THE EFFECTS OF OBJECT LOSS ON THE BODY IMAGE OF SCHIZOPHRENIC GIRLS

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Two of the most common difficulties faced by schizophrenic children are their impairment of self-awareness and their inability to form satisfactory relationships with external objects. The schizophrenic child's impairment of self-awareness is demonstrated by his confused personal identity, a lack of awareness of his body boundaries, and by his distorted concepts regarding the structure, contents, and workings of his body. His disordered object relationships are reflected by unrealistic and distorted perceptions of significant persons with a corresponding unwillingness or inability to form normal attachments to them. The disturbances in attachment behavior range from autistic withdrawal to attempts to engulf, and obtain exclusive possession of, a significant person. A given child may display both of these extremes alternately. Some of these children are intermittently capable of intermediate phases of more "normal" appearing relatedness, which often proves to be a position of maximum comfort between the polar fears of engulfment and abandonment.

These disturbances in the schizophrenic child's view of himself and of others seems to be interrelated. The infant initially regards the external world with its objects as an extension of himself; therefore, early disorders in the body image will impinge on his relationships with primary objects. Concomitantly, the importance of object relationships in the formation of the body image has been stressed by several observers.

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Schilder (1935) made a significant contribution to our understanding of the postural model of the normal body image. He asserted that the body image is formed by a synthesis of early tactile, kinesthetic, visceral, and painful sensations, together with the special sensations of sight, hearing, and smell. Schilder also stressed the influence of object relationships and affects, such as anger, fear, and satiation, on the formation of the body image. These sensory and emotional experiences are synthesized, incorporated, and stored in the parieto-temporal area of the brain, and are utilized to give the child a constant and stable image of himself in relation to the external world. However, the body image is dynamic and constantly changing. Tendencies toward body image consolidation are opposed by dissociative trends, but the normally functioning ego maintains a relative constancy of the body image.

Goldfarb (1963) and Mahler (1968) contributed greatly to our understanding of the genesis of distortions in self-awareness and body imagery in schizophrenic children. Goldfarb stressed the cognitive and perceptual impairment of these children which prevented their forming a stable, internalized body image. He also described the deleterious effects of a confused family environment on the self-awareness and self-regulation of schizophrenic children.

Mahler emphasized the psychotic child's incapacity to utilize the mothering principle which is necessary for the harmonious development of self and object representations. In addition, she noted the tendency of some mothers to overstimulate the tactile and kinesthetic perceptions of these children. Both authors described panic states which accompanied the distortions in self-awareness.

Distortions of the body image and of self-awareness and the pathological forms of object relationships have been studied in numerous schizophrenic children in residential treatment at the Ittleson Center for Child Research. We have observed their relationships with peers, adults in the therapeutic community (child care workers, teacher, psychiatrists, etc.), and with their families, in great detail. These children manifested their most deviant and primitive behavior while experiencing separation and at times of real or imagined object loss. They were also unable to tolerate other unpredictable changes in their environment. The threat of object loss seemed to further intensify their feelings of uncertainty about their body integrity and
increased their perceptual distortions of objects. Feelings of body fragmentation and disintegration were accompanied by intense anxiety which set into motion a series of primitive defensive operations aimed at re-establishing body integrity and self-awareness. This type of behavior occurred more frequently and spectacularly among the schizophrenic girls; therefore they were used as the subjects in this clinical study. Segments of their case histories will be presented in order to demonstrate the origin and nature of their body confusion and the adaptive mechanisms they utilized to re-establish their body integrity and object attachments.¹

CASE REPORTS

1. Margo, age five, was obsessively preoccupied with breaking or cutting off parts of the body, following the separation from her family and admission to the Center. She wanted, as a means of maintaining fantasied contact with them, to touch and cut off her father’s and brother’s penis. She accused her father of taking away her vagina, which she attempted to buy from the doctor. She also mentioned biting her mother’s penis and nipples. In the playroom she sold toys designated as penises and vaginas. Margo often grabbed at her doctor’s genitals before leaving his office. Her sexual confusion was also revealed by her wish to “grow up to be a daddy and wear lipstick.” Her aggressive preoccupation with genitals occasionally shifted to other parts of the body. She asked her doctor if she could live without lungs or a liver, and then talked about cutting out his lungs. She frequently attempted to bite her doctor and one of the counselors. Margo’s intense preoccupation with mutilative sexual fantasies began to subside about six months after admission to the Center. At this time, she developed an avid interest in collecting toy baby bottles and nipples, and constantly carried them around in her hand. She asked her doctor and other staff members for similar tiny objects. She also collected cut-out babies and tiny ballerina dolls which she fantasied would come alive, and she became intensely attached to a pipe for a Popeye doll. The staff responded permissively

