

The Schreber Case Revisited: Schizophrenia as a Disorder of Self-Regulation and of Interactional Regulation

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The Schreber case has been used by generations of psychoanalysts and psychiatrists to exemplify many features of the psychoanalytic conception of psychosis. It has generally been considered the origin of a great debate in psychoanalysis as to whether schizophrenia is a disorder of nature or of nurture. I seek in this contribution to proffer a newer theory of psychopathology, one which is based upon the conception of primary and secondary disorders of attachment (bonding) and which presents itself clinically as disorders of self-regulation and of interactional regulation. I attempt to explicate this theory in the Schreber case by demonstrating that his symptoms revealed: (a) failures of normal mental state regulations, (b) the emergence of symptoms which then secondarily and pathologically restore regulation in a pathological manner, and finally (c) his/her very symptoms seem to regulate a state in the family system and/or in the system of the culture at large.

INTRODUCTION

The Schreber case is notable not only for being one of the most nearly complete, not to say poignant, accounts of a patient's experience with madness, but also for being a launching pad for several of Freud's seminal ideas, principal among which are his theories of instincts, of narcissism, of repression, of decathexis, of projection, and of gender identity. So beautifully does Freud undertake the analysis of the details of Schreber's experiences that he has given generations of students after him a veritable treasure of theoretical and clinical formulations [1]. In approaching the cutting edge of the application of psychoanalysis to psychosis at that time, however, Freud inadvertently created the grounds for ambiguity as to whether he considered psychosis a disease of ego deficit or of id-ego conflict. In the Schreber case he certainly continues a theme which he initially developed in 1896 when he described paranoia as one of the "neuro-psychoses of defence" [2,3]. He also designates the megalomania of Schreber's paranoia as being due to decathexis; that is, the total withdrawal of libidinal cathexis from the object back onto the self, rather than its displacement to another object, as in neurosis.

The concept of decathexis as a primary ego defect constitutes a leading belief on the part of a group of analysts who approach the psychopathogenesis of psychosis as being caused by an ego defect rather than by psychical conflict [4,5,6,7,8]. Another group of analysts, such as Arlow and Brenner [9], Boyer [10,11], Giovacchini [12,13,14], Pao [15], and others, varyingly view psychosis as due to psychical conflict, either between intrapsychic agencies of the psychic apparatus (ego, id, and superego) or between

internal objects and/or object representations based upon a nurture hypothesis, but they do not totally exclude the deficit conception. For instance, Giovacchini acknowledges that a mother who does not properly nurse her child may constitute a nurture deficiency and at the same time comprise the basis for a psychical conflict.

On the other hand, those analysts who believe in the ego-defect theory have not concretized or definitively formalized their beliefs as to whether the ego defect is distinctly inherited or is the result of defects of nurture—in the nature/nurture controversy. Hartmann postulates either or both as being of significant importance [16,17]. He posits, for instance, that the infant who is to be schizophrenic may be born with a constitutional defect¹ of one or more apparatuses of primary autonomy, particularly that of threshold, but also may suffer from acquired deficits of maternal object representations, which act as secondary threshold apparatuses of autonomy. Jacobson, too, has left this area of nature/nurture in a state of ambiguity [18,19,20]. In a previous publication, I summarized the various debates on the nature/nurture controversy in the psychoanalytic theories of schizophrenia [21,22].

In this paper I seek to re-appraise the Schreber case from the standpoint of a newer theory of psychopathology, that of disorders of self-regulation. The term entered the psychiatric literature both from infant development studies and from the application of such techniques as autogenics, guided imagery, transcendental meditation, biofeedback, psychopharmacology, and so on, all of which seek to regulate disturbed states of mind. The term self-regulation independently entered the psychoanalytic literature first with the contribution of Annie Reich, who published the paper, "Pathological Forms of Self-Esteem Regulation" [23]. The concept was implied in Winnicott's conception of the transitional object but was not specifically stated [24]. Not too long after Reich's general paper, Kohut launched the new psychoanalytic school of self psychology where he conceptualized that the narcissistic personality disorder suffered from a vertical split in his or her self where the pathologically grandiose self seemed to regulate a split-off, enfeebled self [25,26,27,28,29]. He suggested that this state was due to a failure of normal regulators, which he termed self-objects. These self-objects comprised a bipolar self, in which one self-object function was that of mirroring and the other was that of an idealized function. The hyphen was later dropped from the term as Kohut and his followers began to realize the intimacy of the state of natural fusion between self and object in the self-selfobject relationship from the very beginning and thereafter. In addition, a third function was also added, that of the twinship or alter ego selfobject function.

