking; very often he is quite unable to think, otherwise than in a most primitive concrete language, but since his discovery of mentalism this is elevated into a great superiority. He can spend half a day on mentalism. He thinks he has got the power to recall in detail every conversation or every event that he considers important. At the beginning of his analysis, every analytical hour was followed by what he called "post-analysis", which usually took place in the lavatory and which consisted of a complete recapitulation of everything that was said in the session. This was much more important to him than the analytical session he had with me.

Another permanent type of operation is what he calls "inspirationalism". Inspirationalism consists of thinking about,

and identifying with, very idealized figures. Usually they are very martial figures - Genghis Khan, Churchill, John Kennedy. Inspirationalism consists of a sort of long meditation about the hero and trying to "introject" (his word!) him. For instance, on the radio there was a recording of Churchill's old speeches, and at that time he would miss as much as three days of analysis out of five because he would be either listening, recapitulating, or mentalizing the speeches. Often he would miss listening to the speeches themselves, being too busy with his "preparation". (Preparations are of course also an operation.)

"Meditation" can have links either with mentalism or with recapitulation, but its closest links is with inspirationalism; medication, at its purest, takes the form of curling himself up under a blanket in a completely foetal position and meditating.

Apart from these large operations, there is a host of minor ones and it took years to elucidate them in analysis since they are so numerous and the patient treated them so much as a part of his everyday life. For instance, several times a day he retires into his permanently-waiting taxi and has the heater switched on to produce an almost unbearable heat in order to "bring blood" to his brain. He urinates every half-hour in order to relax his bladder, etc. etc.

Apart from the permanent ones there is a host of occasional "ad hoc" operations. For instance, in the second year of his analysis he decided that homosexuality disturbed him and he started an "operation antihomosexuality". He found that usually when he had had a sexual contact with a young man he lost all interest in him. So the best way to cure homosexuality, he decided, would be to pick up all the potentially attractive young men in London to get them "off his chest". He had the grace often to make a slip of the tongue and call it "operation homosexuality".

Intermittent operations may be as autistic as the permanent ones, but they are more apt to involve people. "Operation Toynbee" (for which he wanted to take a sabbatical year off the analysis) consists in manipulating and bribing people to get an introduction to Arnold Toynbee - in the meantime the patient has to read and memorise all his works to make a good impression on him; the aim is to have one conversation with Toynbee and get out of him ideas on how to reform the Church of England.

The smallest action or event can become the object of an operation and it is always believed that analysis must take second place to the operation. It was a great breakthrough when he began to admit, after several years of analysis, that the common factor of all the operations was that they were "operation anti-analysis" and that they were a gross interference not only in his analysis but in his whole functioning and his life.

The operations were frequently interfered with by eruptions of sudden homosexual compulsions, leading to what he called "nights on the tiles" or sometimes "real marathons" during which he would spend up to thirty-six hours wandering in the street in search of homosexual adventure. On such occasions he would sometimes be in a completely dissociated state.

His relationship with his mother fitted in with the operations. Part of the time he would ignore and neglect her completely. But he idealized her and for years denied all criticism and hostility. Several times a year he would turn to "operation mamma". During the "operation" they would live in a highly erotized state of mutual idealization; they would go on holidays which they called "our honeymoon", drink and dance together till the morning (when she was over eighty), etc.

The "operations" taken together formed a system in which the patient lived as almost completely omnipotent and controlling his environment, and almost totally shielded from contact with reality.

It is difficult to summarize the evolution of his analysis in the first five-and-a-half years leading up to the more detailed material I wish to present. Broadly speaking, in the first part of his analysis one could see his attempt at recreating a complete inside-the-womb existence. The taxis, the meditation, the religion, were all linked up with being entirely inside what seemed to be the womb; and, furthermore, inside this womb having an extremely exciting relation with a magic father's penis, all his objects - Christ, Churchill and so on - being mostly part-objects. His identifications shifted between himself being the omnipotent womb or the omnipotent penis, the emphasis being on omnipotent control. Any coming out of this situation was fraught with disaster. There was dream upon dream of coming out into the street into terrible car traffic or ear quake or other forms of death. He had a dream in which the other batsman's name, when he was batting, was Mortis, which I interpreted as "timor mortis" - a kind of linked partner that he was never without. I appeared in dreams frequently as a person waking him up; for example, I would be coming and opening the doors of the tent when he was sleeping or I would be coming in to wake him in the morning. This disturbance of his fantasy world by the analysis was felt as a terrible threat. If the fantasy of being omnipotent inside the womb was challenged, the womb would change into a behind. This was evidenced by such symptoms as: the sitting for hours in my lavatory, the terrific thrill of seducing a young man inside the back basement of the church, and a completely preoccupying faecal interest - all his sexuality was connected with

faeces, giving enemas, getting enemas, listening to the sound of the enema in the other man's rectum etc. His name for it was "shit-fun".

