

2

Psychoanalytic Studies of the Personality.
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CHAPTER I

Schizoid Factors in the Personality (1940)¹

MENTAL processes of a schizoid nature have latterly come to occupy my attention to an increasing degree; and cases in which such processes are sufficiently marked to impart a recognizably schizoid complexion to the personality now seem to me to provide the most interesting and fruitful material in the whole field of psychopathology. Amongst various considerations supporting this point of view, the following may be selected for special mention: (1) Since schizoid conditions constitute the most deep-seated of all psychopathological states, they provide an unrivalled opportunity for the study not only of the foundations of the personality, but also of the most basic mental processes. (2) The therapeutic analysis of the schizoid case provides an opportunity for the study of the widest range of psychopathological processes in a single individual; for in such cases it is usual for the final state to be reached only after all available methods of defending the personality have been exploited. (3) Contrary to common belief, schizoid individuals who have not regressed too far are capable of greater psychological insight than any other class of person, normal or abnormal—a fact due, in part at least, to their being so introverted (i.e. preoccupied with inner reality) and so familiar with their own deeper psychological processes (processes which, although not absent in individuals who would ordinarily be classified as simply 'psychoneurotic', are nevertheless excluded from the consciousness of such individuals by the most obstinate defences and stubborn resistances). (4) Again contrary to common belief, schizoid individuals show themselves capable of transference to a remarkable degree, and present unexpectedly favourable therapeutic possibilities.

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An Object-Relations Theory of the Personality

So far as overtly schizoid conditions are concerned, the following groups may be differentiated:

- (1) Schizophrenia proper.
- (2) The Psychopathic Personality of a Schizoid Type—a group which may well comprise the majority of cases of psychopathic personality (not excluding epileptic personalities).
- (3) The Schizoid Character—a large group comprising individuals whose personalities embody definitely schizoid traits, but who could not reasonably be regarded as psychopathic.
- (4) The Schizoid State or transient schizoid episode—a category under which, in my opinion, a considerable proportion of adolescent 'nervous breakdowns' fall.

Apart from these overtly schizoid conditions, however, it is common to find features of a basically schizoid nature displayed by patients whose presenting symptoms are essentially psychoneurotic (e.g. hysterical, phobic, obsessional, or simply anxious). Such features, when present, are, of course, specially liable to emerge when the psychoneurotic defences by which the personality has been protected become weakened in the course of (and through the agency of) analytical treatment; but increasing familiarity with the underlying schizoid background renders it increasingly possible for the analyst to detect the presence of schizoid features in the initial interview. In this connection it is interesting to note the incidence of hysterical and obsessional symptoms in the previous history of thirty-two schizophrenics included in a series of 100 psychiatric cases studied by Masserman and Carmichael (*Journal of Mental Science*, Vol. LXXXIV, pp. 893-946). These authors found that 'in no less than fifteen of the thirty-two patients there was a definite history of hysterical symptoms which preceded the development of the more frankly schizophrenic syndrome'; and regarding the incidence of obsessions and compulsions they remark, 'These also occurred with the greatest frequency in the schizophrenics'—obsessions being found to be present in eighteen, and compulsions in twenty of the thirty-two cases. It may be of interest to add that, in a series of military cases which has come under my own observation, 50 per cent of those finally diagnosed as 'Schizophrenia' or 'Schizoid Personality' were submitted for investigation with a provisional diagnosis of either 'anxiety neurosis' or 'hysteria'. Whilst such figures are suggestive as an indication of the extent to which psychoneurotic defences are employed by the frankly schizoid patient in a vain attempt to defend his

Schizoid Factors in the Personality

personality, they give no indication of the extent to which an underlying schizoid trend may be masked by the success of such defences.

Once the prevalence of essentially schizoid features has come to be recognized in cases in which the presenting symptoms are ostensibly psychoneurotic, it becomes possible in the course of analytical treatment to detect the presence of similar features in a number of individuals who seek analytical aid on account of difficulties to which it is difficult to attach any definite psychopathological labels. To be included in this group are many of those who consult the analyst on account of such disabilities as social inhibitions, inability to concentrate on work, problems of character, perverse sexual tendencies, and psychosexual difficulties such as impotence and compulsive masturbation. The group also includes most of those who complain of apparently isolated symptoms (e.g. fear of insanity or exhibitionistic anxiety), or who display a desire for analytical treatment on apparently inadequate grounds (e.g. 'because I feel it would do me good' or 'because it would be interesting'). It likewise includes all those who enter the consulting-room with a mysterious or mystified air, and who open the conversation either with a quotation from Freud or with such a remark as 'I don't really know why I have come'.

On the basis of an analytical study of cases belonging to the various categories which have now been mentioned, it becomes possible to recognize as essentially schizoid not only such phenomena as full-fledged depersonalization and derealization, but also relatively minor or transient disturbances of the reality-sense, e.g. feelings of 'artificiality' (whether referred to the self or the environment), experiences such as 'the plate-glass feeling', feelings of unfamiliarity with familiar persons or environmental settings, and feelings of familiarity with the unfamiliar. Allied to the sense of familiarity with the unfamiliar is the experience of 'déjà vu'—an interesting phenomenon which must likewise be regarded as involving a schizoid process. A similar view must be taken of such dissociative phenomena as somnambulism, the fugue, dual personality, and multiple personality. So far as the manifestations of dual and multiple personality are concerned, their essentially schizoid nature may be inferred from a discreet study of the numerous cases described by Janet, William James, and Morton Prince. And here it is apposite to remark that many of the cases described by Janet as manifesting the dissociative phenomena on the basis of which he formulated his classic concept of 'Hysteria' behaved suspiciously like schizophrenics—a fact which I

An Object-Relations Theory of the Personality

interpret in support of the conclusion, which I have already reached on the basis of my own observations, that the personality of the hysteric invariably contains a schizoid factor in greater or lesser degree, however deeply this may be buried.

