

CLINICAL AND THEORETICAL ASPECTS OF
"AS IF" CHARACTERS

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Samuel Atkin, in his introductory remarks, stated: "Helene Deutsch's clinical observations of the 'as if' character in 1934 proved to be a notable event in the development of psychoanalysis. In spite of the relative rarity of these cases in psychoanalytic practice, Deutsch's presentation takes its place alongside the great case studies of Sigmund Freud in advancing psychoanalytic nosology and theory."

"Deutsch's characterization of her patient proved to have a value far transcending psychological portraiture or character typology. With the keen discernment and penetrating judgment of a great clinical observer, she presented a group of character traits and a description of behavior in certain vital areas of ego functioning which, in their interrelationship, added up to a unique and distinct mental type that proved to have great implications for normal and abnormal psychological theory and that presaged some of the major developments in psychoanalysis in subsequent decades."

"One has only to list the salient characteristics of her case to see how she focused with prescience on the interrelated psychological faculties belonging normally to a definite developmental stage—i.e., the two-year-old level. This obligatory interrelationship is only now being more definitely established in psychoanalytic studies. Deutsch described (a) the primitive stage of object relations without object constancy; (b) the poor development of the superego with objective anxiety still predominant; (c) the prevalence of the primary identification process; (d) the lack of a sense of identity; (e) the emotional superficiality and general poverty of affect, of which these patients are unaware; and (f) the lack of insight. This lack of insight, prominently featured by Helene Deutsch, is one aspect of the narcissistic state of these patients. It is also a consequence of their underdeveloped or disturbed reality function which devolves on the state of object cathexes. Their reality testing is sufficiently preserved to differentiate them from psychotics, though a closer

examination would probably bear out Phyllis Greenacre's opinion that reality testing in the 'as if' character is defective.

"Deutsch's clinical contribution is of great scientific importance not only because it has helped to answer certain pivotal questions but also because it has brought into prominence and focused our attention on related questions of cardinal importance that are now in the process of being answered. Since her 1934 paper, our understanding of early ego development has gained increasing clarity from important theoretical and experimental inquiries, most notably from the contributions of Heinz Hartmann and Anna Freud to ego psychology. Hartmann introduced the concept of the 'self.' Anna Freud's studies of adolescence, her investigations on superego formation, her concept of 'objective anxiety' and some of the defenses she defines, particularly identification with the aggressor, are close to our subject. Her idea that character neuroses may be due to regression or lack of development occurring simultaneously in the drives and the ego along 'developmental lines' is important to the problem of etiology of the 'as if' character. In her brilliant exploration of *The Self and the Object World*, Edith Jacobson has carried to the most advanced point the definition of the 'self' and the 'sense of identity.' The same is true of her investigations of the development of the superego and ego ideal. Her inquiries into the role of the identification process in psychic development, particularly in self and object representation, are essential for our purposes. Just as Helene Deutsch's contribution threw light upon Freud's 'narcissistic character' of 1931, these developments in psychoanalytic science today makes Deutsch's 'as if' patient more comprehensible.

"How much further have we advanced in our comprehension of the genesis or etiology of the 'as if' character psychology, as well as of some other types of schizoid characters? Helene Deutsch (1934) asked to what extent are we dealing with aspects and consequences of mental conflict, 'a return to narcissism by a process of regression' due to traumatic events and defensive measures, or 'a genuine infantilism, that is, an arrest at a definite stage of emotional development of the emotional life and character formation? She also raised the question of constitutional factors in her case.

"Maxwell Gistel, in discussing character pathology, introduced a new dimension which took into account the remarkable stability and adaptability of the 'as if' character. He felt that their character formation, rather than being a demonstration of ego defect or weakness, was an expression of 'developmental incompleteness resulting from a lack of stable relations and compatible identifications. . . . The ego is immature, but at its level of development it is intact.'

"Gistel's hypothesis and Anna Freud's 'developmental lines' hypothesis may lead us to a substitution of the unsatisfying etiological concept of ego strength and weakness by a more demonstrable and useful developmental concept. At any rate, the developmental concept seems more applicable to our 'as if' character.

"Deutsch's case sharply calls our attention to several psychological areas of

great interest. Foremost is the psychology of the identification process, seemingly preponderant in the formation of the ego and superego. It is difficult to conceive of a process more suited than the identification process to form and give structure to the infantile ego, in the interaction of the child with his objects and with his environment, particularly in its rearing and cultural aspects (i.e., education, habit training, language, etc.). It may also be said, parenthetically, that identification is the only process of ego formation (and of the superego and ego ideal as well) that is spelled out or elaborated phenomenologically with so much concreteness and tangibility. We have nothing else in the psychoanalytically observable facts of ego formation with so much specific content and which is less dependent upon theoretical abstractions.

"Our comprehension of primary and secondary identification is well advanced, although more concrete observation and clearer conceptualization of this structure building present a task for the future. Perhaps this general topic will receive some discussion today.

"The lack of warmth in Deutsch's patient brings to mind still another type of identification, often alluded to in the literature but vaguely described and seldom elucidated. It bears importantly on the psychology of normal love relations, particularly as expressed in a happy sexual union, in the empathic understanding of friends, and in the harmonious merging with our natural environment. It may also be an important factor in the frequently encountered psychology of the loving woman who blends and merges with her husband or lover in a comprehensive way. Without eliminating the large increments of primary and secondary identification in these states, it is still valuable to attend to Edith Jacobson's statement that 'one can observe identifications which appear to be induced by *libidinal* wishes to maintain the utmost closeness, if not union, with the love object.' Freud's view that the 'character of the ego is a precipitate of abandoned object cathexes and that it contains a record of past object choices' does not hold for this type of identification, in Edith Jacobson's opinion. She states that 'the selective ego and superego identifications of the normal child . . . do not arise in place of object relations. . . . They absorb and neutralize rather than liberate aggression,' as is generally held. On the contrary, 'the child's object relations and identifications evolve hand in hand and exercise a mutually beneficial effect on each other.' It may well be that our 'as if' character is poorly endowed with the capacity for this type of identification, as defined by Jacobson.

"Helene Deutsch prominently features the lack of insight of these patients into their 'as if' state as well as into their general poverty of affect. The defect in their capacity for internalization, manifested in an underdeveloped superego and the consequent lack of distance between the poorly formed self representation and the poorly developed object representation, results in a faulty power of self observation; hence their lack of insight. This situation is characteristic of the narcissistic state.

