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"I HEAR MY VOICE, BUT WHO IS TALKING?": UNDERSTANDING DEPERSONALIZATION

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Depersonalization is the frightening experience of being a shut-inside, ghostlike, "true" self that observes another part of the self interacting in the outside world. The "true" self hides safely within, while the "participating" self holds all affects and impulses. This split in the ego is created via internal projective identification in the face of overwhelming affect, unavailability of adequate identifications, and insufficient support for psychic cohesion. As the transference develops, the powerful entrapping cocoon of depersonalization can be projected onto the now-entrapping analyst, where it can be addressed. A clinical vignette illustrates these points.

Keywords: Depersonalization, derealization, fantasy, child abuse, negative transference, psychic retreat, core self, identification, identity formation.

> I am, as it were, outside my own body and individuality;
> I am depersonalized, detached, cut adrift.
>
> —Henri Frederic Amiel (1882, quoted by Simeon and Abugel 2006, p. 11)

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A DESCRIPTION OF DEPERSONALIZATION

Depersonalization is the strange experience of uncomfortable objectivity and detachment from oneself in which one feels a split between an observing self and an acting self. The acting self who is talking and behaving in the world is the part that feels alien, while the observing self, watching and listening, feels like the core identity or true self. The acting self is felt to be separate, estranged (Arlow 1966; Howell 2005; Sarlin 1962), and outside the self (Jacobson 1959). The depersonalized patient's experience is therefore that of a detached spectator who is observing another person's performance (Jacobson 1959; Schilder 1939).

In depersonalization, the emotional aliveness that feeds the sense of self is lost, and the depersonalized individual feels unreal, like a ghost and not really present. The observing self, lacking vitality, feels deadened. When these patients speak of "feeling dead" or "not here, not present," they are not simply using a manner of speech, but a *cognitive tool* (Modell 2013), and are describing phenomenologically what life feels like as a result of this psychopathology.

The experience is both frightening and anguishing. Equally important to understand is the sometimes concurrent experience of *derealization,* in which the outside world is foreign: "the world, too, appears to them changed, strange, unreal" (Schilder 1953, p. 305); other people do not seem present or real.

Depersonalization can occur as a fleeting experience, triggered by an internal or external event, at any level of mental health, or it can be a long-term perpetuation of feeling unreal, suggesting more serious pathology. It can coincide with any other diagnosis. However, whether fleeting or chronic, alone or present with other psychopathology, the basic structure is the same, I suggest. This painful and specific phenomenon, when it occurs in a chronic, massive form in an extreme presentation, will be discussed later in this paper in relation to the vignette of Ms. T.

This model of depersonalization proposed here emphasizes that, along with any repression that may be present, there is a clear vertical split in the ego, creating in the inner world a true, core self that uses

internal projective identification to actively put all affect and intention into a split-off participating and active self. Additional projective identification, also by the core self, puts all protective functions of the ego into a concretely represented enclave (such as a cocoon) to safely hold the now emptied, inert core self.

THE VERTICAL SPLIT IN THE EGO IN DEPERSONALIZATION

Arlow (1966) said that anxiety arousing danger is warded off when one splits one's whole self into a participating self and an observing self in the inner world. Although disowning an enlivened instinctual life leaves one psychically impoverished, this process creates a feeling of safety because overwhelming affect and dangerous impulses are not felt as vividly present and alive in the core personality. Arlow wrote:

> The essential ego alteration in the state of depersonalization is a dissociation of two ego functions which ordinarily operate in an integrated fashion, the function of self observation and the function of experiencing or participating. In depersonalization, this is felt as a split into two self representations, a participating self and an observing self. The participating self is partially, not completely, repudiated. A tenuous sense of connection, some feeling of identification, is still maintained with this self representation. The instinctual wishes which threaten . . . are displaced to the participating self or to the external world or to both. An attempt is made to repudiate these wishes by dissociating oneself from the self representation or from reality, or by considering the participating self or reality alien and estranged or both. [1966, p. 474]

Arlow's description allows the reader to grasp the subjective experience of his depersonalized patients. It is of note that Arlow is vividly describing the mechanism of *projective identification* without using the term. First used by Klein (1946) and now widely accepted and adopted in American psychoanalysis (Spillius 1988), projective identification refers to the act of identifying one's own affect and impulses with, and as belonging to, the object or with another part of the self, while disowning these affects, impulses, and intentions as one's own.

Projective identification occurs in a specific way in the case of depersonalization—that is, in the massive removal of impulses and affects from the experience of the core self and the placement of them in fantasy into the now split-off, acting self. Primitive, unconscious destructive impulses and primitive annihilation anxieties are split off from the core ego because they are too unbearable to contain, and they are then experienced as belonging completely to another part of the self, the participating part, and thoroughly removed from the core self. Positive feelings must be evacuated, too, for they appear to be undependable and untrustworthy, and their transience threatens to engender crushing disappointment and humiliation. Only an emptied core self seems safe. With concrete thinking, further projective identification occurs; the ego's protective, guarding capacity is mobilized in a fantasized structure (such as a cocoon, a cave, or a mind) that holds and protects the core self.

