

# The World of Disguises

## Unusual Defenses in a Latency Girl

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THIS PAPER IS ABOUT A CHILD WHO, IN ORDER TO FORM A RELATIONSHIP with her mother, developed a personality characterized by a striking lack of certain real feelings. The search for these feelings and the reasons for their absence constituted a major task of treatment. I shall present material from the analysis of Amy, focusing on her rigid and unusual defenses against particular affects.

The theoretical issue I would like to raise concerns the nature of Amy's character structure. Anna Freud, in discussing this case, commented that when environmentally caused damage produces a developmental disturbance, the ensuing conflicts are not neurotic, but rather constitute character pathology. This sort of skewed development would represent an adaptive, yet insufficiently successful attempt at coping. On one level, Amy's personality was an adaptation to her mother's needs—both in reality and in Amy's perception of them. However, at the same time she was at odds with her mother—unable to obtain the kind of relationship she really needed.

One might describe Amy's initial picture as having had ele-

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ments comparable in appearance to those of the “as if” personality described by H. Deutsch (1942). Yet there were enough differences to make it clear that she was not at all a fully developed “as if” character, although she did at times *simulate* affects. Thus, certain questions posed themselves. If Amy did not fit Deutsch’s description of adults, could it be that there exists in childhood a precursor to this later form of pathology? If so, what would be the *form* in childhood for the later emergence of an “as if” disorder? If, on the other hand, Amy only presented similar characteristics, would her disturbance be based on different sources and represent a different entity?

#### CASE PRESENTATION

Amy R. was referred to the Hampstead Clinic at the age of 6 by her mother, whose therapist had convinced her that “Amy was not just a naughty child, but an unhappy child.” Mrs. R.’s main complaint was that her daughter was stubborn, intensely argumentative, and particularly provocative with her, a state of affairs which she found highly irritating.

In her diagnostic interviews Amy gave a good picture of her defensive use of charm and cheerfulness as well as of her underlying confusion. The diagnostician reported:

Amy is an attractive, feminine-looking, little girl with long dark hair. Her most striking feature is her large deep blue eyes. Her manner was friendly and rather happy. She talked easily, smiling and laughing frequently, but almost too readily. At once I had the impression of an attention-seeking quality and wish to please. At times she would talk in a somewhat silly voice; at other times her manner would seem inappropriately excited.

#### HISTORY

Amy’s parents married when the mother was 18. She immediately became pregnant with Mark, the first child. Mrs. R. had already had one abortion when she was 16. In addition to working part-time as an actress in television, she seemed to have spent the years between 18 and 24 almost continually pregnant. Simon was born

18 months after Mark; Mrs. R. then became pregnant again and had another son, Jonathan. Amy was born 2 years after Jonathan. When Amy was 3 years old, Mrs. R. had a miscarriage. Another pregnancy was terminated when Amy was 5; following this, Mrs. R. had a depressive episode necessitating hospitalization for a month.

The R.'s marriage was from the beginning a stormy one. Each parent would torment the other with accusations of infidelity and neglect, and each frequently walked out on the other. At the time of the initial referral, the parents had been separated for a year. Mrs. R. was living with Robert; and Mr. R., with a woman called Alice. Mr. R.'s attitude toward treatment was one of uninvolvedness—an attitude which paralleled his relationship with his children. His visits were few and were always marked by inconsistency. He often failed to turn up at the appointed time, came when the children were out, and repeatedly forgot birthdays.

During the last years she lived with her husband, Mrs. R. was completely self-absorbed. She described herself as being "like a zombie"—taking 15 tranquilizers a day. She had no memories of her children during this time, except to feel that they must have been "freaked out" by her state. She had been confused, anxious, and constantly crying. She also remembered moving from flat to flat, burdened with shopping bags and four children. One can perhaps view her many pregnancies as a last attempt at warding off her depression. Yet, the abortions and miscarriages also pointed to her conflicting feelings about herself as a woman and mother. A few months before Amy's referral to the clinic, Mrs. R. took an overdose of sleeping pills and was hospitalized for two days. At this point she sought psychotherapy for herself.

Altogether, Mrs. R. had remarkably few recollections of Amy's first 3 years. Due to her depression, she allowed the children to be cared for by a succession of *au pairs* and friends. In view of the mother's state of distress, one may assume that it was difficult, if not impossible, for her to provide the secure holding environment her small daughter longed for.

Amy's birth was normal; and Mrs. R. described her as having been a happy baby. Feeding was never a problem and remained one of Amy's main areas of pleasure. She was bottle-fed from birth and had a bottle on going to bed until the age of 3. Thumb-

sucking and hair-twisting were present as long as the mother could remember.

Amy's entry into nursery school at the age of 3½ was a disaster. She reacted with tears and many battles, the ultimate result being that her mother gave up. School, which Amy started at 4½, seemed to have been welcomed; Amy always enjoyed school and did well academically. Rather than transferring her conflict-ridden relationship with her mother to her teachers, Amy was able to respond positively. Her school reports indicated that she was valued for her charm, good intelligence, and outstanding verbal abilities.

At the time of referral, Mrs. R. was bitterly resentful that Amy behaved so well at school. She would have preferred her to have shown her "bad side" to the teachers, so they would appreciate the extent of the mother's suffering. She felt no one believed her.

This theme of Mrs. R. wishing that others would witness Amy at her worst persisted; it reflected her worry that Amy's problems were her fault. She often asked hopefully whether Amy had been difficult with me and spoke angrily of the fact that her husband felt Amy was fine and not in need of treatment. Interviews with Mrs. R. were characterized by lengthy descriptions of Amy's stubbornness, provocation, and inability to enjoy anything at home. Mrs. R. found herself unable to remove herself from the battleground. Later it became clear that for her it was easier to fight with her daughter than to acknowledge what lay under Amy's provocativeness. Amy's depression and withdrawal were always unacceptable to her mother. When the mother would see Amy sit for hours staring into space and sucking her thumb, she would be swamped with guilt and frustration at not being able to reach her. Just as she had to run from her own depression, whether to pregnancies or to a passing relationship with a man, so Mrs. R. had to avoid making contact with these painful feelings in her daughter. She also felt hurt and left out by Amy's withdrawal, experiencing it as confirmation of the fact that she was a bad mother; that Amy didn't want her.

#### TREATMENT

Amy's analysis lasted 3 years and dealt with many areas of conflict. There were, however, certain themes which provided the focus

for our work. All of these centered on Amy's unsatisfied longings for a close relationship, in which she could feel special and favored. Due to her lack of trust, she consistently expected to meet with disappointment and rejection, as she had in the past.

The beginning months of treatment were characterized by Amy's attempts to ward off her feelings of not having enough and of being worthless. In the transference, I represented the depriving and critical mother who could not possibly care about such a needy and horrid child. For weeks Amy began every session with the announcement: "I only need a few things today!" In fact, she needed me to procure an enormous amount of extra supplies. At the end of the first month, I voiced Amy's feeling of being needy. She screamed at me desperately: "What do I come here for? To *get things!*" At that point, Amy was able to deal with her deep sense of helplessness only by ordering me about. Her panic and rage when I did not comply were seen as a repetition of what had transpired with her mother—neither of us was able to understand what she was really missing. Throughout much of the analysis Amy equated proof of my caring with her ability to make me do things. In the third year, she said to me, "If you walk me to the corner, then I'll *know* you care." Such a verbalization was impossible in the early months; instead Amy would resort to highly provocative behavior in pursuit of punishment. Her guilt that she had gone too far needed to be appeased.