At the same time that self psychology was beginning to emerge in psychoanalysis as a significant new paradigm which emphasized the need for the regulation of defective states of self-esteem as well as other emotional states, psychobiology was discovering the hitherto unrecognized fact that a significant portion of the general population,

¹The term "defect" more traditionally indicates a constitutional flaw, but current interdisciplinary usage suggests the presence of observable anatomical alteration of the brain, as is now being postulated by neurobiologists for some forms of schizophrenia. The term "deficit" is used by self psychology to indicate the absence or failure to develop in the child certain psychical functions whose origins are attributable to parents' failing to serve as adequate self-objects. Neurocognitive usage of the term suggests a failure of function which may be due to a reversible breakdown in neurocognitive organization, to be distinguished from an irreversible breakdown or failure of function which qualifies as "defect," one having an anatomical substrate. The concept of "deficiency" has biopsychosocial implications and connotes reversibility. All three comprise the parameters of *powerlessness*.

including a meaningful cross-section of patients in analysis, were suffering from endogenous affective illnesses as well as endogenous schizophrenic spectrum disorders. Foremost among these affective illnesses were depression and other disorders of mood regulation, including endogenous panic disorders as well as exogenous illnesses of mood, including the general anxiety syndrome. In attempting to reconcile classical psychoanalytic theory with the contributions of Klein and her school and of Kohut and his followers, I undertook a bolder task: to reconcile all of these ideas with a proposed general field theory, which could arrive at an underlying common denominator that would allow such a general field theory to accommodate all the foregoing concepts. As a result the dual-track theory emerged and allows for a bimodal perspective of all psychological phenomena [30]. Psychosis, for instance, can be perceived of by this perspective as not only a psychological phenomenon, but also as a psychosomatic and/or somatopsychic phenomenon of the central nervous system, which allows psychosis, consequently, to be understood from at least two perspectives at the same time.

The other field theory I have arrived at is that of primary and secondary disorders of attachment (bonding), which present themselves as disorders of self-regulation and interactional regulation. In so doing, the following premises are suggested: by using the dual-track theory, we can postulate, from the perspective of the traditional psychological conflict conception, that the ego defence mechanisms may *seem* to defend against drives. From this new point of view, however, I postulate that the so-called drives are not primary agents of psychopathology but are themselves *semiotic signifiers* of states of internal and/or external danger—and that this signified danger is that of the abject state of psychological meaninglessness of randomness (chaos). This state has otherwise been referred to by Freud as the “actual neurosis” [2,3]. From this perspective, symptoms consequently become (a) direct manifestations of the psyche’s deficit state, consequent upon an acute, critical imbalance which it cannot immediately rectify; or (b) secondary symptoms whose purpose it seems to be to create a “cursorily improvised” perimeter of safety so as to allow the wounded psyche the experience of protection, no matter how makeshift that may be. Furthermore, I postulate the concept of *disorders of interactional regulation* [31,32] which seeks to account for those primary and secondary symptoms devolving from the role assignments, and breakdown thereof, of an individual as a regulator or modulator in his or her family, sub-group, culture, and the like.

The primary stage of all illness would be the awareness of a state of weakness in which the drives and affects warn of a state of *dysregulation* followed by the self’s attempt to restore regulatory homeostasis, failing which symptoms develop that act, not so much as compromises between the id and the demands of reality, but as symptomatic states that serve to reestablish a pathological regulatory homeostasis. That idea is precisely the implication which Reich and Kohut give in their concepts of grandiosity as a symptomatic self-regulator of self-esteem dysregulation. I extend their concepts to include those psychosomatic/somatopsychic disorders of the central nervous system in which endogenous and/or exogenous depression, panic, cyclothymia, and so on alter patients’ sensitivities to experience to such an extent that mood, self-esteem, attention, concentration, irritability, information processing, sleep-wakefulness, and other states may be so dysregulated that symptomatic attempts are set in motion in order to restore homeostasis. The infant’s capacity to extinguish disturbing stimuli is critical—along with mother’s auxiliary attempt as self-object. One can consider, for instance, thanks to new psychobiological findings, that many cases of

obsessive-compulsive neurosis, of phobias, of hypochondria, of Type-A personality, and the like, may be active attempts to regulate states of underlying panic and/or depression, often acting as manic defenses, so to speak, against them. In the case of illnesses emerging from the schizophrenic spectrum, one must consider dysregulatory disorders, not only of mood regulation, but also of a considerable number of other modalities, including thought processing, vigilance of attention, tendencies toward cognitive slippage, and difficulties in frontal sequencing, "gating" of perception, affect, cognition, and so forth.

The concept of disorders of self-regulation connotes at first an intrapsychic phenomenon of deficits, whether inherited or acquired, of psychical threshold apparatuses. Object relations and self-object relations theories allow us to postulate that the external object at first operates as an external regulator of the infant's state functions until such time as the infant has this capacity under its autonomy. Yet another aspect of external regulation, encompassed under the term interactional regulation, bridges the concept of the object-self-object regulation of the infant's internal states on to another concept, which emphasizes how individuals seem to be chosen in a family, group, culture, and the like, to acquire the legacy of roles, generally at a cost to their mental health, to hold the group together, and/or to protect it from fantasied danger. These disorders have been considered elsewhere in part under the rubric of systems theory [33,34,35,36,37,38,39,40].

