

INTERPRETATION OF SCHIZOPHRENIA

**Study of
Hebephrenic
Patients**

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In Chapter 3 we learned that the hebephrenic type of schizophrenia manifests itself in two main forms: (1) as a syndrome immediately characterized by marked regressive features, with restitutive symptoms playing a minimal role; (2) as a syndrome in which the paranoid defenses failed to arrest the process, which proceeded toward a rapid regression.

In this chapter the case of a patient suffering from this second form of hebephrenic disorder will be illustrated. This report will focus on the more recent precipitating events rather than on the early environmental factors.

Ann

Ann was a 26-year-old, white, Catholic, married woman who was brought to the hospital for observation while having an acute mental disturbance. Her illness began a week and a half prior to admission. The patient had been going dancing frequently with her sister. About this time she had met a young man, Charles, at the dance hall, and they

had danced together. One evening she came home from dancing and told her mother that she was going to give up her husband Henry, marry Charles, go to Brazil with him, and have twenty babies. She was talking very fast and saying many things, several of which were incomprehensible. At the same time she also told her mother that she was seeing the Virgin Mary in visions. She then went to her mother-in-law and told her to take back her son Henry, because he was too immature. The following day Ann went to work and tried to get the entire office down on their knees with her to recite the rosary. A few days later, her mother took her to a priest, whom she “told off” in no uncertain terms. She finally spit at him. A psychiatrist was consulted, and he recommended hospitalization.

Part of the following information was obtained from various members of the family, because the patient was too disturbed on admission. Ann was born in the United States to parents of French lineage. She was the second of four siblings, having a brother six years older and two younger sisters. Her birth was not planned. The relationship between Ann and her father is not known well. The family can recall that the father was very fond of Ann and apparently had never punished her, leaving any discipline to the mother. When the

patient was 4½ years old, her father died as a result of pneumonia. He is described as having been an easygoing, quiet, friendly person. He was about thirty years older than the mother and was 60 when he died.

The mother was 54 years of age at the time the patient became ill. She tried to be friendly and pleasant, but rambled in her talk. She seemed somewhat confused and displayed a rather shallow affect, particularly when discussing serious matters. The physician who interviewed her in reference to the patient had the impression that she herself was psychotic and possibly affected by a mild form of schizophrenia. When she attempted to put into writing what she considered important aspects of her daughter's history, she disclosed some scattering of thought processes. She felt that at the time of her pregnancy with the patient she had gone to see a horrifying film about a man trapped in a burning building. She suggested that this prenatal influence might have played a part in the patient's present illness.

The mother was the disciplinarian in the family, although she never resorted to actual physical punishment. What she would mete out was a stem look and a hand upraised as if to strike, but she never

did strike. She was very strict in the patient's training. She was always very prudish about sexual matters and never discussed them with Ann. Shortly after the father's death, an uncle (a brother of the father) came to live in their house, but he would not have much to do with the patient. Ann's older brother seems to have been the most serious-minded member of the family. He would frequently take care of the patient in her early years, but saw less and less of her as she grew older. The younger sisters played a minor role in Ann's life.

Ann graduated from high school and from a school for commercial art. She was a very persistent student, very punctual in her study habits, and even in her early childhood showed a talent for drawing and painting. Following her studies in commercial art she obtained several jobs which were not commensurate with her ability. She even did factory work.

The patient apparently had been kept fairly ignorant of sexual matters until the age of about 17, when her older brother explained to her in a didactic manner "the facts of life." She began to menstruate when she was about thirteen and apparently became very anxious at this time. She went to her mother for an explanation of what had

occurred and was reassured. The patient had had several acquaintances throughout her life, but no deep friendships. In the whole household a deep religious atmosphere prevailed. At the age of 18 she met a man ten years her senior with whom she became infatuated. They went out on frequent dates, but this man was inducted into the army. The patient then began going out with Henry, the younger brother of the inducted man, who was a year younger than Ann.

They became engaged shortly thereafter and went out together frequently until their marriage, which took place three years prior to Ann's hospitalization. There had been no premarital relationships. During married life they indulged more in mutual masturbation than in regular intercourse. They seemed to enjoy this form of sexuality. Regular intercourse was practiced once every two or three weeks. The husband often became irritated at the patient for her apparent joviality during sexual relations. On a few occasions, while he was on the point of having an orgasm, Ann would crack jokes, upset him, and prevent him from continuing. This would result in arguments afterwards. Married life was considered a boring routine by both Ann and Henry. There was very little conversation between them.