Feelings of guilt were prominent in Amy's analysis and were often connected to her conviction that she was full of bad and greedy wishes. There was a circle, which began with her sense of emptiness and longing to be special. From there, she would take a provocative and demanding stance, positive that unless I were driven to irritation by her nagging insistence, she would never get what she wanted. Then, believing that I was angry and fed up with her, Amy would be full of guilt. She knew she had been awful. How could I possibly like a girl who needed so much? Surely I would contrive some way to get rid of her. Did I really like her? And so the demands for more and more would start anew.

In the fourth month of analysis, prior to the Christmas break, I took up Amy's having to write on the walls as demonstrating her anger with me for going away and her fear that I would not come back. Amy screamed that she didn't care and did not like me one

bit. Suddenly she yelled, "You look allergic to me. You don't want to come near me. You hate me and think I'm disgusting! I know it!" Amy then did many drawings, each of which had to be thrown away because it was not good enough. I noted how hard she was on herself, to which she replied, "I can't do anything without you bringing in something bad. Why are you always criticizing me?"

Fear and panic about being deserted were highlighted in the week directly preceding the holiday. To fend off her feelings of helplessness and anxiety, she became a competent and independent Amy who could do everything for herself, even trying symbolically to hold herself together. She sewed many containers, bags, and purses which she intended to fill up and take home. Amy's wishes to be held in safety, to be able to contain herself, were too frightening to talk about. She actually had to make the containers. At one point, Amy sang quietly in a babyish voice, "Sometimes I think I'm one year old and that all of life is just a dream." I remarked that it must be nice to pretend to be a baby, because then people would stay with you and keep you safe. Amy laughed and said, "You bet!" She spoke incessantly of presents, informing me that she "needed" one from me—something that I would buy specially. When I told her I would be giving her something, she wanted to know why. Was it because she wanted one? Because I liked her? Or because she nagged me so?

My gift of a calendar was of course, not enough. Nothing could fill the inner void she felt; and Amy needed to take home with her all sorts of special things she had been saving in her locker. She still asked for more, becoming provocative. She gave me a box of chocolates and wanted to eat them all herself; she tried to open other lockers, screaming that she wanted to take everything home with her.

Giving and receiving gifts, a major theme in the first year of analysis, had many meanings for Amy. One function of the gift-giving was to placate all those involved in Amy's intensely conflicting loyalties. For months she spent every session making something for someone, usually her mother, Robert, or me. We all had to receive the same number and type of drawings. If Amy showed any favoritism, she feared hurting or neglecting the others, who would

then retaliate by withdrawing their already questionable love. She could take no chances. Amy's drawings were remarkably age-inadequate and unoriginal, always of a smiling sun in a perfectly blue sky. While making them, she would sing merrily to herself of her marvelous and perfect family. It was clear that Amy hoped to please both me and her mother with these glossy versions of herself. The mother habitually responded with indifference or irritation, complaining to me that the pictures were on the level of a 4-year-old.

Thus, it was logical that Amy would denigrate anything I gave her. At one point, I provided a much desired dollhouse, but Amy found any number of things wrong with it. When I said that perhaps she felt she did not deserve to be given it, Amy asked me why I had. "Was it because you didn't want it? I know! It was just lying around." She always found it difficult to believe I might like her; and when I spoke of her needing to cover up her wish that I would, Amy experienced my comment as teasing—a trick to make her vulnerable and to undermine her enormous defense against her wish to be significant to me.

At the beginning of the second term of treatment, Amy found out that her mother as well as her father's girlfriend were pregnant. Typically, she showed nothing but the greatest pleasure for quite a while, but her conflict over trusting me was accentuated. How *could* she trust me? Would I be like the other ladies, who always let her down, did not care about her, or left her for another child? In our sessions we had innumerable contests and games. Amy would test me on the facts of her life, who was in her family, where she lived, and what she liked to do. In one session, she was preoccupied with promises. I had to promise to tell her what I said to her mother; what her mother said to me when we met. In fact, she made me write "I promise" after everything I said, and then sign my name. At the end of the session I wondered what she really wanted me to promise. Did she want to make sure I would not forget her, either when I was with Mummy or over the weekend? Amy sighed, and said softly, "And to come home with you. I've never seen your house." She then immediately asked me the time, saying, "I know. It's because I hate it when you tell me, so I have to leave first." Thus, we saw how any open acknowledgment

of her wish for closeness had to be followed by some maneuver to protect herself from the disappointment and rejection she always felt to be imminent.

Amy's lack of trust was closely linked with her intense feelings of being excluded. She felt left out of everything, ignored, and completely powerless. In the sixth month of treatment, Amy developed the pattern of spending a few minutes of every session out of the room. Ostensibly she was in the lavatory, but in reality she wandered around the clinic, listening at different doors, and finally knocking on the door of a room which she knew was occupied by a female therapist and a male patient. Occasionally I found her sitting outside the room, quietly sucking her thumb and staring dreamily into space. Amy was enacting something which was actually going on at home at the time—she would wander around the house at night, ending up in her mother's bedroom, where she sat silently watching the couple sleep. Mrs. R. reported waking up suddenly to find Amy sitting there and angrily sending her off to her room. During that phase of treatment, we were playing many hide-and-seek games and Amy was preoccupied with peeking and being secretive. She gleefully agreed that she would indeed like to interrupt the two people behind the closed door, but had to deny her anxiety. This enactment also represented a repetition of what must have happened during parental rows: Amy would wake up and go to her parents. On reaching their room, she heard them arguing, which made her feel terrified, helpless, and unprotected. Later Amy herself described this: "When they shut their door, I felt like they were shutting *me* out, even though I knew it wasn't true. I felt like I was falling apart."

Amy's enactment of the nighttime wandering was, of course, also linked with sexual preoccupations. Her feeling of having been excluded by everyone also related to her exclusion from parental sexual activities, which in her mind were closely connected with fighting and arguing. Throughout treatment, Amy tended to use all sorts of sexual material defensively—almost as if she were trying to divert my attention by calling out, "Look at this! Aren't you interested?" Everyone talked about sex in her house; and Amy probably saw more of it than most children her age. Thus, it was quite easy for her to tell me with delight of her pleasure in



interrupting the other therapist and patient. She could even admit how left out she felt when Mummy preferred Robert or Robert preferred Mummy, but she could *not* own up to feeling terrified and panicky, needing to be comforted, and feeling all alone. These feelings remained inaccessible until late in the second year of treatment. Since Amy used sexual material defensively, it was usually taken up as a shield behind which were hidden very painful and frightening affects.

Amy did find ways to get the comforting and caring she wanted; and in spite of the pretense involved, it was virtually the only means at her disposal: Amy pretended to be ill or hurt, concocting all sorts of imaginary ailments. At the time of her referral, we heard of a limp which had lasted for three weeks; and of a day when she had pretended to be blind. In sessions, she often complained of various ills, usually before a separation. In the first month of analysis Amy laughingly agreed that her wish for a "big bandage" for her sore shoulder was a way of ensuring that people would feel sorry for her and give her lots of attention. On one Friday, Amy spent much time enumerating her aches and pains. I spoke of another child called Emma, who also had aches and pains. In Emma, these pains usually covered up other worries; and what *she* really wanted on Fridays was for me to stay with her and take care of her. Amy heartily sympathized with Emma's plight. At the end of the session, after having wished me a nice weekend, Amy came running back to whisper, "Emma also wants you to have a nice time."

My description of Amy may convey the impression that rather than being a child who was out of touch with her feelings, Amy was very much aware of her inner state—or at least that she responded well to interpretations. I certainly found myself believing she was the perfect child patient. However, I gradually began to feel that something was missing. It was as if somehow Amy had figured out how to be a good patient. She had learned what sort of feelings I was after; and she did her best to please me. On the conscious level, she most likely believed that she was working hard and coming to terms with her worries, but her real anxieties were as yet untouched. What made it so difficult was that, for the most part, Amy had no idea what she was feeling, save perhaps a

vague state of tension or unhappiness. Thus, when I offered an interpretation, Amy would latch onto it, hoping to put some label to the limbo in which she lived.