The alternative to this situation of being in the womb or in the behind crystallized, during the last eighteen months before the period that I am going to discuss; it was building a "faecal empire". If he could not maintain the state of being inside the object, he turned to the idealization of his own behind and faeces. "Post-analysis" was of course connected with it; he felt that the analytic session was just a kind of pabulum out of which he was making his own far-superior analysis in the lavatory. There was always an insistence on my recognizing the superiority of all his products and there were endless dreams for example of eating faeces, making faecal babies, or making faecal penises. The collapse of that empire he felt unconsciously would face him with complete despair.

His relationship to me was characterized by the intensity of his dependence and its total denial. Every weekend and holiday would be marked by intense acting out; he spent hours in my lavatory and sometimes days in my street. The experience of dependence was however totally denied. He used a fleet of taximen to feed, fetch and carry him and he was seldom without drugs, so he could always a parently easily replace me. And the objects replacing me were completely under his control. His own infantile experience was totally projected into me. He felt infinitely superior to me and he kept me waiting endlessly, being late, missing, withholding material and fees. The feelings totally missing in himself could be found in his fantasy of me. It was clear from his dress and associations, even though consciously minimized, that as I was waiting I was supposed to be filled with desire, impatience, jealousy of his relationships, envy

of his importance, anger, and often despair. There were frequent dreams in which, represented by a thinly-veiled substitute, I was supposed to commit suicide. It was clear that to be the one who is dependent and inferior is to be the one who is exposed to disaster. The projection into me of a desperate dependent infant resulted in a fantasy picture of me. There were, however, other feelings which he projected into me quite successfully: he could fill me with anxious concern, hopelessness about the course of analysis, anxiety for him and his objects, and anger. He would say for instance coldly "Hitler knew how to deal with you people", in a way that would make me experience a momentary flood of hatred. Having dealt with all painful feelings by projective identification (H. Klein, 1946), he felt of course extremely persecuted; he felt threatened by my supposed possessiveness, greed, hostility and envy, which he felt were the motives of what he experienced as my attack on his system. He would announce "You are a saboteur - in wartime saboteurs are shot". This persecution increased of course the need for control - every interpretation was at times felt as an attack to be warded off. If his control of the session was threatened, he would become very sadistic. He had endless ways of immobilizing me and torturing me mentally. The warded-off hostility would make its appearance. This hostility was not only sadistic, but murderous. I have already suggested that dependence or inferiority were felt by my patient as a threat of disaster. As his analysis progressed it seemed to become increasingly clear that this disaster was associated with murderousness.

From the start, split-off murderousness played a large part in his material. Quite early on, he told me that he did not believe in free associations: he explained that if one wants all the people to get off the bus, one must form an orderly queue; if one leaves them to come as they wish a murderer running from justice would immediately jump the queue. When he was studying theology in Birmingham, a

a prostitute was murdered and her breasts were cut off. My patient was so convinced that he would be accused of this murder that he purchased a false beard and departed from Birmingham. As he presented to me, he had plenty of rationalizations for his behavior, but his identification with what he calls "the Birmingham murderer" was so convincing and his splitting so severe that I did occasionally wonder whether in fact he was the Birmingham murderer. His sadism and murderousness were often acted out in projection onto a homosexual partner. For instance, a paratrooper who boasted of machine-gunning civilians in Cyprus for fun became an object of intense admiration and desire. With this kind of partner he engaged in masochistic practices. (They differed from the "shit-fun" objects who derived mainly from his nanny.)