When the connotation of the term 'schizoid' is extended through an enlargement of our conception of schizoid phenomena in the manner indicated, the denotation of the term inevitably undergoes a corresponding extension; and the resulting schizoid group is then seen to become a very comprehensive one. It is found, for example, to include a high percentage of fanatics, agitators, criminals, revolutionaries, and other disruptive elements in every community. Schizoid characteristics, usually in a less pronounced form, are also common among members of the intelligentsia. Thus the disdain of the highbrow for the bourgeoisie and the scorn of the esoteric artist for the philistine may be regarded as minor manifestations of a schizoid nature. It is further to be noted that intellectual pursuits as such, whether literary, artistic, scientific, or otherwise, appear to exercise a special attraction for individuals possessing schizoid characteristics to one degree or another. Where scientific pursuits are concerned, the attraction would appear to depend upon the schizoid individual's attitude of detachment no less than upon his overvaluation of the thought-processes; for these are both characteristics which readily lend themselves to capitalization within the field of science. The obsessional appeal of science, based as this is upon the presence of a compulsive need for orderly arrangement and meticulous accuracy, has, of course, long been recognized; but the schizoid appeal is no less definite and demands at least equal recognition. Finally the statement may be hazarded that a number of outstanding historical figures lend themselves to the interpretation that they were either schizoid personalities or schizoid characters; and indeed it would appear as if it were often such who leave a mark upon the page of history.

Among the various characteristics common to the apparently conglomerate group of individuals who fall under the schizoid category as now envisaged three are of sufficient prominence to deserve special mention. These are (1) an attitude of omnipotence, (2) an attitude of isolation and detachment, and (3) a preoccupation with inner reality. It is important, however, to bear in mind that these characteristics are by no means necessarily overt. Thus the attitude of omnipotence may be conscious or unconscious in any degree. It may

Schizoid Factors in the Personality

also be localized within certain spheres of operation. It may be over-compensated and concealed under a superficial attitude of inferiority or humility; and it may be consciously cherished as a precious secret. Similarly the attitude of isolation and detachment may be masked by a façade of sociability or by the adoption of specific roles; and it may be accompanied by considerable emotionality in certain contexts. So far as the preoccupation with inner reality is concerned, this is undoubtedly the most important of all schizoid characteristics; and it is none the less present whether inner reality be substituted for outer reality, identified with outer reality or superimposed upon outer reality.

It will not escape notice that the concept of 'Schizoid' which emerges from the preceding considerations corresponds remarkably closely, particularly where its denotation is concerned, to the concept of the 'Introvert' type as formulated by Jung; and it is significant that in one of his earlier writings (*Collected Papers on Analytical Psychology* (1917), p. 347) Jung expressed the view that the incidence of schizophrenia ('dementia praecox') was confined to the introvert type, thus indicating recognition on his part of an association between introversion and schizoid developments. The correspondence between Jung's concept of 'Introvert' and the concept of 'Schizoid' as now envisaged is not without interest in so far as it provides confirmation of the actual existence of the group described, particularly since the two concepts were reached by completely independent paths. Recognition of such a correspondence does not, of course, imply any acceptance on my part of Jung's theory of fundamental psychological types. Indeed, on the contrary, my conception of the schizoid group is based upon a consideration, not of temperamental, but of strictly psychopathological factors. At the same time it may appear to some that, for purposes of describing the group in question, the term 'introvert' would be preferable to that of 'schizoid' in view of the somewhat sinister associations which have become attached to the latter term as the result of its original use. Yet, of the two terms, 'schizoid' has the inestimable advantage that, unlike the term 'introvert', it is not simply descriptive, but is explanatory in a psychogenetic sense.

The criticism for which I must now prepare myself is that, according to my way of thinking, everybody without exception must be regarded as schizoid. Actually I am quite prepared to accept this criticism, but only with a very important qualification—one in the

An Object-Relations Theory of the Personality

absence of which my concept of 'Schizoid' would be so comprehensive as to become almost meaningless. The qualification which confers meaning on the concept is that everything depends upon the mental level which is being considered. The fundamental schizoid phenomenon is the presence of splits in the ego; and it would take a bold man to claim that his ego was so perfectly integrated as to be incapable of revealing any evidence of splitting at the deepest levels, or that such evidence of splitting of the ego could in no circumstances declare itself at more superficial levels, even under conditions of extreme suffering or hardship or deprivation (e.g. under conditions of grave illness, or of Arctic exploration, or of exposure in an open boat in mid-Pacific, or of relentless persecution, or of prolonged subjection to the horrors of modern warfare). The all-important factor here is the mental depth which requires to be plumbed before evidence of splitting of the ego declares itself. In my opinion, at any rate, some measure of splitting of the ego is invariably present at the deepest mental level—or (to express the same thing in terms borrowed from Melanie Klein) *the basic position in the psyche is invariably a schizoid position*. This would not hold true, of course, in the case of a theoretically perfect person whose development had been optimum; but then there is really nobody who enjoys such a happy lot. Indeed it is difficult to imagine any person with an ego so unified and stable at its higher levels that in no circumstances whatever would any evidence of basic splitting come to the surface in recognizable form. There are probably few 'normal' people who have never at any time in their lives experienced an unnatural state of calm and detachment in face of some serious crisis, or a transient sense of 'looking on at oneself' in some embarrassing or paralysing situation; and probably most people have had some experience of that strange confusion of past and present, or of phantasy and reality, known as 'déjà vu'. And such phenomena, I venture to suggest, are essentially schizoid phenomena. There is one universal phenomenon, however, which proves quite conclusively that everyone without exception is schizoid at the deeper levels—viz. the dream; for, as Freud's researches have shown, the dreamer himself is commonly represented in the dream by two or more separate figures. Here I may say that the view which I myself have now come to adopt is to the effect that all figures appearing in dreams represent either (1) some part of the dreamer's personality, or (2) an object with whom some part of his personality has a relationship, commonly on a basis of identification, in inner reality. Be

Schizoid Factors in the Personality

that as it may, the fact that the dreamer is characteristically represented in the dream by more than one figure is capable of no other interpretation except that, at the level of the dreaming consciousness, the ego of the dreamer is split. The dream thus represents a universal schizoid phenomenon. The universal phenomenon of 'the super-ego' as described by Freud must also be interpreted as implying the presence of a split in the ego; for, in so far as 'the super-ego' is regarded as an ego-structure capable of distinction from 'the ego' as such, its very existence *ipso facto* provides evidence that a schizoid position has been established.