¹ These pathological responses were not limited to the cases chosen for presentation, which were all treated by the author. They were present in about half of the girls treated at the Ittleson Center.
to Margo's clinging to these small objects because attempts to deprive her of them resulted in severe anxiety, tantrums, and, frequently, self-destructive behavior. Margo's attachment to the tiny objects alternated with strong clinging to maternal counselors. Her distorted self-awareness and ego fragmentation were manifested in referring to herself as three different girls, "Margo, Argo, and Ishkabbibile" (her real self, her disturbed self, and her image as a silly baby.) Margo's preoccupation with her body shifted to an intense concern with her hair and appearance, when she entered latency. When seen during a follow-up visit at the age of 16, Margo's hands and fingers were literally filled with bracelets and rings which were inappropriately cathected in a manner reminiscent of her attachment to the tiny objects of her childhood. When recently interviewed at a mental hospital at age 18, Margo experienced severe anxiety while alone in her room at night. She expressed a fear of dying and felt that her arms and legs would fall off. She burned her fingers and the palms of her hands with lighted cigarettes in order to relieve these anxieties.

2. Rita, age 7, appeared sexually overstimulated at the time of her admission to the Center. Her intense genital curiosity was demonstrated by her drawing and cutting out penises in the classroom. She claimed that she "wanted one of her own." In her drawings, the penis bore a striking resemblance to a breast with a conspicuous nipple. Rita attempted to touch the breasts and genitals of child-care workers to whom she was attached. When this behavior was frustrated, she often engaged in sexual exploration with girls in her group. Rita was frequently self-deprecatory and often accused herself of being stupid and ugly. Her fragmented self-image was depicted by repetitive drawings of a baby doll's shattered head with one eye missing. As Rita approached puberty, her anxieties about bodily changes and her resurgent sexuality were expressed as fears of body disintegration and insanity. She fantasied the male destroying the female during intercourse. She also had fantasies about operations on her abdomen, a thinly disguised reference to childbirth. These reactions became intensified during Rita's final months at the Center. During this period of final separation, Rita compulsively
collected names, addresses, and phone numbers of staff members and peers with whom she had been close.

3. Phyllis, age 10, flew into a tantrum when her counselor failed to arrive one morning. The tantrum included a furious self-destructive attack, consisting of punching and tearing at herself. Later, when she learned of her favorite counselor's plan to leave the Center, she displayed a similar self-destructive episode followed by a catatonic reaction during which she sat rigid and immobile on her bed, refusing to talk. After hours of coaxing by staff members to get her to respond, Phyllis suddenly blurted out, "don't touch my penis." Her catatonic behavior subsided only when she was allowed to take the counselor's coat to bed with her. She utilized additional techniques in coping with this separation experience. She asked Cynthia (the counselor) to exchange arms and legs with her and persistently tried to steal her jewelry and clothing. Phyllis also identified with the abandoning object by crying out, "I'm Cynthia, I'm leaving the Center." After Cynthia's departure, Phyllis developed a marked attachment to a doll named after her. For several months she carried this doll wherever she went. She handled it as if it were alive, giving it real food and providing it with fresh air. Phyllis refused to let it out of her sight lest it be attacked and broken by the other children. The doll obviously represented herself as well as the lost maternal object, the abandoned baby who must be taken care of. Another example of Phyllis' clinging to symbolic and part object representations of the maternal figure was her fetichistic attachment to new shoes bought by her counselor. She endowed the shoes with magical power to protect her from the evil witch, symbolic of her bad mother. On one occasion when the shoes were not available, Phyllis flew into a self-destructive rage and then threatened to cut off the counselor's breasts and take them to bed.