A typical example of Amy's behavior can be seen in the way she acted after a weekend with her father. She arrived for her session ten minutes late, asking blandly, "Was I late today?" When I wondered why she had asked me, Amy launched into a description of the most wonderful visit with her father. Everything was superlative. She had had not one, but two horses to ride. Daddy gave her lots of gifts; Alice had made the *most* wonderful meals. Amy then began prancing around the room, showing me ballet steps—obviously enjoying it and pretending not to. I said that Amy often seemed to do that with her real feelings—cover them up with pretend feelings. Then she ended up confused, not knowing what she felt. Amy glanced at me, and asked, "Do even you do that sometimes? Does it make me bad?" I said that when certain feelings were unpleasant for some reason, she had to push them away, putting pretend ones in their place. Amy was perfectly oblivious, singing gaily to herself as she prepared a doll for one of the babies soon to be born. Suddenly Amy turned to me and said in an extremely artificial and imperious voice, "*You* do the sewing please." I wondered why she had to act so much of the time; and why it was so hard to speak in her own voice. Amy replied, "I like speaking in this voice!" I noted that the voice was not her real one, and spoke of another child I knew who was so confused about her own feelings that she had to get rid of them and pretend to act like someone else. This other child was particularly worried about her sad and angry feelings and often felt that she did not deserve to be given anything. Amy looked at me quizzically and asked whatever was I talking about.

In the same week in which Mrs. R. was taken to the hospital for what turned out to be false labor, Amy was behaving in her most unreal manner. Our sessions were full of commands, given in her superior tones. When I did not instantly obey her, Amy screamed at me that I was stupid, and that she was the boss. I commented that she must feel very small and bossed around, by herself and others; therefore she pretended to be the opposite. To my surprise, Amy calmed down, but not for long. Soon we were having

more contests, this time with Amy casually informing me how much more she knew than I. She wanted to play the game Hangman, and I wrote the word "pretend." After having all the letters but one, Amy refused to say the last one and asked me for a clue. I said it was what some children did when they felt worried or upset about something. "Oh, . . . they pretend." This was said as if she had just realized the answer. But Amy could laughingly admit she had known all along what the word was. Only then was she able to show her real feelings of concern and worry about her mother being in the hospital. She had been too frightened to mention her worry about who would take care of her. She smiled genuinely when I verbalized what a relief it must be to see things as they really were.

Amy continued to work hard in the treatment, perhaps spurred on by her strong feelings about the new baby. In addition, she found it a relief that I was not fooled by her. While Mrs. R. was still in the hospital, there were difficulties about getting Amy to her sessions; and twice she was unable to come. On both occasions I phoned her; and on both occasions she sounded mature and reasonable, with not a care in the world. Although we both knew she had not come because Robert had been unable to bring her, Amy acted as if it had been her fault; she had simply forgotten to come. When I noted this contradiction and connected it to her confusion about what was going on at home, Amy began throwing things around the room. I said that we knew that when she behaved like that she was upset about something; and maybe she was not sure what was worrying her. Thus she had to act some part—either of the girl who forgot to come to the clinic, or the girl who threw things. Amy then acknowledged for the first time that she was acting, saying in her "saccharine" voice: "But this is the real Amy." I wondered whether at times she was not sure who the real Amy was and therefore acted the way she thought people expected her to act. When I added that we could wait until the real Amy felt safe enough to come out, Amy looked quite serious and asked, "But how do you know who she is?"

Another way that Amy dealt with her affects was to present her real feelings as if they were fakes. She would adopt a self-mocking and self-deprecating voice, as if imitating someone making fun of

her. At one point, when she was actually feeling terribly distraught about her mother being in the hospital and my absence over the weekend, Amy said, "Poor me! Isn't it awful!" I noted how hard it must be for her to face the frightened little girl feelings, so she had to make fun of herself in case I too would laugh. For a moment, Amy caught herself, saying sadly, "We've lost the real Amy, haven't we?" I said we could find her if we looked.

In our search for this hidden child, it was important to Amy that I should not allow her to repeat earlier situations of rejection. Time and again she tried to get me to allow her to miss sessions—always for the most sensible reasons. There would be a birthday party or an invitation to her father's or a dentist's appointment. When I checked, there invariably was no such event. On one occasion, Amy almost convinced me that she had been invited to her father's for her half-term break. Although the clinic remained open during that week, I felt it would be important for Amy to be with her father. At the last minute I discovered that there never had been an invitation; but in her disappointment Amy convinced herself that it would come. Amy's wish to be with her father was also a displacement from her wish to be with me—because we had just had a four-day break. She could tell me that she had wanted to get back at me for going away and leaving her. Amy spent that session leaning against me and holding my hand, unusually open in her expression of her affection. I said that she must be glad that I had not let her stay away because she really did not want me or the other grownups to be tricked by her. Amy nodded silently, and then decided to read my palm. She told me that I lived alone in a flat, having as my only companion a little girl pussycat. I would live in London until I would be 85 years old. Amy then asked me, "Will I have left here when I'm 14?" She went on to say that she was just fine and didn't need to come anymore. I noted that she was testing me to see if I wanted her; and that in reality we both knew she did not always feel so fine. Amy said with genuine wistfulness, "I don't want to leave." We then set off on a trip to Mars. She was the captain and I was the cook, first-aid person, and passenger.

Amy was slowly beginning to tolerate the coming to awareness of her hitherto hidden longings. We saw more and more the extent

to which she had had to shut away the lonely and panicky little girl feelings in the hope that without them she would be more acceptable—to mother, and later to me. Now she could tell me in the midst of her pretending, “Well, the real Amy is underneath, you know.”

I once asked Amy what her mother did when Amy was feeling bad. She replied, “Oh, she doesn’t know what I’m feeling. Even if she asks, I just say nothing is bothering me.” I wondered whether she thought her mother knew she was pretending. Amy said no, but then added, “But I want her to notice, really!” She agreed that at the very moments when she was confused or worried and wanted her mother’s help, she was convinced that her mother would not be able to help her.

When Mrs. R. finally gave birth to a baby girl, Amy was superficially pleased, but spent the session singing the song, “Bye-bye baby.” When I commented on her letting us know how she felt about the new baby, Amy laughed and sang, “Hello, children!” Yet her affect of sadness belied her cheerful song. When I noted that now there was another girl in the family, Amy said with resignation, “I was never special.” She then proceeded to hurt herself in all sorts of accidents. First she showed me her scraped chin; then she tripped on the stool, causing it to fall on her; and finally she caught her finger in the door. For the first time in treatment, Amy allowed herself to cry in front of me. I spoke of how sometimes, if people feel sad or frightened, they think it’s bad to have such feelings; then they do something accidental which hurts them. Amy listened intently and said, “But I don’t do it on purpose. It just happens . . . freely!” I remarked that she was right. Freely meant that something happened and she did not know why; but there were reasons for it. She grinned, pleased with herself and her new word. In this instance, *I* was taken in. Amy had managed by the end of the session to get rid of her sadness and jealousy by superimposing a cerebral formulation. She *was* right that she hurt herself for unconscious reasons, but she used her insight defensively.