With so much instinctual life and functional activity removed from the observing core self to other parts of the self, the core self is rendered almost completely inert. This core self, within its protective structure, observes life but barely participates in any way. Addressing these projective identifications of the inner world is central in the treatment of depersonalization in patients at a higher level of psychic functioning, as well as in those operating at a more primitive level. Depersonalization will ensue with more disturbed patients, just as with those functioning at a higher level, through the internal projective identification of affect and impulses, which in fantasy are split off from the core self and projected into an outside, participating self that holds instinctual vitality and leaves the core self protected but lifeless.

Like Arlow, Guntrip (1975) saw a defensive vertical split in the ego in depersonalization. Sharing both his own inner dynamics and his personal analysis, Guntrip wrote that he had occasionally felt static, lifeless, and unable to move, and described a chronic and debilitating split in his ego. After his analytic treatment, he recognized that his "regressed ego was split off from . . . [the] libidinal ego" (p. 147), which from early in life had felt hopeless about getting a response from his disturbed mother. Guntrip wrote that Winnicott, his analyst, had helped him recognize that he did not take his ongoing being for granted and lived with a fear that he could die in a gap of acting or talking. Guntrip said that

when he published the idea of his split ego, "Winnicott wrote to ask: 'Is your Regressed Ego withdrawn or repressed?'" and Guntrip replied, "'Both. First withdrawn and then kept repressed'" (1975, p. 147). In his view, the "regressed" ego, or the true self, was split from the libidinal or participating self, withdrawn inside, and repressed there.

Carveth (2007) accused Guntrip of slighting repressed, unconscious conflict in the etiology of such psychopathology by shifting the focus to early trauma-induced ego splits. According to Carveth, Guntrip's writings, based on Guntrip's need for repression of his own aggression, moved psychoanalytic theory unnecessarily away from the fundamental Freudian idea that guilt and self-punishment, with their concomitant oedipal-level horizontal split, play a crucial role in psychopathology. Carveth argued that Guntrip was crippled by the need to punish himself for repressed murderous wishes toward a brother who had died and toward the mother whom he hated and blamed. Unable or unwilling to face and bear such guilt, Guntrip needed to "deaden" himself in a punishing identification with his brother (Carveth 2007). Identification with a dead object, in which the deadness of the object is taken into the self, is a different model of depersonalization than that proposed here, in which deadness is what remains when vitality is removed.

A vertical split in the ego does not necessarily imply psychopathology, of course (any more than does the concept of repression), and the capacity for the defensive development of multiple self states can be seen as an organizing principle of mental life (Bromberg 1998, 2011; Howell 2005, 2007). Normally, dissociation is not fragmentation but a defense against it (Bromberg 1998). A cohesive sense of self will flexibly hold separate, dissociated, changing self states, and the capacity to do this affords a sense of unity, the sense of being one person. That is to say, a successful dissociative process, one in which depersonalization does not ensue, allows for fluidity among different aspects of the individual that coexist within an overarching sense of oneness.

However, if separate self states become too rigidly isolated from one another and relatively unbridgeable, preventing a sense of cohesion of personality, then we see the typical symptom constellation of identity confusion, eruption of affect, anxiety, and depression. When projective identification predominates over potentially stabilizing or adaptive disso-

ciation, and fragmentation of the multiple self states threatens, we might say that the dissociative process has failed. Too much affect has flooded the personality, and threatening projections increase paranoid anxieties. Clinical symptoms of dissociation—fugue, amnesia, out-of-body experience, autohypnosis, perceptual distortions, affective deadness, identity change, depersonalization, and derealization—occur at this juncture (Goldberg 1995).

Self states can become so de-linked that one might feel painful confusion about which of many selves is the true and alive self (Greenson 1954; Jacobson 1959; Wittels 1940). Both early and contemporary psychoanalytic writers recognize pathological dissociation of unintegrated identifications, in which there is a confusion of identity, as an individual feels lost between split-off selfobjects. A voice for a dissociative model of the mind is that of Davies and Frawley (1994). They speak of adult survivors of childhood sexual abuse whose different personas are seen to exhibit "ever-shifting patterns of mutual self-recognition and alienation," such as the "good-perfect child, the naughty-omnipotent child . . . the terrified-abused child" (p. 68).

Extending a general model of dissociation and unintegrated identifications to the conceptualization of depersonalization would elide its unique structure. In depersonalization, internal projective identification creates a sanctuary in the inner world that holds a lifeless core self, existing apart from an active, participating self. It is here argued that the dissociative model of the mind has not yet sufficiently explained the structure of depersonalization per se, which is created through a specific defensive process of internal projective identification. The conceptualization of depersonalization proposed here is not simply one of de-linked self-states, nor is it possible to equate depersonalization with the idea of a dissociative model of shifting self states.

I suggest that in depersonalization, internal projective identification very specifically creates the numbed, de-enervated core sense of self, located deep within a fantasized protective structure. This core self feels separate from the "outside," active-in-the-world self. This results in the unique clinical presentation of a deadened sense of self, with the subjective emotional pain of feeling numb and detached. While Greenson (1954), Sarlin (1962), Bromberg (1998), Davies and Frawley (1994),

and others have contributed to an understanding of this narrower diagnosis, they do not articulate the specific internal projective identification that is unique in depersonalization, as outlined here. Greenson's work approached this conceptualization, explaining depersonalization as a consequence of the individual's attempt to deny his or her identification with a hated parental figure, so that the individual is left without a part of his or her identity and feels empty. Because of the early frustrations in such a person's life, the introject is more primitive, more aggressive, and more dangerous; and "the ego has to combat the early identifications because this primitive kind of identification brings with it the feeling that the patient is being devoured or is losing his identity" (Greenson 1954, p. 216).

