PERSONALITY AND PSYCHOSIS : A STUDY IN SCHIZOPHRENIA.

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It has been thought that a presentation side by side of the two cases here described would be of value for the following reasons : firstly, in view of the contrast in their clinical pictures ; secondly, because of a similarity in the life-history, life-situation and, to a lesser degree, in the personality ; and finally as an illustration of the value of the grouping of clinical material in reaction-types rather than in hard-and-fast diagnostic categories. That grouping in this fashion leaves an unclassified residuum must, however, be clearly realised.

It is chiefly to Adolf Meyer that we owe the conception of mental illness as a reaction to life and its demands, of whatever nature. This conception is the logical outcome of his dynamic psychology, and he has recently put the matter in this way with special reference to the schizophrenias.

" We can characterize the present-day attitude as more largely non-dogmatic, freely nosological, genetic-dynamic, with a formulation in which reaction-types, the factors entering into them, the prognosis and the therapeutic assets are given equal and relatively independent consideration." There probably is to-day a widespread preparedness to accent the full development of Meyer's formulation of parergastic-paranoid reaction-types based on a frankly pluralistic psychobiological integration concept, treating the susceptibility to special types of deterioration as an important issue, but making of the prognosis in general a specific sub-aspect, as in any other disease, and not too essential and exclusive an aspect of the whole group-problem. The description of the picture (that is, the patient's condition) " brings out material of fancy and maladaptation with striking passivity reactions and disorders of fusion of the psychobiologically integrated functions, which express more clearly than any neurologising or physiologising formulation the actual state of the patient."

Put in another way the problem resolves itself into this—that every individual is faced with a constant series of life problems, of a greater or lesser degree of difficulty, constantly changing and being modified. To these, reaction is essential for even the barest continuity of life, and it is where the reaction is a faulty reaction, where the adaptation is in consequence a maladaptation, that we can say we are dealing with mental ill-health. The problem of reaction is not only one of class but of degree and Meyer uses the terms "part" and "total" to group the cases. He employs "part-reaction" to indicate a psychoneurosis and "total-reaction" to indicate a psychosis. The distinction is difficult to define but may best be looked at in this way. In the neurotic the personality is little changed ; reality values are changed

only quantitatively and have the same meaning as they have for the rest of the community ; while the psychotic has retreated from his problems to the extent of developing a reality-change both qualitative and quantitative, and his personality shows in consequence a distinct change. To some extent it is true to say that the psychotic lives in a world of his own, while the neurotic apprehends the self-environment relationship in the socially accepted manner.

Mal-reactions may be determined in many ways : by faulty mental hygiene in upbringing, or by psychopathic surroundings, or by some physical or psychical defect in the individual, or by a combination of these.

Going on these lines we approach our patient from a dynamic view-point, and an attempt is made to decipher the integrative development of the whole personality from infancy onwards.

We must view the personality of the patient in the light of his internal developments in response to the needs of his total life-situation ; and here we must look for evidence of his responses, for his attempt to make life what he would like it to be, either in fancy, or by normal aggressive activity. We must strike a balance between the external forces at work and the internal forces, synthetic and adjustive, which interact with them.

It must be clearly borne in mind that a reaction, once established, is not necessarily stereotyped. On the psychotic as on the normal, the influence of reality continues to impinge in a modified but none the less definite way, and so we have no grounds for ever regarding our cases in the fatalistic diagnosis-prognosis way so productive of therapeutic nihilism in the past.

PERSONAL CASES.

CASE 1. Unmarried woman, age 55.

Her birth and infancy were normal and no other members of the family showed evidence of psychopathic trends.

Her school life soon revealed an inferior reaction. She had to be taken away from school because she was bullied. It was said of her that her spirit had been broken by the treatment she had received.

She then lived at home for some years until she was 17 and had a fairly hard life. She was the oldest of a family of seven and she had to look after them. We are informed that she was at that time more stable than ever before or since.

The atmosphere of her home was a stern one. She had little outlet. Her relaxations were in nature and in books, and she began to show a dreamy, shut-in trend.

