

# ALIENATION AND THE SECRET SELF

## SOME THERAPEUTIC CONSIDERATIONS

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I SAT DOWN TO write this paper long after having established the title. I looked at the title and didn't quite like it. It was the word "alienation" that seemed alien, not quite mine. It had too much the sound of classification, of describing a pathology. It occurred to me that a title like "The Absurd World and the Secret Self" would have been more appropriate. I wished to indicate that it may not be absurd to think of the world as absurd, that we are dealing here with an existential problem and not only with what has been called a neurotic problem. It is a problem of our time and I agree that we, as therapists, are being called upon for help.

I have no objections to the word "alienation" apart from these inflections. It describes well the core problem, which is not that the person is alien to the world, but that the world seems alien to the person. Our source material describing the world of the alienated is particularly rich. We have, of course, the material presented by our patients, although this, as I will show, has to be gathered with a special awareness of their mode of presentation. We also have a particularly rich literature which gives us glimpses of the world of the detached from inside out, a literature which, I feel, tells us more about the detached than any psychiatric textbook ever will. *The Stranger*

by Albert Camus, *The Immoralist* by Adré Gide, *Notes from the Underground* by Dostoevsky, and *The Trial* and *The Castle* by Franz Kafka are just a few of the outstanding examples. With all their differences there is a common thread that tells of the apartness of the individual world and that of the outside. It is the world at large that makes no sense. It is the world outside that seems not to be able to understand a simple, straightforward sentence. Prejudice and preconceived notions bar the way.

I have to restrain myself from giving you innumerable wonderful quotations from these authors who depict aspects of the detached person so well. In *The Stranger*, Camus describes the hopelessness of communicating even in the simplest kind of conversation, and the narrator's distaste for the absurdities of the world. In Dostoevsky's early essay, *Notes from the Underground*, the underground man, who wants no part of the life he sees, says: "The long and the short of it is, gentlemen, that it is better to do nothing! Better conscious inertial! And so hurrah for the underground! Though I have said that I envy the normal man to the last drop of bile, yet I should not care to be in his place such as he is now (though I shall not cease envying him). No, no; anyway the underground life is more advantageous.

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There at any rate one can . . . Oh, but even now I am lying because I know myself that it is not underground that is better, but something different, quite different, for which I am thirsting, but which I cannot find. Damn underground!"<sup>1</sup>

You may rightly object to my using this quotation in illustration by pointing out that people who speak such lines are no longer alienated. They talk, and talk well about what they feel. They have a point of view, they take a stand, even if it is a negative one. This is not characteristic of the alienated person we see in the office.

However, the characters depicted in the novels I have mentioned were civil servants, drifting along with a meaningless, conventional life until they emerged. Dostoevsky lets his underground man say: "Though we may sit forty years underground without speaking, when we do come out into the light of day and break out we talk and talk and talk."

They are the alienated in rebellion and thus what they say does reflect what already slumbered in them before. It gives expression to an attitude about the world which, in a silent way, we invariably find in our patients, an attitude that sees the world as not belonging to them, a world they accidentally find themselves in, a world in which they superficially play the game that seems to be played, although it has no meaning.

Kafka's characters, in contrast, describe the symptomatology of the alienated with special emphasis on the torturing, but always nebulous sense of guilt, self-doubt, and the hopeless, vacuous search for identity, waiting for "them"—the anonymous "them"—to give the answer.

I wish to discuss some therapeutic considerations in treating the detached

person. A therapeutic consideration, however, becomes meaningful only in the specific context of the patient's being. Thus, I will first aim to sketch for you the picture I see of some characteristics of the alienated person, as that picture is the basis for my discussion of therapy.

Let me start with an excerpt from a book review brought to me by a patient whom I had chided for staying within her well-defined fences and for making no effort to move out. She said: "This is me." The book is *The Pattern of Perfection* by Nancy Hale. The reviewer is Shirley Ann Grau.<sup>2</sup> The marked paragraph read: "If there is a central theme to these stories, it is the inviolable loneliness of the individual. Each character is incased in a shell from which he makes frightened little scurried excursions, like a hermit crab. These pathetic attempts to find someone or something else are always futile. And afterwards there is the terrible question, here in the words of the narrator of 'Rich People': 'Where is my life?'"