The problem of his murderousness started coming into the analysis in a less split way in "operation LSD", which lasted intermittently over two years. He wanted to leave analysis to have LSD treatment. The operation was to find out the facts and make up his mind. LSD treatment fitted in well with his longing for an ideal magic penis, the penetration by which, and possession of which, would give him a magic cure and make him into a messiah. But it soon became clear that he was also longing for this ideal penis to be a murderous one. LSD unconsciously represented a licence to commit murder without guilt. A typical association: one day he said that he pleaded diminished responsibility for something he had done because he took drugs. When I asked him what he meant by "diminished responsibility" he very promptly answered: "If a doctor treats a patient by LSD and the patient then commits a murder surely the patient is not responsible." On reading in the paper about a murder committed under the influence of LSD he said cheerfully "I don't mind the risk if my chances of an LSD cure were 10% and my chances of committing a murder were 90% - I would still go ahead." In a way the LSD fantasy neatly summarized his life's alternatives - either he would become successfully the Messiah - or he would murder and die.

The main problem of his analysis from the start, and to a lesser degree still now, was to establish analysis in the face of the "operations" and to find links with his infantile self and the infantile transference, particularly the positive transference. There were some slender threads one could follow in that direction, from the start, but in the first years of his analysis his defences against recognition of his infantile needs were formidable.

In the fifth year of his analysis, however, we saw a beginning of the collapse of his belief in the omnipotence of the faecal empire, and some strengthening of the positive transference. He had a dream of standing on top of a mountain of sand which started crumbling under him but somebody stretched out a hand to help him. Together with the beginning of the collapse of the faecal empire there emerged in the analysis a part of him which he called "baby Georgie". He had several dreams of killing small animals. He told me that he was very kindhearted and could never see an animal suffer without killing it. One day he chased a limping pigeon (which he believed to be a seagull) all down the road I live in to kill it with his stick. These little animals first appeared to be the injured breast (the seagull) which he could not bear facing. Soon, however, it became clear that it also represented his baby self. He had a dream in which a big black dog was chasing - with intent to kill - a tiny little dog. He himself kills the little dog to spare him the suffering. His own associations led us to interpret the dream in this way: the little dog was the normal baby George related to mother and her breast and identified with it (the seagull); the big black dog he called "delusional Georgie" - omnipotent and faecal. I pointed out to him how, what he considers his conscious, adult, self also turns against the little dog and though he does it out of pity, in effect he sides with the big dog. The role of what he feels to be himself in the dream is important here; at that time of his analysis he still mostly

sided with the operations and consciously explored any insight which might interfere with them and what he called his "efficiency". The change of his attitude towards his illness came only very gradually. The struggle we always had to establish the analysis in the face of "operations" became more clearly a struggle to rescue "baby Georgie" from "delusional Georgie" - a struggle for the survival of what remained of a healthy infantile ego.

With the emergency of "baby Georgie", he began to be more able to admit the importance of separation from me, although this would be quickly denied and reversed. For the first time heterosexual interests made their appearance. First of all, as an "operation" to help the analysis. He began frequenting prostitutes. In the transference for the first time a heterosexual father appeared as a helpful figure united with mother. He dreamed, for instance, that my husband came and told him to get out of the laboratory and go to the first-floor, where his analyst had prepared a meal for him. He also began to appreciate me as a father in the transference, commenting on my firmness and perseverance. The emergency of a more positive and dependent relationship towards me as a parental couple mobilized a primitive oedipal relationship combined with a dread of catastrophic weaning.

An important turning-point in the analysis was marked by a piece of dramatic and dangerous acting out. In the middle of October 1961, I told him that I would be away for two days in November. Consciously he was very pleased, but his dreams showed a murderous reaction. The day after I told him, he dreamt that he was back at school, standing in the queue with other boys to kiss Mrs. T goodnight. He jumped the queue. (As related above, it is the murderer who jumps the queue.) Mrs. T was a very good figure in his preparatory-school days. The next night

he had a dream in which the parents were seen in a murderously sadistic intercourse. Following that, the material seemed to be overtly cannibalistic. The next weekend he dreamt that a man was comforting a very ill little boy at school; the boy had lost both his parents. Nobody seemed sympathetic except the patient, who was explaining to a man that as the little boy's doctor was Jewish he must not be disturbed on a Sunday. He meant to offer his help to the boy but found himself eating two lunches and they were both of fresh meat; he felt there was something horrible about it. Then he went to the lavatory and tried to entice the little boy after him.