"One is inclined to infer that this defect in self observation extends to

the comprehension of external reality. Reality testing, partly an autonomous ego function, is only one special faculty of a large group of ego functions dealing with the apprehension of reality and our relationship to it. What is emotionally cathected and practically utilizable in the external world is largely an extension of, and displacement from, object cathexis, and is dependent on it. I doubt that reality functions and reality constancy are as independent of object relations, as John Frosch seems to imply in his recent formulations on 'reality constancy.' The Freudian wish, I would think, prevails in our structuring of the real world probably more than even psychoanalysts are inclined to admit.

"Perhaps we can conceive the total sphere of ego functioning in relationship to reality, or more specifically, to the human or cultural milieu, as composed of three parts: (1) perception as an autonomous function, least affected by wishes; (2) a sector profoundly affected by the emotional make-up of the individual—by his wishes (for in so far as the human environment in a cultural sense is a structuring of what is average and preponderant in human needs and conflicts, the individual is *more or less* in concordance with it; but he always retains a 'private world'); (3) conformity with or assent to the human and cultural environment as exemplified, in the extreme, by the 'as if' character, with the same lack of insight and genuine emotional participation. You will recall how Deutsch's patient shifts worlds as she switches her identifications.

"The impression of 'strangeness' that this patient gives is perhaps due not only to the lack of mutual empathy and genuine feeling, but to the fact that she really does not share either our world of reality or our emotional world. Psychiatrists have long utilized their subjective response in the diagnosis of schizoid states and schizophrenics. We have alluded to 'oddity,' 'bizarreness,' 'emotional inappropriateness,' 'emotional ataxia,' and similar terms.

"Deutsch's contribution has had still another impact upon our thinking. The semeiology of her 'as if' case was bound to stimulate comparison with similar clinical manifestations in patients of more advanced psychological development. Incidentally, it is in these less narcissistic cases that 'as if' is clearly utilized as a defense, an area which Nathaniel Ross will elaborate, and which, I hope, Ralph Greenson will discuss, since he has so substantially contributed to it.

"Utilizing metapsychological criteria, Maurits Katan has worked out the differential diagnosis of patients who manifest 'as if' phenomena. He expressed his, and all analysts', debt to Helene Deutsch in a recent letter to me, in which he wrote, 'I had especially planned an eulogy to Helene Deutsch, who deserved it, to show how already in 1933 she proved that diagnosis should be based upon metapsychological insights.'

"General clinical aspects of 'as if' and other borderline types, from the viewpoint of treatment, will be presented by Louis Kaywin and Louis Chae, and will be discussed by Helen Tartakoff and the rest of us.

"The impact of the 'as if' concept, particularly the role of identification

and its identity aspects, on psychoanalytic thought has been so wide that Nathaniel Ross has had to invent the term 'as if situation' to differentiate a host of psychological themes of great interest from the more discrete concept as it occurs in Deutsch's distinctive 'as if' character type. You will find the 'as if situation' alluded to in discussions of early infancy and adolescence and some aspects of the psychology of women touched on by me earlier. The psychology of the impostor and of the artist have been studied by several analysts. Every analyst with whom I have discussed the topic of 'as if' has the strong impression that the concept is applicable, somehow, in many of their cases, and not merely in the clearly schizoid characters.

"The psychology of the 'as if' character sheds some light on problems of sociological significance, such as social conformity, aspects of social engagement and alienation, to name a few. Some of you may wish to discuss these broader themes."

In response to Atkin's introductory remarks, Helen Tartakoff raised three questions. She wondered whether 'as if' phenomena did not have their genesis in the separation-individuation phase (Mahler), instead of during the period between two and three years of age, as stated by Atkin. In connection with the lack of disturbance in reality testing manifested by "as if" patients, she mentioned that psychoanalysts usually fail to distinguish between stages in the construction of reality. She called attention to the fact that we speak of reality testing as though it were established once and for all, although we know from the direct observation of children, as well as from the careful observations made by Piaget, that in the period before true causality has been established, spatialization and objectification can coexist with animistic and anthropomorphic views of reality. Furthermore, the capacity to test reality is only one of a number of ego functions which contribute to the apprehension of the outer world.

Tartakoff then commented that the question of the developmental level on which arrest or fixation occurs in the "as if" personality raises the entire subject of identification. She said that when we think in terms of primary identifications, we refer to imitation, mimicry, or "follow the leader" behavior, which does not entail internalization. When we speak of secondary identification, we refer to ego and superego identifications which lead to structural change. In the "as if" personality, identifications appear to be of the primary type.

Nathaniel Ross read a paper entitled "The 'As If' Concept." Ross began with a consideration of the meaning of the term "as if." He opposed the expanded meaning of the term proposed by Feldman, which would depart from the definition employed by Helene Deutsch and would encompass a very wide range of phenomena. Ever since Deutsch's classic paper, the term "as if" has been used in the psychoanalytic literature as applying to certain individuals suffering from a character disorder which, in Deutsch's words, "forces on the observer the inescapable impression that the individual's whole relationship to life has something about it which is lacking in genuine-

ness, and yet outwardly runs along as if it were complete." Deutsch further characterized these individuals as being unaware of their defect in feeling. They should be distinguished from outwardly cold individuals who conceal powerful and differentiated affects. The "as if" personalities have undergone a loss of object cathexis, and their behavior is simply mimicry, based on very early identification. Their facile capacity for identification is such that they characteristically undergo kaleidoscopic shifts in behavior, reflecting the personalities of the individuals with whom they come in contact. They are devoid of object constancy. They manifest a plastic passivity concealing great hostility, a lack of genuine affective response to object loss, a defect in moral structure, a labile shifting from one social group to another, and an enormous suggestibility. The basic traumata in the development of the "as if" personality, as postulated by Deutsch, center around the patient's failure to find objects for cathexis. The objects of these patients were devalued because of their real deficiencies, or because of traumata that these patients experienced. Their upbringers lacked affect. As a result, these patients did not develop beyond the stage of imitativeness, a precursor of identification, to the stage of true identification. They did not acquire the capacity to internalize, and they failed to arrive at superego formation, which appears to depend upon strong oedipal object cathexes. In "as if" personalities, all objects are kept external. "As if" phases appear in schizophrenia and at puberty, but in pure culture "as if" phenomena do not appear suddenly, nor are they transient.

Ross suggested that it may be more fruitful not to isolate the "as if" personality as a sharply demarcated syndrome, but to consider "as if" states as ranging along a spectrum, with the "as if" personality in pure culture at one end, numerous "as if" states with varying degrees of pathology, including pseudo "as if" states resembling the "as if," in the middle, and "as if" phenomena in individuals who appear relatively normal and well functioning at the other end of the spectrum. Thus, Ross stated, it may be useful to conceptualize "as if" states in the same way that most analysts look upon depersonalization. Depersonalization, in a pure form, is rarely seen, but the phenomena of depersonalization are widespread and worthy of discussion.