Treatment of detached people is difficult. The analysis is likely to drift into years, and failures are not uncommon. My interest definitely arose out of such failures and out of the challenge of slow progress. On the whole, such patients are not acutely disturbed persons, except when they feel caught in a dilemma into which they have drifted with their eyes closed. The dilemma suddenly calls for action, for a position, and they have none. So they feel pressed and lost. However, the moment the immediacy of the pressing dilemma is over, they become again complacent. They are, in a way, not disturbed enough and, subjectively, I often wish to shake them into awareness, stir them up, put fire under their seats. Don't worry. I do not act on these images.

Mainly because it would be useless. The patient would just wonder why I am exercising myself so much. I am just giving you these subjective reactions to indicate the therapist's experience of something inert and immobile. The outward façade of these people may be conventional. Whatever they seem to be engaged in—their jobs or their families—is something they drifted into, rather than a self-designed, planned course. Events move them; they do not create events. There is a goallessness that strikes one as odd, but it seems even stranger that this goallessness does not disturb them as a challenge, as calling for a belated evaluation and that at least asks the question: "What do I want?" There seems to be an emptiness where the core of life should be. There is an absence of images which usually define our ambitions and goals. People and life are regarded without the context of a larger, meaningful framework, and thus they are left with reactions to details divorced from whatever gives them significance. They are passive observers and never consider themselves part of the act. They look at life as at a one-way screen through which they can see and hear, and believe themselves not seen or heard. They see other people and their field of action, but are unaware that they may be a center of a field themselves which has repercussions on others. It is easy to pursue with them a conversation about matters outside themselves, like ideas, plays, and other people. But the moment the conversation turns to their attitudes, it becomes difficult. If I start a conversation with a questioning remark like, "You talk with reluctance today," they are likely to respond, "You seem displeased," or with a bland negation. If I chide them for their often blatant non-co-operation, they are aware of my an-

noyance, but completely divorce it from its source, namely, themselves. They seem to fence. The simplest statement seems misunderstood—that is, if it concerns them. A word is picked up at the periphery and taken out of context. I find myself repeating, "What I meant to say was . . ." and by the third try I give up in the middle of the sentence, realizing the hopelessness of making my point in what by this time is an argumentative setting, and realizing the pointlessness of talking to a person who does not want to listen or hear. They are the kind of patient whom you like to ask every third hour, "Why are you here? What is the purpose? What do you wish to change?" It is their bland, passive coming that prompts these questions. One seems expected to provide purpose and goal and, certainly, one seems to carry all responsibility. Other patients try to evaluate what they are saying. If they just chatter apparent irrelevancies, they will comment on this fact. Not the more detached patients. They can stay with seemingly pointless talk without batting an eyelash. They do not quite understand one's dissatisfaction. After all, they were saying what came to their mind. It is an analysis with an absent partner, although his body lies on the couch.

These persons lack any distinct sense of identity. They are aware of this, but they still seem to expect that the identity be given to them from without. A man of middle age, adrift without content to his life, explained that his father had wanted him to be a business man and his mother had wanted him to be an artist. He did not know what he should be. He was still looking for the answer, still in terms of mother's or father's wishes, and he was unaware that the problem then and now was really his lack of self-determination.

Erik Erikson, in his very stimulating

book on *Identity and the Life Cycle*, describes identity in terms of configuration, as a way of organizing experiences, as a structure.<sup>3</sup> Identity has to do with self-images that assign to one a certain role and often define one's relationship to one's fellow man.