She then went to Canada as the guest of an uncle and was there for a year, but came home and set off soon after for Germany with a friend who was studying music. She soon tired of this and after a short time went to London where she lived, off and on, until the time of her breakdown. Her life in London was unsettled and shifting ; she moved from boarding-house to boarding-house and took an interest in various organisations of the 'Free-Thought,' 'Brighter Thinking,' 'Christian Science' type. She did not at any time devote any energy to working for a useful organisation, and the esoteric pseudo-psychological atmosphere of the cults she adopted satisfied her in a way with which we are familiar in this type of personality. As time went on she became more and more erratic in her behaviour. Her activities, uncontrolled and over- or under-energetic, culminated in a sense of illness which led to her seeking medical aid. She was in the

hands of various psychiatrists in London from whom we have no information, and finally she went to the Cassel Hospital. Here we have the first indication of a deviation from the normal so marked as to constitute a total reaction, that is, a withdrawal from reality in the terms already indicated. She went into a chemist's shop and said that she was being annoyed by spirits. This was but a momentary flight, and she denied the whole thing immediately after. A little later she was in Camberwell House for a month and was then "excitable, garrulous, talkative, interfering, discontented and fault-finding." A fortnight later she was admitted to the Edinburgh Royal Asylum in the same state, which gradually altered until she reached a condition described as "mildly depressed, unhappy, unable to concentrate, and worrying." After four months she went home only to break down and was admitted to the Glasgow Royal Mental Hospital three weeks later.

On admission she was fantastically and ornamentally dressed, surrounded with books interleaved with cuttings; flowers, scraps of paper, pens, articles of dress and so on lay around her. She showed some 'flight': "I want to know who you are. Do you know Dr. —? That doctor says his name is Gordon—now I know the Gordons—he may be a relation—I want to know if he has anything to do with Dr. —. What has happened to all my things?"

She was distractible and could be led away from controversial topics with ease. She showed some motor activity and paced about her room, at one time demanding that the physician swear to protect her on her mother's Bible, at another telling how musical she was.

All this suggested strongly a hypomania, but more careful examination made it clear that there was a more ominous factor which showed a type of reaction not in accord with the manic-depressive group.

She said she had been spiritually wedded to a "Harley Street physician," that during a vaginal examination "something had been broken which had never been broken before," and that she was increasing in girth. She spoke of the "Mother Heart." "A woman is good for nothing unless she has been a mother," hastily adding, "one does not need to bear children to have the Mother Heart."

In this she showed a typical ambivalence in her sex attitude. She also went on to say, "I never contacted with a man in my life—I was too proud—never let a man see I cared. If they squeezed me at dances I just finished with them—all this is due to a love affair—I don't know if I'm married or just spiritually linked." She said that her lover came to her in various guises, usually as any physician who happened to be looking after her. On one occasion she said that her wedding was to be celebrated the next day.

Following this there came a quiet spell in which she was religiously ecstatic. She expressed many bizarre ideas: "I am working on blue to-day—I am working from the absolute to reality—there must be no hate in the world—everything is beautiful."

By the end of a month she had again passed through an excited phase and then became quiet and reasonable, able to carry on a normal conversation. This lasted a week and then she became dull. She expressed herself in a way that gave definite clues for the grouping of her case.

She spoke of unreality in her surroundings, of emotional loss and lack of interest, and said that she had difficulty in separating her imaginations from reality. She said that she realised she was given to day-dreaming and when faced up with a frank account of what she had said on admission she admitted that she realised some of it had perhaps been imagination. At the same interview, however, she spoke in a mysterious way of the resident psychiatrist, and said she was of the opinion that he was not the person he was supposed to be. From this time until the present, for a period of four months her reaction has not been of the *total* type. She has been living in the same world as those around, and her delusions, now in abeyance, are not governing her conduct. In their stead there has been a hypochondriasis which we may regard as a *partial* reaction.

COMMENT.

Here we have a case in which there has been an abnormal arrangement of the real and the imaginary. The phantastic has played the principal part in determining conduct in defiance of the claims of the real, and on that account alone we are justified in grouping the reaction in the schizophrenias. There has been an alteration in personality.

From the psychobiological viewpoint, however, we can see more. We can see a life-history where the demands of reality have never been met, where there has been from the early days of school life an inability to accept the world as it is; and out of that have come a striving to make things fit, a discontent, a restlessness, a gradually growing tendency to neglect reality, and finally the development of a frank psychosis.

Her picture of herself as a proud cold girl, repelling male advances, is very characteristic. It shows an ambivalent attitude, but it suggests as well the "light intangible breath of aristocratic boldness and distance" which Kretschmer refers to in a passage where he speaks of these personalities "leaving their corner with a sudden jerk as enlightened and converted and then . . . they preach the ideals of humanity, raw dieting, gymnastics, the religion of Mazdazdan or the future, or all these at once." It is not too much to say that this falls in with our information in this woman's case.

Furthermore, her ill-directed, capricious life in London—mystic, useless, egocentric—affords an example of imperfect reality contacts. There is no evidence in her of normal warm, human sympathy. The latter is conspicuously absent in her, as in schizophrenics generally.

Again to quote Kretschmer: "Schizoid men have a surface and a depth." One sees clearly in this case how well this characterisation fits.

CASE 2. Female, single, age 45.

