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Hypocrisy, Detachment and Adaptation

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It is a paradox that so often higher standards are expected from children than from adults, and these, standards are, moreover, often contradictory as well as applied inconsistently. The child is expected to be both kind and sincere, often under circumstances where it is difficult to be either. To combine these two attitudes is a feat that can be achieved only at the price of fargoing repression. The person who claims with great conviction that he is invariably kind is the one who knows least about his own mental reactions. The price of such "sincerity" is insincerity with oneself. Social conventions allow adults more loopholes in difficult situations than children, though the latter are more in need of them. What is called "tact" and "consideration" in the case of adults is often labelled in the case of children "lying", "hypocrisy", "playing up to one", "cupboard love", etc.

There is such moral stigma attached to the term hypocrisy that its tremendous value for social adaptation is rarely realized. Why is there so much disapproval of "lying" and "hypocrisy"? Just because it is such an effective weapon on the part of the child against the adult's attempts to subjugate him. A child who is truthful can be "trusted", i.e., need not be supervised. Difficulties arise only from the adults' point of view, when the child is more truthful than they would like him to be and observes and expresses even what the adults do not want him to know or say. From the child's point of view a too fargoing truthfulness and submission is most undesirable, as it is bound to lead to excessive inhibition and a warping of his personality.

Hypocrisy covers a variety of phenomena. This expression is used by adults tendentiously often as a term of abuse: they use it whenever the child has failed to act according to their wishes. Let us refrain therefore from this adult "proparental" bias and assess objectively some of the different situations and mechanisms covered by the term hypocrisy. Hypocrisy and lying are ego methods of adaptation, used with varying skill in situations where the environment clashes with the child, who does not dare to defy the adult openly, yet tries to preserve his own ego. Tansk pointed out that the first successful lie is of the greatest importance for the ego development of the child and helps to establish his ego boundaries in so far as it convinces him that he has a personality of his own, independent from the adult's. Children suffering from excessive anxiety or a sense of inferiority often take recourse to lying or hypocrisy, even when objectively it is unnecessary, either to aggrandize

themselves, to compensate for their sense of insecurity, or because they expect everybody to be against them and are afraid of unpleasant consequences out of all proportion.

Again, what appears to the onlooker as hypocrisy is often quite a genuine impulse but not strong enough to last; it is an attempt to be good carried through with insufficient means. Hypocrisy has been denned as the compliment that vice pays to virtue. As we all know, it is difficult to draw a sharp link between the

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“weak character” who wants to be good but fails, and the hypocrite who only makes a pretense. Children try, to a varying degree, to live up to the demands of their environment. What they get blamed for is that their efforts at adaptation are not lasting and thoroughgoing or “real” enough. This reproach is often unjustified; the child may be full of good intentions but cannot sustain them because too much is expected from him. With the characteristic “double morality” of the adult governing classes, children are rarely given the benefit of the doubt of having tried their best which the grown-ups only too readily bestow upon themselves.

Much that is deprecated as “hypocrisy” is really ambivalence, especially in hysterical types, such as when a maid appears to be fond of her mistress yet speaks badly about her behind her back. Delinquents often have a very insecure mental balance, and the slightest disappointment provokes their anxiety and hostility and changes their eagerness to cooperate into resentment and anti-social behavior. Many of them, in spite of their asocial behavior and defective relation to objects, make a very favorable first impression. One patient looked angelical and at first conducted herself very well in new surroundings, but after only a few days reverted to her asocial behavior. The disappointment and outraged environment naturally said that her good behavior at the beginning had only been simulated. Analysis showed, however, that at first she had had a real intention to be good, hoping that her foster parents would be good to her in turn. But her expectations were so extreme that they could never be fulfilled in reality. Her own attempts to be good were likewise impracticable in reality. She strove to suppress all her aggressive and sexual impulses, with the result that she could never be good for long. Because she had been unable to achieve an adjustment between her superego and instinctual life, she went from one extreme to the other, and people around her were only too ready to explain her provoking behavior as “hypocrisy”.