Amy always reacted to holidays with great distress. To deal with her anxiety about my well-being and hers, Amy acted as if she were in control, did not need me, and was eager to part. Often, before or after a holiday, Amy had to take a day or two off—to

prove to us both how independent she was. In the weeks preceding the summer break, Amy said to me, "Well, if I get lonely, I can just ring you up and ask for an appointment!" When I told her that I would be away, she replied, "That's all right. I can send you a postcard saying I'm worried; and you can send me one back telling me why." I agreed that I would send her a postcard to keep in touch, but added that she too could figure out why she might be worried. Amy said, "The worst thing about being worried is not knowing why. Sometimes I can tell you and sometimes I can't." She then began to draw messy paint splatters, getting paint all over us. I said she seemed to be showing us her messy and confused feelings. Amy looked up brightly, saying, "Well, it's quite a good way, isn't it?" She told me that certain colors were happy and others were sad—and that was how she felt about the holiday. During our last session, Amy was engrossed in making out of felt the picture of a girl. At the end she wrote on it, "My image" and handed it to me. I verbalized her concern that I might forget her over the summer, adding that she knew I did not really need the picture to remember her. Amy asked, "Do you like your job?" She could smile when I asked, "And do I like Amy?"

By the end of the first year of work, Amy was beginning to show some signs of trust in me and to feel safe enough to share some of her feelings of worthlessness and loneliness. Her real fear of panic remained to be dealt with.

Amy arrived one day in the autumn, announcing that she would try a "very hard task." She would attempt to draw a picture—not of her usual smiling sun, and not to be given away! While she drew, Amy delivered a long monologue on giving gifts. "Well, sometimes when I've had an argument with someone, I want to say I'm sorry. With Robert, I can tell by the expression on his face. So that's when I give him a present. With Mummy, I either give her something or make her a cup of tea." I said it sounded as if she often worried that we were all cross with her. "Not a lot, but some of the time." Amy continued, telling me of a school friend. Someone else had told Amy that this girl did not like her. Though Amy didn't believe this, she was worried and had given many gifts to this girl. She said, "Isn't it awful the way people say they will be your friend if you do something for them? It doesn't make any sense,

but I know I do it myself!" I remarked that it seemed some people felt friends could be bought with presents. Amy looked at me for reassurance, asking, "But they can't, can they?" Noting her uncertainty, I wondered if she ever felt that the only way to make someone like her would be to give them a present. "Yes, that's it! Just don't say it again, okay?" She then asked shyly, "Miss L., you know how sometimes we say I'm pretending? Well, was I pretending today?" I said she could answer that herself. Amy was quiet for a moment and then said in a whisper, "Real?" I agreed, and voiced her difficulty in sorting it out.

In the next session Amy indicated how she used her insight to try to gain my approval. She sounded like a mature adult when she said, "You know yesterday's session? Well, you know how sometimes people like to get away from painful feelings? That it's embarrassing to talk about them. You know how it is when someone, like a therapist, reveals the truth that you hadn't known before? I didn't want to leave yesterday because you made the painful feelings go away." I commented that she had understood *herself* that she often pretended when she was embarrassed. Amy came close to me and said, "You know how I talked about my worries yesterday? Well, was I as good as adults? If I stop pretending, will I be the winner?" I said it sounded as if she felt there was a contest going on among my patients. "Yes, I want to be the best!" I noted how hard she tried to please me, sometimes saying what she hoped I wanted to hear.

Amy usually responded to my pointing to her frequently simulated feelings with shame, humiliation, and anger. Several days before a holiday, Amy delivered a speech on the naughtiness of her friend Sara, who apparently had been stealing from other children and making herself a general nuisance. Amy said, "Sara walks around with a guilty look on her face—as if she wants to be found out. She will be awful to Jane and then Jane will be cross with her. She will lose her friends! Maybe Sara does it because people are always saying she's fat; and she feels hurt and angry. But then that makes her bossy and she gangs up on the other kids. Sara probably wants to be punished because she feels so guilty about being bad." Amy readily agreed that she was talking about aspects of herself, namely, her belief that no one thought she was im-

portant. This led her to angry demandingness—the only way she felt she could get attention. Then she felt so bad about it she needed to be punished. When I said that it all sounded a bit empty of feelings, she retorted angrily, “I was only talking about it!”

Later in the same week, Amy told me proudly that she had given up her bottle at 4 months of age. I remarked that even then she had tried hard to be grown up. I wondered what had happened to her baby feelings, as she so often separated the thoughts from the feelings. Referring to her formulation about Sara, Amy asked, “But weren’t you proud of me the other day?” I said that she certainly had wanted me to be impressed with how well she had understood Sara’s naughtiness. Amy reacted as if I had attacked her, “So! You weren’t proud!” I said that we could see how very hard she tried to be the good girl—the kind of grown-up patient she thought I would prefer. Amy looked hurt and said accusingly, “You are always criticizing me!” I replied that it was Amy criticizing herself—that with the coming holiday she did not like having such sad and angry feelings about me. She would much prefer to leave thinking I was proud of her, and did not know about her crossness. I asked Amy how she thought another child might feel if someone the child really cared about was going away. Amy asked in her grown-up voice, “Unhappy? Sad? Guilty? Guilty because maybe the child thinks the person is leaving because he is naughty.” I said that *if* Amy felt angry with me for leaving, then I would know why she had to pretend not to care—because people she loved had left her in the past. Amy asked, “Like who?” I said like her father. Amy fell silent for a moment and then said in a desperate voice, “You would still like me? Sure? Honest?” I said it seemed she felt she could be liked only if she acted happy all the time. Of course I could like the sad and angry Amy as well as the happy one. After all, they were really different parts of the same person. Amy wanted to know if I had ever heard of the saying: “When you’re happy, the whole world laughs with you; and when you weep, you weep alone.” I wondered what she thought it meant. Amy replied, “You are saying that it’s not true. That you can be sad and people will still love you.” I verbalized how doubtful she sounded, as if she could hardly believe it was true; and I spoke of



how Amy had to try to be happy in order to be with Mummy and not all alone.

For Amy, to feel excluded, all alone, and having less than others was to feel vulnerable and weak—at the mercy of an inconsistent adult world. Thus, she had to defend against such humiliating affects by becoming independent, not caring, and grown up. Being a girl in a family where the three boys were obviously preferred was another humiliation; and there were various moments in treatment when Amy expressed her belief that things might be better if she at least had a penis. Rather than seeing Amy's wish for a penis in libidinal terms, I usually interpreted her feelings about not having one in the context of a penis being one more thing that *she* didn't have which others did. No matter what she did, or how good she was at things, she felt she would never get the attention and love her brothers received. Amy arrived one day for her session in a most demanding mood. She wanted a balsa-wood knife. She knew we had some because she had seen a male therapist give one to his adolescent boy patient. Actually, there were none left; and I told this to Amy. She reacted with rage, screaming that she knew there were knives, but that I just didn't want to give her one. I said that she seemed to feel I would give a balsa-wood knife to other children and not to her. Perhaps she believed I would give it to a boy. Amy said angrily, "Oh yes, boys do get more! They get more of everything!" Amy went to the blackboard and drew a penis. She then collapsed on the floor, saying sadly, "It's Simon's birthday today and Dad's tomorrow. I thought that if I could go home and say you'd given me a balsa knife, then I wouldn't feel so bad." Amy was able to talk of how left out she felt on her brother's birthday; and how this birthday reminded her of other times when she felt that being a boy would get her more attention.

Another maneuver which Amy used to hide her low self-esteem from both mother and me was a rather precocious pseudosexuality. She acted flirtatiously, talked about sex in an exhibitionistic manner, and when really in a panic sought out sexually exciting situations. One wonders if this escape from depression was an identification with her mother, who also had sought an outlet for her longings in a spurious sexuality.

