

Loneliness

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I AM NOT SURE WHAT INNER forces have made me, during the last years, ponder about and struggle with the psychiatric problems of loneliness. I have found a strange fascination in **thinking** about it—and subsequently in attempting to break through the aloneness of **thinking** about loneliness by trying to communicate what I believe I have learned.

Perhaps my interest began with the young catatonic woman who broke through a period of completely blocked **communication** and obvious anxiety by responding when I asked her a question about her feeling miserable: She raised her hand with her thumb lifted, the other four fingers bent toward her palm, so that I could see only the thumb, isolated from the four hidden fingers. I interpreted the signal with, "That lonely?", in a sympathetic tone of voice. At this, her facial expression loosened up as though in great relief and gratitude, and her fingers opened. Then she began to tell me about herself by means of her fingers, and she asked me by gestures to respond in kind. We continued with this finger conversation for one or two weeks, and as we did so, her anxious tension began to decrease and she began to break through her noncommunicative **isolation**; and subsequently she emerged altogether from her loneliness.

I have had somewhat similar experiences with other patients; and so I have finally been prompted to write down what I have learned about loneliness from my work with these patients and from other experiences of my own.

The writer who wishes to elaborate on the problems of loneliness is faced with a serious terminological handicap. Loneliness

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seems to be such a painful, frightening experience that people will do practically everything to avoid it. This avoidance seems to include a strange reluctance on the part of psychiatrists to seek scientific clarification of the subject. Thus it comes about that loneliness is one of the least satisfactorily conceptualized psychological phenomena, not even mentioned in most psychiatric textbooks. Very little is known among scientists about its genetics and [psychodynamics](#), and various different experiences which are descriptively and dynamically as different from one another as culturally determined loneliness, self-imposed aloneness, compulsory solitude, isolation, and real loneliness are all thrown into the one terminological basket of "loneliness."

Before entering into a discussion of the psychiatric aspects of what I call real loneliness, I will briefly mention the types of loneliness which are not the subject of this paper. The writings of modern sociologists and social psychologists are widely concerned with culturally determined loneliness, the "cut-offness and solitariness of civilized men"—the "shut-upness," in Kierkegaard's phrase¹ which they describe as characteristic of this culture. While this is a very distressing and painful experience, it is by definition the common fate of many people of this culture. Unverbalized as it may remain, it is nevertheless potentially a communicable experience, one which can be shared. Hence it does not carry the deep threat of the uncommunicable, private [emotional experience](#) of severe loneliness, with which this paper will be concerned.

I am not here concerned with the sense of solitude which some people have, when, all by themselves, they experience the infinity of nature as presented by the mountains, the desert, or the ocean—the experience which has been described with the expression, "oceanic feelings."² These oceanic feelings may

well be an expression of a creative loneliness, if one defines creativity, with Paul Tillich, in the wider sense of the term, as "living spontaneously, in action and reaction, with the contents of one's cultural life."³

¹*Søren Kierkegaard, The concept of Dread, translated by Walter Lowrie; Princeton, N.J., Princeton Univ. Press, 1944; p. 110. See also Erich Fromm, Escape from Freedom; New York, Rinehart, 1941.*

²*Sigmund Freud, Civilization and its Discontents; London, Hogarth, 1939; see, for instance, p. 8.*

³*Paul Tillich, The Courage to Be; New Haven, Yale Univ. Press, 1952; p. 46.*

I am also not concerned in this paper with the seclusion which yields creative artistic or scientific products. In contrast to the disintegrative loneliness of the mental patient, these are states of constructive loneliness, and they are often temporary and self-induced, and may be voluntarily and alternately sought out and **rejected**. Nearly all works of creative originality are conceived in such states of constructive aloneness; and, in fact, only the creative person who is not afraid of this constructive aloneness will have free command over his creativity. Some of these people, schizoid, artistic personalities in Karl Menninger's nomenclature, submit to the world, as a product of their detachment from normal life, "fragments of their own world—bits of dreams and visions and songs that we—out here—don't hear except as they translate them."⁴ It should be added that an original, creative person may not only be lonely for the time of his involvement in creative **processes**, but subsequently *because* of them, since the appearance of new creations of genuine originality often antedates the ability of the creator's contemporaries to understand or to accept them.

I am not talking here about the temporary aloneness of, for instance, a person who has to stay in bed with a cold on a pleasant Sunday afternoon while the rest of the family are enjoying the outdoors. He may complain about loneliness and feel sorry for himself, for to the "other-directed" types of the culture, "loneliness is such an omnipotent and painful threat ... that they have little conception of the positive values of solitude, and even at times are very frightened at the prospect of being alone."⁵ But however much this man with a cold may complain about loneliness, he is, needless to say, not lonely in the sense I am talking about; he is just temporarily alone.

Here I should also like to mention the sense of **isolation** or temporary loneliness which a person may feel who is in a situation of pseudo-

companionship with others, with whom an experience cannot be shared, or who actively interfere with his enjoyment of an experience. To convey more clearly what I have in mind, I quote Rupert Brooke's poem, "The Voice":

⁴Karl Menninger, *The Human Mind*; New York, Knopf, 1930; p. 79.

⁵Rollo May, *Man's Search for Himself*; New York, Norton, 1953; p. 26. See also David Riesman, *The Lonely Crowd*; New Haven, Yale Univ. Press, 1950.