Sarlin's (1962) paper on depersonalization and derealization, following Greenson, further elaborated the idea that depersonalization stems from a lack of adequate objects with which to identify and safely allow into the ego. There is a powerful hunger for good objects with which to identify as an individual seeks to build a self-representation. Sarlin noted that the "integrity of an identity" is established on the basis of "firm, realistically oriented representations of self *and* of object in the ego" (p. 787, italics in original). Without that, a clear and integrated sense of self is compromised.

THE ROLE OF REPRESSION IN DEPERSONALIZATION

The mechanism of depersonalization may consistently be available in the face of anxiety, even as the personality organization becomes healthier over the course of treatment. While the psychological integration that takes place during treatment may not lead to a single, real *you* (Bromberg 1998), it entails bringing split-off, disowned affects, instincts, and identifications back into the self through a complex process of modulation and mourning (Klein 1957), and may include introjections and integration (Caper 1999), allowing for a healthier emotional connection among different parts of the self. Thus, depersonalization experiences that occur in the core self's massive disowning of the "unacceptable" part of the personality, early in treatment, can recur later when the identity

has been bolstered by bridged self states and repossession of projective identifications (taken back into the personality from internal split-off objects, internal split-off selfobjects, or external objects).

Bromberg (1998, 2011) suggested that if, over the course of treatment, the movement toward a more integrated ego allows greater analysis of oedipal-level conflicts, and with the resultant greater ego integration, repressed material will emerge and can be addressed. Earlier, Stolorow (1979) grappled with the question of dissociation (vertical splits in the ego) versus repression in depersonalization, and also suggested that primitive splits in the ego might appear earlier in treatment; he hypothesized that later on, with greater ego integration, repressed conflictual material would emerge.

Stolorow illustrated this in his description of the treatment of a 30-year-old severely agoraphobic woman, M. With each step forward in her level of functioning, she would experience a transitory episode of depersonalization, describing "an uncanny feeling of unreality, as if the activity was being performed by someone else, a stranger, not herself" (1979, p. 207). While at the beginning of treatment, Stolorow saw M's depersonalization as a primitive disorder to her self-object differentiation, he later understood her depersonalization as a defensive repression of unconscious conflict. He wrote:

> [M] became depersonalized, in part, because each independent performance of a novel activity constituted an experience of separation and differentiation from the mother and her transference displacements (husband, analyst) and hence a beginning loss of her symbiotic identity. At the same time, her newly individuating self was most precarious and indeed seemed like a stranger to her. During a later phase in treatment, after considerable structuralization of her representational world had been accomplished, she again began to experience spells of depersonalization, this time in the context of oedipal conflicts surfacing in the transference. Now the depersonalization was understood and interpreted as a defensive repudiation of her conflictual transference wishes, in a manner similar to that described by Arlow (1966). [Stolorow 1979, p. 207]

Let me briefly offer the example of an analysand of mine, Ms. A, who also used depersonalization to stop the eruption of repressed oe-

dipal conflicts; both the unconscious conflict and the depersonalization defense needed to be analyzed. Ms. A described an acute exacerbation of depersonalization upon viewing a home that she and her fiancé were purchasing, when a woman showing the home said that the sellers were older now and were downsizing. In this brief conversation, a wave of depersonalization swept over the patient, who later explained, "I didn't feel I was there, though I heard appropriate conversation coming from me. This really scared me."

Only later could Ms. A recognize the aggression and guilt in her unconscious oedipal triumph in taking possession of the home. The threatened eruption of her unconscious wishes was dealt with through massive depersonalization symptoms. The out-in-the-world, participating self was aggressively vanquishing the mother to become mistress of the home, and so was defensively split off from the "inner ghost"—the core self now rendered innocent.

In contrast, rather than seeking a clear distinction between repressed conflict and dissociated ego states, as does the work outlined above, Smith (2000) argued that, while it is true that for many patients, we begin treatment working with partially dissociated states and only later can we work with repressed conflict, "it is often extremely difficult to make a distinction between what we call repression and what we call dissociation, except on theoretical grounds" (p. 546). Smith predicted that we will ultimately recognize that dissociation need not be opposed to conflict in an either/or manner.

In the clinical vignette of Ms. T to be presented later in this paper, it appears that much of the patient's inchoate and ineffable impulses, not mentally represented (Levine, Reed, and Scarfone 2013) or repressed, were instead split off from core consciousness (Bion 1957) because they were unbearable to hold. Initially, at birth, all wish is experienced as unformulated sensation, and self and objects are not discretely formulated or wholly represented. "The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of phantasy" (Isaacs 1948, p. 86). Therefore, as Rey (1988) said, "Objects that are familiarly looked upon and treated as individual wholes by adults are certainly not experienced as such by infants, and the child has to 'construct' them" (p. 219). If there is too much frustra-

tion and unpredictability in early life experience, impressions and sensations do not fully develop into mentally represented fantasies or into cohesive whole-self and whole-object representations.