Ross then took up Annie Reich's contribution in her paper, "Narcissistic Object Choice in Women." She observed that it is not necessarily pathological for a woman to make a narcissistic object choice—that is, to love an object such as she once wanted to be herself. Reich then described two pathological forms of such object choice: (1) women who are profoundly dependent on and subservient to a greatly admired man, without whom they cannot live; and (2) the "as if" type. The former display an ego ideal characterized by grandiosity, an immaturity of the superego, a weakness of the ego, disturbances in their object relations, and a tendency to identification with a body organ. Their ego ideal, which is the paternal phallus and is based on a part-object identification, absorbs their libido at the expense of object cathexis. These patients characteristically describe the men they love in phallic terms, and overcome their feelings of inferiority by union with the object—a union

which is ultimately with the mother. The "as if" type of woman functions on a more regressive level. She alternates between rapid transient episodes of falling in love with objects she glorifies, and with whom she identifies completely, and equally extreme rejection and denigration of the same objects. In these patients, the superego is unformed. The "as if" patients are different from those of the submissive type in the following way: patients of the submissive type have a well-internalized ego identification with a man who must have definite qualities; for patients of the "as if" type, any object will do. Reich states that the mothers of both the submissive and the "as if" women are outstandingly narcissistic. They use their children for exhibitionistic purposes. The women she described were unable to love an object without taking over his qualities; they were unable to experience an ego transformation through true identifications based on desexualization of the libido. Their ego ideal represents an identification with the early glorified maternal object. Their enormous vacillations in self esteem are characteristic of the infantile ego that swings rapidly from states of gratification and omnipotence to hunger and helplessness. Since in these patients differentiation between self and object is poor, their aggressive attitudes toward their objects are invariably reflected back upon themselves. Reich considers the "as if" relationships of adolescents to be essentially different from those of her patients. In her patients, and those of Deutsch, the "as if" traits appeared before puberty, and did not function as defensive structures. "As if" states which appear suddenly are premonitory of a psychotic break because they signal an attempt, which may fail, to repair a loss of object cathexis.

Ross next took up the contributions of Gresenson and Gitelson. Ralph Gresenson, in his paper on "Screen Defenses, Screen Hungers, and Screen Identity," described a group of patients who resemble the "as if" patient in many ways, but are not as sick. According to Gresenson, the fixations of these patients are on the oral, phallic, and adolescent levels. Their "screen experiences serve to deny past disappointments. A panel discussion on neurotic ego distortion, published in the *International Journal* in 1958, contained a presentation by Gitelson of the case of a man in whom "as if" features were prominent. Unlike the case described by Deutsch, Gitelson's patient was aware of his tendency to imitate. As a result of analysis, it became clear that this patient was afraid of being engulfed by all feelings, originally by feelings of rage and destructiveness toward his overly seductive mother. The patient's feeling of engulfment by his affects led to denial and isolation of all affects. Ross suggested that such fear of overwhelming affects may exist in all "as if" personalities, although both Deutsch and Reich, and also Katan, have made the point that the "as if" state does not reveal a defensive character structure. Ross suggested that "perhaps a barrier, a precursor of defense, is created against a very early threat of being overwhelmed by the instinctual drives, not as yet structured by object relationships." The patient described by Gitelson maintained himself on a successful adaptive level despite his severely impaired object relationships, his lack of affect, and other manifestations of pathology

typical of the "as if" patient. Gitelson concluded that in such cases, the patient's ego is not weak, but strong. It is strong because it is capable of successfully mobilizing adaptive measures at a time of crisis, and of mobilizing other of its functions to cope with reality and with the threat of total object loss. The ego is intact but arrested in its development. In a discussion of Gitelson's case, Maurits Katan suggested that it is necessary to distinguish "as if" from pseudo "as if" states. In the former, identifications are of the primary type; in the latter, they are secondary. The pseudo "as if" type contains a hysterical core. Katan concluded that Gitelson's patient was of this type, since the means by which he ward off his feelings were so patently defensive in nature.

Ross then turned to a comparison of the "as if" personality and the impostor. According to Deutsch, they are similar in that the ideals of both types are attached to reality, and both are affectively empty and lack originality. "As if" personalities differ from the impostor in that impostors do not show a proclivity for multiple identifications, and they identify with objects corresponding to their grandiose ego ideals. According to Greenacre, the "as if" personality represents a diffuse form of imposture. Impostors display great interest in imitation and gesture, an interest corresponding to the "as if" phase in children from two to three years of age, in whom imitation is strongly cathected because of the great pleasure in the acquisition of new knowledge. Greenacre compared the impostor to the artist: both may at times feel a sense of ego hunger, the artist when he is not creating, and the impostor between periods of imposture. The artist may feel like an impostor, especially early in his career, and the behavior of the impostor may impress others as art. The profession of acting attracts "as if" personalities and is allied to imposture. Fenichel observed that actors are people easily disposed to identifications and in need of constant narcissistic supplies. In acting, the actor conceals his true self and plays at what he might have been. Roles for the actor represent test identifications. By acting, the actor attempts, through identifications with others, to discharge affects that are ordinarily difficult for him to experience.

Ross suggested that the panel attempt to explain the observation that the "as if" personality, despite severe pathology, develops sufficient reality testing to avoid a psychosis. Recently Frosch proposed that there is a substructure of the ego which he designates as reality constancy, which can mature to a high degree while object constancy does not develop. Perhaps the "as if" personality is able to cathect reality in the form of the material nonhuman environment, while remaining deficient in object cathexis.

Ross pointed out that numerous writers (Beres, Beres and Obers, M. Katan, James, and Jacobson) agree that patients with various schizoid tendencies, including "as if" traits, invariably show a history of maternal deprivation, in the form of indifference or narcissistic possessiveness. James described an infant neglected by her mother and cared for by a nurse on a rigid schedule. Within the first three months of her life, this infant showed what the author calls premature ego development. The baby was hungry, restless, and alert. At eight months this baby showed an unusual appealingness, evidence according

to James of object hunger. At the age of five, she showed an unusual capacity to take over the mannerisms, accents, postures, etc., of other children; such behavior was a substitute for object relations. James believes that in a personality such as this, there is a flooding and hypercathexis of memory at the perceptual end of the psychic apparatus, in the absence of a capacity for discharge. In such individuals, the traumatic flood of images threatens to organize into thoughts, even though secondary processes are not yet possible at so early an age. The flow of excitation from perception to motility is disturbed. Thoughts tend to be regarded as realities, and there is diminished cathexis of both the infant's and the mother's body.