4. Lucy, age 6, expressed extreme feelings of maternal deprivation and sibling rivalry. Her rage and depression concerning a lack of emotional and material nourishment alternated with sexually colored omnipotent fantasies in which she depicted herself as "queen of the world." She claimed ownership of Russia, China, and Pennsylvania, and drew these territories in the shape of a penis. Her
sexual preoccupation was constant. She revealed her intense genital curiosity by making cut-outs of naked boys and girls which she put into a jar of water to procreate. Lucy also exhibited a morbid preoccupation with her body which reflected an impairment of her self-image. If her arm or leg was bruised or scratched, she expressed concern about it falling off. She often resorted to scratching herself and pulling her hair. When her favorite counselor left the Center, Lucy expressed feelings of hollowness and emptiness. She searched frantically for traces of a penis on her female dolls. During puberty, Lucy re-experienced earlier feelings of abandonment by her mother. She attempted to counter her loneliness and re-establish the integrity of her body image by means of the following restitutive devices: (a), preoccupation with growing long hair. She wished to “have long hair which would cover my belly and vagina and reach down to my feet.” (b), omnipotent fantasies about having hundreds of babies at one time. While both the hair and babies possessed phallic attributes, they were primarily protective and reparative to this child’s fragile body image. (c), preoccupation with boys and male genitalia. This was accompanied by marked counterphobic anxiety. She began to manifest phobias for dogs, snakes, insects, fire, etc., which represented her fear of being destroyed and devoured by the penis. This anxiety was traced to excessive sexual stimulation at the hands of a seductive father and an older brother with whom she had experienced sexual intercourse.

5. Joan, age 6 and a half, adjusted poorly to the separation from her family following her admission to the Center. She displayed a typical symbiotic attachment to her mother. At the Center she remained aloof from her peers and gradually attempted to involve some maternal adults in a clinging, infantile relationship. When the staff could not tolerate this most regressive behavior, Joan sought out Margo (the first case), an older child who was willing to play the role of the “symbiotic” mother. Joan’s symbiotic relationship to Margo was soon threatened by the latter’s anticipated discharge from the center. This happened to coincide with her parents’ leaving for a summer vacation. Joan responded to these threats of separation with severe anxiety. She expressed cannibalistic fantasies of devouring her peers, teacher, and therapist. She also wished to “eat” Margo
after her discharge. She formed a strong compensatory attachment to her counselor at this time. She wanted to merge with her by “crawling into her tushy and sleeping in her stomach.” Joan tried to accomplish this while accompanying her counselor to the toilet. She also wanted to become a man because “women take men with them wherever they go.” She wanted a penis like her teacher and therapist. In addition to these mechanisms of oral incorporation, fusion, and identification, Joan utilized anal and vaginal incorporation as defenses against separation, symbolically achieved by the insertion of small objects into her rectum and vagina. This neutralized her intense fears of bodily depletion through all orifices. For example, she dreaded the loss of stool during a bowel movement, especially if there was diarrhea. She was seized with panic at the sight of her blood. If her gums bled after brushing her teeth, she feared bleeding to death. This reminded her of a post-tonsillectomy hemorrhage, experienced at the age of six, which required her readmittance to the hospital. During one episode of bleeding gums, Joan sucked frantically on her red woolen gloves as a fantasied means of replenishing the blood loss. Joan also associated bleeding with her mother’s previous miscarriage, still-birth, and peptic ulcer, all of which threatened or required separation from her mother via hospitalization.

Discussion

Each schizophrenic girl described above experienced pronounced difficulties in the earliest relationship with her mother. The first four cases received insufficient physical and emotional stimulation from mothers who were unable to satisfy their basic needs. These women, poorly equipped for the maternal task, subjected the children to overt hostility, or detached themselves as a defense against feelings of anger and frustration. In the last case, the mother consistently yielded to the child’s clinging and attempts at fusion, while discouraging her tendencies toward separation and independent functioning. Both types of maternal failure can contribute to defective formation of the body image and self-awareness.

The most striking observation in each schizophrenic girl was her reaction to seemingly routine separation experiences with extreme
panic in which the threatened or actual loss of a significant person was accompanied by a marked confusion in personal identity and a loss of body intactness. Distortions in identity and body imagery were manifested in several ways:

1) Loss of body parts: (a) extremities—arms, legs, etc. (b) appendages—hair, teeth, breasts. (c) organs—internal: lungs, liver, etc., external: eyes.

2) Loss of fantasied body parts: "illusory penis," with sexual confusion.

3) Loss of body contents: blood, urine, feces, secretions, etc.

4) Preoccupation with illness and death.

5) Feelings of emptiness and hollowness.

6) Splitting of self-image (three Margos).

The children resorted to various defensive maneuvers to simultaneously repair these distortions of their body image and undo the separation from the significant person.