During a long break from analysis, when Mrs. R. was very depressed over the death of a friend, Amy behaved in her most provocative manner. She was aware of her mother's distress; and she panicked. She nagged and whined and picked fights with everyone until finally her mother threatened her with boarding school—the very thing Amy feared most. Though clearly distraught, Amy feigned indifference, telling her mother that what she really wanted was to live with her father. Feeling abandoned and frightened, Amy thus had to actualize her fantasy of being sent away by a withdrawn and disapproving mother.

At the same time, Amy was staying away from home all day and not letting anyone know where she was. Mrs. R. told me she feared Amy was going to a local fair, where, in her opinion, Amy was easy prey for any stranger. It turned out that Mrs. R. was correct. In our first session after the break, Amy told me that she and a friend had gone to the fair and had asked people for tenpence, saying they had lost it. One woman gave them the money, but suggested they stop asking other people. The excitement and danger were too tempting. The girls went up to a man whom Amy described as having “curly blond hair—American probably.” They asked him for the money and he replied that he would take them on all the rides if they would do something nice for him. What he wanted was for them to play with his penis. Though Amy sounded as if she had been disgusted by this, she told me jokingly that she had said she would play with it with a stick. She said she then got scared and started for home, where she was told off for being so late. Amy pretended not to have known this was a dangerous thing to do, and made me promise I would not tell her mother. Amy wanted to know why I thought the man had asked her to play with his penis. Was it because he wanted comforting? This was why she played with her genitals. I said that although that might be the reason, what was missing were her feelings about the incident. I added that though she appeared to be disgusted, she didn't sound it. Amy went on to talk about being kidnapped, her voice having an excited tone. I noted this and linked it to the event at the fair. Wasn't she really seeking from this nice American man something she felt she needed so as not to be lonely or empty inside? Since I was not around, she found another American who she hoped

would make her feel better. But then she saw that the sexy man was scary and did not provide the comforting she wanted.

Amy responded with more acting, behaving as if she were a provocative sexy adolescent. She told me she had three boyfriends with whom she was in love and how sexy they thought she was. She danced around the room showing off her figure and asking me whether she was sexy. I took up this grown-up and sexy talk as hiding her little girl feelings. How could an 8-year-old not feel left out when she did not feel special? How could she not worry if she felt I had left her never to return? And on top of everything, Mummy was worried and sad herself—something which must have caused Amy to worry too. In the end, she had nagged and been naughty, perhaps just to get some attention, but really she had been very sad. Amy was quiet and seemed to be in touch with her feelings for the first time that week. She said miserably, “Well, the baby doesn’t get much attention if she cries.” I said maybe that was why Amy was so frightened of showing her own tears.

In the last week of our second year of work, Amy was able to relive in the transference some of the traumatic experiences surrounding past separation. She finally could permit herself to feel the pain and express with real tears her early longings for her mother, together with the panic she felt when her mother had not been there for her. It became clear that Amy’s need for such rigid defenses had been in direct proportion to the intensity of her feelings of worthlessness and self-hatred. Her misery was profound.

Following a weekend when her mother had been away, Amy arrived on the Monday in an exceedingly manic mood. She herself had spent the weekend at a friend’s, and she related histrionically how “fab” it had been. As Amy ran about the room, exclaiming dramatically about all the wonderful things she had done, I remained totally silent. Her anxiety increased, as did the histrionics. Finally, she stopped, looked directly at me, and asked, “What time did you take me today?” (She had arrived early.) I said she knew I had taken her at her usual time. At this Amy became enraged, screaming, “Well, if we are both here, WHAT is the point of waiting?” She continued to yell at me until I said that the real issue was not whether or not I was free, but rather why she was distraught that I had not taken her when she wanted to be seen.

Now I could understand why she had had to pretend to be so marvelously happy. When I had not taken her early, it reminded her of the small Amy feelings of wanting her mother to be there when Amy needed her. Instead she had felt that Mother and I ignored her and paid more attention to other people. No wonder she had to try so hard to be grown up and controlled; it must have felt awful when she thought I didn't want her! Amy lapsed into silence for five minutes. Finally, she said tearfully, "But why do I have to feel these feelings? They are so awful." Amy cried and cried. She then said thoughtfully, "I wanted to be home when Mummy got back; but I couldn't. I was afraid I'd be in a bad mood because she went away; then we'd get in a row—and I hate that. Why couldn't she take me with her? Do you know?" I wondered whether Amy was certain her mother would not understand how cross she had been at her leaving. Amy sadly shook her head, "No, I'd be cross and Mummy would just yell at me. She just wants me to be nice." I said that we could see why Amy had had to be away when her mother returned—to protect Mummy from her angry and hurt feelings. She then *had* to pretend to be happy because that was the only way the small Amy could think of to be close to her mother or me. How hard for her to imagine that grownups might be able to accept a child's sadness and anger. Amy continued to weep, asking pathetically, "But how will feeling like this make anything better? I just want somebody to be near to, you or Mummy." I remarked that by understanding where these feelings originally came from, and putting them into perspective, she could use words to express herself—and might even be able to tell Mummy how she had felt, rather than having to push her away. Amy left the session still crying.

The remainder of that last week before the summer holiday was characterized by much crying, which took on a whining and somewhat overdramatic flavor. Amy presented the main problem as her terror of being tyrannized by her friend Sara. She had been invited to this child's house and was totally unable to say no. Amy pleaded with me to intercede; she begged me to ask her mother to tell Sara no; and she wept copiously, wanting to stay with me. Amy's anger toward and fear of Sara clearly were displaced from her mother. She said at one point, "But I can't say no to Sara or

she won't be my friend." It was then that I verbalized for Amy that her feelings of panic had very little to do with Sara. Rather, they represented the panic Amy must have felt as a little girl, when she had feared her mother would stop loving her if she discovered Amy's angry feelings. Therefore Amy had had to pull away from her mother, feeling hurt, and believing her mother didn't love her. Her mother, not having understood Amy's reasons for rejecting her, had also pulled away in anger and disappointment. Thus, they had ended up always fighting with each other. Amy asked, "But why *do* we fight?" I replied that sometimes when people felt very hurt inside and believed that the other person didn't care about them, they were afraid to show loving feelings. Amy finally calmed down as we were able to make sense of what had happened in the past and how it was affecting her present life. The reconstruction of past experiences was crucial in enabling Amy to gain control over her maladaptive defensive behavior.

The transference of Amy's longings for closeness was intense, as was her expectation of rejection. It was in relation to me that Amy first verbalized the original reason for her need to behave in an unnaturally cheerful manner. At the end of that week, Amy arrived for her session looking dejected and waiflike. She spoke at length: "Miss L., I have something to ask. It's babyish. But you know how babies like being held in someone's arms? Well, would you hold me? You're like part of my family: actually, I love you. I want to be with you. Do you like me? Do you love me? I don't want you to go away or for school to end. I'm sorry. I'm making you unhappy, aren't I? I can't write to you because it would make you upset." I wondered why. Amy went on, "Well, I don't want to write a whole bunch of pretend. And what if I'm having a horrible time?" I took up Amy's feelings in relation to her baby feelings about not wanting to upset her mother. She replied, "When I was five, Mummy used to cry a lot; I did too. Mummy would try to comfort me, but I worried that she might do something silly—like kill herself. Then I'd be left all alone." Amy wept, saying over and over, "I need comforting. I feel like I'm falling apart. The Sara thing reminds me of this. I don't want you to go away. At least if you were in London, I could have an extra session. I would know where you were. Miss L., you *can't* come

back late. DO you care about me? I want to be close to you. When I was little, I felt shut out of everyone's lives. Mummy was probably upset about fights with Dad; and Dad was always leaving. I thought it was all my fault. I'm just no good—useless. Nobody can love me." I linked Amy's current hopelessness and longing toward me to her early childhood. Then she had felt she was the cause of her mother's depression—a situation resulting in Amy's conviction that she was a bad and unlovable girl. In fact, we knew now that the real reasons for her mother's unhappiness had had nothing to do with Amy. Amy listened and then whispered, "I want you to walk to the corner with me. Nobody ever does things because *I* want them to. It would be proof that you care about me." I explained that Amy's feelings of being unlovable were inside her; and that my doing an outside thing—like going to the corner with her—would not change how she felt about herself. She continued to weep, telling me how hopeless her life was and that no one could ever care about her.