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*Safe in the magic of my woods
I lay, and watched the dying light.
Faint in the pale high solitudes,
And washed with rain and veiled by night,
Silver and blue and green were showing.
And the dark woods grew darker still;
And birds were hushed; and peace was growing;
And quietness crept up the hill;
And no wind was blowing
And I knew
That this was the hour of knowing,
And the night and the woods and you
Were one together, and I should find
Soon in the silence and hidden key
Of all that had hurt and puzzled me—
Why you were you, and the night was kind,
And the woods were part of the heart of me.
And there I waited breathlessly,
Alone; and slowly the holy three,
The three that I loved, together grew
One, in the hour of knowing,
Night, and the woods, and you—
And suddenly
There was an uproar in my woods,
The noise of a fool in mock distress,
Crashing and laughing and blindly going,
Of ignorant feet and a swishing dress,
And a Voice profaning the solitudes.
The spell was broken, the key denied me
And at length your flat clear voice beside me
Mouthed cheerful clear flat platitudes.*

*You came and quacked beside me in the wood.
You said, "The view from here is very good!"
You said, "It's nice to be alone a bit!"
And, "How the days are drawing out!" you said.
You said, "The sunset's pretty, isn't it?"
By God! I wish—I wish that you were dead!*⁶

While the loneliness of the person who suffers the sense of loss and of being alone following the **death** of someone close to him is

⁶*Reprinted by permission of Dodd, Mead & Co. from *The Collected Poems of Rupert Brooke*, copyright 1915 by Dodd, Mead & Co., Inc. Copyright 1943 by Edward Marsh.*

⁷*Sigmund Freud, *The Ego and the Id*; London, Hogarth, 1935; pp. 36–37. Freud, "Mourning and Melancholia," in *Collected Papers* 4:152–170; London, Hogarth, 1934; see especially p. 160. Karl Abraham, "Notes on the Psycho-Analytical Investigation and Treatment of Manic-Depressive Insanity and Allied Conditions," Ch. 6; in *Selected Papers on PsychoAnalysis*, London, Hogarth, 1927.*

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on another level, it too does not concern me here. Freud and Abraham have described the dynamics by which the mourner counteracts this aloneness by incorporation and identification; this can often be descriptively verified by the way in which the mourner comes to develop a likeness in looks, **personality**, and activities to the lost beloved one.⁷ By such incorporation and identification the human mind has the power of fighting the aloneness after the loss of a beloved person. Somewhat similar is the sense of lonesomeness which lovers may suffer after a broken-off love affair. Daydreams, fantasies, and the love songs of others—or sometimes original compositions—help the unhappy lover to overcome his temporary solitude: "Out of my great worry I emerge with my little songs," as the German poet Adelbert von Chamisso put it.

The kind of loneliness I am discussing is nonconstructive if not disintegrative, and it shows in, or leads ultimately to, the **development** of psychotic states. It renders people who suffer it emotionally paralyzed and helpless. In Sullivan's words, it is "the exceedingly unpleasant and driving experience connected with an inadequate discharge of the need for human intimacy, for interpersonal intimacy."⁸ The longing for interpersonal intimacy stays with every human being from infancy throughout life; and there is no human being who is not threatened by its loss.

I have implied, in what I have just said, that the human being is born with the need for contact and tenderness. I should now like to review briefly how this need is fulfilled in the various phases of childhood **development**—if things go right—in order to provide a basis for asking and answering the question, What has gone wrong in the history of the lonely ones? That is, what has gone wrong in the history of those people who suffer from their failure to obtain **satisfaction** of the universal human need for intimacy?

The infant thrives in a relationship of intimate and tender closeness with the person who tends him and mothers him. In **childhood**,

⁸*Hary Stack Sullivan, The Interpersonal Theory of Psychiatry; New York, Norton, 1953; p. 290.*

⁹*See footnote 8; especially pp. 261–262.*

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the healthy youngster's longing for intimacy is, according to Sullivan, fulfilled by his participation in activities with adults, in the juvenile era by finding compeers and acceptance, and in preadolescence by finding a "chum." In adolescence and in the years of growth and development which should follow it, man feels the need for friendship and intimacy jointly with or independently of his sexual drive.⁹

A number of writers have investigated what may happen, at various stages of development, if the need for intimacy goes unsatisfied. For example, René Spitz demonstrated the fatal influence of lack of love and of loneliness on infants, in what he called their "anaclytic depression."¹⁰ An interesting sidelight on this is provided by experiments in isolation with very young animals, in which the effect of isolation can be an almost completely irreversible lack of development of whole systems, such as those necessary for the use of vision in accomplishing tasks put to the animal.¹¹ Sullivan and Suttie have noted the unfortunate effects on future development if a person's early need for tenderness remains unsatisfied, and Anna Freud, in her lecture at the 1953 International Psychoanalytic meetings in London, described sensations of essential loneliness in children under the heading of "Losing and Being Lost."¹²

Both Sullivan and Suttie have particularly called attention to the fact that the lonely child may resort to substitute satisfactions in **fantasy**, which he cannot share with others. Thus his **primary** sense of isolation may subsequently be reinforced if, despite the pressures

¹⁰René Spitz and Katherine M. Wolf, "Analytic Depression," pp. 313–342; in *Psychoanalytic Study of the Child*, Vol. 2; New York, International Univ. Press, 1946.

¹¹John C. Lilly has referred to these experiments in "Mental Effects of Reduction of Ordinary Levels of Physical Stimuli on Intact, Healthy Persons," *Psychiatric Research Reports*, No. 5; *American Psychiatric Association*, June, 1956.

¹²Sullivan, footnote 8. Ian D. Suttie, *The Origins of Love and Hate*; New York, Julian Press, 1952. *Anna Freud*, *Internat. J. Psycho-Anal.* (1953) 34:288; (1954) 35:283.

An interesting description by a layman of the impact of loneliness in childhood is given by Lucy Sprague Mitchell in her Two Lives: The Story of Wesley Clair Mitchell and Myself (New York, Simon and Schuster, 1953). In this book she vividly contrasts her own childhood loneliness with the affection, approval, and security her husband had as a child.

¹³Robert Lindner, *The Fifty-Minute Hour: A Collection of True Psychoanalytic Tales*; New York, Rinehart, 1955; pp. 221–293.

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of socialization and acculturation, he does not sufficiently learn to discriminate between realistic phenomena and the products of his own lively **fantasy**. In order to escape being laughed at or being punished for replacing reports of real events by fictitious narratives, he may further withdraw, and may continue, in his social isolation, to hold on to the uncorrected substitutive preoccupation. An impressive example of the results of such a faulty development has been presented by Robert Lindner, in his treatment history of Kirk Allen, the hero of the "true psychoanalytic tale," "The Jet-Propelled Couch."¹³

Incidentally, I think that the substitutive enjoyment which the neglected child may find for himself in his **fantasy** life makes him especially lonely in the present age of overemphasis on the conceptual differentiation between subjective and objective reality. One of the outcomes of this scientific attitude is that all too frequently even healthy children are trained to give up prematurely the subjective inner reality of their normal **fantasy** life and, instead, to accept the objective reality of the outward world.