Ross next summarized certain observations made by Edith Jacobson on early psychic development, which are pertinent to our understanding of the "As If" character. (1) Successful ego activities are not merely narcissistic gratifications. Creative activity suffers if the basic urge is not an autonomous interest in the subject. (2) In order to be satisfying, affects must be both self and object directed. (3) Individuals with a predominance of object libido show a wide and rich range of affects. Schizoid individuals display a limited range of affects, such as coldness, hostility, anxiety, shame, pride, security, insecurity, etc., indicating the existence in such individuals of uninhibited self-directed aggression. (4) The first playful imitations of the parents made by the young child are "as if" phenomena rather than true identifications. Children at this stage are strongly ambivalent, alternating between helpless dependency and active aggressive strivings. (5) Normally, the above stage is followed by true ego identifications, which account for deep-seated ego motivations.

Ross now turned to the works of Koff, Anna Freud, Fenichel, Zilboorg, Glauber, and Zetzel. Koff compares primary and secondary identifications as follows: both forms of identification have the economic function of conserving libido, the primary type before object relationships are formed, the secondary type afterward. In the primary type of identification, there is not a structural change, while in the secondary type, there is a structural modification of the ego. Anna Freud has pointed out that the violent "love fixations" and other "as if" behavior of adolescents are not object relations but primitive identifications. Such passionate love relations represent desperate attempts to recapture the external world, the cathexis of which is threatened by the rupture of old relationships and the antagonism to instincts characteristic of the period. Fenichel has described a case of affectlessness (which is such a prominent characteristic of the "as if" personality) in an anal-sadistic character. This patient made his father ridiculous by remaining completely unmoved by his father's rage, and thus rendering him impotent. While this patient might be considered by Katan to be a pseudo "as if" personality, cases such as this one force us to raise the question of whether there is really no defensive meaning to the affectlessness of the "as if" personality.

Ross noted that Zilboorg wrote a paper entitled "Anxiety Without Affect" in which he described a patient who had several attacks, in the course of his

analysis, during which he experienced all the ideational and motor phenomena of anxiety without experiencing the feeling. Zilboorg attempted to explain the phenomena in terms of a temporary total regression to the earliest primitive motor and negative responses to massive influxes of stimuli. This regression Zilboorg compared to a regression in schizophrenia in which there was a wish for fusion with the primal mother. The affect (feeling) is not recognized as one's own; when the ego is given up, so is the sense of having the affect. Glatner has described a category of patients that he calls "anhedonics." These resemble the "as if" patients in numerous ways. These patients show a chronic state of lack of conscious pleasure, punctuated by acute anxiety. These patients are detached, lack pleasure in all relationships, and feel empty. They have all had severe early traumata. They are fixated at an earlier level of development than depressives. They are narcissistic, orally fixated, and fear ego impoverishment and annihilation. When the anhedonic defense fails, these patients may display outbursts of violent, purposeless motor activity, followed by states of emptiness and affectlessness. Zetzel, emphasizing the distinction between traumatic (primary) and secondary anxiety, has pointed out that the capacity to tolerate secondary anxiety is essential for the maturation of the ego. The "as if" personality has no more than a rudimentary ability to reach the level of secondary anxiety. The schizoid and "as if" personalities may show evidence of a temporary breakthrough of disintegrative states under the impact of traumatic (primary) anxiety. Ross again raised the question, "Is affectlessness simply a state of the arrest of ego development, or does it in addition constitute a primitive barrier, at the expense of ego maturation, to the threatened onslaught of the traumatic influx of overwhelming stimuli derived from the instinctual drives?"

Ross observed that the development of an internalized superego depends upon the resolution of the oedipal complex. Since the "as if" personality does not reach the oedipal level, he cannot develop a real superego. The "as if" personality may have precursors of superego formation, however, though these may have a strong imitative tinge. The "as if" personality thus lacks certain regulatory functions that, according to Jacobson, are provided by the superego. As a central regulator of ego cathexis, the superego protects the self from dangerous instinctual stimuli and hence from narcissistic harm, and it also promotes the stability of moods. Sandler has pointed out the double gain derived from the earliest attempts of the child to conform to the ego ideal set forth by the mother: in imitating her, it gains both from doing what she wants and from being like her. In the "as if" personality as in the young child, mimicry and fusion occur at a primitive level; the conformity with the ego ideal is at an external level. The "as if" personality suffers little from anxiety, since he can always submerge himself in an object. He also lacks a sense of guilt, which requires a process of internalization that he has not undergone.

In his summary, Ross repeated two points that appeared throughout his paper: (1) It may be fruitful not to isolate the "as if" personality as a sharply differentiated syndrome, but rather to consider a spectrum of "as if" states. (2)

The affectlessness of the "as if" personality may result from the persistent operation of the primitive stimulus barrier against overwhelming stimulation. Although this barrier is not an ego defense, its breakdown would account for the bizarre outbursts of primitive rage and pseudo anxiety seen in the "as if" personality.

Ralph R. Greenson commented that it is of value to recognize the great variety of "as if" states; many different character types display "as if" phenomena. It is possible to speak of "as if" symptoms, "as if" mechanisms, and "as if" character traits. Descriptively, all of these states have in common a lack of genuineness, a transience, and a changeability. The "as if" phenomena come about as a result of a kind of regression: the "as if" patients have regressed to a condition where they cannot differentiate object representations from self representations. Self and object representations are partially fused and confused. These patients also suffer from an energetic regression, which results in an instinctual defusion leading to a preponderance of aggression over libido. They confuse identifications with object relationships and also with identities.

As a result of poor individuation, Greenson continued, the "as if" patients suffer from a defect of self observation. In other regards their reality testing may be adequate. The initial fixation of the "as if" patient occurs around the age of one and a half—that is, at an age when the infant is separating from the mother. Later experiences also determine some aspects of the clinical picture. What is central in various forms of "as if" personalities is the mechanism of denial. Helene Deutsch's "as if" characters acted *as if* they had intense affects, in order to deny their inner emptiness and coldness. Other "as if" characters acted *as if* they were courageous, to deny their anxiety, or they acted *as if* they were not like their parents, to deny their identifications with their parents.

Following Greenson's comments, Samuel Guttman read a paper by Maurits Katan, who because of illness could not be present at the panel. Katan stated that true "as if" cases are very rare, and are almost always women. He knows of only one male case, and has himself seen only one woman who was clearly an "as if" personality.