Freud himself strongly hinted at a concept of self-regulation in the Schreber case when he suggested that psychosis begins as a decathexis; that is, a withdrawal of libidinal cathexis from the object (a primary state of dysregulation) on to the ego, which then becomes megalomaniacal. The subsequent state of megalomania is not only a consequence of the abandonment of object cathexis but is also a way of regulating the catastrophe of which it is an indication. Decathexis in this instance can be considered a self-regulatory attempt at extinguishing mounting irritability. He then suggested that, following the world catastrophe, which is the result of the projection of this decathexis on to the world at large, the ego seeks to re-cathect the world it has lost but does so in an abnormal way, by recathecting the word-presentation, not the thing-presentation. Delusion formation, then, according to Freud, represents the pathologically symptomatic attempt at regulation by attempting to restore a state of order out of the catastrophic chaos [41]. The fixed delusion constitutes the self-regulatory attempt to erect a state of cosmic certainty to defend against the cataclysmic experience of chaotic randomness.

Implicit in the paradigm which I am introducing is the primacy of weakness or of deficit in the genesis of mental illness in general and of psychosis in particular. Freud himself, as I stated, strongly hinted at this in the Schreber case but always veered away from it in favor of his belief in the power of instincts as the *sine qua non* of all mental phenomena, normal and abnormal. As such, Freud seems to be ancestrally linked with Nietzsche and Schopenhauer and the concept of the power of the *will*, whose attributes seem to have undergone a transformation into Freud's instinctual drives. Even in formulating his theory of melancholia, Freud relied on the power of instincts and their narcissistic transformations via internalization, and the like, to account for depression as the internalization of hostility toward a narcissistically cathected object. Bibring, however, challenged Freud's hypothesis and suggested that primary weakness of the psyche was the causative factor which launched depressive illness [42]. I suggest,

utilizing the dual track, that both hypotheses can be accounted for, but I now wish to expand on the concept which Bibring has adumbrated rather than that of Freud.

I also wish to reiterate that current psychobiological research challenges many analytic concepts about psychosis, not only in terms of conceptualization of the psychotic state itself, but also in terms of psychopathogenesis. In summarizing these contributions and their interface with psychoanalytic theories, I should like to make reference to Rado's theory of the genotype and the schizotype, insofar as the former indicates a genetic (that is, inheritable-constitutional) vulnerability to becoming deficient, and the latter designates the environmental triggering of the vulnerability into a viable conception [43]. Potential vulnerability, in other words, does not necessarily designate actualization; yet, on the other hand, the absence of constitutional vulnerability seems to foreclose on the capacity to become schizophrenic.

THE SCHREBER CASE AS A DISORDER OF SELF-REGULATION

The Schreber case has evoked considerable interest on the part of many psychoanalysts and has occasioned the publication of numerous contributions, the most notable of which are those by Niederland, whose painstakingly detailed research on Schreber's father filled in an important missing portion of the understanding of Schreber [44]. Whereas Freud's contributions were exclusively intrapsychic, Niederland's contributions, while intrapsychic as well, also include the importance of the external environment, particularly the persecution of Schreber by his father throughout his childhood. Niederland's contributions helped to illuminate the substance of many of Schreber's delusions about Flechsig and about God, about the "Little Men," and so forth.

Niederland's contributions are noteworthy and seem to be in the tradition of the ego psychology revision of orthodox analytic formulations, the latter of which emphasized instincts and their vicissitudes, whereas the former belong to the adaptive model. Unfortunately, most analysts seem to think in terms of either/or; that is, either intrapsychically *or* in terms of external objects. While adaptation is a thesis which suggests both, analytic practice often tends to be one-track. I should like to suggest that, by using the dual-track theory, one can hypothesize: (a) Schreber's father was indeed harmful, traumatic, and abusive toward his son; (b) Schreber's psyche was not only traumatically influenced by his father's impingements, but Schreber, the patient, reacted to these impingements in his own idiosyncratically personal way; and (now for the dual track), (c) Schreber's father and Schreber himself may very well have been suffering from the same heredito-constitutional vulnerability which, while already actualized in the father, became actualized in the son as well because of the father's impingements and because of the demands in later life.

What I have hinted at earlier in this paper, as well as in other publications, I now wish to make more explicit [45]. The concept of disorders of self-regulation predicates that all psychopathology is due to either primary and/or secondary disorders of bonding or attachment, and that the failure of bonding is predicated, not only by maternal or paternal influences *per se*, but by factors which transcend the immediacy of this concept and include the ghost of hereditary psychobiological disorders as well as the ghost of psychosocial disorders, such as is the case with the unusually high incidence of endogenous affective disorders in children of the Holocaust. Keeping these factors in mind, I should now like to approach the study of Schreber's *Memoirs*.