Our detached patients are particularly lacking in any conceptualization of a structure of their life which defines their own functioning within this framework. They do have reactions. They react to details of other peoples' behavior, they react to physical characteristics out of context. A father reacts with constant, acute irritability to his daughter's habit of talking too fast and slurring words. He blames the mother for this habit. It never occurs to him that the fact that he listens only to her mannerisms and never to the content may aggravate her feeling ill-at-ease. As details are easily seen and experienced out of context they are often given a life of their own. People take on symbolic meaning and the more common-sense reality is disregarded. An extremely rootless woman, a highly intelligent college graduate, who had drifted in and out of innumerable relationships went north on her vacation and returned married to a gardener, who had worked on the estate she had visited. She was attracted to his earthbound-ness, to his being at one with the trees and the soil. He loved the out of doors and this is where he was at home. This rootedness was what she wanted. They had no interests in common. He had no high-school education and no intellectual interests. The marriage might have made some sense if she had stayed there, playing farm wife for a while. But no, she took him off his soil, brought him south into the city, and sent him to high school. There was no common ground with her friends. She withdrew from them. He

lost what he had been. He alternated between depression and sulkiness and developed a habit of holding his penis, as if to protect it from complete castration. She finally sought help. Her attraction to him had been genuine. Her initial relationship with him had given her a sense of fulfillment and belonging that she had never felt before. He became the symbol for this experience, a symbol she thought she could hold forever, forgetting that he was what he was only because he lived the life he was made for.

Up to now, I have given you essentially a description of the symptomatology of the detached. In all its variety it has a common denominator. There is a seeming absence of that part of the self that alone can give purpose, meaning, and a context to life. This meaninglessness, however, seems to be actively enforced by an intended central scotoma. It is not too difficult to trace the origin of this active force. All of these individuals had a particular vivid experience of noncommunication. What they thought or felt was completely their own and neither understood nor wanted by the outside world. The relationships that existed were characterized by a role assigned to them which they played or battled against, a role that had relevance only to the world image of the one who assigned it. The patient was just a pawn.

The relationships are by no means always bad (to use a colloquial term). A role such as being mother's companion not only had its seductive aspects but also gave the patient a feeling of intimate knowledge of her. But the relationship was always restricted to the other person's territory. These patients are usually able to recall conscious experiences of this state of isolation and of the feeling that this is the way things are. One patient grew up

being the neutral body between parents bound to each other in hatred. Both talked at her without talking to her. The mother particularly had the ability to talk and talk, requiring no more than an occasional grunt for response. The patient adopted the habit of not listening. There was no point to listening. Her responses were not asked for, nor was she interested in the boring petty accounts, whining complaints, chronic resentments, and accounts of physical ailments that made up the bulk of her mother's stream of talk. She became a passive listener whose ears were closed. With this patient, this mode of nonrelating carried over into her later life and certainly into analysis. Another patient, a voracious early reader, considers the library, the literary world, his domain of meaning, but it was one he could not share with others. He is able to remember an incredible wealth of poetry, while his memory of personal relationships is meager and lacks detail. He wrote some poetry in his late 'teens and early twenties. He felt they expressed what he wished to convey, but he destroyed them all. He did not wish to write for the public. Being very brilliant and very knowledgeable, he had very little tolerance for the stupidities of the world, for half-baked opinions and uninformed discussions. He felt that a man of sense could only live and tolerate the world if he were half asleep. This same patient said that he tried to keep his attention on peripheral objects as direct focussing would be too painful.

Another patient, who finds enjoyment in painting, uses colors to express this same means of distancing. She stays with grey and avoids color, although dreams show that color has much meaning to her. She dreamed a vague, abstract dream; it contained the word "monochromatic" which she vaguely as-