Unconscious, mentally represented, structural conflict and later oedipal material that emerged over the course of Ms. T's treatment, while challenging, did not seem central to the overwhelming affect and profound confusion that led to depersonalization. In the model proposed, a specific form of internal projective identification leads to depersonalization, regardless of the extent of formulated, represented, and repressed conflict that might be implicated in the overwhelming affect within the mind of the patient.

DEPERSONALIZATION AS WITHDRAWAL INTO A PROTECTED SPACE, SUCH AS A "COCOON" OR A "PSYCHIC RETREAT"

The symptoms of depersonalization represent a psychic construction that in fantasy removes the core self into a protected enclave. In the chronic, pervasive experience of depersonalization, the vivid fantasy of the core self existing in isolation, within a buffered, sequestered interior space, offers the ultimate retreat from all dangers. Writers such as Goldberg (1995), Steiner (1993), and Bromberg (1998) describe this phenomenon as occurring in a range of patients, and their descriptions readily fit the experience of the specific population under study here.

Goldberg (1995) discussed the psychopathology of the *sensory cocoon* or *invisible wall* created by "a stable regime of pathological dissociation" (p. 493). In place of psychically living in the external world of people, time, and space, with self-correcting perceptions of the self, the individual retreats in fantasy to a buffered, internal construction, cut off from emotional contact with real external objects (Goldberg 1995; Howell 2007). In this way, the "true vulnerability of a real relationship" (Howell 2007, p. 55) is avoided. Bromberg (1998) writes, "The cocoon's insularity reflects the necessity to remain ready for danger at all times" (p. 194).

The depersonalized individual thus enters a *psychic retreat* (Steiner 1993) and lives psychically within the imagined sanctuary where he or

she feels protected. The enclosed, enveloping space walls off threats from the dangerous, active self's interactions in a dangerous world. This buffer against the outside world creates a sense of remove from one's outside life. Living inside a cocoon (Goldberg 1995) muffles an intimate, direct experience of and emotional connection with others, as well as with the parts of oneself that now exist outside the cocoon.

A depersonalized patient locates his or her core self inside a *shell, pod, cocoon,* or in his/her own "mind," or in some similar construction—in short, somewhere that exists at a remove from the dangerous outside world. This pathological organization, or psychic retreat, into which the patient withdraws in conscious or unconscious fantasy helps the core self avoid anxiety. Emotional contacts with others, with reality—and, particularly, with the instinctually rich, dangerously active, out-in-the-world self—are avoided. Substance abuse or overstimulation may be employed to keep the suffering of such inner isolation at bay (Goldberg 1995) and to provide an *ongoing sense of being* (Guntrip 1975) that is otherwise lost in fragmentation.

Stolorow (1979) recognized that clinical examples of depersonalization in the work of several authors contain evidence for the role of primitive intrauterine and symbiotic merger fantasies, and this was also noted by Guntrip (1968), who wrote of withdrawal into intrauterine fantasies in depersonalized patients.

In the clinical vignette of Ms. T that follows, the patient frightened herself by imagining that she rolled out of her car, down the foot path to my office, through the waiting room, and "rolled in here [the consulting room] and into you." She wanted to merge her body and herself into her analyst. The concrete wish to reside inside the analyst/mother's body occurs when being outside is unbearable and precarious (Ilahi 2001), because of what may happen between self and others as separate people. Separateness means that there is little control of one's own or of others' dangerous impulses.

Steiner (1993) outlined the fantasy of a haven held in one's inner world, one that can safely be entered and exited as needed—and of the haven as an encapsulating space trapping the patient within. Further, the patient may use the analyst to help construct or shore up this sanctuary,

which can lead to interminable analyses, rather than the use of the treatment to understand and address the sanctuary.

I have been suggesting, then, that in addition to the projective identification of the instinctual life of the core self, another projective identification can also develop in the depersonalized person's inner world. That is, the multifaceted protective function of the personality is projected onto the fantasized sanctuary, with the building blocks of this structure actually made up of the patient's own disowned agency. This serves both to provide a safe haven and to render the core self inert, powerless, and unable to endanger self or others. This occurs because, when the agency or protective capacity is projected from the core identity into the sanctuary or cocoon with such concrete thinking, the core self is, in fantasy, left inert and powerless. It is no longer filled with unbearable content or potentially explosive impulses, nor does it hold out any emotionally risky hope or yearning. The resultant impoverishment of the ego corresponds to greater strength in the walls of the retreat, trapping the patient within.

SOCIAL SUPPORT FOR PSYCHIC COHESION: OEDIPAL, FAMILY, COMMUNITY

A lack of life circumstances supporting a stable identity (Davies and Frawley 1994; Spillius 1988), such as a secure oedipal situation (Britton 1989), starves the individual's natural craving for good objects and good object relations, leaving the core identity less able to take back projections with which to layer and enrich the core self. The unacceptable early introjects are repeatedly projected out from the core self, and in the case of depersonalization, into the split-off, participating self. Additionally, without the self being embedded in a secure social context, an outside perspective on oneself is less available to be internalized, leading to a more precarious self-representation.