Publication of the Memoirs

I suggest, first of all, that Schreber's very desire to publish his *Memoirs* was an attempt to seek a higher state of self-regulation by appealing to society at large to judge his "transference bondage" (pathological projective identification or pathological symbiotic fusion) with the soul of Flechsig. Thus, the publication of the *Memoirs* may have demonstrated the employment of *outrage* in order to seek help from the world at large. It is as if the sane Schreber were a prisoner inside his insane alter ego, the latter being fused with the soul of Flechsig to form a "soul prison." The publication of the *Memoirs* may also demonstrate an aspect of interactional regulation insofar as Schreber's avowed purpose was to benefit science and religion through the publication of his psychotic history. This altruistic perspective is demonstrated in the following: "' . . . I am of opinion that it might well be to the advantage both of science and of the recognition of religious truths if, during my life-time, qualified authorities were enabled to undertake some examination of my body and to hold some enquiry into my personal experience. To this consideration all feelings of a personal character must yield' " [1:10].

The Hypochondria

Another aspect of Schreber's first illness deserves mention. His first breakdown occurred in the autumn of 1884 after an unsuccessful candidacy for the Reichstag, upon which he developed the symptoms of hypochondria. Freud quotes the report from the director of the Sonnenstein Asylum as follows: "'At the commencement of his residence there he expressed more hypochondriacal ideas, complained that he had softening of the brain, that he would soon be dead, etc. But ideas of persecution were already finding their way into the clinical picture, based upon sensory illusions which, however, seemed only to appear sporadically at first; while simultaneously a high degree of hyperaesthesia was observable—great sensitivities to light and noise—later, the visual and auditory illusions became much more frequent, and, in conjunction with coenaesthetic disturbances, dominated the whole of his feeling and thought. He believed that he was dead and decomposing . . .'" [1:13]. Still later, Dr. Weber's report on him states, "During the first years of his illness [Schreber believed that] certain of his bodily organs suffered such destructive injuries as would inevitably have led to the death of any other man: he lived for a long time without a stomach, without intestines, almost without lungs, with a torn oesophagus, without a bladder, and with his shattered ribs, he used sometimes to swallow part of his own larynx with his food, etc. But 'divine miracles (rays)' always restored what had been destroyed . . .'" [1:17].

As stated in the introduction, hypochondria may represent, not only a decathexis of objects where the cathexis falls back upon the organs, but it also may represent a disorder of bonding or attachment in which the psyche experiences a state of danger by an activation of the state of panic. Activation of panic states seems to disengage its victims from object contact and to alienate them into a state of autistic encapsulation. Tustin is one of the few contributors who has elaborated on the importance of autosensualism in normal and abnormal states of autism [47,48,49]. The withdrawal of object cathexis onto the organs principally activates organ sensation experience, a phenomenon which is reproducible with most normal people when in states of sensory deprivation or isolation. The pathological autosensualism of hypochondria, in other words, is a primary dysregulatory manifestation of panic and is immediately due to a

sensory deprivation and isolation imposed by the cutting off of the bond with the object. The cutting off of this bond may be due not only to the object's capacity to be disappointing but also to the hypersensitivity which endogenous panic or depression imposes upon its victim to be ultrasensitive to the data of experience—even on the sensory level. We must postulate, therefore, that Schreber's first breakdown in 1884 may have occurred as a sense of inner catastrophe precipitated by feelings about the status of his political career, which eventuated first in a catastrophic dysregulation of his psyche and then a resultant hypochondria, which probably followed a sense of defensive numbness that caused a decathexis of his body image.

Idealized Transference as Self-Regulation

This first illness seems to have undergone successful "regulation" by virtue of the positive, idealized transference which developed toward Flechsig, as I mentioned earlier, one which lasted through the eight years' remission but which, however, was clouded by there having been no children born to Schreber and his wife. We can postulate, therefore, that Flechsig served Schreber as an idealized self-object to buttress his fragmenting psyche. Insofar as this idealized transference represented a defense against Schreber's underlying persecutory anxiety, however (and since Flechsig, not being an analyst, did not and could not interpret it as such), the support of the idealization was doomed to failure.

The Success Neurosis

The idealized transference "regulation" broke down eight years later in 1893 when Schreber knew that he was to be appointed as *Senatspraesident*, at which time he dreamed that his old nervous disorder had returned, and at which time he also had the twilight thought of, "How nice it would be to be a woman having intercourse with a man." With the dreams of the return of his old disorder, we can postulate that Schreber already was aware of the re-development of an inner catastrophe (primary dysregulation). This was quickly screened by a series of delusional "re-writes" whose purpose it was to stem the catastrophe. Finally he arrived at the notion of the gender transformation and, still later, of megalomania. As Dr. Weber states, "He himself, of this he is convinced, is the only object upon which divine miracles are worked, and he is thus the most remarkable human being who has ever lived upon earth" [1:17].