The process by which the child withdraws into social isolation and into his substitutive fantasies may occur if the mothering one weans him from her caressing tenderness before he is ready to try for the satisfactions of the modified needs for intimacy characteristic of his ensuing developmental **phase**. As Suttie has put it, separation from the direct tenderness and nurtural love

relationship with the mother may outrun the child's ability for making substitutions.¹⁴ This is a rather serious threat to an infant and child in a world where a taboo exists on tenderness among adults. When such a premature weaning from mothering tenderness occurs the roots for permanent aloneness and isolation, for "love-shyness," as Suttie has called it, for fear of intimacy and tenderness, are planted in the child's mind; and the defensive counterreactions against this eventuality may lead to psychopathological developments.

Zilboorg, on the other hand, has warned against psychological dangers which may arise from other types of failure in handling children—failures in adequate guidance in [reality testing](#). If the

¹⁴*Suttie, footnote 12; pp. 87–88.*

¹⁵*Gregory Zillboorg, "Loneliness," The Atlantic Monthly, January, 1938.*

omnipotent baby learns the joy of being admired and loved but learns nothing about the outside world, he may develop a conviction of his greatness and all-importance which will lead to a narcissistic orientation to life—a conviction that life is nothing but being loved and admired. This narcissistic-megalomaniac attitude will not be acceptable to the [environment](#), which will respond with hostility and isolation of the narcissistic person. The deeply seated triad of narcissism, megalomania, and hostility will be established, which is, according to Zilboorg, at the root of the affliction of loneliness.¹⁵

The concepts of Sullivan, Suttie, and Zilboorg are all based on the insight that the person who is isolated and lonely in his present [environment](#) has anachronistically held on to early narcissistic need fulfillments of fantasied substitutive satisfactions. According to Sullivan and Suttie, it may be the fulfillment of his early needs which has been critical; or, according to Zilboorg, the failure may have been in meeting his needs later on for adequate guidance in [reality testing](#).

Karl Menninger has described the milder states of loneliness which result from these failures in handling infants and children in his "isolation types of personality"—that is, lonely and schizoid personalities.¹⁶ The more severe developments of loneliness appear in the unconstructive, desolate phases of isolation and real loneliness which are beyond the state of feeling sorry for oneself—the states of mind in which the fact that there were people in one's past life is more or less forgotten, and the possibility that there may be interpersonal relationships in one's future life is out of the realm of expectation

or imagination. This loneliness, in its quintessential form, is of such a nature that it is incommunicable by one who suffers it. Unlike other noncommunicable emotional experiences, it cannot even be shared empathically, perhaps because the other person's empathic abilities are obstructed by the anxiety-arousing quality of the mere emanations of this profound loneliness.¹⁷

¹⁶See footnote 4.

¹⁷Some attention has been given to this interference of anxiety with the freedom of utilizing intuitive abilities by a seminar in which I participated, dealing specifically with intuitive *processes* in the psychiatrist who works with schizophrenics. See 'The 'Intuitive Process' and its Relation to Work with Schizophrenics,' introduced by *Frieda Fromm-Reichmann* and reported by *Alberta Szalita-Pemow*; *J. Amer. Psychoanal. Assn.* (1955) 3:7-18.

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I wonder whether this explains the fact that this real loneliness defies description, even by the pen of a master of conceptualization such as Sullivan. As a matter of fact, the extremely uncanny experience of real loneliness has much in common with some other quite serious mental states, such as panic. People cannot endure such states for any length of time without becoming psychotic—although the sequence of events is often reversed, and the loneliness or panic is concomitant with or the outcome of a psychotic disturbance. Subject to further *dynamic* investigation, I offer the *suggestion* that the experiences in adults usually described as a loss of reality or as a sense of world catastrophe can also be understood as expressions of profound loneliness.

On the other hand, while some psychiatrists seem to think of severe psychotic loneliness as part of, or as identical with, other emotional phenomena, such as psychotic withdrawal, depression, and anxiety, I do not agree with this viewpoint, in general. I shall elaborate on the interrelationship between loneliness and anxiety later. So far as psychotic withdrawal is concerned, it constitutes only seemingly a factual *isolation* from others; the relationship of the withdrawn person to his interpersonal *environment*, and even his interest in it, is by no means extinguished in the way that is true of the lonely person. So far as depressed patients are concerned, every psychiatrist knows that they complain about loneliness; but let me suggest that the preoccupation with their relationships with others, and the pleas for fulfillment of their interpersonal dependency-needs—which even withdrawn depressives show—are proof that

their loneliness is not of the same order as the state of real detachment I am trying to depict.

The characteristic feature of loneliness, on which I shall elaborate later, is this: It can arouse [anxiety](#) and fear of contamination which may induce people—among them the psychiatrists who deal with it in their patients—to refer to it euphemistically as "depression." One can understand the emotional [motivation](#) for this definition, but that does not make it conceptually correct.

People who are in the grip of severe degrees of loneliness cannot talk about it; and people who have at some time in the past had such an experience can seldom do so either, for it is so frightening and uncanny in [character](#) that they try to dissociate the memory of what it was like, and even the fear of it. This frightened secretiveness and lack of [communication](#) about loneliness seems to increase

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its threat for the lonely ones, even in retrospect; it produces the sad conviction that nobody else has experienced or ever will sense what they are experiencing or have experienced.

Even mild borderline states of loneliness do not seem to be easy to talk about. Most people who are alone try to keep the mere fact of their aloneness a secret from others, and even try to keep its conscious [realization](#) hidden from themselves. I think that this may be in part determined by the fact that loneliness is a most unpopular phenomenon in this group-conscious culture. Perhaps only children have the independence and courage to identify their own loneliness as such—or perhaps they do it simply out of a lack of imagination or an inability to conceal it. One youngster asked another, in the comic strip "Peanuts, " "Do you know what you're going to be when you grow up?" "Lonesome, " was the unequivocal reply of the other.