The conception of splitting of the ego, from which the term 'schizoid' derives its significance, can only be regarded as an illuminating conception when it is considered from a psychogenetic standpoint. It is, therefore, necessary to consider very briefly what is involved in the development of the ego. The function of the ego upon which Freud has laid most stress is its *adaptive* function—the function which it performs in relating primal instinctive activity to conditions prevailing in outer reality, and more particularly social conditions. It must be remembered, however, that the ego also performs *integrative* functions, among the most important of which are (1) the integration of perceptions of reality, and (2) the integration of behaviour. Another important function of the ego is discrimination between inner and outer reality. Splitting of the ego has the effect of compromising the progressive development of all these functions, although, of course, in varying degrees and varying proportions. Accordingly, we must recognize the possibility of development resulting in all degrees of integration of the ego; and we may conceive a theoretic scale of integration such that one end of the scale represents complete integration and the other end represents complete failure of integration, with all intermediate degrees. On such a scale schizophrénics would find a place towards the lower end, schizoid personalities a higher place, schizoid characters a still higher place, and so on; but a place at the very top of the scale, which would represent perfect integration and absence of splitting, must be regarded as only a theoretical possibility. If we keep such a scale in mind, it should help us to understand how it would be possible for any individual to display some schizoid feature under sufficiently extreme conditions, and how it comes about that some individuals manifest evidence of a split in the ego only in situations involving such readjustments as are involved in adolescence, marriage, or joining the army in wartime,

An Object-Relations Theory of the Personality

whereas others again may manifest such evidence even under the most ordinary conditions of life. In actual practice, of course, the construction of a scale such as that just imagined would involve quite insuperable difficulties, of which only one is that arising out of the fact that quite a number of schizoid manifestations, as indeed Freud pointed out, are really defences against the splitting of the ego. However, it helps us to appreciate the general position as regards splitting of the ego if we envisage an imaginary scale of this sort.

Although, in conformity with the implications of Bleuler's classic conception of 'schizophrenia', we must regard splitting of the ego as the most characteristic schizoid phenomenon, psychoanalysts have always concerned themselves more with (and indeed have largely confined their attention to) the libidinal orientation involved in the schizoid attitude; and, under the influence of Abraham's psychogenetic theory of libidinal development, clinical manifestations of a schizoid order have come to be regarded as originating in a fixation in the early oral phase. It is presumably during this first phase of life, and under the influence of its vicissitudes upon the undeveloped and inexperienced infant, that splitting of the ego commences to occur; and there must thus be a very close association between splitting of the ego and a libidinal attitude of oral incorporation. In my opinion, the problems involved in splitting of the ego deserve much more attention than they have so far received; and some indication of the importance which I attach to these problems may be gathered from what has already been said so far. In what follows, however, I propose to consider some of the developments which appear to depend upon, or to be powerfully influenced by, a fixation in the early oral phase, and which thus play a prominent part in determining the pattern of the schizoid attitude.

The ego of the infant may be described as above all a 'mouth ego'; and, whilst this fact exercises a profound influence upon the subsequent development of every individual, the influence is particularly marked in the case of those who subsequently display schizoid characteristics. So far as the infant is concerned, the mouth is the chief organ of desire, the chief instrument of activity, the chief medium of satisfaction and frustration, the chief channel of love and hate, and, most important of all, the first means of intimate social contact. The first social relationship established by the individual is that between himself and his mother; and the focus of this relationship is the suckling situation, in which his mother's breast provides

Schizoid Factors in the Personality

the focal point of his libidinal object, and his mouth the focal point of his own libidinal attitude. Accordingly, the nature of the relationship so established exercises a profound influence upon the subsequent relationships of the individual, and upon his subsequent social attitude in general. When circumstances are such as to give rise to a libidinal fixation in the early oral situation in question, the libidinal attitude appropriate to the early oral phase persists in an exaggerated form and gives rise to far-reaching effects; and the nature of these effects may perhaps best be considered in the light of the chief features which characterize the early oral attitude itself. These may be summarized as follows:

(1) Although the emotional relationship involved is essentially one between the child and his mother as a person, and although it must be recognized that his libidinal object is really his mother as a whole, nevertheless his libidinal interest is essentially focused upon her breast; and the result is that, in proportion as disturbances in the relationship occur, the breast itself tends to assume the role of libidinal object; i.e. the libidinal object tends to assume the form of a bodily organ or *partial object* (in contrast to that of a person or whole object).

(2) The libidinal attitude is essentially one in which the aspect of 'taking' predominates over that of 'giving'.

(3) The libidinal attitude is one characterized, not only by taking, but also by *incorporating and internalizing*.

(4) The libidinal situation is one which confers tremendous significance upon the states of *fullness and emptiness*. Thus, when the child is hungry, he is, and presumably feels, empty; and, when he has been fed to his satisfaction, he is, and presumably feels, full. On the other hand, his mother's breast, and presumably from the child's point of view his mother herself, is normally full before, and empty after suckling—maternal conditions which the child must be capable of appreciating in terms of his own experience of fullness and emptiness. In circumstances of deprivation, emptiness comes to assume quite special significance for the child. Not only does he feel empty himself, but he also interprets the situation in the sense that he has emptied his mother—particularly since deprivation has the effect not only of intensifying his oral need, but also of imparting an aggressive quality to it. Deprivation has the additional effect of enlarging the field of his incorporative need, so that it comes to include not simply the contents of the breast, but also the breast itself, and even his

An Object-Relations Theory of the Personality

mother as a whole. The anxiety which he experiences over emptying the breast thus gives rise to *anxiety over destroying his libidinal object*; and the fact that his mother customarily leaves him after suckling must have the effect of contributing to this impression. Consequently his libidinal attitude acquires for him the implication that it involves the disappearance and destruction of his libidinal object—an implication which tends to become confirmed at a later stage when he learns that food which is eaten disappears from the external world, and that he cannot both eat his cake and have it.