Not only did the establishment of the fixed delusional system serve as a scaffolding structure or perimeter to stem the psychotic avalanche (as a self-regulatory measure), but the megalomania and the gender transformation were two additional demonstrations of attempts at self-regulation. The megalomania served to buttress a collapsing sense of self-esteem, and the gender transformation facilitated this purpose and the delusional formation through the ability to condense into a single delusional attribute the acquisition or ownership of so many deficit redemptions. By being a woman who could create babies with God, he not only could become the mother whose psychical absence, through identification, may have played a significant role in Schreber's psychosis [50,51], but he also could reconcile his father's mistreatment of him (as postulated by *Niederland* [44]) in an attempt to create a delusional narrative that accounted for a sado-masochistic relationship in which the patient could ultimately become the winner. I shall expand on these themes later in this paper.

With the second illness as well as with the first, one can see the possibilities of the so-called "success neurosis." It may even be postulated that Schreber quickly

recovered from his first illness because he failed in his bid for the Reichstag but became more catastrophically ill with the success of his appointment as *Senatspraesident*. The dynamic understanding of the success neurosis and its linkage with the supplanting of the father are well-known formulations to all psychoanalysts and psychodynamic therapists. I should like to suggest an alternative hypothesis from the concept of disorders of self-regulation. Insofar as every individual seems to have a vulnerability to the experience of shame, and insofar as this vulnerability to shame seems to be predicated on the fantasied and/or real experience of deficits, then the process of maturation places the individual at risk for exposing these deficits when greater and greater demands, requirements, and expectations are placed upon the individual's capacity to perform in the theater of adult reality. Sooner or later our maturational progression must then confront us in a fateful rendezvous with the emergence of our deficits. The success neurosis would therefore be the failure caused by stalemating in order to forestall the progression into checkmate. So it was with Schreber, I believe.

The Return of Hypochondria

As the manifestations of his psychosis progressed, Schreber again experienced manifestations of sensory (bonding to objects) deprivation, first, as quoted above, in the form of hyperesthesias with great sensitivity to light and noise, and then as visual and auditory illusions and coenesthetic disturbances. He then began to believe that he was "dead" and was "decomposing" and that various organs of his body had disappeared. This is known as counter cathexis following the hypercathexis of the body organs, following the decathexis from the external objects (and/or from object representations). In more practical terms, we can see this phenomenon as the experience of a capsule of numbness or deadness which regulates the experience of the extreme sensory disturbances of these patients. Thus, at any given moment, the physician can elicit symptoms from psychotics which demonstrate hypersensitivity and numbness in varying combinations.

The Construction of the Delusional System

Schreber then went on to try to understand these sensory afflictions and, in his attempt to sort out the shards of meaning from the chaos of psychotic randomness, he typically employed fantasy (dreaming by day) to place these chaotic fragments into a coherent story within the framework of the new domain in which he was living, that of a syncitium. By syncitium, I refer to that enigmatic state which results from the collapse of the walls of psychic space and time; the psychotic patient thus afflicted then feels that everything which happens is syncretistically related to him or her, and where he or she is, therefore, the "prisoner of the percept," as Piaget so pithily puts it [52]. It may be thought of as pathological at-one-ness.

Schreber states, "Thus it comes about that everything moves in an eternal realm, which lies at the basis of the Order of Things. In creating anything, God is parting with a portion of Himself, or is giving a portion of His nerves a different shape. The apparent loss which He thus sustains is made good when, after hundreds and thousands of years, the nerves of dead men, that have entered the state of bliss, once more accrue to Him as "fore-courts of heaven'" [1:23]. Another demonstration of syncitial thinking is as follows: "For 'every time that my intellectual activities seized, God

jumped to the conclusion that my mental faculties were extinct and that the destruction of my understanding (the idiocy), for which He was hoping, had actually set in, and that a withdrawal had now become possible' ” [1:25]. This syncitial thinking is also apparent in the following: “The need for evacuation, like all else that has to do with my body, is evoked by a miracle . . . This occurrence is a miracle performed by the upper God” [1:26].

Schreber's "Hereafter"

Schreber thus began to reconstitute and regulate his chaotic feelings by being able to convince himself of a delusion that all these horrors were visited on him on behalf of a holy mission. At first he believed he was the plaything of the devils. He saw miraculous apparitions and finally came to believe he was living in another world, the latter being, undoubtedly, a sound perception of his existential state on the part of his yet remaining sane self. He thus experienced a split in his personality where the psychotic self apparently became the more dominant, and the sane self the less dominant. The situation was almost as if the sane personality became the “id,” and the psychosis became the ego, paradoxically. Many of the symptoms of psychotic patients can be seen as self-regulatory attempts of a highly ambiguous nature in which they now must accommodate to the ravages of chaotic psychosis by “organizing” it and regulating it into a stably re-established “normal psychotic reconciliation” (“cursorily improvised”) yet also must accommodate to the needs of the submerged (repressed) realistic ego which now must make its needs known, oftentimes through outrageous acts so as to discredit the dominant psychotic portion which betrays *itself* by virtue of its fixed ideas, which are inaccessible to correction.