Katan observed that the "as if" personality suffers from arrested development; his emotional relationship to his object does not progress beyond the stage of primary identification. Freud's concept of primary identification is formulated succinctly in *The Ego and the Id*. Primary identification has its origin in the beginning of the oral phase; it is the baby's first mode of expressing that he is attached to an object. Attachment to the object and primary identification with the object occur simultaneously. In the case of secondary identification, the attachment to the object precedes the identification. Primary identification occurs before there is a differentiation into ego and id, and before the child can separate the inner and outer worlds. Thus, in primary identification, the total primitive mind is involved; secondary identification takes place in a part of the mind—the ego. From Freud's remarks in "Instincts

and Their Vicissitudes," that in the beginning phase of mental development unpleasant feelings are always felt as belonging to the outside, it is evident that Freud conceived not only of primary identification but also of what may be called primary projection. In primary projection, just as in primary identification, the total primitive personality is involved; secondary projections should be considered as a form of ego defense. Object constancy—that is, the constant representation of the object—is not possible as long as the object representations may be altered by primary projection. Object constancy becomes possible with the establishment of secondary-process thinking. The establishment of object constancy—which of course is hampered in situations where the object is inconsistent, frequently absent, or neglectful—implies the capacity to avoid regression under the impact of temporary changes in either the inner or outer worlds. An important step in object constancy occurs when the child can expect that the object will satisfy his needs, independent of his active wishes or behavior. In the "as if" personality, development is arrested at a time when object constancy had not yet been formed. The attachment of the "as if" patient to the object depends upon the availability of the object; when the object is gone, the identification is gone too.

Katan expressed appreciation of Helene Deutsch's observation that maturation is possible only if what is biologically present in the child is stimulated by the parents through a kind of seduction; otherwise, development will be arrested. Deutsch has pointed out that although the "as if" personality may have oedipal fantasies, these fantasies do not represent real oedipal attachments; the "as if" personality is arrested before the development of such oedipal ties.

Katan then compared the true artist with the "as if" character. Both have a fluidity, but the true artist uses his fluidity to shape his innermost self into art, whereas the "as if" character only leans upon an outside example. "As if" reactions of a prepsychotic nature are extremely rare. Regressive processes of the total personality, in the course of which object constancy is lost, seem to create the circumstances under which "as if" reactions might occur. Katan observed that Helene Deutsch sets an example for diagnosis based on metapsychological principles. There are many types of patients similar in description to the rare "as if" personality, but structurally very different. In these cases, the identification with the object is of the secondary type. These may be called pseudo "as if" patients. The pseudo "as if" types seem to follow a characteristic development. An example is the young man described by Gistelsohn who suffered from overstimulation by his mother. The feelings aroused by this overstimulation had to be warded off. The patient's identification with the objects around him was a defensive measure against aroused sexual tendencies, anxieties, etc. Another type of pseudo "as if" patient identifies with objects that stimulate him intellectually. In contact with good thinkers, such patients may show deep understanding of problems; in contact with crackpots, they show a nonsensical quality in

their thinking. These patients are examples of the narcissistic personality described by Freud.

Following Katan's paper, Helene Deutsch stated that "the 'as if' is a form of ego functioning, appearing in various normal and pathological situations. Continuous tensions between external and internal reality, our dreams, our fantasies, the problems of our ambivalences, our developmental progress and our ever-present regressive trends, the struggle between life and death, the continuous attacks on our ego ideal from both outside and inside, the seldom absent obstacles to achieving solid object relationships and adequate adaptation—in short, everything in the psychological expressions of life gives an opportunity for and makes use of the 'as if' mechanism.

"There are social, cultural, and artistic achievements in which the 'as if' is fully utilized. . . . Actors seem to create their talents from the capacity to employ 'as if' in the service of their art. . . . Psychological determinants of 'plagiarism' in writing and in the visual arts are very often due to the 'as if' of the artist, who can develop his capacities only in full identification with a chosen object. Last but not least, various forms of neuroses and clinical phenomena may use 'as if' attitudes for their expression. All these processes may show to a greater or lesser degree the mechanism of 'as if' in which the identification with an external object for a longer or shorter period of time involves the personality in toto. This identification encloses all vital areas of ego functions. Direct contact with objects is necessary to maintain the process of identification, but objects are easily replaceable, so that they lose their individual meaning as objects.

"In the cases discussed in the panel and in various analytic papers, 'as if' represents an experience, a symptom, or a passing disturbance. I would like to emphasize the difference between 'as if' as a transient psychological experience which is extremely common and, as mentioned above, nearly universal. In contrast to these interesting phenomena, the 'as if' described in my paper refers to a certain personality structure, to a type very definite in function and very seldom encountered. In my professional life since 1932, i.e., in thirty-three years, I have met only one person whom I could consider an 'as if' type.

"Regarding the etiological factors, the life histories of my 'as if' patients present emotional deprivation in early childhood, disturbance in the balance of gratification and frustration in the early period of ego development, with consequent limitation and lasting defect in the ego. The result of this defect is the persistence of the earliest ego identifications, in which the dependency on the object expressed itself in *imitation* as a method of adaptation.

"Katan, in his paper 'Comments on Ego Distortion' (1959), considers the ego distortion of 'as if' a 'fixation' that is not due to 'regression.' He also denies the presence of 'defensive maneuvers.' Katan comes the nearest to my conception of 'as if,' but I hesitate to exclude definitely regressive elements, and I also think that defense plays a very important role in the process. The identification with existing, personally reachable objects may save the patient from the catastrophe of complete object loss. The 'as if' individual gives this

object a fluctuating, unstable, but existing place in the whole distorted ego. This preservation of objects seems to me an important factor.

"I would like to repeat that in my discussion I have tried to clarify the differences between my 'as if' *personality* and the interesting clinical material in which the 'as if' was used in a broader sense. Katan recognized this difference in his writing, but I believe that his term 'pseudo "as if"' does not solve the problem. I would suggest using this term only in specific cases. Nathaniel Ross's term 'as if' situations' is very much in line with my ideas of specification."

Helene Deutsch went on to say that "one of my reasons for appearing on this illustrious panel is to inform you about the follow-up on some of the 'as if' patients. . . . I had not seen or heard about the 'aristocratic' patient, described in my paper, until two or three years ago, when a little newspaper article attracted my attention. One of the postwar European republics was involved in an uprising in support of the last royal dynasty. . . . One group claimed the legitimacy of the daughter (or granddaughter) of the last king. . . . The woman in question had spent many years away from the country and, at this historical moment, was unable to present witnesses to her identity. This identity, however, was very well known to me, because members of her royal family were in personal contact with me during her treatment. I believe they are all dead, and that I represented the sole contact with her past. She did not call on me for intervention because in the book of her life, probably filled with later identifications, I had ceased to exist. This is one of the most impressive traits of 'as if': the object constancy is very labile and the memory of the past objects of identification fades away. It is very characteristic of a pseudo constancy to exist, expressed by clinging to the object during the process of identification.