These various features of the libidinal attitude which characterizes the early oral phase become intensified and perpetuated in proportion as a fixation in this phase occurs; and they all operate as factors in determining schizoid characterology and symptomatology. In what follows consideration will be given to some of the developments to which each of these factors in turn would appear to give rise.

I. THE TENDENCY TO ORIENTATION TOWARDS A PARTIAL OBJECT (BODILY ORGAN)

Let us first consider the influence of this factor in the early oral attitude. Its effect is to promote the schizoid tendency to treat other people as less than persons with an inherent value of their own. Such a tendency may be illustrated in the case of a highly intelligent man of a schizoid type, who came to consult me because he felt that he could make no real emotional contact with his wife, was unduly critical towards her and was morose with her on occasions when a display of affection would have been more appropriate. After describing his very selfish attitude towards her, he added that his habits were unsociable in general, and that he treated other people more or less as if they were lower animals. From this last remark it was not difficult to detect one source of his difficulties. It will be recalled that animals commonly figure in dreams as symbols of bodily organs; and this only serves to confirm that his attitude towards his wife, as well as towards others, was that towards a partial object, and not towards a person. A similar attitude was revealed in a frankly schizophrenic patient, who described his attitude towards people whom he met as like that of an anthropologist among a tribe of savages. Somewhat analogous was the attitude displayed by a soldier whose history showed that he had always been a schizoid personality, and who passed into an acute schizoid state during the course of military

Schizoid Factors in the Personality

service in wartime. His mother had died in his early childhood; and the only parent whom he could remember was his father. He had left home shortly after his schooling was finished; and he had never communicated with his father since. Indeed he did not know whether his father was alive or dead. For years he lived a roving and unsettled life; but eventually it occurred to him that it would do him good to settle down and marry. This he accordingly did. When I asked him whether he had been happy in his marriage, a look of surprise at my question spread over his face, followed by a rather scornful smile. 'That's what I married for', he replied in a superior tone, as if that provided a sufficient answer. Whilst this reply, of course, provides an illustration of the schizoid failure to discriminate adequately between inner and outer reality, it also serves to illustrate the tendency of those with schizoid characteristics to treat libidinal objects as means of satisfying their own requirements rather than as persons possessing inherent value; and this is a tendency which springs from the persistence of an early oral orientation towards the breast as a partial object.

Here it may be remarked that the orientation towards partial objects found in individuals displaying schizoid features is largely a regressive phenomenon determined by unsatisfactory emotional relationships with their parents, and particularly their mothers, at a stage in childhood subsequent to the early oral phase in which this orientation originates. The type of mother who is specially prone to provoke such a regression is the mother who fails to convince her child by spontaneous and genuine expressions of affection that she herself loves him as a person. Both possessive mothers and indifferent mothers fall under this category. Worst of all perhaps is the mother who conveys the impression of both possessiveness and indifference—e.g. the devoted mother who is determined at all costs not to spoil her only son. Failure on the part of the mother to convince the child that she really loves him as a person renders it difficult for him to sustain an emotional relationship with her on a personal basis; and the result is that, in order to simplify the situation, he tends regressively to restore the relationship to its earlier and simpler form and revive his relationship to his mother's breast as a partial object. A regression of this sort may be illustrated by the case of a schizophrenic youth who, whilst evincing the bitterest antagonism towards his actual mother, dreamed of lying in bed in a room from the ceiling of which there poured a stream of milk—the room in question being a room

An Object-Relations Theory of the Personality

in his home just beneath his mother's bedroom. This type of regressive process may perhaps best be described as *Depersonalization of the Object*; and it is characteristically accompanied by a regression in the quality of the relationship desired. Here again the regressive movement is in the interests of a simplification of relationships; and it takes the form of a substitution of bodily for emotional contacts. It may perhaps be described as *De-emotionalization of the Object-relationship*.

2. PREDOMINANCE OF TAKING OVER GIVING IN THE LIBIDINAL ATTITUDE

In conformity with the predominance of taking over giving in the early oral attitude, individuals with a schizoid tendency experience considerable difficulty over giving in the emotional sense. In this connection it is interesting to recall that, if the oral incorporative tendency is the most fundamental of all tendencies, those next in importance for the organism are the excretory activities (defaecation and urination). The biological aim of the excretory activities is, of course, the elimination of useless and noxious substances from the body; but, although, in conformity with their biological aim, the child soon learns to regard them as the classic means of dealing with bad libidinal objects, their earliest psychological significance for him would appear to be that of creative activities. They represent the first creative activities of the individual; and their products are his first creations—the first internal contents that he externalizes, the first things belonging to himself that he gives. In this respect the excretory activities stand in contrast to oral activity, which essentially involves an attitude of taking. This particular contrast between the two groups of libidinal activity must not be taken to preclude the coexistence of another contrast between them in an opposite sense; for there is, of course, also a respect in which the oral incorporative attitude towards an object implies valuation of the object, whereas the excretory attitude towards an object implies its devaluation and rejection. What is relevant for the immediate purpose, however, is the fact that, at a deep mental level, taking is emotionally equivalent to amassing bodily contents, and giving is emotionally equivalent to parting with bodily contents. It is further relevant that, at a deep mental level, there is an emotional equivalence between mental and bodily contents, with the result that the individual's attitude towards the latter tends to be reflected in his attitude towards the former. In the