In her paper on depersonalization, Jacobson (1959) described loss of family and community as precipitating the onset of depersonalization. She described her observations of a group of female political prisoners in Nazi Germany. These women had been uprooted from stable, familiar settings of people, work, and activities, which provided a sense of belonging and identity, and were thrust into a new life of humiliation and

hopelessness. Depersonalization occurred with the breaking up of all the identifications on which the former sense of self rested. A split between two opposing self-representations occurred as the new self-image of a degraded self struggled with overwhelming, unacceptable id impulses, both erotic and aggressive, and was fended off with detachment and disavowal by the former, relatively healthy persona.

Jacobson also offered a clinical example to further demonstrate the idea that a conflict between identifications can lead to depersonalization. Mr. B, a professional in his thirties, suffered from brief but recurrent, frightening experiences of depersonalization. When he was five years of age, his pregnant mother had left for the hospital and never returned. No explanation was given to him for her disappearance. The boy entered a depersonalized state, "unable to believe that he could be the same boy as before the tragic events" (Jacobson 1959, p. 595).

Jacobson found that, in both her study of Nazi political prisoners and in her clinical cases, conflict leading to depersonalization was within the ego.[1] There was

> . . . a real split in the ego between the part that tried to restore and maintain a normal level of behavior, resting on stable identifications, and the part that had temporarily regressed and yielded to infantile, sadomasochistic, pregenital identifications and object relations. [p. 606]

Instead of a punishing superego accusing the worthless self, as in depression, in depersonalization, there is a "detached, intact part of the ego observing the other . . . unacceptable part . . . . In depersonalization a part of the ego employs aggression for the elimination of the 'bad' ego part" (Jacobson 1959, p. 608). The "aggression" here is an active estrangement or disowning on the part of the core identity of a now split-off, active, instinctually rich—and bad—self.

CLINICAL VIGNETTE

After several years of psychotherapy, Ms. T, a single, intelligent, articulate, lively, and socially active executive in her mid-forties, with a history

[1] Although this conflict was not between the ego and the superego, the latter played a significant role in the development of the conflict.

of recurrent depression, asked her therapist for additional help. The psychotherapy had addressed her depression and other issues, but had not been able to help her with her chronic depersonalization. Ms. T recognized that psychoanalysis might address her "numbed" state and help her connect to herself, and to feel alive and real. "I'm not here," she stated; "I don't feel present." She complained of listening to her voice as if it were coming from someone else. She wondered who was talking when she spoke and where she was if it was not she who was speaking.

Ms. T's language captured the fantasy of being split into an observing self and an acting self (the vertical split in the ego). She was confused, disoriented, and frightened by her depersonalization. This mental state improved at times, but rarely did she feel present and real. As distressing as the depersonalization was, it was not easily relinquished: "I recognize a feeling that comes over me when I try to not dissociate. It's physical—a yucky feeling. I try to get away from it. It seems really exhausting and scary; it makes me anxious, sad . . . . and a little bit sick."

Reported History

When Ms. T was one year old, her volatile parents separated and divorced. They shared child care by placing the baby in the total care of one parent for two weeks, then of the other parent for the next two weeks. When Ms. T was of preschool age, this arrangement switched to summers spent with father and with whomever he then lived, while the remainder of the year was spent with mother. She traveled alone to visit her father, and she recalled being in a "numbed state" during these trips.

During early latency, Ms. T and her new stepbrother, P, then in late latency, briefly shared a bedroom. P initiated a few years of mutual genital touching. Ms. T complied with P's molestation and his instructions not to tell anyone since she had no concept of refusing. During Ms. T's mother's short marriage to Ms. T's stepfather (P's father), Ms. T was also exposed to the stepfather's occasional beating of P.

Ms. T was a "latchkey" child who was home alone for hours after the school day. She recalled her mother's frequent depressions throughout her childhood.

Ms. T did not hear from her father during the school year. While with him over the summers, she refused all contact with her mother. It

seems that after her very early development of parallel relationships with each individual parent, she did not later maintain simultaneous connections to them. This came about not only because, from the time that she was a year old, the two parents were never with her at the same time, but perhaps also because to bring the parents together in her inner world would risk their mutual destruction there (Haft 2005). Perhaps this situation contributed to her capacity to split her self-representation; she had an insufficient history of an environment that fostered a cohesive sense of self or of reality, such as a supportive oedipal situation that would have provided an outside perspective on herself as a whole, not fragmented person.

At college, Ms. T struggled through many depressions, as she had throughout childhood. After college and graduate studies in European history, she moved into the home of an aunt and uncle in a rural area outside a large city, and took a job in project management with an antiques importer. She had been in this life circumstance for close to twenty years before beginning treatment.

The Treatment

When she began four-times-weekly psychoanalysis, Ms. T made sure to look at me when she got up from the couch at the end of each session. She said she was not sure she could hold me in mind otherwise.

While Ms. T related in a socially appropriate manner, for the most part, it was apparent that in her inner world, she barely held a concept of me. If I speculated about her thoughts about me, she said she did not grasp me as a person and had no feelings toward me. Weekend breaks were painfully difficult and frightening, as she felt a sense of dread and emotional isolation. Yet when I suggested that she felt abandoned by me over the weekends, she said she did not perceive me as someone who was with her and then left her, so she did not experience being left.