Most people seem quite happy once they have labelled some inconsistent or strange behavior as “hypocrisy”, as if this expression explained everything and needed no explanation itself. Even the individual himself, when at a loss to understand his own irrational behavior, credits his ego with more power than it possesses, and rationalizes his behavior as accepting the labelling of his environment. He himself believes that he deliberately play-acted when he was merely carried away by the extremes of his reactions.

Let us now take those cases where the patient himself assumes that his good intentions were only simulated in order to gain certain advantages. Yet this apparently convincing argument often proves untrue in the analysis. Often simulation is an attempt by the ego to rationalize a process which is compulsive. Also, hypocrisy though apparently a conscious and deliberate action is often exploited for unconscious purposes, in fact used as an unconscious defense mechanism. Just as conscious might often express truths of the unconscious, the simulated emotion often corresponds to a deeper repressed one. An adolescent felt embarrassed by his father's sudden kindness and decided it was most appropriate in this difficult situation to simulate affection. His parents were divorced,

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and he sided with the mother and hated his father. His father's affection brought out a loving response; but to admit to himself that he loved his father would have provoked a conflict; and to avoid that he showed affection but reassured himself that it was only simulated. Thus there were three layers: 1) the simulated emotion; 2) a conscious condemnation of his father; 3) an unconscious feeling of tenderness for him, the source of the (apparently) simulated emotion. This mechanism is quite frequent.

Deliberate hypocrisy as far as it is a conscious ego mechanism is an alternative to unconscious defense mechanisms that affect the ego more deeply and over which the latter has little control, such as depersonalization. On the other hand, as far as hypocrisy is the rationalization of a deeper unconscious process, it is nearly related to and based on depersonalization mechanisms. Alternately, the feeling that an impulse is simulated seems peculiarly well adapted to make it seem foreign to the ego, much as in depersonalization forbidden impulses may become conscious if they are deprived of affect. A patient was afraid of showing

any genuine feelings for fear they might be regarded as simulated; he had, however, no compunction of pretending emotions he did not feel. The latter were unreal, so that it did not matter to him how they were received, but to have his genuine feelings devalued was unbearable. The simulated feelings were depersonalized and served as a sort of "trial balloon".

Like hypocrisy, detachment plays an important role in adaptation. It is largely the intensity and immediate character of the young child's emotions and impulses that are responsible for his clashes with his environment, his disappointments, and his tempers. As he grows older, he becomes more "reasonable", better able to sustain hurts and frustrations, to bear postponement and to be satisfied with the gratifications offered him. Many factors help this process of adaptation and maturation; one of the most important is repression, both of the ideational contents and of the intensity of instinct and emotion. Impulses become more malleable when less intense; frustration is felt less sharply; conflicts over instincts and the resulting anxiety and guilt are milder if the instinctual energy involved has become less pressing. But this form of adaptation is bought at a heavy price: repression of ideational contents is bound to lead to an inhibition of intellectual abilities and of imagination; repression of instinctual energy to an inhibition of activity, initiative and the capacity of enjoyment; repression of emotions to emotional shallowness and various disturbances of feeling.

This inhibition of feeling is nearly related to detachment and depersonalization phenomena. The depersonalized patient suffers deeply from his inability (inhibition) to feel. This indicates that he has had some experience as to what feeling is; otherwise, he could not realize what he is missing. Depersonalized patients have been, as a rule, emotional, oversensitive, affectionate children who were forced to protect themselves against getting hurt by blunting their feelings. The impact of repression has been more sudden and deeper going in their case than in that of the simple inhibited patient; in the latter case the inhibition has come on slowly in an all pervading manner without being excessive in any particular respect. Many persons of this type are regarded as normal because there is nothing striking

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about their inhibition and because the average person is rather inhibited. The usual way of assessing whether an individual is inhibited is to compare him with other people, but this method takes the average inhibition for granted and by

implication regards it as normal. Instead we should try to assess a person's potentialities and compare them with his actual ability.

Persons whose inhibitions are within the limits of normality are rarely aware that there is anything wrong with their shallowness of feeling. On the contrary, they are often proud of their mediocrity, "self-control" or "objectivity", and may even regard themselves as the backbone of the nation or as model citizens. They do not regret their inability to experience deeper feelings or greater enjoyment because they cannot miss what they have never known. Analyzing them might develop their emotional and imaginative capacities to some degree, but the changes achieved with this type of patient are rarely impressive. If, however, we succeed in breaking through the defenses of the depersonalized patient—which is not easy, and a process that upsets him deeply—we often can restore the wealth of feeling and imagination he had had as a child.