Katan [62] undertook perhaps the most definitive analysis of the psychodynamic inferences of Schreber's “Hereafter,” the latter's delusional picture of the state of bliss in the afterlife, and also examined Schreber's delusion about the Flechsig conspiracy, which later became God's conspiracy to play with Schreber. Whereas a plethora of psychodynamic interpretations seem warranted, depending upon the school of thought of the observer, my contribution is limited to speculations centering around self-regulation. Along this line, I wish merely to indicate, not so much the psychodynamics of the construction of the delusional system of the Hereafter, but rather its inconstancy and the necessity, consequently, of frequent delusional “rewrites.” When Schreber tells us that God's existence is endangered if He comes under an exceptional attraction to a living human being, not only is Schreber talking about a projective identification of himself into God (psychodynamically), but he is also talking about the instability of his primary identification with God as a protector and therefore has to rely on the authority of the “Order of Things.”

In an earlier contribution, Katan [61] addresses the central issue of the role of the Oedipus complex as a regulator of narcissistic stability. He states, “For our purpose it is important only to recognize that at least a number of schizophrenic patients, before their illness becomes apparent, pass through a state in which the Oedipus complex assumes this narcissistic structure before it finally disappears . . . After the Oedipus complex is lost, in some cases, an attempt at restitution sets in . . . This question focuses attention upon the necessity for the existence of the Oedipus complex. With the loss of the Oedipus complex, there are no longer numerous and strong ties with reality . . . When the Oedipus complex in the pre-psychotic development is lost, we may conclude

that the ties with reality have weakened . . . In the pre-psychotic state, on the other hand, we see the advantages of the existence of the Oedipus complex, for it affords a strong protection against the danger of a psychosis . . ." [61:122–123].

Thus, Schreber's delusional system was difficult in forming because the very Oedipus complex of which it was the psychotic caricature had been so undermined, not so much alone by Schreber's projective identification of his disturbed state into father-God, but because of the very difficulty that God (in the delusion) had in regulating Schreber's psychotic chaos. Schreber then had to rely on the "Order of Things."

Gender Transformation

Schreber's new-found mission to redeem the world by restoring it to its lost state of bliss, a mission which was predicated upon his being transformed into a woman, has been viewed by Freud and others as a reconciliation of his homosexual libido emanating from his constitutional bisexuality, which was brought into the service of repairing the defect of being childless. The formulation, as I alluded to earlier, would be that Schreber, the woman, could do better than Schreber's wife. From the standpoint of disorders of self-regulation, it may be suggested that the restoration of the lost state of bliss is necessary in order to cure the psychosis. Schreber describes the state of bliss as a state of uninterrupted enjoyment, bound up with the contemplation of God. Whereas Schreber states, " 'The male state of bliss was superior to the female, which seems to have consisted chiefly in an uninterrupted feeling of voluptuousness,' he later states, 'Voluptuousness may be regarded as a fragment of the state of bliss given in advance, as it were, to men and other living creatures.' So the state of heavenly bliss is to be understood as being in its essence an intensified continuation of sensual pleasure upon earth!" [1:29]. It would seem, therefore, that this "heavenly state of bliss" represents Schreber's attempt to seek the normal, ideal state of at-one-ness in order to repair (and therefore to regulate) his fragmented self. (See MacAlpine and Hunter for an evaluation of the theme of bisexuality in the Schreber case [58]).

By effecting a delusional transformation into a woman, Schreber is able to recapture the lost state of bliss by becoming the mother as the source of sensory pleasure and is also able to be the sensual object of her gift of bliss and sensual pleasure. This seems to be an attempt to restore the state of primary narcissism—of the unborn or just born state of at-one-ness. The first indication of interactional dysregulation occurred when Schreber began to suspect God: "It was not until very much later that the idea forced itself upon my mind that God Himself had played the part of accomplice, if not of instigator, in the plot whereby my soul was to be murdered and my body used like a strumpet" [1:19]. When he stated, " 'For there is a flaw in the Order of Things, as a result of which the existence of God Himself seems to be endangered,' " [1:24–25], Schreber is beginning to experience the collapse of the background subject-object of primary identification [21,22,30,45,46] and therefore splits between the personal God and the more abstract God, the "Order of Things." Furthermore, when Schreber states, " 'The rays of God abandon their hostility as soon as they are certain that in becoming absorbed into His body they will experience spiritual voluptuousness; God Himself demands that He shall be able to find voluptuousness in him, and threatens him with the withdrawal of His rays if he neglects to cultivate voluptuousness and cannot offer God what He demands' " [1], Schreber is clearly implicating a weakened,

needy, pathological father imago (God) who needs His son to be His sexualized self-object—one to give Him pleasure and to soothe Him back to His state of intactness. Thus, God Himself, who demands femaleness from Schreber, “‘. . . demands a *constant state of enjoyment*, such as would be in keeping with the conditions of existence imposed upon souls by the Order of Things; and it is my duty to provide Him with this . . . in the shape of the greatest possible generation of spiritual voluptuousness’ ” [1:34]. Schreber is thus the human self-sacrifice, the Christ, as it were, who must not only fend for himself in his internal catastrophe but must at the same time repair God, the internal imago of a psychotic father, so as to restore the family unity.