"Another patient whom I wrote about has achieved, by identification with me, a high degree of professional solidity of a constancy unusual for this type of patient. Insight into her situation, however, revealed that her profession represents a high degree of adaptation to reality that she was able to achieve. But her pseudo-emotional life is centered on new and changing objects, and her more personal life, not very different from previous years, still consists in the 'as if' process of identification.

"I would also like to report my confrontation with the only male patient presented in my publication, with the remark that he bears a close similarity with the 'as if' group, but differs in certain aspects. I must say that various elements of his pathology changed greatly during treatment. The 'as if' part did not change. Quite to the contrary; the more effective and successful he was in his career, the more were his achievements made with the help of complete identification. His emotional life remained bare and restricted. I was therefore surprised to find his name connected with social activities that demanded initiative and emotional investment.

"This patient started his analysis in his first year of college. Twenty-nine years later—i.e., twenty-five years after the end of his analysis—he returned to

Cambridge for the twenty-fifth anniversary of his college graduation. He called me up to find out how I was and to report about himself and his activities. He was extremely successful in his work, but all the other activities 'you must have heard about' were purely the result of his identification with the person with whom he was involved for years. 'You know best that all that does not really exist for me.' He called me up because the reunion with his classmates, his return to the area of his past activities reminded him of my existence and *compelled* him to call my 'unchanged number.' It was very impressive to observe how his relationship to me could be revived by the '*mise en scene*' in a 'pseudo object constancy.'"

The afternoon session of the panel began with a summary of the morning session by the reporter, Joseph Weiss. Following this, Louis Chase read a paper entitled "Technical Aspects of the Treatment of Borderlines, with Special Reference to the 'As If' Character." Chase stated his belief that analysis is the treatment of choice for borderline patients who are sufficiently motivated. His presentation isolated the technically most significant events in the early critical phase of the analysis of an "as if" character.

Kurt, a thirty-three-year-old scientist, had three years of unsuccessful analysis with a senior analyst. Chase first saw Kurt to explore the question of further treatment, and has been seeing him regularly for about a year. Kurt, in his first interview with Chase, complained of periods of depression when he could not work, and of anxiety when he would drink excessively and be unable to sleep. He had always been unable to meet everyday reality tasks. He had no feelings about his first analyst.

Kurt was born in Europe, and came to the United States at the age of six. Except for one year, he had never lived with his parents, although he had occasional brief visits with them. He had a sister several years older who had a severe congenital defect, and another sister two years younger, to whom he felt some closeness. The latter committed suicide at eighteen, and his parents were divorced around this same time. Kurt's father died several years later, and three years after that his mother committed suicide. He reacted to each of these losses with surprise and apparently without grief. Five years ago he had married a graduate student, who had a nervous breakdown shortly after their marriage and petitioned for divorce. This development left Kurt so tense that he sought analysis.

In his early years, Kurt was cared for by nursesmaids. Food was the main love exchange in his family. His mother was cold and depressed, his father a tyrannical figure who gloated over Kurt, and whose only work was to watch over his inheritance. Kurt showed the following features of the "as if" personality: (1) a tendency to take on the characteristics of the people with whom he was connected; his posture and manner and accent of speech, as well as his scientific and leisuretime activities, changed rapidly as determined by models in his immediate environment; (2) a lack of awareness of his affective impoverishment; it became progressively more evident that Kurt's affects were

experienced through somatic perceptions. For example, perspiration, butterflies in his stomach, or his heart beating faster, told him he was anxious.

The first half year of psychotherapy with Kurt, conducted *vis-à-vis*, had three aims: (1) to cushion his narcissistic hurt at the failure of the first analysis; (2) to determine whether another attempt was advisable; (3) once this was established, to prepare for the second analysis. During the first three sessions, Kurt described his eating fits and his excessive drinking. He considered the analyst's statement that he wished to determine whether another attempt at analysis was possible to be a lie, since the analyst already knew that Kurt could not be analyzed successfully. In the fourth session, which was critical, Chase indicated in a rather long statement that he understood Kurt's fear of being misunderstood, his ubiquitous mistrust, and his ambivalence. Chase explained to Kurt that his personality was founded on deep insecurity and inconstancy. This was his illness, and this was the area on which treatment had to focus. It was explained that primitive and frightening impulses threatened to erupt, and this caused Kurt to feel a desperation he could scarcely admit.

The reason for this early intervention was to facilitate a favorable therapeutic atmosphere by demonstrating understanding and acceptance. The statement contained the supportive implication that Kurt's problem was not unique, and it invited him to begin to form a therapeutic alliance. Kurt received the statement well, saying, "You understand me in zero time." During the next three weeks, Kurt reacted to the therapist's statement with an intensification of symptoms. He became progressively more withdrawn and scarcely able to work. However, before a planned trip to Europe, he revealed in a dream a wish not to go, and on his return he worked seriously as a patient. On one occasion, after a four-day absence, he presented a dream in which the analyst, portrayed as a visiting professor, changed into an insect and landed in a glass of gin on his bedside table. His associations permitted the interpretation of his reaction to separation as one of rage and incorporation. Chase explained to Kurt that analysis was the treatment of choice, but that Kurt could not begin analysis on the couch until he felt more comfortable and secure with his analyst. During the fourth month of treatment, Kurt described a hallucination of a tear rolling down the side of his nose. Later in the same hour, Chase again emphasized the advisability of psychoanalytic treatment. Kurt had feared that the admission of a fleeting hallucination would confirm his inacceptability for analysis. It was this fear that Chase's remarks were aimed to neutralize.

Shortly before Kurt's next vacation, after he was silent for an unprecedented ten minutes, Chase had suggested that perhaps he was ready to use the couch. Chase felt that Kurt's silence was an attempt to indicate that he wanted no more preparatory talk, but was ready for analysis. To begin analysis shortly before the summer vacation would help to bridge the month's separation. Kurt eagerly lay down on the couch, and with his legs apart, his first thought was a joke about American wives who, during intercourse, would

comment casually on a spot on the ceiling. He reported that he was pleased to be on the couch, since it proved he had done well.