Schizoid Factors in the Personality

case of the individual with a schizoid tendency, accordingly, there is an over-valuation of mental contents corresponding to the over-valuation of bodily contents implied in the oral incorporative attitude of early childhood. This over-valuation of mental contents shows itself, for example, in the difficulty experienced by the individual with a schizoid tendency over expressing emotion in a social context. For such an individual, that element of giving which is involved in expressing emotion towards others has the significance of losing contents; and it is for this reason that he so often finds social contacts exhausting. Thus, if he is long in company, he is liable to feel that 'virtue has gone out of him', and that he requires a period of quiet and solitude afterwards in order that the inner storehouse of emotion may have an opportunity to be replenished. Thus one of my patients felt unable to make dates with his prospective fiancée on consecutive days on the grounds that, when he met her too often, he felt his personality to be impoverished. In the case of those with whom the schizoid tendency is marked, defence against emotional loss gives rise to *repression of affect* and an attitude of detachment which leads others to regard them as remote—and, in more extreme cases, even as inhuman. Such individuals are commonly described as 'shut in personalities'; and, in view of the extent to which they keep their emotional contents shut in, the description is singularly apt. Anxiety over emotional loss sometimes manifests itself in curious ways. Take, for example, the case of a young man seeking analysis, in whom I detected at the first consultation that vaguely mysterious air which I have come to regard as pathognomonic of an underlying schizoid tendency, and which is so often accompanied by inability to describe any concrete symptoms. This patient was a university undergraduate; and in his case the objective problem consisted in repeated failure to pass examinations. Oral examinations presented a special difficulty for him; and a striking feature of this difficulty was that, even when he really knew the correct answer to a question, he was usually unable to *give* it. It will be obvious, of course, that problems over his relationship with his father were involved; but the form assumed by this particular difficulty derived its significance from the fact that, so far as he was concerned, giving the correct answer represented giving the examiner something which had only been acquired (i.e. internalized) with difficulty, and so parting with something too *precious* to be lost. In an attempt to overcome difficulties involved for them in emotional giving, individuals with a schizoid propensity

An Object-Relations Theory of the Personality

avail themselves of various techniques, of which two may be mentioned here. These are: (a) the technique of playing roles, and (b) the technique of exhibitionism.

(a) The Technique of Playing Roles

By playing a role or acting an adopted part, the schizoid individual is often able to express quite a lot of feeling and to make what appear to be quite impressive social contacts; but, in doing so, he is really giving nothing and losing nothing, because, since he is only playing a part, his own personality is not involved. Secretly he disowns the part which he is playing; and he thus seeks to preserve his own personality intact and immune from compromise. It should be added, however, that, whilst in some cases parts are played quite consciously, in other cases the individual is quite unconscious of the fact that he is playing a part and only comes to realize this in the course of analytical treatment. Conscious playing of a part may be illustrated in the case of a markedly schizoid young man who entered my consulting-room for the first consultation with a quotation from Freud upon his lips. He thus sought from the start to establish himself in my eyes as a devotee of psychoanalysis; but my immediate suspicion that he was only playing a part was fully confirmed as soon as analytical treatment commenced. His adopted role was really a defence against genuine emotional contact with me, and against genuine emotional giving.

(b) The Exhibitionistic Technique

Exhibitionistic trends always play a prominent part in the schizoid mentality; and, of course, they are closely related to the tendency to adopt roles. They may be largely unconscious; and they are often masked by anxiety. Even so, however, they emerge quite clearly in the course of analytical treatment; and the attraction of literary and artistic activities for individuals with a schizoid propensity is partly due to the fact that these activities provide an exhibitionistic means of expression without involving direct social contact. The significance of the exploitation of exhibitionism as a defence lies in the fact that it represents a technique for giving without giving, by means of a substitution of 'showing' for 'giving'. This means of attempting to solve the problem of giving without losing is not without its attendant difficulties, however; for the anxiety originally attached to the act of giving is liable to become transferred to the act of showing,

Schizoid Factors in the Personality

with the result that 'showing off' assumes the quality of 'showing up'. When this happens, exhibitionistic situations may become extremely painful; and 'being seen' at all may then give rise to acute self-consciousness. The connection between giving and showing may be illustrated by the reaction of an unmarried female patient with a schizoid component in her personality after reading in the paper one morning in 1940 that a German bomb had fallen in the vicinity of my house during the night. It was plain to her from the newspaper account that the bomb had fallen at a sufficient distance from my house to ensure that I would be safe; and she experienced a tremendous sense of thankfulness over this fact. Her emotional reserve was such, however, that she could not bring herself to give any direct expression to feelings about me which she nevertheless wanted to express. What she did, in an attempt to get round this difficulty, at the next session was to hand me a piece of paper on which she had written down, at the cost of considerable effort, some information about *herself*. Thus she did give me something; but what she gave me was a view of herself, so to speak, reflected on paper. Actually, what was registered in this instance was a certain advance from an attitude of showing in the direction of an attitude of giving; for after all, in an indirect fashion, she did give me mental contents, to which she attached great narcissistic value, and with which she found it an effort to part. There was also registered a certain advance from a narcissistic valuation of her own mental contents in the direction of a valuation of me as an external object and as a person. In the light of this incident it is not surprising that analysis revealed in this case a tremendous conflict over parting with bodily contents.

3. THE INCORPORATIVE FACTOR IN THE LIBIDINAL ATTITUDE

The early oral attitude is one characterized, not only by taking, but also by incorporating or internalizing. Regressive reinstatement of the early oral attitude would appear to be most readily brought about by a situation of emotional frustration in which the child comes to feel (a) that he is not really loved for himself as a person by his mother, and (b) that his own love for his mother is not really valued and accepted by her. This is a highly traumatic situation giving rise to a further situation characterized as follows:

(a) The child comes to regard his mother as a bad object in so far as she does not seem to love him.

An Object-Relations Theory of the Personality

(b) The child comes to regard outward expressions of his own love as bad, with the result that, in an attempt to keep his love as good as possible, he tends to retain his love inside himself.

(c) The child comes to feel that love relationships with external objects in general are bad, or at least precarious.