The little boy who lost both his parents and whose Jewish doctor is absent on Sunday obviously represents the little boy himself, and he seems to have lost his parents through eating them (the two lunches of fresh meat). The latter part of the dream represents his usual narcissistic homosexual defence of turning for a solution to his own behind (enticing the little boy - himself - into the lavatory.)

As the next session after that, I had occasion to point out to him that certain of his activities (like wearing two swimsuits when visiting a prostitute to avoid infection) seemed aimed at nonconsummation. This excited him very much because he made a link between consummation and consumption, and described to me in great detail the fantastic rituals that have to be gone through before he can eat - he wondered if he equates all consummation with consumption. That night he had another cannibalistic dream; there was a time of starvation at S (his country home). He was secretly and guiltily devouring meat. There was no-one else about. At the same time he was on top of a mountain, having a very spiritual conversation with a bishop.

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Getting in touch with his desire for the analytical meal seemed to confront him with fear, fear of starvation and secret guilty cannibalism. The spiritual conversation with the bishop no longer satisfied.

The last-but-one day before my departure, he arrived pale and dishevelled, and announced "I might have been killed last night". He described confusedly that he first went to Jackie (a favourite Lesbian prostitute) and he played Dutch uncle to her and Betty her girl friend. He drank a bottle of whisky but he was quite impotent. He talked a lot to them both about psychology and love-and-hate relationships. He went home to get quietened and thought he would get relief if he smashed a bottle in my window, but instead of that he rushed to Piccadilly and picked up a man. He talked to him about love-hate relationships but the man objected. The man said "When I get to a girl I only love her". My patient talked to him about the Birmingham murderer enough to convince him. Then, at some point connected with a quarrel about money, the man went quite mad: he started dancing around and shouting "I am Jesus Christ! I am the King! You are the murderer of all those women! I know you, I am going to kill you!". To pacify him my patient admitted to the Birmingham murder, and several others. Then the hotelkeeper, hearing the noise, intervened and my patient left the two of them fighting whilst he fled to his waiting taxi - having a fit of maniacal laughter at the thought that the hotelkeeper would be landed with the murderer. He also thought that this would at last drag me into the Law Courts and that too exhilarated him. I had little opportunity to interpret in the session, but did point out to the patient that the man seemed to be completely like a part of himself, thinking that he was a messiah, preoccupied with the murder of prostitutes and trying to project the guilt into the patient. It was striking that until I pointed it out to him, the patient was quite unaware of this resemblance. But he did remember in the next session

that only a few days previously we analysed a dream in which he, the patient, was dressed in king's attire. I also pointed out to him the hotelkeeper as an aspect of myself and his wish for me to contain his agitated feelings in the session. In fact he was unusually agitated for him.

It was only in the next session that we could sort out what had happened. Faced with the imminent loss of two days' analysis he turned to substitute women - Jackie and Betty. He felt enormously attracted by Jackie's breasts and terribly humiliated by his impotence. He tried to reverse the situation of dependence and weakness by playing lutch-uncle to them and also by trying to project his love-hate feelings into them. They obviously did not take in this projection; it was at the moment when he experienced Jackie as very kind in a maternal way that his fury was aroused. She had stroked him and said "Why don't you lie on your side, dear, you seemed to be doing better that way." It was at that moment that he rushed out and had the thought about smashing a bottle in my windows for relief. Jackie obviously represented me. When the reversal of dependence did not succeed and she made him aware of his intense dependence and impotence - as in the analysis - he experienced a terrible humiliation and dread; it aroused murderous feelings that he could not contain. He needed relief. He had either to get rid of the feeling by acting on it ("getting it off his chest" - his words) or finding a partner who would act it out for him. He rushed out in search of such a partner.

It became clear how precisely he can find a suitable object for projective identification, and really possess him with his projection. He later admitted that he must unconsciously have realized that the man was unstable mentally; his eyes were peculiar and also when the patient started talking about psychiatric treatment he was surprised how much this uneducated bum-boy knew about electric shock, insulin

treatment etc. He then had a passing thought that the man must have been in hospital. Having hold in that way of a suitable object for projection, he obviously started to work on him with constant talk about ambivalence and the murder of women, until he got this unstable man completely madened.