Since September Kurt has worked seriously in analysis. He has focused relatively well on issues linked to pregenital problems: a self image of worthlessness, distrust, his fear of annihilating abandonment, etc. Although the patient's associations are on all libidinal levels, the analyst confines his interventions to basic oral problems. This permits the patient to give these problems his main attention and to maintain defenses at a higher level. Early in October, evidence appeared that Kurt was beginning to form a therapeutic alliance: he defended analysis in a conversation with a colleague. Kurt was annoyed with himself for frequently saying "You know" to the analyst, and acknowledged his wish that the analyst be omnipotent. He stated that his first analyst's tone of voice had indicated that he wanted to take care of Kurt, to be a mother. Chase's voice did not. With the striking intuitive insight of the borderline, Kurt implied that his earlier analysis failed because his regressive wish for primitive dependence was gratified. And he implied hope that he would not seduce Chase into this type of need-gratifying relationship.

In late October, after Chase had been silent for three days, Kurt had an intense anxiety fit following a dream in which he was looking at a group of five verbs which took no subject or object. He awoke feeling close to a nervous breakdown and seriously contemplating suicide. He could gain enough relief to go to work only by thinking that he could quit the analysis. Chase prolonged the analytic hour by thirty minutes and told him that he could sit up when his anxiety was too great, but that terminating the analysis would mean resigning himself to remaining without identity and without objects. During the next hour, Kurt remained on the couch. Except for the brief period of turmoil described above, the many primitive issues discussed in the face-to-face period had become much less prominent in analysis. The primary purpose of their appearance had been achieved: Kurt had revealed his worst self and had been accepted in analysis.

In his summary, Chase stated that in work with borderline patients, the initial period of preparation for analysis is crucial. The patient must gain a feeling of security in the confidence that his regressive storms and primitive aggression will be understood and tolerated. The analyst must accept the patient with reasonable confidence that his therapeutic efforts will be worthwhile. The patient's intolerance of silence places a demand that must be met by the therapist. The analyst's interventions are confined to early pregenital areas, to such problems as separation anxiety, basic distrust, deficiencies of identity sense, distortions of reality perceptions, oral impulses, and ambivalence. Only as the difficult problem of oral hostility is slowly worked through can the patient experience in the transference his first feelings of trust and of true object relations, the essential precondition for a successful analysis.

Following Chase's paper, Katan's discussion of it was read by Guttmann. Katan stated that Chase's patient was not a true "as if" character since, as Chase reported, the patient's "as if" mechanisms had a defensive-adaptive

value. Chase made it clear that the patient's identifications were secondary and not primary, that the patient identified with his objects out of anxiety. Katan concluded that the patient's intense anxiety is castration anxiety and that the patient lived in continual fear of being genitally excited; he used oral mechanisms to ward off genital stimulation. The patient's intense castration anxiety, according to Katan, was based on homosexual transference fantasies. The patient's dream of drinking gin with the analyst in it portrayed his desire to perform fellatio with the analyst. The patient's homosexuality seemed to have had its roots in his having seen his younger sister fed by his mother. The homosexual fantasies replaced a desire to be nursed by his mother. The patient's castration fear resulted from his fear of punishment for his incestuous wishes as well as his wish to be a girl. Katan expressed the opinion that this patient was not a borderline case, but a complicated neurotic whose homosexuality derived from dangers connected with his oedipal situation.

Katan gave three examples of his disagreement with Chase's method of treatment: (1) Chase's comments, which he made in the fourth session of analysis, were experienced by the patient as a strong seduction and led to a negative therapeutic reaction. This threat could have been avoided. (2) The patient developed a homosexual fantasy when he was allowed to use the couch, as shown by his reference to a woman in intercourse. Here the patient's homosexual transference should have been interpreted. (3) During the patient's crises in October, Chase gave the patient extra time and reassuring support. Should not the attempt have been made to probe into the causes of the patient's anxiety, in order to find the solution for his problems? Following Katan's comments, Gustav Bychowski commented that "as if" patients have a defensive system against a sense of commitment. The "as if" patient fears commitment, since it means to him foregoing the opportunity to reunite with his primary love object. Bychowski considered Chase's patient to be an "as if" personality, and commented that one needs warmth, tact, and flexibility to treat such a patient.

Ross, in replying to Bychowski, did not agree that the "as if" patient is afraid to make commitments; the "as if" patient does not make commitments, he makes identifications. Ross also restated his belief that it is necessary to distinguish between a patient's relationship to his objects and to his nonhuman reality. The "as if" patient's relationship to his nonhuman reality is intact, and this keeps him from psychosis.

Atkin disagreed with Ross concerning the distinction between human and nonhuman objects. He believes that an individual's relationship to his nonhuman reality is closely connected with his relationship to his objects. The child's interest in the material world comes about as a displacement of cathexes from objects onto material reality. Atkin agreed with Katan that Chase's patient is not an "as if" character. "As if" patients cannot experience signal anxiety, as did Chase's patient.

Jan Frank stated that Chase's patient did not have the tendency to mimicry of the "as if" personality.

Chase agreed that his patient is not an "as if" personality. The patient was not presented as such, but as a borderline patient with "as if" features. The patient differed from the pure "as if" personality in that he did not have a lack of identity. When alone, he *did* have an identity that did not depend on a current identification: it was that of a helpless and childish individual. Furthermore, the patient's reality testing was better than that of the "as if" personality. Chase disagreed with Katan that his patient had such overwhelming castration anxiety. The patient talked about his homosexuality and femininity very early. His homosexual fantasies were perfectly conscious, and were not the sources of his anxiety, but were defensive in nature. Chase felt that it would have been a mistake to analyze these homosexual tendencies, which were not a source of resistance, in the way that Katan suggested.

Louis Kaywin then presented a paper entitled "The Evocation of a Genie: A Study of an 'As If' Character Type." The patient presented by Kaywin was of a mixed type, falling in the middle area of a continuum between the "as if" personality described by Helen Deutsch and a neurotic character disorder. This patient, a twenty-five-year-old housewife and mother of two children, came to analysis one and a half years after the development of an acrophobia, which seemed to have been precipitated by disappointments in her husband, on whom she was quite dependent.

She was the youngest of three children, with a brother four years older and a sister two years older. She described her mother in glowing terms, and complained that her father favored her brother and belittled his wife and daughters. Of significance were two major traumatic events in her childhood: a severe injury to her leg when she was two and a half, and the onset of her mother's heart condition (which invalidated her mother) when the patient was six. The first was a threat to her own omnipotence and established the inability of her objects to protect her. The second established the vulnerability of the objects themselves. Her mother's illness at the height of the oedipal period seemed to have confirmed for her the dangers of wishing and thinking; she took full unconscious responsibility for her mother's illness. Although phobias and anxieties were prominent, the patient's hysterical defenses represented an overlay; they were measures to cope with emerging situations that could not be dealt with by habitual characterological defenses.