At this point, I compared my leaving for the summer with her parents' having so often left her, both emotionally and physically. Amy seemed to feel that I, too, was leaving because of her. Amy calmed down considerably, again asking if I would hold her. She drew her chair right up to mine and held my hand. I said that if I held her, it might make her feel better for a minute, but that I did not think it would last. If we could together understand these old feelings, then she might not even need me to hold her. Amy told me how left out she felt at home, in the present as well as in the past. She described being sent to bed when everyone else was awake. She would call and call for her mother, who never came. "They always had better things to do." I told Amy that she knew her mother was at present not depressed; that she often did spend time with her; and that the small Amy feelings of being no good had been the little girl's way of trying to make sense out of something she could not understand. Amy said, "I never want therapy to be over. I will never be able to try things on my own. I need you." I agreed that she still felt frightened of being without therapy, but that some day she would want to stop treatment—and, in fact, did not have to lose me to do it. Amy wanted to know if her terrible feelings would ever go away for good. I said that in

time she would be able to say to herself, "Look, Amy, you may feel bad right now; but you know where these feelings come from. When you were little, you thought your mother's worries were your fault, and that she didn't love you. So instead of showing your real feelings of anger, sadness, and fear, you tried very hard to be the perfect little girl—always cheerful and happy. That was the only way you knew of then to make Mummy pay attention to you. Now you are older and can trust your mother more. And now you can use words to say what you really feel." We sat together for a while, with Amy silently holding my arm. Just as it was time to leave, she asked if I really thought she could tell her mother how she felt; and if she did, whether I would be impressed. I said I would be impressed if she could drop her pretending with her mother. Amy looked a bit skeptical, "You think I can do it?" I said we both knew the answer to that question.

Mrs. R. came to see me at the end of the second year of treatment. Her visit coincided with the week just described. She was unusually in touch with her real feelings and was able to acknowledge herself for the first time how *she* had yearned for caring as a child. She spoke of her own need to disguise this longing, in her belief that her mother had emotionally abandoned her. Amy's mother, in conjunction with the change in her daughter, could thus begin to relate more positively to Amy. Her ability to see Amy as a separate person had increased; and she described how until recently Amy had only reminded her of the bad, demanding parts of herself. She was now even able to enjoy Amy! The day after our meeting, Amy—who always came to the clinic on her own—was amazed and delighted to find her mother waiting for her.

Although Amy's analysis lasted another year, the breakdown of her rigid defenses against depressive affects marked the turning point in her treatment. The first two years of her analysis had consisted for the most part of the struggle to trust me with her real feelings, the loosening of a defensive style of relating designed both to protect her from her own and her mother's depression and to be close to mother. Her achievement was impressive and freed her to use real insight to work through the remaining conflicts. The process of helping Amy to establish more adaptive mecha-

nisms had been set in motion when she allowed herself to confront the terror and helplessness of the past. In one sense, I represented for her a new object, to whom she could bring the old feelings and later work out new ways of responding. The fact that at the end of the third year I would be leaving the country triggered an intense reaction to me as a real object and in the transference.

In view of Amy's past history and persistent fears of loss, it was important that she be told of my departure almost a year in advance. Despite the fact that her family would be moving to another city at exactly the same time, my news was felt as a severe blow. Amy asked, "Are you going forever? I always hoped that therapy would never be over. When you don't want something to end, it goes too fast. I don't have mixed feelings like I do about holidays; all of me doesn't want you to go." For days, Amy played the game of "Solitaire," becoming very proficient at "doing things by herself."

The theme of dealing with my leaving by becoming independent and pseudosophisticated was a recurrent one throughout the year. Amy experienced the loss of me as a repetition of earlier losses; father deserting her; mother abandoning her in favor of other men and her three brothers. Thus, it was natural for her to attempt the same old solution—only this time with a different twist. Rather than just pretending to be carefree and unaffected, Amy turned to boys in a precocious sexuality. At first she was convinced that if she were a boy, I would not leave and desperately tried to find a way to make me stay. She came in one day with a bag from which she pulled out all sorts of trinkets, saying in a pleading voice, "There must be something you haven't seen yet!" When I interpreted her need to show me her possessions as indicating her concern about whether I liked her or preferred boys, who had extra possessions, Amy looked startled. "Do boys ever wish they could have babies?" I said yes; at times they did. Amy looked sad, telling me, "Well, then I guess it isn't worth it to be jealous."

At last we seemed to be reaching Amy's oedipal conflicts, which until then had been overshadowed by her preoedipal difficulties as well as the realities of her extremely confusing set of parents and stepparents. My leaving brought about a revival of her pre-



oedipal struggles with her mother—struggles which in turn ushered in the wish to deprive me of all the good things and have them for herself. At the beginning, Amy railed at me for seeing a boy patient after her: “I hate him because he sees you! You belong to me; you are MY Miss L.” But this material was rapidly followed by tales of chasing boys at school, sleep-over parties with boys, and various kissing games. In her sessions, Amy presented herself either as the knowledgeable woman of the world or as Cinderella, whose mother wanted to deprive her of everything, including the prince. It was particularly interesting that Amy clearly seemed to have perceived and identified with her mother’s former methods of dealing with her own loneliness—acting out sexually, getting pregnant, chasing men. Thus, for Amy, the only way to get caring was either to be a boy or to have one all to herself. On the eve of a sleep-over party at a boy’s house, Amy was beside herself with excitement and delight. Five boys had “confessed” that Amy was their true love. I commented that Amy was in a great hurry to grow up and have the reassurance of being liked by boys. She thought for a moment: “You know, it’s a lot easier for other people to like you than it is to like yourself. After all, you’re the only person who knows your feelings!” When I wondered what those unlikable feelings were, Amy replied, “The angry ones—when I want everyone to be jealous of me!” She then asked me to ask her a question: did she feel lonely because the weekend was coming? When Amy quickly changed the subject back to the exciting party, I said, “And since I can’t be the good and caring Mummy over the weekend, you’ll show me by doing exciting things with all the boys.” Amy put her thumb in her mouth, “Yes. There is so much to talk about and so little time left.” She left the session telling me that no matter how unhappy she might be in the future, she would never go back to therapy. She would feel too guilty about excluding me.

Amy’s oedipal conflicts were complicated by her torn loyalties. The difference between her relationship with Robert and that with her father was particularly striking. The former appeared to be at an age-adequate latency level, with much enjoyment of Robert’s attention, praise, and admiration. The relationship with her father was characterized either by an identification with her

mother's negative attitude or by a secret longing. Amy's wish to be close to her father was certainly conflictual—his conspicuous absence from her life only making it more so. In one session she told me with assurance that Robert "belonged" to her. He had taught her to do the "jive" and she adored to dance with him. She then told me that her father had bought her eldest brother a fancy tape recorder; she felt her father tried to buy their love with expensive presents. Robert, however, gave them his real time and attention. When I noted that she must also have had some positive feelings for her father, Amy could agree. She said with sadness that lack of money had never bothered her as much as it did her mother.