I thought I was defensively banished from her inner world, more intensely when we were not in a session, which suggested a fragmented sense of reality.[2] She had a life with me in the consulting room, a life

[2] Perhaps the patient's defensive and retaliatory banishment of internal objects over weekend breaks made the structuralization of objects (or the repair of ego deficits) all the more difficult.

with her aunt and uncle in the country, and a parallel life at her employment, without holding in mind an ongoing sense of being one whole person wherever she might be.

As a result of this fragmentation, Ms. T needed slow and predictable transitions between activities, such as between sleep and wakefulness, between being alone and joining others, and, as I saw in the consulting room, in getting on and off the analytic couch with slow and ritual preparation.

For long periods, I felt the treatment was proceeding evenly, as she was nondemanding, self-contained, and pleasant. However, Ms. T's occasional hostile or odd actions punctuated this experience, so that I was left very confused. She did not mention blatant changes I had made in the consulting room, was embarrassed to discover she could not unilaterally change an appointment time, and never alluded to any curiosity about my life. This stirred puzzlement in me and then recognition that, as she had told me, I did not seem fully real or thinkable to her, and her sense of an external reality (of which I was a part) had to be newly registered in any given moment.

Since Ms. T experienced her core self as apart from the external world and from her participating self, she often acted out her instinctual life without recognizing that action as coming from her core self. She said she made decisions by "seeing where my feet go." Coming late to sessions, spending her insurance reimbursement on entertainment instead of signing over checks to me, and sexual behavior at home during what had been a scheduled session time were examples of a participating self infused with instinctual life expressed toward the analyst. Meanwhile, her core self felt painfully numb and removed.

The Search for Psychic Cohesion in Social Support

A theme in many of Ms. T's memories was of imposing herself upon a social situation that ended with the burning shame of her not belonging there. In a prominent memory from childhood, she had insisted on joining another child's play date, only to be humiliated upon entering a room of little friends and suddenly realizing, "I don't belong here."

Several times in the earlier years of treatment, Ms. T would place herself in situations where she could kiss someone who had a committed partner, at a place and time when the partner might come upon them.[3] Later in the treatment, we saw that sexual fantasies of an erotic transference were concrete attempts at connection. Such experiences reflected her sense that belonging was elusive and out of reach, despite wild efforts to interject herself into a social group. Where did she ever belong, really? One can understand Ms. T's defensive difficulty in grasping my reality, as I sat physically so close to her literal reach as she lay upon the analytic couch.

Over the course of treatment, Ms. T developed a concept of herself as wanting, entitled to, and able to be in a relationship with one man. When for the first time she entered into a promising heterosexual relationship, she worked through a series of assumptions that she could either be in the relationship with him or, alternatively, continue her relationship with her analyst.

I suggest that, in her shame at entering a group of childhood friends, her impulsive triangulation in kissing incidents, and in her difficulty grasping that she could simultaneously have both her boyfriend and her analyst, Ms. T was struggling to find herself in a world of objects—a challenge that began with the elusive nature of her very early oedipal triangle (viewed in Kleinian terms). A grasp of herself in a mother-father-self triangle—or in any psychic space that would foster a self-concept (Britton 1989) and offer support for psychic cohesion—had always been out of reach. She did not easily locate herself cohesively within a rich, instinctual inner world of object relationships.

Development of the Transference

Ms. T said that she wanted to understand me as a real person, because then she would be able to experience a sense of herself. As she

[3] Charles (2001) described a woman suffering from depersonalization who "built a cocoon" with her analyst, and who early in the treatment—like Ms. T—had sought out threesomes that consisted of one or two men, in her struggle to "both find and differentiate herself" (p. 125). Charles viewed her patient as having "little sense of herself . . . . [She] would search for some external references" (p. 125) to ascertain what she felt about something, not accessing a vital sense of self with opinions and preferences.

began to take me in, she struggled with her intense ambivalence about perceiving my existence. She was terrified of her frustration and the humiliation of wanting more from me. Also, when the analysis deepened, both analyst and patient emerged from the analytic material as a bizarre amalgam of parts and behaviors. Although the experience of an inner world devoid of objects was quite painful, to experience disjointed, confusing, threatening, or endangered objects, part objects, or child parts was truly frightening.

Ms. T put words to emerging ideas of self-loathing and shame at desiring me and of humiliation and rage at being deprived and dismissed by me, even though I was not felt to be a whole, integrated, safe entity on this very deep (early) psychic level. Ms. T did not know how to manage these intense and dangerous impressions of herself and of me. She continued to work through her emerging representation of the two of us as boundaryless and mutually dangerous. She frantically cried out, "I think I feel I have to get you out!" Horrifying and guilt-inducing memories erupted of her own behavior as a child—of having habitually yelled, "I'm done with you!" while hitting her beloved puppy, who eventually ran away.

Ms. T feared that if she wanted to touch me and be held by me—or to invade, hit, and banish me—she might destroy us both. She concluded, "I know I am a dangerous person."

Ms. T's raw contempt and aggression emerged into consciousness over time. Her fears expressed earlier that she might be too angry and dangerous if she came out of her depersonalized state yielded to analysis. She increasingly expressed her despair that she was still depersonalized, for which she aggressively blamed the analyst. She proclaimed with anguish and rage that I was inadequate, abusive, and "monstrous" for victimizing her, and she was angry at herself for allowing me to take her time and money without helping her to be "present" and truly alive.