Family life became more and more monotonous, and Ann had to resort to outside activities to have some fun. A year prior to the onset of the illness she had had the desire to go out West, where her father had lived, and to find out from his relatives facts about his life, which she had never known. She went there and visited his grave, but did not learn much about his life.

Ann's disappointment in Henry increased. They had nothing in common; she was artistically inclined, whereas he had only an ordinary, conventional outlook toward life. It was at this time that she started to go dancing and then met Charles. Her interest in him increased, but she knew that she was married and that a divorce was not compatible with the precepts of the Catholic church. Her conflict grew and put her in a state of great agitation. A few days before she became openly disturbed, she wrote a long letter to a priest. Here are some excerpts from this letter:

Dear Father L.,

I have to start out with the most daring words that I could ever tell a priest or anyone.

I have no right to wear a wedding ring.

It's most peculiar that when you become an *adult* in the eyes of *God* you can begin to see *NOT* with your own but *HIS* vision—and be able to tackle life's problems (sufferings) in only *one* way which is his order.

For all my years, I went into this marriage as a skeptic and knowing and not knowing, mind you, that I didn't love my about to be husband.

When a person is at peace with himself and knows he's done his best he can sleep.

I can't feel this way and remain married to Henry. It is no marriage, but self-inflicted torment on my part. I know that God didn't mean it to be this way. If Henry and I cannot *grow* together in marriage the way it should be, we have nothing but emptiness.

I look at Henry with my newly found values of life and see a great big cold handsome person. One that represents my old values. He is only cold to me because he has always sensed that I don't love him. (I could never put this into words before.) I know that if I could learn to love him, I would never have another complaint. He is that good! I can't bear the thought of him being hurt. *It* hurts. What looks right in the eyes of this world is not what is right at all.

People get so used to living their own narrow, inhibited life ("nobody's going to tell me what to do" attitude), they never get along with the right time—and

they can't see it. It's wrong for themselves because it can *only* be done with God's help.

Speaking of interpretation I have only been able to come to my drastic conclusions through the Blessed Virgin Mary's reaching God for my betterment. How I would like to be able to say *our* betterment—Henry's and mine. I can't.

I know all my answers now—as I repeat through Mary's intervention. For three years I couldn't live without a struggle. I didn't have much religion then but because of my struggle and not being able to reach Henry I turned to it—my now greatest value in life.

I have found the greater your struggle for truth—no matter how low or miserable—the greater your reward.

Rather than cross the sex boundary from which you cannot return—I have crossed into a spiritual intellect world that knows no turning back unless all my beliefs and *present* values are wrong. In that case I belong in an insane asylum. (And many would say, “Ha, I always thought so.”)

How can I ever have children or *ever* begin to live in marriage if *I* with these thoughts do not possess love. I have no foundation. All my great building which I have in my power is to no avail without love as the basis.

In a nutshell, I violated God's law of marriage! It has taken three years for me to be beaten into submission. This is my case, it is for you, as a priest, to tell me whether or not

I am married!

Nobody can go against God's law, otherwise they suffer unnaturally so. (This is what happens to nonbelievers—the poor souls.) Just the way he can make your cross lighter (for it shall always be there) with your *full* cooperation so is suffering made *worse* than sin (if such a thing can be) without his help.

These three years served only as a means of helping me to grow up. It furthered everything about *ME* (which sounds so selfish). The good Lord knows how many times I could not express myself but only feel that gap between Henry and I. Why did I feel so selfish all the time *knowing* what a good guy Henry is with his being so unselfish? Why couldn't I take intercourse? Why was I so lopsided in my mind as to make jokes at a *serious* time like that and hear Henry's exclamation of "No cooperation"—"I've done my part," "What's the matter now?" "What's wrong with you?" For three years *we* lived like this. Just like two kids on a perpetual date always parallel with each other—never coming together.

For the first time in my life I *feel* that I have become an adult. Marriage was instituted for adult people that *know* what they are doing—not kids. Why doesn't the church put out a questionnaire that states *DO NOT* marry if not for love? Know what you are doing—scare people. I'd say the church is so lax on this issue, it *takes for granted* that its pets will do the right thing. The church is strict on divorce.