This patient is the fourth of a family of six. The other members are all healthy both mentally and physically. The heredity shows some neuropathic trends. Three members of a family of second cousins on her father's side were described as "queer," and one of them was definitely psychotic.

Her father was of an "eccentric" temperament and did not reach a high standard of activity. He had some money left him and never showed any tendency to occupy himself in any hobby, but lived an idle life without activity or interests of any kind. With him the patient was *en rapport* more than with anyone else.

Her birth and infancy were normal but from an early age she showed a difference from other members of the family. She seems to have been mismanaged to some extent because she did not go to school until she was about eight years old, being taught by a governess at home. This is said to have exaggerated her tendency, already noted by her family, to be "different" and "shut-in." At school she was lazy and did not show a special bent in any direction but drifted through as best she could. As a child she exhibited obstinacy and self-will, and would go to the kitchen and sit with the maids rather than play with her brothers' and sisters' friends. She did not go in for any games, had no hobbies, and was inclined to play malicious tricks. She had a certain number of friends of her own but they were not the kind her brothers and sisters had, being unreliable and shallow.

She had wit, and was an excellent mimic, but there was no warmth or affection in her conduct. On several occasions she said she was engaged to be married but no one ever saw her fiancé. Nevertheless she possessed some attractiveness for the opposite sex and once achieved actual engagement, but the affair was broken off by mutual consent after a year or so. For the rest, she was subject to tantrums and was a dreamer, given to rumination.

About twenty years ago, after the death of her mother, she started a wandering life of her own—sometimes with her father, sometimes alone. She began to be recklessly extravagant and showed complete lack of any plan in her mode of life. Her affairs were soon in a muddle and responsibility had to be repudiated for her debts on several occasions. She showed no occupational output at this time of any kind and was quite cut off from all touch with her family. Her father had still some control over her and defended her, but he lacked steadying influence upon her. She was deficient in moral sense as regards money and ordinary truthfulness.

When he died, however, she went from bad to worse and the first evidence of a psychotic reaction showed itself. She became very excited and restless, and was a nuisance to the family lawyer, to whom she complained of vague persecutions. Her existence became still more nomadic and she was never long in the same hotel. From time to time she lived with her aunt and was very difficult to deal with, on account of her wilful and irritable manner and the irregularity of her habits.

Finally she became so disordered that she broke away from reality in a *total* reaction, where she said (without foundation) that the family physician was going to marry her as soon as he could get a divorce. She bought a wedding gown and began to send letters to the object of her affections. At the same time her paranoid trends became more marked and she complained of smells, of people watching her, and of conspiracies of a very vague nature; some hallucinosis of hearing also occurred.

Admitted to hospital, she showed a clinical picture differing only superficially from that of Case 1.

She was quiet, reserved, lackadaisical and indifferent. Her stream of mental activity showed a curious disorder. Her answers, at the beginning quick and *a propos*, tailed off into a series of phrases only slightly related, in such a way as to give the impression of a 'flight,' and this in spite of the absence of any suggestion of a manic reaction in her general behaviour. "I don't know about all this—I don't care, it doesn't matter—if I had got a bottle of some stuff from the chemist it would have been all right—or just gone up-town with my hat on the back of my head—I'm a bit of a high stepper—one of the Cheerios—artistic—a bit dreamy as all artistic people are—and of course high-strung—my handwriting shows that—I was always noted for my handwriting—strong—showed a lot of character—just like my father—he was a sportsman," and so on. If allowed to talk she would go on in this fashion; on this particular occasion she passed from her father to her wish to go up-town, then to a vague complaint about her menstrual periods, and on to a vague account of a love affair. It was easy to distract her and she would talk about anything suggested to her, but there was no 'clang' and the simple interjection of a word was not enough to change the drift of her talk.

It was also noted that she showed some unsteadiness in her affective tone. At times there was almost a euphoria as she told what a 'sport' she had been. At others there was a total lack of affective response which contrasted oddly with what had gone before; there was a certain jerkiness and lack of integration and of warmth. No evidence of crude perceptual thinking in a frank hallucinosis was found, but a disharmony of affect and manifest thought. At times there were indications of poverty of thought, and in her halting speech, signs of blocking.

When she was asked about the doctor she expected to marry she said, "It was a mix up—we were both the same—people were sending things—it should have been him." In

her sex attitude there was a strange tinge. She said "I'm not keen on men that way (marriage)—never was—always a sport, more like a man myself—that was being with father; he was a sportsman."

COMMENT.

We have here a personality different from that of Case 1, yet showing early schizoid trends and developing a psychosis along different lines but in response to a similar life-situation. From early youth the patient had failed to keep the mental level of her companions and had taken refuge in a life of fantasy which she had elevated into a thing more worth while than the mundane activities of the ordinary person. Her fruitless youthful love affair and her remarks about men, with the development of her erotic wishes to the family doctor, form an interesting couple, indicating, as has been said, an ambivalence. In the shelter of her home where her eccentricity was tacitly allowed for there seems to have been little evidence of disorder. Then came the period of hydropathic wandering, with a final disorder of reality-contacts and the development of a psychosis.