The role of the hotelkeeper is very important. The patient wondered later what he would have done if the hotelkeeper had been a woman, and he came to the conclusion he would have acted in the same way because he has to save himself for the mission. The hotelkeeper obviously represents an aspect of the analyst who is always left holding his murderous self. In relation to this aspect of me he feels he always wins. If, as the hotelkeeper did in reality, I manage to contain and control his projections, he experiences great relief. If, however, I were to succumb and either become identified with his projections as his sexual partner did, or become destroyed by them as the hotelkeeper might have been if killed by the maniac, his omnipotence would triumph unbridled.

My view of the events following my announcement of a two-day absence is as follows: the analysis thus far brought about a certain mobilization of "baby Georgia" feelings in relation to the breast-mother in the transference. The expected two-day deprivation reawakened oral deprivation, jealousy, and envy feelings which led to murderous and cannibalistic impulses which he could not contain or control. He dealt with them by massive projective identification into his sexual partner, converting the situation of murder into one of self-destruction. This, too, he managed to avoid by subsequently projecting the role of the victim into the hotelkeeper.

I think that this sequence of events throws some light on his psychopathology. His megalomaniac delusion and the complex obsessional system needed to maintain it defends him against a recurrence of an

early catastrophic situation - the abrupt weaning and the subsequent loss of both his parents. Usually these two events as appearing in the transference are telescoped into one. These events must have given rise to murderous and cannibalistic fantasies and a conviction that he had murdered both his parents. Some time after the session I have reported, he dreamt that he was clinging to a white cupboard; it disintegrated and he was falling. The white cupboard was a remembered cupboard from his nursery. He obviously feels that if he clings to the breast it will disintegrate and he will disintegrate with it. For him, getting in touch with any human feelings of love or dependence is linked with the expectation of a catastrophic ending. I do not wish to imply that the abrupt weaning and separation from his parents were the unique cause of his pathology - there were features in his early breast relation which made him particularly unable to cope with the trauma - but the catastrophe and the fear of its repetition became the nodal point of his psychopathology.

To defend against this catastrophe, he had to wipe out "baby Georgie" and his real object relationships - the parents - and to develop the megalomaniac delusion in which he was self-sufficient and omnipotent and all objects were objects created in his fantasy, predominantly from his own faeces.

In his delusional system he had to reconstitute not only lost objects but also lost functions of his ego. For instance, "inspirationalism", in which he "introjects" his objects, acts as a substitute for the normal functioning of introjection, which is severely impaired in him and which he tries to recreate by his own effort. He fantasies a figure which he thinks would satisfy his needs and then by conscious manipulation tries to introject that figure and make it a part of himself. Mentalism is a substitute for the capacity to think and particularly to reflect. He tries to teach

himself rules of thinking, and overcome the handicap of the concreteness of his thoughts by making out of this concreteness a virtue and trying to learn how to manipulate his visual thoughts. Recapitulation is an attempt to substitute for spontaneous memory, a memory which is interfered with both by the blocking of his introjective processes and by severe splitting. All these functions, like his objects, have to be restituted and omnipotently controlled.

However, this megalomaniac delusional system itself becomes in fact a chronic catastrophe. It is the existence of the system that prevented him from making contact with such aspects of his mother as were available to him and to renewing any real contact with her after her return. It prevented him benefiting sufficiently from the paternal kindness of his stepfather or the devotion that both his siblings had for him. Baby Georgie and his potential for growth were stunted not by the "catastrophe" but by the delusional system developed to prevent the recurrence of the catastrophe.

Furthermore, since his dependence is increased because of this lack of growth and yet he is unable to acknowledge any dependence, maintenance of the system depends on a ceaseless exploitation of his real external objects and the ceaseless projection of painful feelings, denied in himself, into them. Hence, of course the megalomaniac system is accompanied by constant persecution. The whole system is based on hatred, envy and fear, love and dependence being denied.

Seeing through this is terrifying to him. A few years ago he had a dream, he was facing an enormous and completely empty room. In his associations it emerged that if he gave up his mission and the operations he would find that his life was entirely empty. "Fifty years," he said, "of nothingness", and equally empty is his internal world. The delusion plays two roles here; it is to fill the emptiness that he

creates in wiping out "baby Georgia", but of course it also creates the emptiness in that it prevents bab. Georgia from living, as in the little-dog-and-big-dog-drama.