Fine but it should BE *MUCH* stricter BEFORE entering marriage.

Why can't people know that religion with all its binding laws is what makes a man free—no longer a slave to himself but a sincere natural person?

Faith is the answer.

How does a person acquire it?

Dependence on God through Mary.

I'm the luckiest person in the world. I used to possess blind faith. It is not so blind any longer. It makes a lot of sense. I humbly thank God and Mary for it.

You, a priest, is next in line—for who else would understand and not consider me off the beaten path but on it.

Ann, however, did not have the courage to mail this letter. Instead she went to her mother, hoping to find in her comprehension and advice. She told her that Henry was a wonderful guy, but that she could not live with him and was going to leave him. Her mother told her that she absolutely could not leave him, that the church would not permit it. When, for the first time, the mother heard the name of

Charles and of Ann's love for him, she became very upset and said, "You can't do this. What God joins together no man separates. God doesn't want you to separate. That's the devil." Then the mother kissed Ann, and Ann returned the kiss. Later Ann went to see her mother-in-law, became increasingly disturbed, and the events that led to her hospitalization took place, as has already been noted.

When the patient was first seen in the ward by the examiner, she was dashing around the room, singing and laughing. She was markedly agitated; frequently she would cry one minute and then laugh in a silly, impulsive manner, or suddenly slump over and become mute. Her speech would be incoherent at one time because she mumbled and at another time she would shriek very loudly. She would be irrelevant, or circumstantial, and she frequently rambled, her thoughts being completely unrelated to one another. Her affect would vary from extreme liability to complete flatness. She was hallucinating in auditory and visual spheres quite vividly. She was saying:

I was judged insane and others felt that this was the place for me. I am too weak. You look to me like Uncle Joe, and he is so far away. He knew how much I loved him. We could always get along. I never meant to be disobedient to you. The darn son of a bitch, you couldn't smile at me. You are

the Pope and I must be obedient to the Pope. He is the only one I must be obedient to. You didn't flinch when I said "son of a bitch." You are trying to help me. All the others are different. That I can't fake in your presence, my Lord. You will understand me as my friends didn't. Russia is the only Catholic country. Russia is to the rest of the world what God is to the Pope.

Later the patient became more agitated and required strong sedation. Her illness seemed to proceed toward more advanced disintegration. She laughed in an inappropriate manner, and her whole behavior appeared silly. She was restless, confused, and talked to imaginary persons. Her productions consisted of word-salads and clang associations. During the therapy session, however, she acted calmer and maintained a fairly relevant conversation. During painting sessions on the ward she would frequently smear herself deliberately with fecal-colored paints. Frequently she would make loving gestures at other patients, particularly blacks, and would hug and kiss them.

During the therapy sessions she appeared friendly and seemed to like the therapist. However, her productions were still disconnected. One day she said to the therapist, "We have come to a draw. This is the end of the line. You are a man and I am a woman. You are a Jew and I

am a Catholic. We both like music.” The patient seemed to have some anxiety about her friendship for the therapist, and therapy was therefore conducted on the ward. When her mother was mentioned, she would refer to her as the “Blue mother.” About a month and a half after admission, the patient became more negativistic, refused to enter therapy sessions, and was extremely hostile toward the therapist and other authority figures about her. She was, however, very friendly toward the patients. Frequently she would smear food over her body. She told the nurse on the ward that she might be pregnant, because she had had intercourse with a fellow. Around this time the patient began to urinate and defecate in bed. When questioned about this, she stated that the nurse did not bring her a pan and she could not control herself. Shortly thereafter the patient became very disturbed on the ward; she would take her feces and smear them on the walls, attempting to draw murals. She would run around the ward laughing, screaming, and acting in an incongruous manner. Two months after admission, it was felt that the patient should receive shock therapy in addition to psychotherapy. She was given a series of fourteen electric shocks, which was completed three weeks later.^[1] At this point the patient seemed much quieter and friendlier, developed amnesia of her

earlier behavior on the ward, and would speak in a fairly relevant and coherent manner. She was no longer inappropriate or silly. She apparently did not hallucinate but occasionally seemed to have some ideas of reference and vague ideas of persecution.