A. Defenses primarily oriented toward object preservation.

1. Clinging to the significant person (whose loss is feared), with physical engulfment.

2. Reunion with the significant person by incorporation of the total person (by oral, anal, or vaginal routes).

3. Reunion with the significant person by incorporation of part of the person's body, i.e., breast, penis, extremity.

4. Clinging to parts of the significant person via their possessions: clothing, jewelry, property, etc.

5. Clinging to symbolic representations of the significant person, such as doll, transitional objects, etc.

B. Defenses primarily oriented toward preservation and repair of the body image.

1. Omnipotent fantasies of extending or enlarging the body image: growing long hair, becoming pregnant, having numerous babies, possessing great wealth, property, and territory, illusory penis, etc.

2. Obsessional preoccupation with retention and loss of body substance and the corresponding body orifices: defecation and urination, loss of nasal secretions, blood, menstruation and vaginal discharge, etc.
3. Obsessional preoccupation with the structure and functioning of vital body parts and processes: circulation, respiration, digestion and elimination, etc.

4. Self-mutilation, in which painful self-stimulation was utilized as a source of sensory input and a means of delineating body limits.\(^2\)

These frequently bizarre and illogical defensive maneuvers were designed to simultaneously undo the object loss and preserve the integrity of the body image so dependent on the object. They are analogous to certain adaptive reactions exhibited by individuals with prominent defects. Persons with amputations or hemiplegia will utilize the phantom limb phenomenon or fail to perceive the paralyzed half of the body (anosognosia) so as to preserve the integrity of the original body image. Denial of the physical defect in these situations depends on a confluence of “organic and psychological factors,” according to Schilder (1935). The schizophrenic girls often perceived the significant person as a part object rather than as a complete individual. The fluidity and primitive magical quality of their thinking facilitated the substitution of the whole by the part object (\textit{pars pro toto}). They were often unable to differentiate themselves from these objects. Their preoccupation with part objects or their symbolic representations resembled both the infant’s clinging to transitional objects and the fetichistic behavior of adults. The close relationship between these phenomena and their occurrence in a matrix of early maternal deprivation has been observed by Wulff (1946), Winnicott (1953), and Greenacre (1953). The latter, in fact, regards fetichism as an adaptive response to a faulty body image due to early difficulties in the mother-child relationship. Mahler (1968) and Furer (1964) have designated this clinging to part objects as a psychotic fetish. The development of a transitional object has even been demonstrated in maternally deprived chimpanzees (Kollar et al., 1968). The restitutive and adaptive function of the children’s clinging to these objects is further revealed by the panic reaction which occurs when they are taken away. In some of the children, the fear of body disintegration was expressed as castration anxiety,

\(^2\) In previous studies of self-mutilation in schizophrenic children, the author (1967, 1968) discussed the adaptive significance of this symptom.
but this was usually a later development and was superimposed on the edifice of pregenital body-image impairment.

The roots of these primitive adaptive responses to separation in the schizophrenic girls can be found in the earliest symbiotic relationship between the infant and mother during the first year, in which the initial concepts of the self are fused with parts of the mother's body. The infant's gratification at the mother's breast promotes a fusion between his pleasurable body sensations and the breast, perceived as a maternal part-object. This facilitates the perception of the mother's breast as an extension of his own body. According to Jacobson (1954), separations and refusions between part images of self and object corresponding to alternating infantile experiences of frustration and gratification continue intermittently during the first two to three years, contributing to the first primitive identification. This is magical in quality and based largely upon the mechanisms of projection and introjection. Normally, with the maturation of perceptual, cognitive, and integrative ego functions, the part images of self and object are consolidated into complete self and object representations, which become differentiated from one another during the separation and individuation phase of ego development during the second year. Self and object differentiation is further promoted by the advent of locomotion and the development of language. By the end of the third year, the object is discretely perceived and can be internalized, insuring object constancy. This coincides with the child's ability to internalize his own relatively integrated self-image. At this time, transitory separations from the maternal object are tolerated because on the basis of previous experience the normal child has been able to internalize his mother's image and anticipate her return. If the separation is more permanent, the autonomy of the child's self-image will enable him to transfer his attachment to a substitute object. Attainment of stable, internal images of self and object allows the normal child to maintain his self-awareness and body integrity in changing situations in the absence of the significant object. This progression in the level