The patient's relationships to her objects may be described on three levels: (1) the relatively conscious "as if" attitudes of the patient, as she thought of herself, her objects, and the relationships between them, and as she presented herself to the world; these were a screen for: (2) the Aladdin-genie relationship, an unconscious attitude (an implicit fantasy) with idealized images of self and object; survival is felt to depend on the maintenance of this relationship; this level serves as a reaction and defense against: (3) a deepest level of most primitive and repudiated negative images of self and objects. Relationship on this level is felt to preclude survival. The Aladdin-

genie relationship, which the patient hoped to establish with her analyst, comes close to the relationship of a child with a transitional object. Although the patient (Aladdin) had the tacit expectation that her genie (the analyst) would be available for all purposes, she could not express her wishes directly to the analyst, since to do so would be experienced by the patient as acknowledging a deficiency and taking an active role. The patient was totally geared to the maintenance of a placid happiness and had little tolerance for extremes of emotion. The essence of her Aladdin role was actually one of simply being, and not having to account for herself to anyone, including herself.

For the patient, her genie (the analyst) was a separate entity who in practice existed only when evoked. She did not wish fusion with the object; this was too threatening. The adaptive compromise was that the object be separate and distinct but available on demand; but though separate, the genie must have no will of his own. The patient could not accept disagreement or criticisms from the analyst. A genie must be omnipotent, yet unable to direct his powers against Aladdin.

With this patient, the Aladdin-genie attempt at relating was a compromise between the demands of reality on the one hand and motivations from the deepest and most defended layers of the psyche on the other. Her basic attitudes were motivated by an oral-cannibalistic and animistic orientation. She believed that if she were gratified, it had to be literally at someone else's expense. The patient would experience a "good hour" when she felt she had received "good substance" from the analyst; then she would feel elated and physically strong. She used her vagina in her sexual relations with her husband just as she used her ear in analysis—namely, like an oral-receptive organ through which she could be gratified and energized. The patient had to have guaranteed suppliers; she was most frightened about her feelings of fatigue, fearing that she was using up her strength. She became anxious and angry at the slightest demand made on her, and she became concerned about her objects after she had "used" them. The Aladdin-genie relationship was for this patient an attempt to "have her cake and eat it," to have her objects and their qualities, i.e., identify with them, and yet not destroy them.

Discussing the patient's diagnosis, Kaywin stated that the patient's attitudes were fixations rather than the result of regression from oedipal levels. Evidence of this was the tenacity of her attitudes, which persisted over a long period of treatment, during which her hysterical symptoms were much improved. Further evidence was the patient's absence of guilt and depression; since her objects were mainly externalized, she felt fear rather than guilt, panic rather than depression. The patient was of the borderline type, described by Modell, who relates to human objects as to a transitional object. The genie may be considered the human counterpart of a transitional object, a separate yet completely dependable possession. In contrast to psychotics, who resort to varying degrees of fusion with their objects, this patient had a special need to be separate and free. The genie fantasy was a guarantee of object constancy.

The patient's difficulty stemmed in part from the traumatic events mentioned above—that is, her leg injury at two and a half, and her mother's illness when she was six. Other factors were even more important, namely, the patient's complete intolerance of affects and her inordinate envy.

The most usual precipitating cause for a breakdown in patients such as the one presented here is a failure of their objects to fulfill the genie role. This leads to a collapse of an elaborately built-up object relationship. The prognosis for such patients is guarded. While they may show marked symptomatic improvement, the core of the Aladdin-genie fantasy seems indelibly fixed and is basically never resolved.

Following Kaywin's paper, Tartakoff returned to a consideration of the original cases upon which Deutsch had first observed "as if" phenomena. In the first three patients described, the behavior of the parents had clearly led to emotional deprivation. The fourth case, the "gifted adolescent," had been the victim of overindulgence which impaired this young man's capacity to sustain interest in other persons or activities. Tartakoff agreed with Katan's statement that the object is preserved in "as if" personalities, but remains unstable because object constancy has not been achieved. She thought that Kaywin's patient exemplified the psychology of the egocentric toddler, and referred to the longitudinal research project being conducted by Mahler et al. on normal children during the separation-individuation phase. She agreed that Kaywin's patient had not established the capacity for sustained relations in the absence of the object, nor had he developed secondary identifications. It was her impression that the Aladdin-genie fantasy which dominated this patient's manner of relating indicated an arrest in her emotional development at around eighteen months of age—i.e., a genuine "infantilism" rather than a defensive regression.

Tartakoff then suggested that the developmental disturbance in object relations hypothesized as the genesis of the "as if" personality may contribute not only to our understanding of "as if" states which occur during periods of special stress in the normal course of development, but may also throw light on the so-called normal personality in our culture. She referred back to Deutsch's statement regarding the apparently "good adaptation" made by "as if" personalities, and quoted her opening remarks: "The first impression these people make is of complete normality." At another point in her consideration of these patients, Deutsch had made it clear that their identifications are tenuous and shift in response to "the company they keep." For this reason, they may readily be seduced into asocial or even criminal acts by a change in identification figures.

Tartakoff then raised two questions: "How do the patients described by Helene Deutsch differ from a random sample of our population?" She indicated that crucial to answering this question is another which lies anterior to it—i.e., "What developmental level have the parents of these patients attained?" She then returned to a statement made in Atkin's introductory remarks, reminding the panelists and the audience that he had drawn an

inference which had far-reaching implications and deserved consideration. She quoted Atkin as follows: "In so far as the human environment in the cultural sense is a structualization of what is average and preponderant in human needs and conflicts, the human individual is more or less in concordance with it." She concluded by asking whether the majority of human beings ever reach that developmental stage which we psychoanalysts refer to as object-ibidinal cathexis and its sequel, a so-called normal superego.

Following Tartakoff's discussion, Greenson made a number of comments. He stated that he does not believe that the term "negative identity," used by Kaywin, is a useful one. What is meant by that term ordinarily is an identity which is used to deny another identity. It is more useful to speak of a "counteridentity." Greenson suggested that one reason for the predominance of "as if" characters in our society is that most parents only act *as if* they were real parents, but do not behave with their children as real parents. Children's calling their parents by their first names is a case in point. The present age of conformity also has something to do with the increase of "as if" characters and the decrease of individuality. Even in the psychoanalytic organization, the tendency to conformity makes the analysts act *as if* they were scientists; actually, they are merely conforming to the typical image of the psychoanalyst.

Atkin closed the panel with the suggestion that the conception of the "as if" be used in a way which preserves as a separate and demarcated entity the "as if" personality of Helene Deutsch.