Ms. T felt an overwhelming need of me, and it became apparent that this served to increase her sense of humiliation, frustration, and manipulation by me. As an inert "pupa" (her term to describe herself), she had earlier been without agency, having projected the terrifying potential to act almost totally into the fantasized cocoon or "pod" or "cave" (also her terms) that actively and tightly held and numbed her. And now, less de-

personalized and with the transference more developed, she projected this abusive entrapment *into the analyst*. I became the one who held all efficacy and who kept her locked in a futile treatment and in a depriving relationship with me. Ms. T's unfulfilled wish to find herself safely within the object infused the projection of an entrapping object with terrifying power.

With explosive rage, Ms. T accused me of "monstrous" and cruel abuse in providing a treatment that could lift her numbed state only by helping her access her fury over the treatment's limits. She sobbed with anguish and frustration that she was now trapped with me after having been so egregiously "duped" into entering a lengthy psychoanalysis. Her associations turned to a "poisonous" co-worker at her job, who was so integrated into the system that he could not be fired.

Ms. T now openly experienced me as destructive. I worked to take in Ms. T's projective identification of the shameful, bad, dangerous parts of herself, rather than attempting to deflect it. If she had projected her agency into me (and my grandiosity), where the agency is inadequate, even hostile, and thus enraging, I wanted to be sure not to give in to my impulse to be defensive in the face of withering attacks, forcing it back into her and having her feel once again inadequate and dangerous. I started to recognize that I had tacitly accepted the responsibility for curing Ms. T, enabled by my unconscious, grandiose wish to rescue her in the face of her fantasy of hopeless incapacity, and that this had been *thrust upon me by her projections*, fostering my *role responsiveness* (Sandler 1976). Now it was I who felt overwhelmed and alone. Her overwhelming frustration had initially necessitated a defensive retreat into a numbed sense of not being alive. This projection of agency into powerful self-numbing (the fantasy of being a pupa) had left her cut off from her vitality and sense of aliveness. Now a dangerous power was projected into me.

As I addressed my own feelings about being caught up in this dynamic with Ms. T, I became more able to address them in the treatment. I worked to elaborate the negative transference and transference allusions, which included her deep confusion about how to integrate into one real, whole object all of my bizarre pieces (those that humiliated

or degraded her; that showed attunement and concern; that appeared within rigid 50-minute segments, only to then disappear, and so on).

The analytic attitude is what supports the analyst emotionally at these times, and as I accepted, contained, metabolized, and ultimately survived Ms. T's erupting wrath and odd mental content, I found that she was able to hold in mind, and then to modulate and integrate a little more, her intense affects and not fully formulated fantasies. She brought back her projected affects and ego functions increasingly, painstakingly, into her core identity. She very gradually felt that her participating self, the self that lived out odd enactments, or that acted *as if* she were loving, *as if* she were angry, *as if* she felt guilty, and so on, without any emotional connection to the experience, was actually expressing affect and wishes from her real, core self.

In this fashion, Ms. T developed a more intimate sense of her emotional life and a more realistic view of who she was as a real person in the real world. She had more of an experience of being whole. She also gradually took back the protective function projected into the analyst as her experience of the relationship with the analyst changed from a monstrous entrapment into a permeable sense of holding. At last, she took ownership of her depersonalized mental state. She said:

> I have to come out. But then, I ask again, why haven't you helped me do that? Then I feel like—then, on one hand I feel—maybe that's the point. I have to get to this point where no one can do this but me; you aren't going to do it. *I* have to do it. I understand now that you are not going to come in and bring me out. Maybe this is the point—no one can do this but me, you aren't going to do it, I have to do it; I have to step out on my own.

Ms. T was thus assuming more responsibility in her quest to "feel real," and she felt significantly more integrated, with greater attunement to her emotional life and a more present sense of self. She was now able to hold in mind more of what had been genuinely accomplished in the treatment, along with mourning what she had hoped for and had not received in the analysis and in her early and current life.

We continued to work through her emerging sense of self, and it was only after another year of treatment—eleven years into the analysis—

that Ms. T grasped and articulated that she had earlier defensively withdrawn into the numbed state she had created, *because* of her frightening inner world of bizarre and fragmented objects outside the pupa. "Now I see," she said, "that there never really was a cave."

When Ms. T approached the end of her analysis, she spoke of her disappointment at not feeling as she had expected to when her chronic depersonalization lifted. She had anticipated feeling hyperaware and present, like someone who was never fatigued, distracted, or uneasy. Instead, she found her attunement to herself and her emotional experience to be layered and fluid, and though her feelings were now largely accessible and felt to be her own, it took a great deal of focus and effort for her to contemplate her emotional states.

Ms. T recognized and analyzed her enactments when they occurred, so that she could become aware of her underlying thoughts and feelings. She initiated thoughtful consideration of the possible meanings of her lateness to a session or to work, of forgetting something she had told me or someone else, of how she paid for treatment, and so on. A self-reflective, self-analytic process had taken hold.