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3 The concept of "internalization" utilized throughout this paper is analogous to the creation of inner representations of externally perceived images of self and object by the ego, described by Sandler and Rosenblatt (1962).
of ego adaptation from projective and introjective mechanism of the symbiotic period to the internalization of integrated images and concepts during separation-individuation corresponds to the transition from sensorimotor intelligence to conceptual intelligence as outlined by Piaget (1960). According to Piaget, the child’s acquisition of language and his use of early concepts and symbols enable him to function independently of direct perceptual contact with the environment. These schizophrenic children, on the other hand, have failed to effect this transition. Defective perceptual and cognitive functioning impairs their ability to construct and internalize stable self and object representations. Deficits in the ego’s synthetic function interferes with the consolidation of part images of self and object into corresponding whole images. The extreme anxiety manifested by these schizophrenic children further augments the disintegrative tendencies impinging on the body image. Their resulting body concept consists of loosely integrated and fragmented parts of their body which are poorly differentiated from part images of the object. Their inability to conceptualize a constant and well-defined body image makes these children highly dependent on the object for the maintenance of body integrity, but their corresponding inability to internalize a representation of the whole object requires the prolonged utilization of primary process adaptive mechanisms to secure its constant presence. Clinging, touching, smelling, oral incorporation, substitution of the part object (body parts, clothing, possessions), and the use of transitional objects represent the underlying fantasy of symbiotic fusion with the maternal object and are used to alleviate the panic precipitated by routine separations.

Thus far, no single etiological factor has been able to account for perceptual, cognitive, and integrative disorders manifested by these schizophrenic children. Goldfarb’s conceptual model (1961) depicts a continuum of causal factors ranging from primary organic impairment of the child to a primary psychosocial deviancy within the family. Each case of childhood schizophrenia is thought to contain a different admixture of these primary causal factors. In the cases cited here, the severe impairment in the early mother-child relationship, in the absence of unequivocal signs of cerebral dysfunction, points to the significant role played by a confusing and disorganizing
environment in the genesis of a defective concept of self and object. Hendrick (1951) stressed the importance of the mother in the formation of the infant’s earliest ego identifications, which in turn greatly influence ego functioning.

The impact of experiential factors on the development of a perceptual and cognitive disorder common to these schizophrenic girls has been clearly demonstrated in the phenomenon of the “illusory penis.” These girls manifested marked sexual confusion and a striking preoccupation with the acquisition and loss of an illusory penis. The fantasied penis was treated like other parts of the body which were loosely integrated into the body image and thereby vulnerable to loss. It was also utilized as a part of the significant object from whom separation was feared. Interest in the fantasy penis was related to anxiety concerning object loss and body fragmentation rather than to castration anxiety resulting from oedipal conflict. The fantasy penis resembled a transitional object, possessing components of both the object and the self. This phenomenon can be best regarded as a reparative fantasy used to allay anxiety concerning object loss with concurrent loss of body integrity, rather than a denial of a fantasied castration by the mother. Study of the case histories reveals the presence of a consistent dynamic constellation operating within the family. With the exception of the last case, each girl had been deprived of adequate maternal care and stimulation since early infancy. They turned away from their rejecting mothers and sought compensatory gratification in close relationships with their fathers. Unfortunately, the warmth and physical contact provided by their fathers were accompanied by sexual overstimulation and even frank seduction. These men were passive, ineffectual, and socially isolated, and utilized the relationship with their disturbed daughters to obtain sexual and narcissistic gratifications lacking in their work and marriage. A similar constellation of an aloof mother and mutually interdependent father and daughter was described by Lidz et al. (1963) in families of young women who experienced schizophrenic breakdowns.

Contact with a passive and often “maternal” father in contrast to

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4 This does not negate the possible influence of intrinsic organic deficits, undetectable by current methods of assessment, which could render these children even more vulnerable to a pathological environment.
a detached but domineering mother facilitated the fantasy of the penis as a feeding organ in place of the mother's breast. This simultaneous unavailability of the mother as a model for feminine identification further compounded the sexual confusion which was so prominent among these schizophrenic girls. This enabled the "illusory penis" to be utilized as a part object representing either the father or the phallic mother.

A biological factor contributing to this phenomenon might be the invisibility of the female genitalia. This would make its integration into the body image more difficult. Greenacre (1950) indicated that the appearance of clitoral sensitivity and masturbation could consolidate the fantasy of the illusory penis.