The defense mechanisms adopted by the child are to some degree conditioned by the type of stress to which he has been exposed: whether it has been a continuous or sudden one, whether it affected the whole of his development or only certain specific aspects, the type of painful emotion or conflict provoked, the age at which it was experienced, the strength of his ego to cope with it, and the help or comfort he got from his environment.

Detachment of affect or depersonalization is one of the most important defense mechanisms; there is no individual who has not been affected by it, perhaps, most of all, the ordinary "normal" person who bought his normality so largely at the price of repression and detachment. This might be one explanation for the phenomenon that abnormality seems more frequent among brilliant people. Their difficulties are more obvious, while the average person has coped with his conflicts by inhibition and detachment.

Depersonalization is a syndrome with many aspects and symptoms: the patient wondering about the reality of himself or that of the world around him, why he is himself, whether his hand or other parts of his body are his. Depersonalization is more frequent than is usually recognized, and it has not received the attention it deserves. Often the cause of therapeutic failure is that the patient's depersonalization has not been recognized and broken through. Most of those apparently pleasant and cooperative patients who understand analytic interpretations so well and sometimes obligingly add their own, yet who fail to react and to improve, suffer from depersonalization, which is not likely to be cured by a detached attitude on the part of the analyst.

Apart from the open and painful manifestations of depersonalization characteristic for most schizoid and many obsessional conditions (perhaps because of the schizoid elements contained in the latter), it is a root of many other disturbances, character difficulties and pathological reactions. Like people who pinch their numb limbs to make sure that they feel, so depersonalized patients sometimes work themselves up into emotional scenes or tempers to make sure that they are capable of feeling. Though originally their depersonalization was an

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escape from and defense against painful affects or hostility, they often reach a phase when they prefer even painful feelings or aggression to feeling "dead". This plays a role in such varied phenomena as overemotionalism and a tendency to scenes in hysteria, alcoholism, drug addiction, etc. One patient took luminal on a number of occasions in the attempt to break through her depersonalized condition; subsequently, she was overwhelmed with guilt for having taken luminal, and this guilt drove her to take an increasing number of tablets culminating in a suicidal attempt.

An alcoholic patient who started to concern himself with my feelings of insecurity and my sex life got rather worked up and refused to tell me some of his ideas. This started a drinking bout of three days. When I saw him again, he had lost contact with me and forgotten what he had previously refused to say. The drinking and the temporary depersonalization were a defense against intense transference emotions; at the same time he lived them out some degree in his drinking period. He was very much ashamed afterwards and afraid that I might refuse to go on with him. As a protection against this feared expulsion, he ostracized himself by becoming detached. This was both a protection against the feared hurt and a punishment, by denying himself the contact with me which he valued.

Depersonalization may be due to: a) identification with a depersonalized parent. It implies a double identification: the patient copies his parent's inability to feel, and suffers from his own inability to feel as much as he suffered as a child from his parent's lack of love. Often as a child he was not only hurt and frustrated through this lack of love, but he also felt sorry for the parent who was unable to experience emotions; b) depersonalization is a defense against instinctual conflicts; c) against getting hurt; d) a weapon against others; and e) an escape from a painful situation, a substitute for physical running away or for suicide.

With most patients the degree of depersonalization is a variable one; an intensification of the sense of detachment is as a rule a sure indication for the intensity of the underlying conflict. A schizoid patient became more depersonalized when he was in the Navy because he had to develop stronger defenses to ward off a greater temptation towards homosexuality.

Detachment is an effective method for coping with otherwise unbearable conflicts, a protective barrier against guilty impulses, against anxiety and other painful feelings, or alternately against being hurt by others. If a child has been hurt by the parent's not responding to his love needs, he can retaliate by withdrawing and detaching himself. Most people find the lack of normal emotional responses frightening. Detachment, mental withdrawal, is a substitute for physical running away or suicide. The young child has no concept of suicide yet. This escape is barred to him, and he is altogether more dependent on his environment. When he feels unhappy or hurt, he can rarely run away. He can only react, with tempers and naughtiness, or withdrawal and detachment. The former attracts, naturally, more attention, and analysts have not studied the latter phenomena adequately. In particular, the frequency of this mode of reaction has not been realized.