Incidentally, one element in the isolation of some lonely psychotics may be the fact that, perhaps because of their interpersonal detachment, some of them are more keen, sensitive, and fearless observers of the people in their [environment](#) than the average nonlonely, mentally healthy person is. They may observe and feel free to express themselves about many painful truths which go unobserved or are suppressed by their healthy and gregarious fellowmen. But unlike the court jester, who was granted a fool's paradise where he could voice his unwelcome truths with impunity, the lonely person may be displeasing if not frightening to his hearers, who may erect a psychological wall of ostracism and isolation about him as a means of protecting themselves.

Cervantes, in his story, "Man of Glass, " has depicted a psychotic man who observes his fellowmen keenly and offers them uncensored truths about themselves. As long as they look upon him as sufficiently isolated by his "craziness, " they are able to laugh off the narcissistic hurts to which he exposes them.¹⁸

I would now like to digress for a **moment** from the subject of real, psychotogenic loneliness to consider for a **moment** the fact that while all adults seem to be afraid of real loneliness, they vary a great deal in their tolerance of aloneness. I have, for example, seen some people who felt deeply frightened at facing the infinity

¹⁸Cervantes Saavedra, "Man of Glass, " pp. 796; in *The Portable Cervantes*, translated and edited by Samuel Putnam. New York: Viking Press,

¹⁹Kierkegaard, footnote 1; p. 107.

of the desert, with its connotations of loneliness, and others who felt singularly peaceful, serene, and pregnant with creative ideas. Why are some people able to meet aloneness with fearless enjoyment, while others are made anxious even by temporary aloneness—or even by silence, which may or may not connote potential aloneness? The fear of these latter people is such that they make every possible effort to avoid it—by playing bridge, by looking for hours at television, by listening to the radio, by going compulsively to dances, parties, the movies. As Kierkegaard has put it, "... one does everything possible by way of diversions and the Janizary music of loud-voiced enterprises to keep lonely thoughts away..."¹⁹

Perhaps the explanation for the fear of aloneness lies in the fact that, in this **culture**, people can come to a valid self-orientation, or even awareness of themselves, only in terms of their actual overt relationships with others. "Every human being gets much of his sense of his own reality out of what others say to him and think about him, " as Rollo May puts it.²⁰ While alone and isolated from others, people feel threatened by the potential loss of their boundaries, of the ability to discriminate between the subjective self and the objective world around them. but valid as this general explanation for the fear of loneliness may be, it leaves unanswered the question of why this fear is not ubiquitous.

Generally speaking, I believe that the answer lies in the degree of a person's **dependence** on others for his self-orientation, and that this depends in turn on the particular vicissitudes of the developmental history. Here, you may recall, I

am talking about aloneness, and not what I term real loneliness; and whether the same holds true for loneliness, I do not know. Only an intensive scrutiny of the developmental history of the really lonely ones might give the answer; and the nature of real loneliness is such that one cannot communicate with people who are in the grip of it. Once they emerge from it, they do not wish—or they are unable—to talk about their loneliness or about any topic which is psychologically connected with it, as I suggested earlier.

Descriptively speaking, however, one can understand why people are terrified of the "naked horror"—in Binswanger's term—of

²⁰Rollo May, *Man's Search for Himself*; New York, Norton, 1953; p. 32.

²¹See footnote 8; p. 262.

real loneliness. Anyone who has encountered persons who were under the influence of real loneliness understands why people are more frightened of being lonely than of being hungry, or being deprived of sleep, or of having their sexual needs unfulfilled—the three other basic needs which Sullivan assigns to the same group as the avoidance of loneliness. As Sullivan points out, people will even resort to anxiety-arousing experiences in an effort to escape from loneliness, even though anxiety itself is an emotional experience against which people fight, as a rule, with every **defense** at their disposal.²¹ Needless to say, however, the person who is able to do this is not fully in the grip of true, severe loneliness, with its specific character of paralyzing hopelessness and unutterable futility. This "naked horror" is beyond anxiety and tension; **defense** and remedy seem out of reach. Only as its all-engulfing intensity decreases can the person utilize anxiety-provoking defenses against it. One of my patients, after she emerged from the depths of loneliness, tried unconsciously to prevent its recurrence, by pushing herself, as it were, into a pseudo-manic state of talkativeness, which was colored by all signs of anxiety.

Another drastic defensive maneuver which should be mentioned is compulsive eating. As Hilde Bruch's research on obesity has shown, the attempt to counteract loneliness by overeating serves at the same time as a means of getting even with the significant people in the **environment**, whom the threatened person holds responsible for his loneliness.²² The patient I have just mentioned, who resorted to pseudo-manic talkativeness as a defense against loneliness, told me that her happiest childhood memory was of sitting in the darkened living room of her home, secretly eating stolen sweets. In her first therapeutic interview, she said to me, "You will take away my gut pains

[from overeating], my trance states [her delusional states of retreat], and my food; and where will I be then?" That is, if she gave up her defenses against her loneliness, where would she be then?

Sullivan, it should be added, thought that loneliness—beyond his description of it in terms of the driving force to satisfy the universal human need for intimacy—is such an intense and incommunicable

²²Hilde Bruch, *The Importance of Overweight*; New York, Norton, 1957;
"Developmental Obesity and Schizophrenia," *PSYCHIATRY* (1958) 21:65–70.

²³See footnote 2.