The net result is that the child tends to transfer his relationships with his objects to the realm of inner reality. This is a realm in which his mother and her breast have already been installed as internalized objects under the influence of situations of frustration during the early oral phase; and, under the influence of subsequent situations of frustration, internalization of objects is further exploited as a defensive technique. This process of internalization is promoted, if not actually instigated, by the very nature of the oral attitude itself; for the inherent aim of the oral impulse is incorporation. The incorporation in question is, of course, originally physical incorporation; but we must believe that the emotional mood accompanying incorporative strivings has itself an incorporative colouring. Hence, when a fixation in the early oral phase occurs, an incorporative attitude inevitably becomes woven into the structure of the ego. In the case of individuals with a schizoid component in their personality, accordingly, there is a great tendency for the outer world to derive its meaning too exclusively from the inner world. In actual schizophrenics this tendency may become so strong that the distinction between inner and outer reality is largely obscured. Such extreme cases apart, however, there is a general tendency on the part of individuals with a schizoid component to heap up their values in the inner world. Not only do their objects tend to belong to the inner rather than to the outer world, but they tend to identify themselves very strongly with their internal objects. This fact contributes materially to the difficulty which they experience in giving emotionally. In the case of individuals whose object-relationships are predominantly in the outer world, giving has the effect of creating and enhancing values, and of promoting self-respect; but, in the case of individuals whose object-relationships are predominantly in the inner world, giving has the effect of depreciating values, and of lowering self-respect. When such individuals give, they tend to feel impoverished, because, when they give, they give at the expense of their inner world. Where a woman of such a nature is concerned, this tendency may lead to tremendous anxiety over childbirth; for to such a woman childbirth signifies not so much the gain of a child, but loss of con-

Schizoid Factors in the Personality

tents with resulting emptiness. Indeed I have had female patients of this type, in the case of whom deep unwillingness to part with contents has given rise to an extremely difficult labour. In these cases, of course, it is actually a case of parting with bodily contents; but an analogous phenomenon within a more mental sphere may be illustrated in the case of an artist who, after completing a picture, used to feel, not that he had created or gained something as a result, but that virtue had gone out of him. Such a phenomenon goes a long way to explain the periods of sterility and discontent which follow periods of creative activity in the case of certain artists, and which did so in the case of the artist to whom I have referred.

To mitigate a sense of impoverishment following giving and creating, the individual with a schizoid component often employs an interesting defence. He adopts the attitude that what he has given or created is worthless. Thus the artist whose case has just been quoted lost all interest in his pictures once they had been painted; and the completed pictures were characteristically either just dumped in the corner of the studio or treated simply as commodities for sale. In the same way women of a similar mentality sometimes lose all interest in their children after they are born. On the other hand, a totally opposite form of defence against loss of contents may be adopted by individuals with schizoid attributes; for they may attempt to safeguard themselves against a sense of loss by treating what they have produced as if it were still part of their own contents. Thus, so far from being indifferent to her child once he is born, a mother may continue to regard him in the light of her own contents and to overvalue him accordingly. Such mothers are unduly possessive of their children and are unable to accord them the status of separate persons—with grievous consequences for the unfortunate children. Similarly, although with less grievous results, an artist may defend himself against a sense of loss of contents by continuing to regard his pictures as his own possessions, in an unrealistic sense, even after they have been acquired by others. In this connection reference may be made again to that form of defence which consists in a substitution of showing for giving. The artist 'shows' or exhibits his pictures, of course; and, in so doing, he reveals himself indirectly. Similarly, the author reveals himself to the world from a distance through the medium of his books. The various arts thus provide very favourable channels of expression for individuals with a schizoid tendency. For by means of artistic activity they are able both to substitute showing

An Object-Relations Theory of the Personality

for giving and, at the same time, to produce something which they can still regard as part of themselves even after it has passed from the inner into the outer world.

Another important manifestation of preoccupation with the inner world is a tendency to *intellectualization*; and this is a very characteristic schizoid feature. It constitutes an extremely powerful defensive technique; and it operates as a very formidable resistance in psychoanalytical therapy. Intellectualization implies an over-valuation of the thought processes; and this over-valuation of thought is related to the difficulty which the individual with a schizoid tendency experiences in making emotional contacts with other people. Owing to preoccupation with the inner world and the repression of affect which follows in its train, he has difficulty in expressing his feelings naturally towards others, and in acting naturally and spontaneously in his relations with them. This leads him to make an effort to work out his emotional problems intellectually in the inner world. It would appear that, so far as conscious intention is concerned, his attempts to solve his emotional problems intellectually are meant in the first instance to pave the way for adaptive behaviour in relation to external objects; but, since emotional conflicts springing from deep sources in the unconscious defy solution in this way, he tends increasingly to substitute intellectual solutions of his emotional problems for attempts to achieve a practical solution of them within the emotional sphere in his relationships with others in the outer world. This tendency is, of course, strongly reinforced by the libidinal cathexis of internalized objects. The search for intellectual solutions of what are properly emotional problems thus gives rise to two important developments: (1) The thought processes become highly libidimized; and the world of thought tends to become the predominant sphere of creative activity and self-expression; and (2) ideas tend to become substituted for feelings, and intellectual values for emotional values.

Where actual schizophrenics are concerned, the substitution of ideas for feelings is carried to extreme lengths. When feelings do assert themselves in such cases, they are usually quite out of keeping with ideational content, and quite inappropriate to the occasion; or alternatively, as in catatonic cases, emotional expression assumes the form of sudden and violent outbursts. The adoption of the term 'schizophrenia' was, of course, based in the first instance upon observation of this divorce between thought and feeling, suggestive as it is of a split within the mind. It must now be recognized, how-

Schizoid Factors in the Personality

ever, that the split in question is fundamentally a split in the ego. What manifests itself on the surface as a divorce between thought and feeling must accordingly be construed as the reflection of a split between (1) a more superficial part of the ego representing its higher levels and including the conscious, and (2) a deeper part of the ego representing its lower levels and including those elements which are most highly endowed with libido and are hence the source of affect. From the dynamic psychoanalytical standpoint, such a split can only be explained in terms of repression; and, on this assumption, we can only conclude that it is a case of the deeper and more highly libidinal part of the ego being repressed by the more superficial part of the ego, in which thought processes are more highly developed.