Many people submit to painful or humiliating situations by "not caring", by

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detaching themselves, by feeling it is not really they who are submitting, or that the other person has no real hold over them or no power to hurt them so long as they show no real feelings. Just as boys want to show that they "can take it" and try not to give the satisfaction to the punishing person of minding being caned, so children who have been hurt or blamed too much" and whose parents played too much on their emotions withdraw and detach themselves. This detachment gives them a sense of superiority and independence. In particular, adolescents greatly idealize stoicism and admire Indians who stood torture without as much as a sound. There is primitive belief that a man who can forego his desire to eat over a long period becomes like one of the gods, independent from earthly cares and needs. Not to feel is inhuman or superhuman, not only a defense but a defiance, an effective method of thwarting those who want to play on one's weaknesses or feelings.

Depersonalization is most marked in criminals and accounts for their apparent lack of guilt or emotions. A gangster told me that he would do something particularly mean whenever he had a decent emotion, in order to kill the latter and to prove to himself that he was "tough". A bank robber assured me that he never stole from individuals but only from institutions. Though his social philosophy sounded quite convincing, this attitude reflected his depersonalization. To steal from persons one knows (or their substitutes) may appear objectionable according to ordinary normal standards, but it is the expression of spontaneous ambivalent relation; to steal from unknown people or impersonal institutions reflects a depersonalized attitude.

A criminal dreamed, several months after his discharge, that he was back in Dartmoor. Although he woke with anxiety, it was the realization of his anxiety that gave him a real sense of panic. His only security lay in the fact that he was quite devoid of ordinary human emotions; his self-esteem depended on it. So often criminals commit a particularly mean act to counteract a spontaneous decent feeling of sympathy or affection in order to prove their bitter cynicism to themselves. Some observers are wrongly impressed with the way in which criminals parade a vicious behavior and a ruthless frame of mind. This is put on so blatantly to compensate for and deny any tender feelings. Criminals become "callous" or "hardened" because they have been hurt and disillusioned so often. They fear nothing so much as becoming gentle and trusting again, and open to every hurt. Only unending patience and forbearance and genuine sympathy can break through their emotional barriers. It is difficult to exaggerate the degree to which depersonalized or schizoid patients get upset if analysis or merely human sympathy succeeds in breaking through their barriers.

These mechanisms are of great importance for the development of criminals. A patient who subsequently became a gangster used to be just an ordinary delinquent boy. His misbehavior was the outcome mainly of a bad home life and of poor social conditions. He was then sent to a Reformatory. After a while he realized the futility of his initial defiance and decided to conform. He became a star pupil and left before his time was up, and made very genuine efforts to go

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straight. Yet a few years later he had become a gangster. He had turned from a somewhat unhappy and neurotic, but essentially normally naughty, boy into a real criminal at the very moment he seemed to make good; his apparent

adaptation was based on detachment, and his anti-social impulses became really dangerous the moment they were driven underground.

For this reason good behavior in prison is no indication whatsoever as to how the criminal will behave after his discharge, as so much adaptation is achieved by means of detachment, and rarely survives the immediate pressure. I am not at all convinced that “open” prisons and borstals are as desirable as most modern penologists assume. The inmates are very well aware of the dire consequences if they run away, which yet is made so easy. They are not treated much better than in ordinary prisons; since their anxiety and hostility are constantly being provoked, they must make a greater effort to check these feelings than men who can rely on prison bars. Any treatment, educational or penal, which disposes with immediate restrictions, but does not mitigate ultimate consequences, nor prevent the accumulation of hate and fear, imposes the need for excessive self-control which can be achieved merely by depersonalization, and is, therefore, harmful.