It will be seen that there is much in common in these two cases which is only brought out on careful study of the personality, the situation, and the psychosis as a whole. Careful comparison, moreover, shows that the two apparently dissimilar clinical pictures have much to justify their inclusion in a joint group. Case 1 corresponds to a type of person described by Kretschmer as "nervous and excitable, a lover of nature, a reader, with fine feelings and sensitive." Case 2 conforms to another variant of the same group whose members are described as unsociable, quiet, reserved and eccentric. Both develop their personality along similar lines. In each case we have definite evidence of what Bleuler describes as "autism," the living of a fairy-tale in response to a failure to adapt to social demands. Each finds refuge in home life on a low level, the one for a longer period than the other. On being deprived of the shelter thus afforded, each lives a drifting aimless life, different only in that one becomes somewhat of a ruminative eccentric and the other a 'New-Thought' faddist.

Each has sex wishes gratified by the development of a delusional system which does not drive to activity as does that of the paranoiac, but which provides material for the autistic world in which they both live.

In both we find a false proportion between the 'I' and the external world. In Case 1 it shows itself as a proud distance, the girl rejecting all male advances and the woman possessing a dream lover; in Case 2 as the lazy dreaming eccentric with her careless indifference to the activities of her environment. Both represent a state described by Kretschmer as "dying off of the allo-psychic resonance together with a hypersensitivity of the auto-psychic."

Each shows a disorder of affectivity more complex, but none the less definite, than a simple disharmony between mood and thought. The affect has been dislocated, not destroyed. In Case 2 we have an indifference: "I

don't know—I don't care—it doesn't matter,"—the "euphoric cooling" of Bleuler. In Case 1 there is seen a reaction showing a very close resemblance to a phase of cyclothymia; but on closer inspection there is an affective rigidity, an absence of the smooth mobility of the true hypomanic. Of this condition it has been said, "It resembles flight of ideas, but an absence of objective becomes noticeable through the lack of an emotional value; while in the flight of ideas the objective is merely changed" (Bleuler). Furthermore, there was complete absence of emotional *rappor*t between patient and listener. The former's mood did not communicate itself. Both show very clearly a turning-away from reality and indulgence in a substitute; in the one case, a suspicious brooding seclusiveness, and in the other, a fantastic religiosity. Both were dominated by their complexes and both showed a disintegration. It is of note that not until a later age than usual did the psychosis declare itself—an example of what Kretschmer indicates when he says: "People . . . for years . . . original and unfriendly personalities may disclose to us that the greater part of the time they carry the most fantastic illusions about with them."

We have here a justification of the view expounded by MacFie Campbell that psychosis and personality are of the same stuff, and that the psychosis can be looked upon as an extreme degree of difficulty of adaptation; this amounts to a restatement of the concept mentioned earlier that schizophrenia is not a hard-and-fast diagnostic entity but a group of similar reaction-types.

It was, as Meyer says, by the promise of a prognosis that Kraepelin stimulated interest when he first built dementia præcox into a nosological entity. This promise has not been fully implemented; but as a result of his formulations, and the modern method of regarding the condition not as dementia præcox but as the schizophrenias—as a series of reaction types—we have been rescued from an attitude of universal pessimism about these cases. We have been forced to group our case material, to judge each case on its merits, to see the essential points of similarity, and thus to modify individual prognoses within a common group. It is the study of the development of apparently different cases such as are shown here that makes for firmer and more fruitful clinical thinking.

One can hardly conclude better than by quoting from Meyer himself a passage where he says of the problem of psychiatry in general: "Much is gained by the frank recognition that man is fundamentally a social being, . . . and in this great field nothing will replace a simple study of the life-factors, and of social and personal life-problems and their working."

REFERENCES.

- ¹ MEYER, A., "The evolution of the dementia præcox concept," in *Schizophrenia (Dementia Præcox)*, New York.
- ² CAMPBELL, C. MACFIE, "On the definition or delimitation of the schizophrenic type of reaction," in *Schizophrenia (Dementia Præcox)*, New York.
- ³ HENDERSON, D. K., and GILLESPIE, R. D., *Textbook of Psychiatry*, London, 1927.
- ⁴ KRETSCHMER, E., *Physique and Character*, London, 1925.
- ⁵ BLEULER, E., *Textbook of Psychiatry*, London, 1923.
- ⁶ JUNG, C., *The Psychology of Dementia Præcox*, New York, 1909.