The clinical observation that the girls in our schizophrenic population manifested greater difficulty than the boys with separation and the maintenance of body integrity might depend on the following factors. First of all, their genital appears damaged, and cannot be directly visualized. The resulting genital confusion and anxiety might become generalized to include the whole body. This body anxiety would be further intensified by the more drastic pubertal changes in body configuration and physiology experienced by girls. The difficult task of integrating these changes into the body image increases their dependence on the maternal object for the maintenance of their body integrity. Secondly, the fact that the mothers of our schizophrenic children demonstrate a higher incidence of schizophrenia than the fathers will have a more pathological impact on the girls, who are so dependent on their mothers for sexual identity and body integrity. The boys, on the other hand, can compensate more easily for deviant mothering by a relationship with a relatively healthy father. Finally, our cultural attitudes encourage greater dependency in girls, and promote a stronger cathexis of their bodies by reinforcing narcissistic feminine interest in facial and physical appearance in excess of that observed in boys. The apparent sexual difference in the management of separation and body integrity in schizophrenic children suggests the importance of investigating these phenomena in a group of schizophrenic boys.

The clinical observations and theoretical formulations regarding the effect of separation and object loss on the self-awareness of these schizophrenic girls have obvious therapeutic implications. Although
detailed discussion of psychotherapeutic process and technique is beyond the scope of this report, some general principles of management will be mentioned. Intervention is aimed primarily at reducing the anxiety and panic accompanying the actual or imagined object loss. The source of this anxiety should be conveyed to the child, as the separation experience is often masked by the accompanying distortions in identity and body imagery. Anxiety reduction may be achieved by modifying separation experiences so that the child can more easily control and master them. These children should be informed about departures, length of absence, and the anticipated return of significant staff personnel and family members. The predictable return of significant persons following periods of absence promotes a sense of object permanency in these children. The more effective defensive maneuvers aimed at object preservation should be reinforced, while inappropriate and maladaptive defenses should be actively discouraged. For example, biting and clinging to the counselor prior to her leaving may be replaced by allowing the child to keep a small trinket or some other token belonging to her. This acts as a transitional object and promotes conceptualization of the absent person. The child should also be encouraged to accept the care of a substitute when the significant person is unavailable. Appropriate defenses aimed at restoring body integrity should similarly be encouraged to supplant ritualistic and ineffective adaptations. For example, bizarre ruminations concerning loss of body substance and cessation of vital processes such as heart action and respiration may be counteracted by providing the child with reassurance about their automatic functioning and self-regulation. Frantic attempts to delineate body boundaries and to sharpen self-awareness by self-hitting, pinching, or tearing at the skin should be interrupted by reassuring the child of the permanency of his existence and could be accompanied by the substitution of a sympathetic physical contact for the self-destructive tactile stimulation. This highly supportive, educational approach reduces the terrifying perceptual confusion experienced by these severely impaired children. It provides them with basic intellectual constructs with which to master the anxiety inherent in the inevitable fluctuations in their internal and external reality.
Case histories of five schizophrenic girls were presented, illustrating some characteristic effects of object loss on their body image. These children responded to separation and the threat of object loss with varieties of distortion and fragmentation of their body. This threatened loss of body integrity precipitated severe anxiety which activated primitive defensive maneuvers designed to repair the body distortions and to re-establish ties with the lost object. These defenses included introjective and incorporative mechanisms designed to achieve a symbiotic fusion with the significant person, who was often responded to as a part object. These children also made frequent use of transitional objects and fetichistic behavior as a means of maintaining perpetual contact with significant persons. Their greater dependence on close attachment to these persons or concrete symbols thereof is explained by their perceptual, cognitive, and integrative failure, which impairs their ability to internalize stable images of the objects in their absence. Similar inability to conceptualize a constant body image also contributes to excessive dependence on the adult for the maintenance of body integrity. One common defensive adaptation, the "illusory penis" phenomenon, was discussed in some detail, with special reference to the role of the family constellation in its genesis. The combination of a detached, rejecting mother, and a maternal but seductive father was characteristically observed. The clinical observation that the girls manifested greater difficulty with separation and the maintenance of body integrity than boys in a schizophrenic population is attributed to their sense of genital damage, a more complex genital structure and physiology, a greater dependency on their mothers (who show a greater incidence of psychosis) for bodily definition and identification, and cultural attitudes which encourage them toward a greater body cathexis. Some therapeutic principles were outlined which were aimed at promoting object constancy and augmenting more adaptive defenses concerned with securing the body's integrity.
REFERENCES