Soon after the acting out reported in this paper, he had a dream in which he spilt some corrosive fluid onto a couch and then used a fire-extinguisher - he does not know whether to mend the damage or to cover it up. The whole room got full and messed with extinguisher fluid and his host came into the room and was very angry. He felt terribly anxious and ashamed in the dream. He commented that the dream was his first nightmare, which in a way surprised me since the Marquis de Sade is mild compared with this patient's dreams, but he explained that this was the first dream in which he actually felt the anxiety. He associated the burning stuff to his hostility to me, related to an event in the transference, and the extinguisher to the defences he uses against experiencing it - the extinguishing of all feelings. He felt that the dream made it clear how much more damaging were those defences than the original feeling. This dream shows a considerable reorientation in his attitude to his delusional system; and indicates some movement in his analysis. Having held me over the years as a container for his projected feelings, he is now a little more able to introject me and identify me with a part of himself that is beginning to contain his own impulses and fantasies. Also, his repeated and relentless attacks both on his analysis and on myself personally are beginning to give him some confidence in the survival of his good object which enables him to integrate some of his aggression. The changes in him so far have been quantitative, not yet amounting to any appreciable qualitative change. Thus his absence and latencies are now very unusual. His heterosexuality is beginning to be better established (though still very primitive), his homosexuality less destructive and compulsive. He has also cut down on drugs and drink which at times made the analysis well-nigh

impossible; and there is less dangerous acting-out. The "operations" - though by no means abandoned - are clearly felt by him now as a symptom and have been very much curtailed in time and intensity. In his relationships he seems much more human.

He sometimes expresses now affection for me and gratitude that I did not let him destroy the analysis.

Discussion

This case raises a number of technical and theoretical problems. From the technical point of view there is the question of indication for psychoanalytic treatment. Should this man have had psychoanalysis at all, and does the analytical treatment present a danger of infringing his defences and therefore bringing about a catastrophic situation, as had nearly happened in the acting out I have described? This is a difficult question to answer: the danger was certainly there. On the other hand I am convinced that psychoanalysis is the only method that has any chance of making inroads into his psychopathology. He had in the past had any number of physical and psychotherapeutic treatments which left no appreciable mark on him. The psychoanalytic treatment, on the other hand, is slowly affecting his structure. I think the dread of the catastrophic situation has very much lessened, and the danger of murder or suicide has in fact appreciably diminished. His delusional defence system lost some of its rigidity and, in the patient's words, he feels that he is getting "humanised".

From the point of view of research, I think the psychoanalytic treatment of this case very worthwhile. It threw for me a great deal of light on one possible type of delusion-formation. I think the

psychopathological constellation that I have described here has not been described in the past, and I think that it may apply to a number of cases, particularly those with a mono-delusion.

Similar cases have been described by Bychowski in his paper on the obsessive-compulsive facade of schizophrenia, but he does not elucidate their dynamic structure (Bychowski 1966). In Freud's writings (1911 - 1924) he does describe delusion as a restitution and a defence system in a situation in which a "catastrophe" has happened. His description of the nature of the catastrophe however is in the nature of a psychological speculation based on the hypothesis of a decaethetiz of the external world.

In the case I describe, the catastrophe is the infantile situation in which the ego is flooded by destructive and self-destructive impulses threatening annihilation. The defensive role of the "operation" is to reconstitute omnipotently a fantasy world in which dependence on objects is excluded. Destructive and libidinal impulses and fantasies are contained in the defence system; on the one hand the sadistic control, on the other hand the "saviour" elements. The destructive elements, however, predominate, and the whole system is an aggressive attack on reality. I have come back to using Freud's term of restitution and avoided speaking of reparation, in that this restitution is not a reparation in terms of the depressive position. The aim of the restitution is narcissistic and elements of love and concern for the object which are predominant in depressive reparation play a very minor role, though they are not entirely absent.

From the diagnostic point of view I would class this patient as border line case. Though his delusion is frankly psychotic, the obsessional system which he has developed is preventing an overt

psychosis. The basic psychotic structure derives from an infantile psychosis on the border line between childhood autism and childhood schizophrenia.

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