In the case of individuals in whom schizoid features are only present to a lesser degree, the divorce between thought and feeling is, of course, less marked. Nevertheless, there is a characteristic tendency not only towards a substitution of intellectual for emotional values, but also towards a high libidinization of the thought processes. Such individuals are often more inclined to construct intellectual systems of an elaborate kind than to develop emotional relationships with others on a human basis. There is a further tendency on their part to make libidinal objects of the systems which they have created. 'Being in love with love' would appear to be a phenomenon of this nature; and schizoid infatuations often have just such an element in them. Infatuations of this kind may lead to unpleasant enough consequences for the ostensible love-object; but, when we find a really schizoid personality in love with some extreme political philosophy, the consequences become more serious, because the toll of victims may then run into millions. Such a personality, when he is in love with an intellectual system which he interprets rigidly and applies universally, has all the makings of a fanatic—which indeed is what he really is. When, further, such a fanatic has both the inclination and the capacity to take steps to impose his system ruthlessly upon others, the situation may become catastrophic—although at times it may admittedly be potent for good as well as for evil. However, not all those who are in love with an intellectual system have either the desire or the capacity thus to impose their system upon the outer world. Indeed it is far commoner for them to stand aside, in some measure at least, from the life of the everyday world, and to look down from their intellectual retreats upon common humanity with

An Object-Relations Theory of the Personality

a superior attitude (the attitude adopted, for example, by members of the intelligentsia towards the bourgeoisie).

At this point it is appropriate to draw attention to the fact that, where individuals with a schizoid tendency are concerned, a sense of inner superiority is always present in some degree, even when, as is commonly the case, this is largely unconscious. Quite commonly a considerable resistance has to be overcome before its presence is revealed in the course of analytical treatment; and an even more formidable resistance is encountered when efforts are made to analyse the sources from which it springs. When its sources are uncovered, however, this sense of superiority is found to be based upon: (1) a general *secret* over-valuation of personal contents, mental as well as physical; and (2) a narcissistic inflation of the ego arising out of *secret* possession of, and considerable identification with, internalized libidinal objects (e.g. the maternal breast and the paternal penis). Here it would be difficult to exaggerate the importance of the element of *secrecy*. It is this that accounts for the secretive and mysterious air so commonly displayed by markedly schizoid individuals; but, even in the case of those in whom the schizoid component plays a relatively minor part, it still remains an important factor in the unconscious situation. The inner necessity for secrecy is, of course, partly determined by guilt over the possession of internalized objects which are in a sense 'stolen'; but it is also in no small measure determined by fear of the loss of internalized objects which appear infinitely precious (even precious as life itself), and the internalization of which is a measure of their importance and the extent of dependence upon them. The secret possession of such internalized objects has the effect of leading the individual to feel that he is 'different' from other people—even if not, as often happens, actually exceptional or unique. When this sense of difference from others is investigated, however, it is found to be closely associated with a sense of being 'the odd man out'; and, with individuals in whom it is present, dreams embodying the theme of being left out are a common occurrence. Such an individual is only too frequently found to have been the boy who, although apparently his mother's boy at home, was anything but a boys' boy at school, and who devoted to personal achievement in study the energy which more ordinary boys devoted to participation in school games. Sometimes, it is true, personal achievement may have been sought within the realm of sport. Even so, however, there is usually evidence to show that there has been difficulty over emo-

Schizoid Factors in the Personality

tional relationships within the group; and, in any case, it remains true that it is towards attainment within the intellectual sphere that attempts to circumvent such difficulties are more commonly directed. Here we can already detect evidence of the operation of the intellectual defence; and it is remarkable how often the previous history of an actual schizophrenic reveals that he (or she) was regarded as a promising scholar during some part at least of his (or her) school career. If we look still further into the sources of that sense of difference from others which characterizes individuals with a schizoid element in their personality, we find evidence of the following among other features: (1) that in early life they gained the conviction, whether through apparent indifference or through apparent possessiveness on the part of their mother, that their mother did not really love and value them as persons in their own right; (2) that, influenced by a resultant sense of deprivation and inferiority, they remained profoundly fixated upon their mother; (3) that the libidinal attitude accompanying this fixation was one not only characterized by extreme dependence, but also rendered highly self-preservative and narcissistic by anxiety over a situation which presented itself as involving a threat to the ego; (4) that, through a regression to the attitude of the early oral phase, not only did the libidinal cathexis of an already internalized 'breast-mother' become intensified, but also the process of internalization itself became unduly extended to relationships with other objects; and (5) that there resulted a general over-valuation of the internal at the expense of the external world.

4. EMPTYING OF THE OBJECT AS AN IMPLICATION OF THE LIBIDINAL ATTITUDE

Emptying of the object is an implication of the incorporative quality of the early oral attitude; and, when attention was drawn to this feature earlier (pp. 11-12), some account was given of its psychological consequences for the child. Thus it was pointed out how, in circumstances of deprivation, the anxiety which arises in the child's mind over his own emptiness gives rise to anxiety over emptiness affecting his mother's breast. It was also pointed out how he comes to interpret any apparent or actual emptiness of his mother's breast as due to his own incorporative strivings, and how he thus comes to entertain anxiety over being responsible for the disappear-

An Object-Relations Theory of the Personality

ance and destruction, not simply of his mother's breast, but of his mother herself—anxiety considerably increased by the effect of deprivation in imparting an aggressive quality to his libidinal need. Such anxiety finds a classic expression in the fairy tale of 'Little Red Riding Hood'. In the story, it will be remembered, the little girl finds to her horror that the grandmother whom she loves has disappeared, and that she is left alone with her own incorporative need in the form of a devouring wolf. The tragedy of Little Red Riding Hood is the tragedy of the child in the early oral phase. Of course, the fairy tale has a happy ending, as fairy tales do. And, of course, the infant does discover that the mother, whom he fears he has eaten up, does eventually reappear again. Nevertheless, in their infancy children, although they do not lack intelligence, yet lack the organized experience from which they might otherwise derive reassurance against their anxiety. In due course they acquire sufficient conscious knowledge to realize that in actual fact their mothers do not disappear in consequence of the apparent destructiveness of their incorporative needs; and the whole experience of the traumatic situation arising out of deprivation during the early oral phase becomes subjected to repression. At the same time the anxiety attached to this situation persists in the unconscious, ready to be reactivated by any subsequent experience of an analogous kind. In the presence of a marked fixation in the early oral phase, the traumatic situation is particularly liable to be reactivated if the child later comes to feel that he is not really loved and valued as a person by his mother, and that she does not really appreciate and accept his love as good.