Amy's identification with her mother was stronger than she knew. Both of them saw being rich as the equivalent of being safe. Amy described her father's "rich office" with pride; and she told me, "I hate being poor." In her father's office was a large refrigerator and Amy frequently took food from it and brought it home to her mother and Robert. When I remarked that to enjoy the good things with her father made her feel she was leaving out Mummy and Robert, Amy reacted with rage, saying that her father had much more money than he needed. I pointed out how difficult it was for her—when she was at home, she felt that her mother had Robert and she had nothing; when she was with her father, she feared her mother would be jealous and angry if Amy had a good time. She was able to say that the worst feelings for her were the jealous ones, when she felt she had nothing and no one; and that everyone else did. Thus, she would indulge in wonderful, wish-fulfilling fantasies. In one, Robert was her chauffeur and boyfriend. Amy exulted in the envious stares of children at school when he would collect her. She described how she would lounge in the back of the car, saying, "Jeeves, take me home!" Amy immediately informed me that she was "a fat greedy pig." I connected this comment to her feeling that wishing to be rich and to take her mother's place made her a bad and greedy girl.

In the last week of analysis, Amy continued to express her belief that "Grownups have everything better!" She complained bitterly that her mother would not buy her the new shoes she needed. Her clothes were falling apart; nobody was noticing.

I said she sounded like Cinderella. Amy was not pleased with my remark and yelled, "Well, if I'm Cinderella, then you are the wicked stepsister!! I only get hand-me-downs!" Here Amy had to laugh at herself, but added, "You know, I *was* Cinderella." I agreed that when she had been small, she had felt very left out and neglected; but perhaps she now was ready to say, "Amy, you are not really Cinderella anymore."

Amy could acknowledge the changes which had taken place during the 3 years of our work together. In one of the last sessions, she told me a story about the "World of Disguises," where no one could be recognized, and everyone had amazing powers. She drew a picture of a person covered with weapons. Suddenly she looked up and said, with a slight hesitation, "You know, even though this person has all these weapons, he's really . . . unprotected underneath." I sympathized with the plight of someone who felt so frightened. Amy agreed: that was why he had needed his disguises. The problem was that the disguises no longer worked. Underneath he was just an ordinary person. Amy was very serious: "The disguises used to work; but they weren't very . . . realistic."

Our last session was full of feeling—Amy being too uncomfortable and nervous about the end. She was excited about the family's move to the new town and enthusiastically expressed her wish to enjoy her new life. She now even believed I would answer her letters, and that our relationship would not be over for good. Her feelings were aptly conveyed in the Beatles' songs she sang throughout the session. She started with "I'll write home every day, and while I'm away, I'll send all my loving to you." She talked of her much-improved relationship with her mother, who was collecting her that day: "She's getting better all the time!" And finally she sang: "Sergeant Pepper's Lonely Hearts Club Band." Amy said she would not leave the room unless I gave her a kiss. I did; and with a very flushed face she turned abruptly and walked away from me.

#### DISCUSSION

Amy's treatment terminated in part because of environmental circumstances, but also because I felt—and Amy agreed—she was

ready to stop. She had accomplished a great deal in her analysis and in many ways appeared a changed child. Her battling with her mother had ceased—a situation which gave great pleasure to them both. Amy no longer acted the “perfect person” she had sought to be; she could say to me, “I’m happier now that I don’t have to be perfect.” Her disguise was gone, as was the quality of brittleness described at the diagnostic stage.

The treatment material clearly indicated that Amy’s disturbance of affect was at the core of her pathology. She had built a personality based on the suppression of certain very frightening feelings. The protective mechanisms Amy employed to avoid contact with these feelings became habitual and necessary for her to elicit a response from her surroundings.

The analysis focused on how to understand what we called her “pretending” or “acting.” Her brittle and artificial qualities and her consistently spurious affects brought to mind both H. Deutsch’s “as if” personality and Winnicott’s concept of the “false self.” Both Deutsch and Winnicott postulate that the basis of these disturbances lies in the lack of a secure infant-mother relationship, often one where there is a succession of caretakers. This had certainly been true for Amy as a small child. Amy closely resembled some of Deutsch’s descriptions of the “as if” personality; “the individual’s whole relationship to life has something about it which is lacking in genuineness and yet outwardly it runs along ‘as if’ it were complete” (p. 263). Deutsch also speaks of this type of patient as “intellectually intact, gifted, and [able to] bring great understanding to intellectual and emotional problems” (p. 264). However, when they try to be creative, their results tend to lack any originality. In respect to all of these characteristics, Amy was similar.

Early in treatment I thought Amy was the ideal insightful child patient. As time progressed, however, it became clear that she would agree to almost any interpretation, often making them herself in a glib and facile manner. Her excessive compliance and imitation of the analytic activity mirrored her early attitude toward her mother. “Total sharing” represented the only avenue to closeness, and it was in this area that Amy differed greatly from Deutsch’s cases. Amy did not accept just any object for this kind of

closeness, but rather chose people who in reality presented the opportunity for genuine trust. Here her “object hunger” was served by what I think was a preconscious awareness of her real needs and feelings. Although at times obscured, Amy’s capacity to trust was obviously still intact.

As our knowledge deepened, it became evident that Amy’s “as if” qualities could be seen as her defense against overwhelming anxiety, lest she find herself in a position of total unsafety. Her underlying conviction of being unlovable and thus quite expendable was at the root of her anxiety, causing her to experience enormous panic as she approached awareness of such feelings. Winnicott (1960) sees the origins of the “false self” in the lack of synchrony between mother and infant:

The mother who is not good enough is not able to implement the infant’s omnipotence, and so she repeatedly fails to meet the infant’s gesture; instead she substitutes her own gesture, which is to be given sense by the compliance of the infant. This compliance . . . is the earliest stage of the False Self, and belongs to the mother’s inability to sense her infant’s needs.

. . . where the mother cannot adapt well enough, the infant gets seduced into a compliance, and a compliant False Self reacts to environmental demands and the infant seems to accept them. Through this False Self the infant builds up a false set of relationships, and by means of introjections even attains a show of being real. . . . The False Self has one positive and very important function: to hide the True Self, which it does by compliance [p. 145ff.].

Winnicott’s emphasis on adaptation to the environment is especially pertinent because Amy had made an adaptive, yet unsuccessful attempt to cope.

Amy’s need to construct her “disguise” originated in her early relationship with her mother, who in her depressed and agitated state had been unable to pick up Amy’s signs and signals, causing Amy to experience constant disappointment and frustration. Due to the mother’s difficulties, she could respond positively only to a happy and undemanding baby. Amy’s real needs and wishes—to be held, to be reassured that her mother could protect her and keep her safe—were experienced by the mother as insistent de-

mands she could not meet. She sensed in her small daughter her own unsatisfied longing for nurturance—detested in herself and therefore either denied or denigrated in Amy. Amy's real self and real feelings were not in harmony with what her mother was able to offer; Amy's development of a "disguised" personality was her way of trying to establish some sort of relationship with her mother, even if it had to be on an unreal basis. The battling relationship was defensive on both parts, each believing the other didn't love or want her. In their disappointment and guilt they had constantly to push each other away. When Amy told me late in the treatment that the "disguise" had been comprised of weapons, she showed her awareness of having felt in need of protection. The weapons at her disposal were fortunately not totally successful in eliminating either the dissonance she experienced with her environment or her intrapsychic conflicts.

Had Amy not come into analysis, she might well have gone on to become a person completely out of touch with her inner life, one whose object relations would be based upon identifications of the most superficial sort. In Deutsch's framework: she would never have had "occasion to complain of lack of affect for she would never have been conscious of it" (p. 269). This solution would have led Amy as an adult to be almost a caricature of her mother's artificiality. The basis for such a disturbance lay in Amy's identification with the mother's pathology.