Another anti-social patient was in continuous trouble as a child and was thrown out of some twenty or thirty schools. At the age of eighteen he suddenly acquired self-control and stopped breaking the law openly, but he became warped in his emotional development and an anti-social paranoiac. He knew that from now onwards he might be executed if he committed murder. The realization of what might happen if he were unable to control his temper enforced depersonalization. This type of patient becomes deeply upset and extremely difficult if his detachment is broken through, and therefore he requires very skilful handling. I was struck with the unusually great difficulties this patient still had in reading or doing any sort of intellectual work when he had already become more normal in many other respects. Yet he had succeeded in completing his studies and passing his examinations some years ago when he was deeply abnormal, thanks to his depersonalization. This case brought home to me how depersonalization may help even very abnormal patients to stabilize, not only by curbing their anti-social impulses, but by diminishing their conflicts, helping them to adapt in a positive sense.

The realization of this protective and dynamic function of depersonalization mechanisms will make us tread warily when approaching these defenses, and cope with the explosive material released, before tackling further defenses. If such precautions are neglected and the analyst really succeeded in removing all defenses at once—a course fortunately resisted by the patient—the result might be anything from murder to suicide or psychotic breakdown.

Patients, who as a result of their analysis are beginning to get over their depersonalization, are sometimes unable to detach themselves in a normal way

which is necessary in everyday life, because their pathological detachment has made them oversensitive to normal detachment. One patient was unable to think theoretically for the same reason as abstract thought was too nearly related to

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depersonalization; another patient could not bear the numbness in her lip accompanying injections for teeth extractions, for the same reason. The physical loss of feeling was related to her mental numbness, i.e., depersonalization, and therefore was frightening.

There are many types of depersonalization which require further study. The various types are largely determined by the type of emotional situation which provoked it and the purpose it serves. It may be mainly defensive to protect the patient against further hurts, or brought on by anxiety or aggression, caused by hostility and contempt. Some patients, mainly criminals, can put it on almost deliberately when they want to be defiant. Others are deeply unhappy about it and unable to counter or modify it, however hard they try.

I have known parents who would get themselves deliberately into a state of depersonalization in order to be able to punish their child. Some patients can do it in order to escape anxiety or a humiliating situation. Probably the mechanism is less deliberate than it appears to the person concerned, and he merely rationalizes an unconscious involuntary reaction, and he would find it difficult to refrain from involving it in the given situation—an indication that his ego does not have as much choice in the matter as he would like to think.

The pathological and extreme forms should not make us forget the normal and indispensable types of detachment. It is a mechanism of greatest importance for development, the precondition for any objectivity or for “reasonable” behavior, an essential help for getting over hurts, for learning to control one's impulses, for learning to think, in particular for abstract thinking and mathematics, and for trying to understand the other person's point of view. Normal detachment can often be brought about by a conscious effort of will and be learned by practice. Some people try deliberately to detach themselves after a hurt, or even while experiencing it, by trying to analyze the situation, seeing the other person's point of view, trying to look at the hurt humorously or “from the outside”. Probably these are conscious attempts at detachment, but the latter can be helped or countered by conscious efforts.

It is largely because of this capacity for detachment that painful memories “mellow” with time, that the painful emotions lose some of their intensity. It is desirable for normality that this detachment should be easy and elastic and not take place in massive quantities, and it should be followed by equally easy cathexes. We could never act rationally or think objectively if we were constantly under the full sway of our emotions. It is necessary that we should be able to keep them in temporary abeyance, that we can think and feel in “watertight” compartments. But emotions cannot be repressed or kept in mid-air forever. The price of too fargoing detachment is emotional frustration, if not worse. Detachment has become unduly idealized in our time, probably as a reaction to the overemotionalism of the Victorians. Apparently the struggle between the classes has become milder, but much that appears as reasonable compromise is actually pathological depersonalization and the sadism comes out in other channels, e.g., in the neglect of the individual. He has become, like in the fantasies of depersonalized

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patients, merely a figure, a shadow, who can be annihilated without scruples. The open pleasure in wars, sadism and destruction has been repressed; we go to war regretfully in a detached frame of mind. Yet wars have become infinitely more terrible than they were when men regarded killing as a sport. The idealization of self-control, objectivity and detachment springs from fear of emotions. It is largely glorified as being scientific, and has greatly influenced upbringing, psychiatry, psychoanalytic practice and other fields. In my opinion, it does at least as much harm as unbridled emotion.

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