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experience that psychiatrists must resign themselves to describing it in terms of people's defenses against it. Freud's **thinking** about it seems to point in the same direction, in his references to loneliness and defenses against it in *Civilization and its Discontents*.²³

Some Descriptions of Loneliness by Poets and Philosophers

I think that many poets and philosophers have come closer to putting into words what loneliness is than we psychiatrists have. Loneliness is a theme on which many poets have written—for instance, Friedrich Hölderlin, Nikolaus Lenau, and Joseph von Eichendorf among the German romanticists, T. S. Eliot in England, and Walt Whitman and Thomas Wolfe in this country. Let me remind you, for instance, of Walt Whitman's poem, "I Saw in Louisiana a Live-Oak Growing," which, although it is not a song of real loneliness, depicts beautifully the experience of the alone person:

*I saw in Louisiana a live-oak growing,
All alone stood it, and the moss hung down from the branches;
Without any companion it grew there, uttering joyous leaves of dark green,
And its look, rude, unbending, lusty, made me think of myself;
But I wonder'd how it could utter joyous leaves, standing alone there,
without its friend, its lover near—for I knew I could not...*²⁴

More recently, Thomas Wolfe has written of the development from Judaism to Christianity as the development from loneliness to love. To him, the books of the Old Testament—particularly the Book of Job and the sermon of Ecclesiastes—provide the most final and profound literature of human loneliness that the

world has known. Wolfe, in contrast to all of the dramatists and most of the poets, sees the essence of human tragedy in loneliness, not in conflict. But he senses a solution of the tragedy of loneliness in the fact that the lonely man is invariably the man who loves life dearly. His hymn to loneliness must be understood in this spirit:

Now, Loneliness forever and the earth again! Dark brother and stern friend, immortal face of darkness and of night, with whom the half part of my life was spent, and with whom I shall abide now till my death forever, what is there for me to fear as long as you are with me? Heroic friend, blood-brother of Proud Death, dark face, have we not gone together down

²⁴Walt Whitman, *Leaves of Grass*; New York, Harper, 1950; pp. 273–274.

²⁵Reprinted from "Death the Proud Brother," by Thomas Wolfe (copyright 1933, Charles Scribner's Sons) with the permission of the publishers. See Thomas Wolfe, *The Face of a Nation*; New York; Scribners, 1957; pp. 179–180.

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*a million streets, have we not coursed together the great and furious avenues of night, have we not crossed the stormy seas alone, and known strange lands, and come again to walk the continent of night and listen to the silence of the earth? Have we not been brave and glorious when we were together, friend, have we not known triumph, joy and glory on this earth—and will it not be again with me as it was then, if you come back to me? Come to me, brother, in the watches of the night, come to me in the secret and most silent heart of darkness, come to me as you always came, bringing to me once more the old invincible strength, the deathless hope, the triumphant joy and confidence that will storm the ramparts of the earth again.*²⁵

Incidentally, Wolfe's polar concept of loneliness as such and yet also as an expression of great potentiality for love is reflected in the psychiatric hypothesis about the childhood experience of the lonely schizophrenic. Many psychiatrists now believe that the lack of real attention and acceptance by the significant adults of his infancy and early childhood hits him especially hard because of his innate, specific potentialities for sensitive responsiveness to love and intimacy. This situation forms the cradle of his later loneliness and simultaneous yearning for, yet fear of, interpersonal closeness. The lonely schizophrenic's capacity for love is the reason why he is able sometimes to develop intense experiences of transference in his relationship with the psychotherapist—

something with which psychiatrists are now familiar, although they used to be misled by his simultaneous fear of closeness into doubting the possibility of establishing workable therapeutic relationships. I think that Thomas Wolfe's concept of loneliness is useful to the psychiatrist in attempting to understand this bipolarity of schizophrenic dynamics.

Among philosophers, I think that Binswanger has come nearest to a philosophical and psychiatric definition of loneliness when he speaks of it as "naked existence, " "mere existence, " and "naked horror, " and when he characterizes lonely people as being "devoid of any interest in any goal."²⁶ Tillich describes, by implication, the people whom I would call lonely as those in whom the essentially united experiences of the courage to be as oneself and the courage

²⁶Ludwig Binswanger, *Grundformen und Erkenntnis Menschlichen Daseins*; Zurich, Niehans, 1942; pp. 130, 177–178.

²⁷See footnote 3; p. 90.

²⁸Søren Kierkegaard, *Fear and Trembling*; New York, Doubleday, 1954. *The Sickness Unto Death*; Princeton, Princeton Univ. Press, 1945; see especially pp. 102–103.

²⁹Martin Buber, *Dialogisches Leben: Gesammelte philosophische und pädagogische Schriften*; Zurich, Gregor Muller Verlag, 1947; pp. 135, 397.

to be as a part are split, so that both "disintegrate in their isolation."²⁷ Kierkegaard,²⁸ Nietzsche, Buber, and others are also able to say more about loneliness than we psychiatrists have said so far. Buber, in particular, has presented psychiatrists with the understanding of an important link between loneliness, schizophrenic states, and psychotherapy.²⁹ He states that isolated and lonely people can communicate and be communicated with only in the most concrete terms; one cannot break through their isolation with abstractions. Buber's remarks add an emotional basis for understanding the concreteness of schizophrenic communication and thinking, which psychiatrists and psychologists have so far primarily studied from the viewpoint of the theory of thought processes.

Patients' Descriptions of Loneliness

One of our patients at Chestnut Lodge, as she emerged from a severe state of schizophrenic **depression**, asked to see me because she wished to tell me about the deep state of hopeless loneliness and subjective isolation which she had undergone during her psychotic episodes. But even though she was now in fine command of the language, and even though she came with the intention of talking, she was just as little able to tell me about her loneliness in so many words as are most people who are engulfed in or have gone through a period of real psychotic loneliness. After several futile attempts, she finally burst out, "I don't know why people think of hell as a place where there is heat and where fires are burning. That is not hell. Hell is if you are frozen in isolation into a block of ice. That is where I have been."

I don't know whether this patient was familiar with Dante's description of the ninth and last, or frozen circle of the Inferno. It is in essence quite similar to the patient's **conception** of hell—the "lowest part of the Universe, and farthest remote from the Source of all light and heat, " reserved for the gravest sinners, namely those "who have done violence to their own kindred (like Cain who

³⁰*The Divine Comedy of Dante Alighieri: The Carlyle Wiksteed Translation; New York, Modern Library, 1932; p. 169.*

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slew Abel), and those who committed treachery against their native land." Among others, Dante met there "two sinners that are frozen close together in the same hole."³⁰

Despite the difficulty of communicating about loneliness, every now and then a creative patient succeeds in conveying his experience of essential loneliness artistically after having emerged from it. Mary Jane Ward succeeded in doing so in her novel, *The Snake Pit*.³¹

The most impressive poetic document of loneliness from a mental patient of which I know has been written by Eithne Tabor, a schizophrenic patient at St. Elizabeths Hospital:

Panic

*And is there anyone at all?
And is*

*There anyone at all?
I am knocking at the oaken door ...
And will it open
Never now no more?
I am calling, calling to you—
Don't you hear?
And is there anyone
Near?
And does this empty silence have to be?
And is there no-one at all
To answer me?
I do not know the road—
I fear to fall.
And is there anyone
At all?³²*

Another patient, after her recovery, wrote the following poem, "The Disenchanted," which she dedicated to me:

*The demented hold love
In the palm of the hand,
And let it fall*

³¹*Mary Jane Ward, The Snake Pit; New York, Random House, 1946.*

³²*Eithne Tabor, The Cliff's Edge: Songs of a Psychotic; New York, Sheed and Ward, 1950; p. 36. Reprinted by permission of the author.*

³³*By permission of the author.*

*And grind it in the sand.
They return by darkest night
To bury it again,
And hide it forever
From the sight of men.³³*

In another poem, "Empty Lot," also written after her recovery, she depicted symbolically what loneliness feels like:

*No one comes near here
Morning or night.
The desolate grasses*

*Grow out of sight.
Only a wild hare
Strays, then is gone.
The landlord is silence.
The tenant is drawn.*³⁴

All these poems have—only seemingly coincidentally—a common feature: They are not entitled "Loneliness, but "Panic, " "The Disenchanted, " and "Empty Lot." Is this because of the general inclination of the word-conscious and word-suspicious schizophrenic to replace direct communications and definitions by allusions, symbols, circumlocutions, and so on? Or is it an **unconscious** expression of the fear of loneliness—a fear so great that even naming it is frightening? If one remembers that fear of loneliness is the common fate of the people of this Western culture, be they mentally healthy or disturbed, it seems that the choice of the titles of these poems is determined by this fear.

Enforced and Experimental Isolation

There are two sources of verification for the assumption that severe loneliness cannot ordinarily be endured more than temporarily without leading to psychotic developments—if it does not, in fact, occur as an inherent part of mental illness. One source of verification is found in the psychoses which develop in people undergoing an experience of enforced **isolation**, the other in the **psychosis**-like states ensuing from experimentally induced states of loneliness.

Three types of nonexperimental **isolation** may be differentiated. The first is the voluntary **isolation** which comes about in the course

³⁴*By permission of the author.*

³⁵A. Courtauld, "Living Alone Under Polar Conditions, " *The Polar Record*, No. 4, July, 1932; Cambridge, The University Press.

of polar expeditions, or in the lives of rangers at solitary outposts. Such **isolation** may be tolerated without serious emotional disturbances. Courtauld's "Living Alone Under Polar Conditions" may be mentioned as representative to some degree.³⁵ Courtauld, who was isolated on the Greenland icecap in a weather station, writes that there is no objection, in his judgment, to a solitary voluntary mission if one is certain of adequate measures for one's safety and of

ultimate relief. He recommends, however, that only persons with active, imaginative minds, who do not suffer from a nervous disposition and are not given to brooding, and who can occupy themselves by such means as reading, should go on polar expeditions.

The second type of isolation is represented by solitary seafarers, who seem to be in a considerably more complex situation than the polar isolates or solitary rangers. Most of the solitary sailors seem to suffer from [symptoms](#) of mental illness. Slocum, for instance, developed hallucinations of a savior who appeared in times of particular stress—a reflection, probably, of his inner conviction that he would survive.³⁶

The third group consists of those who are subjected to solitary confinement in prisons and concentration camps. They are, of course, seriously threatened by psychotic developments, and they do frequently become victims of mental illness.

Christopher Burney has written a report about his survival, without mental illness, of eighteen months of solitary confinement by the Germans during World War II.³⁷ His isolation was made worse by cold, physical and emotional humiliation, and a near-starvation diet. On the few occasions when he had an opportunity for communication, "... I found that the muscles of my mouth had become stiff and unwilling and that the thoughts and questions I had wanted to express became ridiculous when I turned them into words."³⁸ "Solitude," he says, "had so far weaned me

³⁶*Joshua Slocum, Sailing Alone Around the World: London, Rupert-Hart-Davis, 1948.*

³⁷*Christopher Burney, Solitary Confinement: New York, Clerke and Cockeran, 1952.*

³⁸*See footnote 37; p. 86.*

³⁹*See footnote 37; p. 105.*

from the habit of intercourse, even the thin intercourse of speculation, that I could not longer see any relationship with another person unless it were introduced gradually by a long overture of common trivialities."³⁹

Burney describes the systematic devices he developed to counteract the danger of becoming mad; he forced himself to divide his lonely days into fixed periods, with a daily routine made up of such items as manicuring his fingernails with a splinter of wood he had managed to peel from his stool, doing physical

exercises, pacing up and down his cell, counting the rounds he made, and whistling a musical program made up of every tune he could remember. He forced himself to divide the eating of his one meager meal per day between noon and evening, despite the craving of his hungry stomach. On one of the rare occasions when he was allowed to go outside for exercise, he brought back with him to his cell a snail; "It was company of a sort, and as it were an emissary from the world of real life. ..." ⁴⁰ He disciplined his mind to work on intellectual and spiritual problems, whose starting point had frequently to come from the torn and ancient sheets of newspaper, or sometimes pages of books, given him for toilet paper.

Securely routinizing his life proved to be an important safeguard for his mental equilibrium. The importance of this device can be measured by the degree to which Burney felt threatened by even small changes, such as a change in the sequence of receiving first soup and then bread, to receiving first bread and then soup. He also felt being moved from one cell to another as a threat to his equilibrium, even though the new cell, as such, was obviously preferable to the old one.

While Burney survived his ordeal without mental illness, he was aware, toward the end of the eighteen months of solitary confinement, that *isolation* was threatening his mental health. "As long as my brain worked, " he says, "solitude served a purpose, but I could see that it was slowly exhausting the fuel with which it had started, and if it stopped from inanition I would have nothing left but cold and hunger, which would make short work of me. Metaphysics were not enough: they are an exercise, weakening rather than

⁴⁰See footnote 37; p. 109.

⁴¹See footnote 37; p. 150.

⁴²See footnote 37; p. 151.