sociated with her mother. Monochromes, she commented, are many colors, yet blended in one. Mother, she said, has colors yet her over-all hue blends into a brown. This patient's intent in analysis is to analyze away all her "immature" reactions, her anger, and her undue irritations. It becomes quite clear that maturity in her mind stands for grey, non-involvement, not to be seen. In all of these reactions there is what I call intent. The intent is not to listen, not to focus, not to be involved. One does not, of course, get a clear expression of this intent of detaching until one knows the patient quite well. First, one only sees the effects and hears complaints about them. Such patients complain about the meaninglessness of their life, of boredom, of being in a fog, etc. They worry about other people's opinions and their anxiety at displeasing. There is a subtle element of phoniness about their concern for other people's opinion and a phoniness in their analysis of their reactions, if they are the analyzing kind. The therapist is easily misled into scattering his interpretations and sooner or later will feel caught in the fog or in the diffusion. The problem is how to get relevant material that lies below this facade. These patients do have what one might call a secret self, which is not likely to come into direct expression. But it is there and does find indirect expression. While these patients may not consciously be aware of feeling anything in particular, they suddenly may remember a song, a line of a poem, or a moment in a drama. And these references are always packed with meaning.

A few examples: A patient was kept awake one night with hay fever without minding the wakefulness. A line from a poem kept repeating itself as though a button had been pushed on a machine. The patient at first paid little

attention, but finally he focused on it. The line was: "A timely utterance gave that thought relief." Only after concentrating on it did he remember the line before, and then the line prior to this. Then the rest of the poem re-created itself. It was William Wordsworth's "Intimations of Immortality." The patient tells me that the poem speaks of the glory that is the child's when born, how shades of the prison house begin to close upon the growing boy, and how he becomes a clod (the patient's word). The poem begins:

*There was a time when meadow, grove  
and stream,  
The earth, and every common sight,  
To me did seem  
Appareled in celestial light,  
The glory and the freshness of a dream.  
It is not now as it hath been of yore;—  
Turn wheresoe'er I may,  
By night or day,  
The things which I have seen I now  
can see no more.*

The first lines of the third verse were the ones the patient recalled:

*Now, while the birds thus sing a joyous  
song,  
And while the young lambs bound  
As to the tabor's sound,  
To me alone there came a thought of  
grief;  
A timely utterance gave that thought  
relief,  
And I again am strong . . .*

While talking with me, looking out of the window, another verse occurred to him. It contained the words, "The white sails flying with unbroken wings." He had recalled this poem once before, but he does not remember having been as sharply aware of the words "unbroken wings," like an affirmation. This association helped to confirm the fact that the first poem was recalled out of a mood of relief and of feeling strong again. My point here is not to

emphasize that remembered poems are important, but that literary references may be the only way a patient has to express himself.

Another patient found himself singing a part of a ballad as he left my office. He had expressed very little during the hour. In fact he had a terrible time knowing what he felt. The ballad goes:

*If she had been the girl she should have  
He might have been raising a song  
Instead out there on the prairie  
to die by the ranger's gun.*

This fitted the patient perfectly. He lived out his feeling of being cheated by mother and wife and finding solace in the image of the starved. I have read many a book brought in by patients which had meaning to them and have found this immensely helpful. These patients can talk better about other persons who are like them than about themselves. For instance, they will suddenly get very impatient with another person's habit of kidding himself. They might even tell him off in a sudden fit of rage and say with preciseness all the things that, in a charitable way, I might well have wished to tell the patient myself. There is an astounding relevance in these vignettes about other people. The patients' façade of non-concern seems to break down when they are confronted with mirror images of themselves.

I have drawn this rather sketchy image in order to clarify some of the therapeutic difficulties encountered. The "how" in therapy cannot be resolved by a set of rules. It has to be approached by a formulation of the problem, by a vision of alternative approaches and their effect on the patient. Our first task is understanding. Here the obstacles begin. The material we get is bland and meager. It emphasizes not-thereness, a