Insofar as the mother had externalized the bad, angry, demanding, and uncared-for aspects of herself, she could respond to these aspects in her daughter only with loathing. At the same time, the mother maintained an idealized fantasy object—both of herself as she should have been, and of Amy as she wanted her to be. It was this fantasy object of the good, cheerful, grown-up little girl with which Amy identified in her attempt to get love from her mother. If Amy acted as if she were the charming little girl mother wanted, maybe mother would provide what she wanted. But of course, the mother's idealized fantasy object was just that; and on some level the mother was aware of its artificiality. Mrs. R.'s disappointment with Amy intensified as she saw in Amy more of the aspects she most hated in herself—feelings of helplessness, worthlessness, and anxiety about being abandoned. As her disappointment deepened,

she became more rejecting and hence more guilty. Though designed to make a relationship with her mother, Amy's complaint behavior only put them farther apart. Mrs. R. once said to me: "I know Amy is me; and I feel paralyzed with her. Just the sight of her makes me furious. I'm afraid of battering her and so I'm frozen. I feel so helpless with her; and can't reach her at all."

Amy's awareness of what her environment expected resulted in the formation of a personality based on a defensive identification with her mother's idealized fantasy and her mother's actual artificial style of relating. According to Deutsch, "the tendency to mold oneself and one's behavior" is accompanied by the facility for "identification with what people are thinking and feeling" (p. 265), traits she considers to be characteristic of the "as if" personality. What Deutsch does not make explicit is that for the small child, this type of identificatory process represents the only means of achieving closeness and love from the object. Amy's feelings of worthlessness and emptiness were in part borrowed from, and in part a reaction to, her mother's direct criticism. Once internalized, however, the affects of her mother met Amy's own conviction that it was on her account that mother was withdrawn, depressed, and did not love her. The panic and primitive feelings of falling apart which Amy experienced at the end of the second year of analysis indicated that her disturbance dated back to her very early childhood, when the lack of feeling safe was predominant.

It may be questioned whether Amy's character was not simply based on the excessive use of denial and reversal of affect. Deutsch believes that the "as if" character tries to *simulate* affective experience. Amy did simulate affects at times of stress, but would do so in order to block a real feeling. In this, she was different from Deutsch's patients, where there was not a blocking of real affect. Deutsch also says that all real inner experience is unavailable to these people. Amy excluded only the *specific* affects relating to her early panic engendered by her mother's inability to provide a safe and holding environment. The feelings of helplessness, frustration, and depression were intolerable. Amy was aware that she had to respond with some affect to different situations and was able to discern cues coming from the environment as to

what the appropriate feelings might be. This reaction represented the inhibition of her real feelings, but not their elimination.

In the early phase of analysis, after Amy had spent a weekend with her father, she arrived in a mood of great happiness, although in fact she had not enjoyed herself. When a holiday was coming up, she seemed appropriately ambivalent, telling me, "Well, it's 50/50—I'm happy and sad." Her words sounded apt, but they were empty of feelings. Obviously, Amy had to make use of both denial and reversal of affect to build up her style of relating; but once established as habitual, it took on a life of its own having an all-pervasive quality to it. For example, when Amy was sad, I would find myself asking, "Is she really sad? Or is she, by acting sad, defending against some other feeling?" Amy's sadness tended to have a dramatic flavor, as if she were acting the role of the queen of tragedy. I would find myself questioning her histrionic quality. Yet, her words and even her analytic formulations were invariably correct.

Amy once came to a session and immediately began to cry. Her friend Jane had fallen and broken her arm at school. Amy said, "I'm so sad. Now Jane will be a cripple for life. I feel so guilty, because maybe I made it happen by being nasty to her." Sensing that Amy's tears were not quite genuine, I wondered aloud whether Amy was really upset about something else, perhaps a recent phone call from her mother to me, in which Mrs. R. had mentioned that Amy had been coming to her bedroom at 6 in the morning to wake her up. At this, Amy became truly enraged, yelling, "Well, it's not nice to be chunked out of their room!" Thus, rather than reversal of affect, Amy had used one feeling to defend against another. She had not really been very sad at all; she felt rejected and humiliated when her mother sent her away.

At the beginning of her analysis, Amy's friendships, her manner at school, her helpfulness in the clinic waiting room were too good to be true. What emerged later was that Amy would rather have any feeling than experience the panic at not being wanted. She was terrified of showing her mother or me her real longings and then being spurned—a situation which would revive the old feelings of worthlessness and danger to her very existence. Amy once wrote a poem to describe how she felt at times of separation:



Holidays come and go  
Bringing worries from long ago.  
People were always coming and going.

Returning to the question posed at the beginning of this paper, I would conclude that Amy did not present as an “as if” personality, with the likelihood of becoming fragmented, but rather as someone prone to depression. She appeared to have an established self, with “as if” aspects superimposed upon it. In this sense Amy differed from other cases which presented pseudoidentificatory aspects, but lacked an established “real self.” What had saved Amy was her ability to maintain her “object hunger” and her analysis at an early age.

#### FOLLOW-UP NOTE

I saw Amy a year after her analysis had ended. She and her mother came to London for a few days, and I met with each of them. Amy had just had her eleventh birthday and had grown a great deal. She looked almost like a teen-ager. In addition to wanting to see me just for a reunion, Amy also had certain problems on her mind. Her capacity to make use of two sessions was very impressive. She said that she was having trouble with some of her new friends who she felt were bullying her. In addition, she had recently been fighting with her mother again, always feeling her mother was singling her out for criticism.<sup>1</sup> Lastly, Amy complained of her father, who she felt treated her “like one of the boys.” When he gave her presents, he chose things like skateboards or football shirts—not the pretty dresses she really would have liked.

I understood Amy’s difficulties as stemming from her own conflicts regarding her developing body. She was definitely prepubertal, and unsure herself whether she wanted to be one of the boys or a feminine girl. The resurgence of her oedipal impulses was causing her guilt in relation to her mother and thus the need to provoke her mother to punish her. The problems with friends represented displacements from mother. In addition, although

1. I discovered that the fighting with her mother had begun soon after Amy received the news that they would visit me.

Mrs. R. had changed in many ways and was much more accepting of Amy's feelings, she was still somewhat ambivalent about Amy's sexuality. She feared Amy would repeat her own past—of growing up too fast and becoming promiscuous. Thus, she had not been able to help Amy deal with the normal conflicts of that phase of development.

I discussed these issues with Amy and her mother. Amy could see at once that the difficulties were "the same as the old ones"—her own anger with her mother and with me for having left her was experienced as coming back at her through the friends' bullying and her picking fights with her parents. I was struck both by Amy's use of previously gained insight to understand the current problems and by the total absence of any need to pretend that all had been perfect since the family's move and my departure. Mrs. R. also responded quickly and, in fact, told me that the reasons she was worried were connected to her own anxiety about Amy suffering her fate.

I received a letter from both a month later. Amy reported that everything was going well, and that school was much better. Mrs. R. wrote, requesting the name of a therapist, in case she ever felt the need to discuss the problem of her own identification with Amy's development. I was pleased that she could acknowledge her own difficulty and that she wanted to clear the way for Amy by getting some help for herself.

#### BIBLIOGRAPHY

- DEUTSCH, H. (1942), Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia. In: *Neuroses and Character Types*. New York: Int. Univ. Press, 1965, pp. 262–281.
- FREUD, A. (1936), The Ego and the Mechanism of Defense. *W.*, 2.
- (1965), Normality and Pathology in Childhood. *W.*, 6.
- WINNICOTT, D. W. (1960), Ego Distortion in Terms of True and False Self. In: *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press, 1965, pp. 140–152.

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