Tustin has observed in her psychotic children that they universally experienced premature mental birth with a precocious propulsion into the world of a premature “two-ness” [47,48,49]. In other words, she believes that psychosis is due, not so much to excessive instinctual drives, but to the inadequacy of primary bonding. Winnicott [53] sees this stage as one where the facilitating environment (principally constituting a mother with virtually totally preoccupied concern) is hovering over her non-integrated infant’s blissful *being*-self prior to the attainment of the *doing*-self; as such, she is a subject-mother or environmental-mother corresponding to Kohut’s self-object mother [25,26,27,28,29]. Bion’s container-mother seems to include both phenomena, the subject-mother and the object-mother [54,55,56,57]. I suggest, therefore, that Schreber’s regression to the state of bliss axiomatically involves his regression to a state of primary identification with the background subject-object of primary identification where Schreber and mother are identical. That this transformation is enacted by the Order of Things also predicates that a very early state that Schreber once experienced long ago is being reestablished. When he states that he himself is “the only object upon which divine miracles are worked,” and he is thus “the most remarkable human being who has ever lived upon the earth” [1:17], he is again trying to invoke the protection of primary identification with the background subject-object of primary identification where his uniqueness is vouchsafed. White [50,51] was the first to comment on the importance of the hitherto neglected mother theme in the Schreber case.

Delusions of Persecution as Self-Regulation

Throughout the *Memoirs*, Schreber states his belief that he is being persecuted, either by Flechsig or by God—“and is the plaything of devils.” Fantasies and delusions of persecution may either be vicissitudes of instincts transformed through projective and introjective identification and/or may be regarded as delusional exaggerations of actual torment on the part of parents and other objects. From the standpoint of disorders of self-regulation, however, delusion formation can additionally be seen as a form of self-regulation in which the panic-stricken self of the psychotic, denuded of its normal sensitivity by hypersensitivity *and* by numbness, begins to experience dissolution and seeks thereafter the certainty of hard, cruel, persecutory objects who, in their exaggerated infliction of pain, give a perimeter of certainty and containment to the hopelessly fragmented psychotic self. The more numb, the more the persecution which is required to penetrate it and to enclose it so as to achieve self-regulation. Insofar as the psychotic feels defective, these hard, cruel objects “plug their holes” by virtue of their penetrative cruelty, a finding which Tustin elaborates in autistic and psychotic children [47,48,49].

"Soul Murder"

In one portion of the *Memoirs*, Schreber strongly suggests that he himself was the Soul Murderer. It is only later that he accuses Flechsig and then God of being the murderer of his soul. This ambiguity is interesting and important. Psychoanalysis is, ultimately, the understanding of *how* we experienced our experiences, not the understanding of the stimulus of the experience. It is undoubtedly true that Schreber's father instigated the experience which became actualized in later demands for achievement in Schreber's profession. It is closer to the point, however, that the first Soul Murderer is the inchoately "innocent" child who, in not being able to tolerate the experience, disembodies from the experiencing self (true self/false self) and thereby leaves the now unembodied body self as a derelict which is unclaimed and accessible to anyone who wishes to "play with it." The disembodied body self, in becoming the sacrificial victim to the overwhelming experience, thereafter becomes, not only the ritualized victim, but also the persecutor because of all the projective identifications hurled into it. The horns and cloven feet of the Devil betray his innocent origins as, literally, the sacrificial lamb sent into the wilderness with the projections of the sins of the people who ostracized it.

Thus, the Devil is the dark alter ego of Christ, who, like our own ego ideal, "died for the sins of all of us!" And, this "first self-regulation" is to disappear as a self so as no longer to be a person with a vulnerable profile to the ravages of experience. The self thus abandoned becomes "kidnapped" by the very projective identifications one is trying to rid oneself of so as to be invisible—and delusionally returns as Bion's famous bizarre objects in their diabolical attempt to re-enter and to be reunited with their lost soul who disavowed them [54,55,56,57]. In other words, Schreber, like all psychotics, enacted on the narcissistic level that which happened also on the interpersonal level. The intolerability of his experience, which was due not only to the impingement of his environment but also, allegedly, to his inborn hypersensitivity to mental pain, caused him to disengage from his "going on being" in the world. His "true self" retreated within, whereas his "false self" became confused with external objects and, since the false self also included the sense organs of perception, became transformed into auditory, visual, and somatic hallucinations. Schreber could only reconstitute (re-regulate) this debacle by a delusion which united the dismembered self and its associative part-objects into a delusion of persecution which finally allowed Schreber to be the martyr-hero whose sensuality trapped God and defeated the latter in its voluptuous might. Ultimately, a religious voluptuousness became the final form of self-regulation of his feelings of disconnection.