seeming emptiness. We here diffuse concerns about other people's opinions. We get vague self-reproaches about not being an adequate father or husband or executive, but without specific reference and without immediate relationship to actual occurrences. The first danger is to underestimate the person. The detached person can be likened to an iceberg; a small, meager portion is apparent, while the larger portions of his being, of his acute perceptiveness, and of his feelings stay out of sight. The analyst observing shallowness, a vacuous pompousness, or a subtle dissembling quality about everything that is being said, may easily become apprehensive about the possibility of a schizoid undertow and approach the patient with the caution accorded the lid on a pressure cooker. The group of people I am talking about—and I realize that I have drawn my own circle—are not made of delicate china. They have episodes of acute disturbance when life suddenly confronts them with unexpected dilemmas, but they are by no means disorganized. They react amazingly well to direct challenges, in fact, at times with an element of amused pleasure at having been spotted in whatever they were doing. The danger of being taken in by their seeming shallow façade lies in not being alert enough to the fact that superficial comments have the function of red herrings, namely, to distract.

The remarks are like bones thrown to a dog, so the person can move on, unmolested. The patients often give an interpretation of an event, rather than the event itself. Here the simple art of questioning is vitally important. The detailed account of an event with the patient's immediate reactions may be very revealing and it is often quite different from the impressions gained from the initial remarks of the patient.

The patients are used to pulling wool over everyone's eyes, including their own, and they unfortunately will not rebel when the analyst falls for it.

The second danger lies in a one-sided and too enthusiastic tackling of the so-called defensive structure. My considerations are the following: These patients rarely come to analysis in order to come to life. They come because they drifted into a jam. They like things to be smoothed out. They are eager to perfect their front. The features of dependency and conformity have to be taken with a grain of salt. Their façade is designed to be left alone. Their anxiety not to displease is mainly part of their wishing to blend in, so that they be not involved. They take to such discussions as dependency with eagerness and co-operate with observations. They do nothing, however, except to agree with you that we surely have to get to the bottom of this.

There is another considerable danger: These people do not have any sense of identity. They really are not in touch with themselves. They feel oppressed by their sense of failure. An analysis of their façade behavior will mainly substantiate their opinion of themselves without giving them access to their more hidden self. Our efforts have to be directed at obtaining glimpses of this other self. I have already mentioned the type of information to watch for. Let me restate the point made. As the direct "I" experience is mostly befogged or obscured, life is experienced mainly on what is called a projected plane. I have strong objections to this term. It does not do justice to this important, vital, and by all means normal mode of perceiving and interacting with the world. The Rohrschach test is based on this function and has given us a rich appreciation of this mode of functioning. One of the more sensitive and re-

vealing accounts of this projected mode of experiencing oneself in others or in a percept seen can be found in an article by Ernest G. Schachtel.<sup>4</sup> It emphasizes the empathetic, creative aspect of this function. In detached patients particular attention has to be paid to observations made about others, about books, drama, and poetry that is meaningful. Any past or present productions of the patient himself should be treasured in careful attention. Adolescent poems or short stories, even if not of literary value, may give the therapist a clearer glimpse of a part of the patient's life than he may be able to learn from months of associations.

Dreams are invaluable. They may be the only fertile spot in a sandy desert. Dreams often are amazing in their vivid presentation of what the patient is doing and how he sees himself, and show insight that is uncanny. As a therapist you have to learn how to live with constant contradictions in these patients. The inner insight is opposed to outer noncomprehending blandness, the drifting to an inner intent, the outer uncreativity to a core of creative ability, the outer catering to an untouchability, and a blandness to an inner intensity. However, the obstacles are not overcome once one has managed to have a fuller grasp of the patient and once the patient has greater access to his feelings. Even now insight is followed less by action than in other types of patients. They are observers and

easily get stuck in their observations. While they may have gained access to their feelings, they still wait for their feelings to determine their outside action. There is an absence of a self-determined framework of living. There is a difficulty in looking ahead, a difficulty in long-range planning around a desirable goal that would provide life with a meaningful discipline that carries the person past the lulls in existence. As a therapist, one has to be aware of this trap of lack of planning. Usually these people are very good once they determine a course of action. They had avoided structuring their life in order to live in the underground. We cannot live creatively without some self-design. This the therapist has to know. For, otherwise, good work will go for naught, and the patient will continue to drift, although with greater self-awareness.

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