Ms. T now recognized that she had a mind that held and processed her thoughts. The defensive ego split of the buried core self that watched her public self acting in the outside world was no longer an inevitable construct, as Ms. T felt safer with her wishes and feelings and was able to develop an accessible self-representation with an identity of her own. She said she felt more alive when she recognized her attachment to her analyst and to the work we had done together, and she now felt more attuned to a rich emotional life belonging to her core self.

DISCUSSION

Whatever additional diagnoses might be assigned to Ms. T, such as borderline personality or depression, she felt a split between an observing self and an acting self, and was depersonalized. Her acting self felt separate and estranged, and she had a deep sense of unreality about herself. Most of the time, she felt she was "not present," and she yearned to feel "connected." She continually evacuated her affects and impulses, such as shame and aggression, as well as affection and yearning, and she created

a numbing cocoon or cave in which to keep her core self inert and safe. This is not an inevitable feature of "borderline personality disorder," "depression," or any other diagnosis.

I have suggested that the internal structure leading to depersonalization is more likely to occur when there is unmanageable affect, an unavailability of adequate objects for identification, and insufficient support for psychic cohesion. To elaborate, I might compare Ms. T's oedipal dilemma with that of another patient whom I have previously discussed (Haft 2005). That patient was an obsessive-compulsive man, John, whose inner world

> . . . did not include a safe space for him to simultaneously be with both a male and female representation. Rather, a third figure inevitably entered the field where he and another existed together, and a horrifying fantasy of destruction arose. In the fantasy, one of John's objects gravely injured the other, and John faced the guilt of having allowed it. [p. 1109]

In contrast, Ms. T showed no organized, terrifying fantasies of a third object representation that aimed to destroy an important primary object—perhaps because, after the age of one year, she was no longer in the presence of her combative parents together. Early parental conflict, though frightening, most likely remained unformulated. Instead of the predominance of articulated or enacted fantasies of destruction, as was evident with my patient John, along with her efforts to grapple with her insecurely held self-representation and object representation, Ms. T tried to bring in a third object to support psychic cohesion, though she did not consciously grasp how that could happen.

Ms. T developed the capacity to fragment and to feel unsupported as a cohesive self—to such an extent that she internalized her entire early family dynamic (Roth 2014a, 2014b), in which she and her mother banished her father, and this alternated with father–daughter banishment of mother. She described many subsequent attempts to interject herself into a social group that ended in confusion and humiliation. For Ms. T, the sense of belonging that would have been offered by a stable environment was missing. Such an environment, often based on or incorporating a healthy oedipal triangle, provides reliable external objects

who give the individual an outside perspective on him-/herself, and this is a key factor in supporting psychic cohesion and mitigating against a defensive retreat into a depersonalized state.

As with Greenson's (1954) depersonalized patients who reported hostility between their parents, it may be that the volatility between Ms. T's parents in her first year of life left her with an overly aggressive, threatening parental introject, which did not readily lend itself to an identification from which to build her own identity. Sarlin (1962) explained that, when neither parent offers a suitable object for idealization, depersonalization is more likely to occur. This may have been an early etiological factor in Ms. T's psychopathology, and later on, the onset of parental banishments and absences solidified her depersonalization.

Further work is needed to determine why an individual develops depersonalization rather than another dissociated ego structure. One speculation is that an early history of significant parental unavailability, without overt aggressive behavior directed at the child, might be a relevant factor.[4] So it is of note that a mutative factor in Ms. T's treatment was our work with her projections of egregious, enraging inadequacy onto the analyst in the transference, and particularly the analyst's cruelty in "appearing and disappearing" and in "not doing enough." These accusations capture the cruelty of absence and omission.

CONCLUSION

Ms. T's reported early history suggests unavailability of adequate objects, insufficient support for psychic cohesion, and overwhelming anxiety and frustration. Sensing her own aggressive impulses, Ms. T saw herself as a "dangerous person" who needed to keep herself emotionally far away from potentially humiliating and dangerous objects. She rendered herself inert, as a depersonalized soul buried deeply away, and put her affect and activity into her participating self and her protective power into

[4] Davies and Frawley (1994) suggest that the earlier, the more chronic, and the more sadistic the child abuse has been, and the more important the abuser is to the child, the more severe is the dissociative disorder. These authors cite research showing that almost all patients with multiple personality disorder, considered the most severe form of dissociative disorder, report a history of severe abuse.

another part of herself: the cocoon, shell, or pod that held her. This is projective identification not outward, toward an external object, but inward to internal parts of the self.

Over the course of treatment, as the negative transference developed further, the power either to imprison or to release Ms. T's core, vital self was then experienced as residing in the inadequate, entrapping analyst. Analysis of the transference, particularly of fury toward the needed analyst, allowed Ms. T to work toward repossession of the projected ego functions, affects, and impulses, and to integrate these more fully into her core identity. In short, psychoanalysis helped Ms. T re-own her potent vitality.

The work that Ms. T did in her treatment was a testament to her ego strength, which allowed her to use the analyst to help her courageously and persistently come into contact with the terrifying wishes, feelings, and confusions within her. She also came to understand the difference between the outer world and the inner world, where thoughts and feelings are, and to see ambivalence as bearable; to a great extent, she was able to integrate her vital acting self back into her core identity.

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