Breger [59] has analyzed the Schreber case and concludes, ". . . that Schreber's self—including his body with all its built-in postural rules, ideas condemning all sensual pleasure, in short, the self with its putative, unconscious father within—becomes an intolerably painful burden. The self must be destroyed, at first by becoming sick, then totally incapacitated and insane, but eventually by a process of reconstruction that begins as he engages in a war with God and His absurd rules . . . The point is, that while the initial psychosis was a passive surrender to overwhelming conflict and forces, the reconstitution, the writing of the *Memoirs*, the successful fight for its publication, and the enduring nature of the book all attest to the active and creative solution that Schreber effected" [59:146–147]. Thus, Breger concludes that Schreber's breakdown and transformation constituted a potentially creative struggle

toward freedom and may be termed a form of self-therapy—an ultimate form of self-regulation since no real therapist had been available.

I have focused on the probability of the disordered self-regulatory theme in the Schreber case as it pertains to the phenomenology and psychodynamics which are explicit and implicit in Freud's text. The nature of the text leaves little room, however, to delve into the neurocognitive aspects of dysregulation in schizophrenia, particularly involving attention, concentration, perceptual-affective-cognitive gating, and other functions—except for the scattered allusions to Schreber's difficulty in concentrating in the height of his illness. I postpone these latter considerations for another contribution.

THE SCHREBER CASE AS A DISORDER OF INTERACTIONAL REGULATION

Thus far, I have been dealing with the intrapsychic dysregulatory aspects of Schreber. Niederland has contributed the most to our understanding of the external (interactional) aspects of Schreber's relationship to his father [44]. Niederland's account leaves little room for doubt that Schreber Senior was, by today's standards, a rigid, obsessive-compulsive—probably paranoid—personality whose disorder demanded rigid control and obedience of his own children specifically and other children generally. Although we do not know too much of either the dynamics or the systems involved in the Schreber family, we can assume the possibility that young Schreber (the patient) may have been cast in the role of the child who had to succeed for his father's sake, especially after the death of his older brother. Furthermore, thanks to the formulations from psychopharmacology, we may possibly assume that Schreber Senior may have been suffering from a severe affective disorder, possibly of the endogenous type. These disorders are commonly "screened" (regulated) by obsessive-compulsive personality traits. Thus, the speculation that Senatspraesident Schreiber took on his father's depression after the latter died may not be too far out of line.

Thus, the role, if any, that young Schreber believed he had to assume (unconsciously) would constitute the first level of a disorder of interactional regulation. The second level would be the mythical family system of the Schreber family in regard to its values, especially in terms of the polarities of ideals and of alleged dangers. Schreber Senior was a very influential man in his time, one whose influence has even crossed the seas and made itself felt in the United States. It does not seem unlikely that he was attempting an alloplastic solution for an allegedly autoplasic problem insofar as he tried to discipline, harness, and swaddle a whole generation of children throughout the world. What dangers these restraints defended against we cannot know, but we can speculate that they had a profound effect on young Schreber, whose illness constituted in no small measure his attempt to save the world from a dreaded corruption so as to allow it to re-enter the blessed "forecourts of Heaven." Insofar as Schreber experienced feelings of martyrdom and believed that he was chosen to be the "plaything of devils," he was perhaps expressing the most poignant and most universal plaintiff manifestation of group psychology, that of the choice of one of its innocent members to be the sacrifice to protect the group from danger ("scapegoating"). The legend and history of the sacrifice of Christ is the most important example in our culture. Before that we have the example of the would-be sacrifice of Oedipus. If there be any truism that applies to the life of the group, it seems to be that there is a need for one or more of

its members to be designated as martyrs for human sacrifice in order for the others to go free. Schreber is no exception.

Earlier in this contribution I alluded to one of Schreber's stated motives in wanting his *Memoirs* published, that of helping medical science to understand his experience. Implicit within his delusional system, furthermore, there is revealed yet another altruistic motive, to recreate a race of purified souls. Lumsden and Wilson [60], speaking from the perspective of sociobiology, inform us of their belief that altruism seems to be an inherent instinctual force within primates as well as in other phyla. I believe that altruism, then, can be understood as a normal form of interactional regulation which demonstrates itself not only in the parents' kindly ministrations to their children, but also characterizes the child's entry into the family and into the group, and the phenomenon of guilt is one of the subsidiary regulators of this prime group regulator known as altruism. I think it is clear that Schreber, no matter how torturous and labyrinthine his aberrant journey, appears not an evil man in the least but one who was misunderstood, putatively by his mother, certainly by his father, was ignored by Flechsig, was seemingly misused by God, but Schreber himself never forswore his desire to help humanity.

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