It is important to bear in mind the distinction between the situation which arises in the early oral phase and that which arises during the late oral phase, when the biting tendency emerges and takes its place side by side with the sucking tendency. In the late oral phase there occurs a differentiation between oral love, associated with sucking, and oral hate, associated with biting; and the development of ambivalence is a consequence of this. The early oral phase is pre-ambivalent; and this fact is specially important in the light of the further fact that the oral behaviour of the child during this pre-ambivalent phase represents the individual's first way of expressing love. The child's oral relationship with his mother in the situation of suckling represents his first experience of a love relationship, and is, therefore, the foundation upon which all his future relationships with love objects are based. It also represents his first experience of a social

Schizoid Factors in the Personality

relationship; and it therefore forms the basis of his subsequent attitude to society. Bearing these considerations in mind, let us return to the situation which arises when the child who is fixated in the early oral phase comes to feel that he is not really loved and valued as a person by his mother, and that she does not really appreciate and accept his love as good. What happens in these circumstances is that the original traumatic situation of the early oral phase becomes emotionally reactivated and reinstated; and the child then feels that the reason for his mother's apparent lack of love towards him is that he has destroyed her affection and made it disappear. At the same time he feels that the reason for her apparent refusal to accept his love is that his own love is destructive and bad. This is, of course, an infinitely more intolerable situation than the comparable situation which arises in the case of a child fixated in the late oral phase. In the latter case the child, being essentially ambivalent, interprets the situation in the sense that it is his hate, and not his love, that has destroyed his mother's affection. It is then in his hate that his badness seems to him to reside; and his love is thus able to remain good in his eyes. This is the position which would appear to underlie the manic-depressive psychosis, and to constitute the depressive position. By contrast the position underlying schizoid developments would appear to be one arising in the pre-ambivalent early oral phase—the position in which the individual feels that his love is bad because it appears destructive towards his libidinal objects; and this may be appropriately described as *the schizoid position*. It represents an essentially tragic situation; and it provides the theme of many of the great tragedies of literature, as well as providing a favourite theme for poetry (as in the case of the 'Lucy' poems of Wordsworth). It is small wonder then that individuals with any considerable schizoid tendency experience such difficulty in showing love; for they always entertain the deep anxiety expressed by Oscar Wilde in *The Ballad of Reading Gaol* when he wrote, 'Each man kills the thing he loves'. It is small wonder too that they experience difficulty in emotional giving; for they can never entirely escape the fear that their gifts are deadly, like the gifts of a Borgia. Hence the remark of a patient of mine, who, after bringing me a present of some fruit, opened the next day's session with the question, 'Have you been poisoned?'

We are now in a position to appreciate that the individual with a schizoid tendency has another motive for keeping his love inside himself besides that arising from the feeling that it is too precious to

An Object-Relations Theory of the Personality

part with. He also keeps his love shut in because he feels that it is too dangerous to release upon his objects. Thus he not only keeps his love in a safe, but also keeps it in a cage. The matter does not end there, however. Since he feels that his own love is bad, he is liable to interpret the love of others in similar terms. Such an interpretation does not necessarily imply projection on his part; but, of course, he is always liable to have recourse to this defensive technique. It is illustrated, for example, in the fairy tale of 'Little Red Riding Hood', to which reference has already been made; for although, as we have seen, the wolf does represent her own incorporative oral love, the story also tells us that the wolf takes her grandmother's place in the bed—which means, of course, that she attributes her own incorporative attitude to her libidinal object, who then seems to turn into a devouring wolf. So it comes about that the individual with schizoid characteristics is liable to feel driven to erect defences, not only against his love for others, but also against their love for him; and it was on this account that a rather schizoid young woman, who was a patient of mine, used sometimes to say to me, 'Whatever you do, you must never like me'.

When, accordingly, an individual with a schizoid tendency makes a renunciation of social contacts, it is above all because he feels that he must neither love nor be loved. He does not always rest content with a mere passive aloofness, however. On the contrary, he often takes active measures to drive his libidinal objects away from him. For this purpose he has an instrument ready to hand inside himself in the form of his own differentiated aggression. He mobilizes the resources of his hate, and directs his aggression against others—and more particularly against his libidinal objects. Thus he may quarrel with people, be objectionable, be rude. In so doing, he not only substitutes hate for love in his relationships with his objects, but also induces them to hate, instead of loving, him; and he does all this in order to keep his libidinal objects at a distance. Like the Troubadours (and perhaps also the dictators), he can only permit himself to love and be loved from afar off. This is the second great tragedy to which individuals with a schizoid tendency are liable. The first is, as we have seen, that he feels his love to be destructive of those he loves. The second arises when he becomes subject to a compulsion to hate and be hated, while all the time he longs deep down to love and to be loved.

There are two further motives, however, by which an individual with a schizoid tendency may be actuated in substituting hating for

Schizoid Factors in the Personality

loving—curiously enough one an immoral, and the other a moral motive; and incidentally these would appear to be specially powerful motives in the case of the revolutionary and the Quisling. The immoral motive is determined by the consideration that, since the joy of loving seems hopelessly barred to him, he may as well deliver himself over to the joy of hating and obtain what satisfaction he can out of that. He thus makes a pact with the Devil and says, 'Evil be thou my good'. The moral motive is determined by the consideration that, if loving involves destroying, it is better to destroy by hate, which is overtly destructive and bad, than to destroy by love, which is by rights creative and good. When these two motives come into play, therefore, we are confronted with an amazing reversal of moral values. It becomes a case, not only of 'Evil be thou my good', but also of 'Good be thou my evil'. This is a reversal of values, it must be added, which is rarely consciously accepted; but it is none the less one which often plays an extremely important part in the unconscious—and that this should be so is the third great tragedy to which individuals with a schizoid tendency are liable.