⁴³See footnote 37; p. 152.

nourishing; and the brain requires food of real substance." ⁴¹ The intensity of the effort it had taken to stay adjusted to his solitary life may be measured by the fact that, at the first opportunity to communicate, he did not dare to talk, "because I thought it quite probable that if I opened my mouth I should show myself to be mad." ⁴² I tried to talk ... and succeeded a little, but constantly had to check my tongue for fear of uttering some impossibility." ⁴³

The reports of Ellam and Mudie, and Bernicot include statements similar to these last remarks of Burney's.⁴⁴ As Lilly says, in discussing these accounts, "The inner life becomes so vivid and intense that it takes time to readjust to the life among other persons and to reestablish one's inner criteria of sanity."⁴⁵

One more remark about Burney's experience: I believe that his unquestioning, matter-of-fact belief in the spiritual validity of the political convictions which were the cause of his imprisonment may have been an additional factor which helped him to survive his ordeal without becoming mentally ill. In this sense, his confinement was more of a piece with the voluntary [isolation](#) of the polar explorers than, for example, with the imprisonment of a delinquent. The delinquent prisoner is not likely to have the determination and devotion to a cause which helped Burney to stay mentally sound, even though he was deprived of the opportunity to work or to receive stimulation through reading—which for many others seem to have been the two most effective antidotes or remedies for the humiliation of confinement and the rise of disintegrating loneliness.

My [suggestion](#) that Burney's conviction and determination were factors in his remaining mentally healthy raises a question about the inner emotional factors which determine whether a person can tolerate [isolation](#) or will be particularly vulnerable to its dangers. So far, I have not succeeded in finding specific psychodynamic or descriptive data which could be helpful in differentiating between people who react to solitude with or without succumbing to psychotic

⁴⁴*Patrick Ellam and Colin Mudie, Sopranino: New York, Norton, 1953. Louis Bernicot, The Voyage of the Anahita; London, Rupert-Hart-David, 1953.*

⁴⁵*See footnote 11; p. 4.*

loneliness. However, it should be possible to learn more by interrogating persons who have exposed themselves voluntarily to a life of solitude and [isolation](#).

The last important source of insight into the [psychodynamics](#) of loneliness is the significant experimental work of Donald Hebb and his group at McGill University⁴⁶ and of John C. Lilly at the National Institute of Mental Health,⁴⁷ who have exposed their subjects to experimentally created states of physical and emotional isolation. Both investigators have brought about marked temporary impairments of people's emotional reactions, mental activities, and mental health by cutting down the scope of their physical contact with the

outside world through experimental limitations of their sensory perception and decreased variation in their sensory [environment](#). In the Canadian experiments the aim has been to reduce the *patterning* of stimuli to the lowest level; while the National Institute of Mental Health experiments have endeavored to reduce the *absolute intensity* of all physical stimuli to the lowest possible level.

The subjects of the McGill experiments spent twenty-four hours a day, with time out for eating and elimination, on a comfortable bed with a foam rubber pillow. Although [communication](#) was kept to a minimum, an amplifier connected with earphones was provided, through which an observer could test the subject verbally. Other noises were masked by fans and the humming of air-conditioners. The subjects wore translucent goggles which transmitted diffused light but prevented patterned vision, and gloves and cardboard cuffs reaching from below the elbow to beyond the fingertips. The most striking result of these experiments was the occurrence of primarily visual, but also auditory, kinesthetic, and somesthetic hallucinatory experiences. The subjects, even though they had insight into the objective unreality of these experiences, found them extremely vivid.

In Lilly's experiments at the National Institute of Mental Health,

⁴⁶W. H. Bexton, Woodburn Heron, and T. H. Scott, "Effects of Decreased Variation in the Sensory Environment," *Canadian J. Psychol.* (1954) 8:70-76; Woodburn Heron, "The Pathology of Boredom," *Scientific American* (1957) 196:52-56. Woodburn Heron, W. H. Bexton, and Donald O. Hebb, "Cognitive Effects of a Decreased Variation in the Sensory Environment," *Amer. Psychologist* (1953) 8:366 (abstract).

⁴⁷See footnote 11.

the subject was immersed, except for his head, in a tank of water at such temperature that he felt neither hot nor cold. In fact, he tactually could feel the supports which held him, and a blacked-out mask over his whole head, but not much else. The sound level was also low, and the total [environment](#) was an event and monotonous one. Lilly has reported the various stages of experience through which subjects go, with, eventually, the [projection](#) of visual imagery.

Loneliness and Anxiety

My impression is that loneliness and the fear of loneliness, on the one hand, and anxiety, on the other, are sometimes used interchangeably in our psychiatric thinking and in our clinical terminology. For instance, it is probably true that what psychiatrists describe as separation-anxiety can also be described as fear of loneliness. Furthermore, most authors agree, explicitly or implicitly, with the definition of anxiety as a response to the anticipated loss of love and approval by significant people in one's **environment**. Tillich expresses a similar idea when he postulates the ability to accept acceptance in spite of the anxiety of guilt as the basis for the courage of confidence.⁴⁸ Does that not imply that man with his imperfections is threatened by loneliness if his anxiety prevents him from accepting acceptance? And does this in turn not mean that anxiety is closely related to the fear of isolation or loneliness? Or, when Tillich says that "the anxiety of meaninglessness is anxiety about the loss of an ultimate concern, " is that not synonymous with Binswanger's depiction of loneliness as a state of need in which people are bare of any interest in any goal?⁴⁹

Yet I suspect that if we psychiatrists can learn to separate the two dynamisms more sharply from one another, we will come to see that loneliness in its own right plays a much more significant role in the dynamics of mental disturbance than we have so far been ready to acknowledge. I find good reason for this hypothesis in my own experience with my patients and on the basis of the many reports about other patients which I have heard from my colleagues.

⁴⁸See footnote 3; p. 164.

⁴⁹See footnote 3; p. 47. See also footnote 26.