Therapy was continued for a few weeks in the hospital. During this time Ann became more and more lucid and was able to verbalize her conflicts about her marriage. She was soon discharged from the hospital, and private therapy with another physician not connected with the hospital was instituted.

In this case we shall limit the analysis to the acute episode. Why did it occur? Of course the early environmental factors are important in this case, too. We know that Ann's father died when she was only 4% years old, and that thereafter she was exposed exclusively to the influence of her mother. We do not know much about the mother, but what we know does not seem constructive, from the patient's point of view. At the time of Ann's illness, her mother also seemed psychotic, and possibly had been for a long time. The fact that she married a man thirty years older than herself seems to reveal an unusual oddity. Her ideas about prenatal influence seem to be due more to a certain

paranoid frame of mind than to ignorance. When Ann was in the most critical situation of her life, at the time when she wanted to leave her husband, and went to her mother for support, the latter was not able to help her at all. On the contrary, she reinforced Ann's religious conflicts.

The patient had an ambivalent attitude toward her mother. Not only was her mother the person whom she sought during her marital crisis, but possibly the black patients whom she hugged and kissed during her psychotic attack were concrete symbols of her "blue mother." She liked them, but at the same time they were blacks and, according to social prejudice, were inferior, like her mother. Mother was blue in her mood; they were dark in their skin color. Her feelings for her mother were bound to be frustrated because her mother disappointed her again and again, even at the most crucial moment in her life. The real "blue mother" for her was probably the Virgin Mary in heaven, to whom she addressed her prayers and on whose love she relied in periods of distress. After disappointments in her artistic career, the patient had rushed into marriage with Henry and had found herself disillusioned again. The letter that she wanted to send to the priest is an excellent document of her state of mind at that time.

She seemed to have remarkable insight about her situation. However, paranoid ideation was developing already. She tried to solve her conflicts with the help of the church, but she could not go against the church. She felt that the priest to whom she wrote would be able to help her. The church, God, and the Virgin Mary (all symbols of good parents) would be able to help her. Rather than divorce Henry and marry Charles (that would be tantamount to adultery in her religious conceptions), she tried to immerse herself in religious feelings and to obtain the approval of the church.

“Rather than cross the sex boundary from which you cannot return—I have crossed into a spiritual intellect world that knows no turning back unless all my beliefs and *present* values are wrong. In that case I belong in an insane asylum.” The spiritual intellectual world of the church could not help her. The church could not make her love Henry and could not declare that she was not married. She understood this, and therefore did not send the letter to the priest. Instead, she made an attempt again to seek help from her real parent, her mother, and again she was disappointed. She had to turn back, and, as she had mentioned in her letter, she turned toward insanity. At a time when she had a great challenge to meet, she found herself unable to cope

with the challenge; nor was she able to find anybody who would understand her and help her. Her values were integrated in the framework of her religion, and in this particular circumstance her religion could not help her. Although at the beginning of the attack she manifested paranoid conceptions as concretizations of religious concepts, an arrest at a paranoid level was not sufficient to allay her anxiety. Harboring paranoid delusions still would mean being part of a “spiritual intellect world” from which she had to turn back also. Her escape had to be more pronounced, and therefore it reached hebephrenic proportions. Her words became incomprehensible most of the time; her behavior was that of acute regression, but it was not antagonistic. Therapy with a male physician did not decrease the anxiety, and the staff decided to submit her to shock treatment. With this type of treatment, the anxiety about the recent developments in her life was eliminated; she became accessible to psychotherapy and was able to reintegrate.

Much more difficult to study psychodynamically and to treat is the first variety of hebephrenic schizophrenia, in which an insidious beginning with no restitutional symptoms forms the basis of the symptomatology. In this eventuality, it may be difficult to distinguish

hebephrenic from simple schizophrenics. As a matter of fact, a mixture of these two types may be found in some patients. Frequently, in the development of the simple type of schizophrenia, in addition to poor child-parent relationships, I have found another dynamic factor. The patient has had to compete with a younger sibling who, on account of superior intelligence or of favoritism from the parents, has had a better chance to develop. The patient abandons the fight; he not only accepts the younger sibling's supremacy, but wants to remain in an inconspicuous role and refuses to grow psychologically. He may remain in the shadow of the sibling and may obtain some security as long as he does not try to compete with him.

Notes

[1] Patient's illness occurred prior to the development of drug therapy.

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