This, in turn, makes me wonder about the origin of this conceptual merger between anxiety and loneliness. I have already suggested that this may have been brought about originally by the fear of loneliness, which the psychiatrist, of course, shares with his nonprofessional fellowmen. But perhaps this is an oversimplification. Perhaps a contributing factor is the ever-increasing sight of psychiatrists into the enormous psychodynamic significance of anxiety for the understanding of human psychology and psychopathology, which has brought about such a degree of preoccupation with this universal emotional experience that it has limited our ability to study other ubiquitous emotional experiences adequately. For instance, the neglect accorded loneliness has also existed, to a

lesser degree, for grief, which has, by and large, been mentioned only as a part of mourning, depression, and [melancholia](#); as far as I know, nowhere, except in Sullivan's writings, has its significance as an independent emotional experience in its own right been recognized.⁵⁰ Hope, as an outcome of memories of previous satisfaction, as a stimulus for efforts focused upon positive goals, and as a means of relieving tension, has only recently been introduced as an important concept by Thomas French.⁵¹ The psychodynamics of realistic worry in its own right have been recently investigated for the first time by Judd Marmor.⁵² Very little is known about the psychodynamics of pain. Envy is a universal human experience whose significance as an independent emotional experience has again been noted only by Sullivan, as far as I know.⁵³ And above all, real loneliness has only quite rarely been mentioned, in so many words, in the psychiatric literature. Thus I believe that the [suggestion](#) is justified that the interrelation of loneliness and anxiety be thoroughly scrutinized, with the goal of accomplishing a new and more precise differentiation between the two dynamisms.

Physical Loneliness

I would like to add to this discussion of emotional loneliness a

⁵⁰*Harry Stack Sullivan, Clinical Studies in Psychiatry; New York, Norton, 1956; pp. 105–112.*

⁵¹*Thomas French, The Integration of Behavior. Vol. I: Basic Postulates; Chicago, Univ. of Chicago Press, 1952.*

⁵²*Judd Marmor, "The Psychodynamics of Realistic Worry, " pp. 155–263; in Psychoanalysis and the Social Sciences, Vol. 5; New York, International Univ. Press, 1958.*

⁵³*See footnote 50; pp. 128–138.*

word about physical loneliness. The need, or at least the wish, to have, at times, physical contact with another is a universal human phenomenon, innate and constant, from the time when the human infant leaves the womb and is physically separated from his mother. Physical and emotional disturbances in infants due to consistent lack of physical contact have been repeatedly described, and such a wise and experienced psychotherapist as [Georg](#)

Groddeck has repeatedly elaborated on the topic of loneliness for nonsexual physical contact in adults.

In the middle and upper social strata of Western culture, physical loneliness has become a specific problem, since this culture is characterized by so many obsessional taboos with regard to people's touching each other, or having their physical privacy threatened in other ways. I agree with Gorer's [suggestion](#) that American drinking habits can be understood as a means of counteracting the threats of physical loneliness.⁵⁴

People who give massages or osteopathic treatment are quite aware of the fact that their treatment, irrespective of the specific physical ailment for which it is primarily applied, often helps their patients emotionally by relieving their physical loneliness. Pointing in the same direction is the pacifying influence which an alcohol back rub often has on mental patients, and the eagerness with which many of them ask for it.

Psychotherapy with the Lonely

Now I would like to make some observations drawn from my experience in psychotherapy with lonely patients. I have said that most patients keep their loneliness hidden as a secret from others, often even from themselves. In Otto A. Will's recorded interview in psychotherapy, the doctor and Miss A, the patient, talk about an internist whose patients go to see him allegedly for physical treatment, but actually because they are lonely. And while Miss A herself "may talk of many things ... one of her most essential problems is that of loneliness."⁵⁵

I think that this great difficulty of patients in accepting the

⁵⁴Geoffrey Gorer, *The American People*; New York, Norton, 1948; p. 130.

⁵⁵Otto A. Will and Robert A. Cohen, "A Report of a Recorded Interview in the Course of Psychotherapy," *PSYCHIATRY* (1953) 16:263-282; p. 278.

awareness of being lonely, and their even greater difficulty in admitting it to the therapist in so many words, explains the relief with which some lonely mental patients respond if the psychiatrist takes the initiative and opens the discussion for it—for example, by offering a sober statement to the effect that he knows about the patient's loneliness. Of course, I do not mean to say that such a

statement can be offered to patients before they have overcome at least some fraction of their isolation. This can be accomplished by the doctor's mere presence, without therapeutic pressure; that is, the doctor should offer his presence to the lonely patient first in the spirit of expecting nothing but to be tolerated, then to be accepted simply as a person who is there. The possibility that [psychotherapy](#) may be able to do something about the patient's loneliness should, of course, not be verbalized at this point. To offer any such suggestion in the beginning of one's contact with an essentially lonely patient could lend itself only to one of two interpretations in the patient's mind: Either the psychotherapist does not know anything about the inexplicable, uncanny quality of the patient's loneliness, or the psychotherapist himself is afraid of it. The mere statements, however, that "I know, " and "I am here, " put in at the right time, by implication or in so many words, may be accepted and may replace the patient's desolate experience of "nobody knows except me." I have tried this device with several patients and have been gratified by its results. It has helped patients to make an initial dent in their inner loneliness and isolation, and has thus become a beneficial turning point in the course of their treatment.

The psychiatrist's specific personal problem in treating lonely patients seems to be that he has to be alert for and recognize traces of his own loneliness or fear of loneliness, lest it interfere with his fearless acceptance of manifestations of the patient's loneliness. This holds true, for example, when the psychiatrist, hard as he may try, cannot understand the meaning of a psychotic [communication](#). He may then feel excluded from a 'we-experience' with his patient; and this exclusion may evoke a sense of loneliness or fear of loneliness in the doctor, which makes him anxious.

I have made an attempt in this paper to invite the interest of psychiatrists to the investigation of the [psychodynamics](#) of loneliness, as a significant, universal [emotional experience](#) with far-reaching psychopathological ramifications. Such investigation may

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identify certain trends in the developmental history as specific for persons suffering from real loneliness.

I have postulated a significant interrelatedness between loneliness and anxiety, and suggested the need for further conceptual and clinical examination of loneliness in its own right and in its relation to anxiety. I expect that, as a result of such scrutiny, it will be found that real loneliness plays an essential role in

the genesis of mental disorder. Thus I suggest that an understanding of loneliness is important for the understanding of mental disorder.

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