

Schizoid Phenomena, Object Relations and the Self, by H. Guntrip

a. People / Organizations:

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b. Quotes:

- "What is the meaning of hate? It is not the absolute opposite of love; that would be indifference, having no interest in a person, not wanting a relationship and so having no reason for either loving or hating, feeling nothing. Hate is love grown angry because of rejection. We can only really hate a person if we want their love. Hate is an expression of frustrated love needs, an attempt to destroy the bad rejecting side of a person in the hope of leaving their good responsive side available, a struggle to alter them." - Author (pg. 26)
- "Men have fought passionately for liberty and independence, freedom from foreign domination, freedom from state paternalism and bureaucratic control, freedom from social and economic class oppression, freedom from the shackles of an imposed religious orthodoxy. Yet at other times men have proved to be just as willing, and indeed eager, to be embraced in, and supported and directed by, some totalitarian organization of state or church. No doubt urgent practical necessity often drives men one way or the other at different periods of history and in different phases of social change. But if we seek the ultimate motivations of human action, it is impossible not to link up this social and political oscillation of aim, with the "in and out" programme of the schizoid person. Man's deepest needs make him dependent on others, but there is nothing more productive of the feeling of being tied or restricted than being overdependent through basic emotional immaturity. Certainly human beings in the mass are far less emotionally mature than they suppose themselves to be, and this accounts for much of the aggressiveness, the oppositionism, and the compulsive assertion of a false, forced, independence that are such obvious social behaviour trends." - Author (pg. 47)
 - "Much has been said of 'depressed eras' in history, but when one considers the cold, calculating, mechanical, ruthless, and unfeeling nature of the planned cruelty of political intellectuals and ideologists, we may well think this to be a "schizoid era". The cold and inscrutable Hitler showed all the marks of a deeply schizoid personality and his suicide was consistent. The schizoid intellectual wielding unlimited political power is perhaps the most dangerous type of leader. He is a devourer of the human rights of all whom he can rule. **The way some of the most ruthless Nazis could turn to the study of theology was significant of a schizoid splitting of personality.**" - Author (pg. 47)
- "The struggles to achieve democracy illustrate the enormous difficulties modern man encounters in trying to create a society in which human beings are valued as, and helped to be, persons in their own right. In fact, throughout our modern civilization, East and West, right and left wing, religious and scientific, a mass production of basically insecure and psychologically weakened human beings goes on, outstripping our ability to find a method to cope with them. Masses of children grow up frightened at heart, at the mercy of parents who work off their own fears and tensions on the children. Moreover our patients constantly meet a critical and unsympathetic reaction from friends. 'Oh, we could all give in like that if we let ourselves; you must pull yourself together. You should think less of yourself and more of other people'. So the cultural attitudes drive them to feel ashamed of weakness and to simulate strength. Ian Suttie, many years ago now, spoke of the **'taboo on tenderness' in our culture**. But the matter goes deeper. The reason why there is a taboo on tenderness is that **tenderness is regarded as weakness** in all but the most private relations of life, and many people regard it as weakness even there and introduce patterns of domination into love-life itself. **The real taboo is on weakness**; the one great crime is to be weak; the thing to which none dare confess is feeling weak, however much the real weakness was brought into being when they were so young that they knew nothing of the import of what was happening to them. You cannot afford to be weak in a competitive world which you feel is mostly hostile to you, and if anyone is so unfortunate as to discover that his infancy has left him with too great a measure of arrested emotional development and a failure of ego-growth in the important early stages, then he soon learns to bend all his energies to hiding or mastering the infant within." - Author (pg. 177-178)

c. General Notes:

- Introduction (pg. 9)
 - "Here, the great problem is that the foundations of an adequate 'self' were prevented from growing in infancy. **We are dealing with individuals who, however much they may have been trained to adult social and moral obligations and values at the ordinary conscious level of their personality of everyday living, are unable to maintain themselves on that level because the underlying, unconscious strata of their personalities are on the pre-moral level of infantile fear, ego-weakness, and flight from life.**" (pg. 10)
 - "There was no other kind of approach capable of discovering in depth and detail what really goes on in the human mind, as psychoanalysis does." (pg. 10)
 - "One matter of general concern is that **we now have a definite means of differentiating between mental illness and moral failure pure and simple**. Mental illness springs specifically from the ravages of early fear and basic weakness of the ego, with consequent inability to cope with life in any other than a dangerous state of anxiety. Ideally, immoral behaviour occurs in a reasonably stable individual whose early education has given him bad values and standards of behaviour, or whose later experiences in life have caused in him a deterioration of the sense of responsibility to others and a drift into merely self-regarding habits of mind. He is not necessarily a person undermined by deep-seated fears. Yet we have to recognize that, all too often, immaturity of development and deep-seated fears are hidden and defended against by the adoption of immoral, and even criminal ways of living. So the overlap of these two separate orders of fact is not eliminated; although, with the uncovering of the schizoid problem, we can see better what is involved. The difference between illness and immorality is made plain by Winnicott's view that it is useless to inculcate 'tenets to believe in', if the child has not grown 'the capacity to believe in', through trust in human love." (pg. 11)
 - "[P]sychodynamic research has been working its way forward, inch by inch, to **the heart of the problem, the failure of strong ego-formation in earliest infancy, the persistence of a fear-ridden and withdrawn (or regressed) infantile self in the depths of the unconscious, and even the fact of unrealized potentialities of personality that have never been evoked**. **The rebirth and regrowth of the lost living heart of the personality is the ultimate problem psychotherapy now seeks to solve.**" (pg. 11-12)
 - "Pathological guilt is, as we shall see, a struggle to maintain object-relations, a defence against ego-disintegration, and is a state of mind that is preferred to being undermined by irresistible fears. The core of psychological distress is simply elementary fear, however much it gets transformed into guilt: fear carrying with it the feeling of weakness and inability to cope with life; fear possessing the psyche to such an extent that 'ego-experience' cannot get started." (pg. 12-13)
- Part 1 - Clinical Description of the Schizoid Personality (pg. 15)
 - Chapter 1 - The Schizoid Personality and the External World (pg. 17)
 - "The psychotherapist must be greatly concerned with those states of mind in which patients become inaccessible emotionally, when the patient seems to be bodily present but mentally absent." (pg. 17)
 - "Depression is really a more extraverted state of mind, which, while the patient is turning his aggression inwards against himself, is part of a struggle not to break out into overt angry and aggressive behaviour. The states described above are rather the 'schizoid states'. They are definitely introverted. **Depression is object-relational. The schizoid person has renounced objects, even though he still needs them.**" (pg. 18)
 - ◆ "External relationships seem to have been emptied by a massive withdrawal of the real libidinal self. Effective mental activity has

disappeared into a hidden inner world; the patient's conscious ego is emptied of vital feeling and action, and seems to have become unreal. You may catch glimpses of intense activity going on in the inner world through dreams and fantasies, but the patient's conscious ego merely reports these as if it were a neutral observer not personally involved in the inner drama of which it is a detached spectator. The attitude to the outer world is the same: non-involvement and observation at a distance without any feeling, like that of a press reporter describing a social gathering of which he is not a part, in which he has no personal interest, and by which he is bored. Such activity as is carried on may appear to be mechanical. When a schizoid state supervenes, the conscious ego appears to be in a state of suspended animation in between two worlds, internal and external, and having no real relationships with either of them. It has decreed an emotional and impulsive standstill, on the basis of keeping out of effective range and being unmoved. These schizoid states may alternate with depression, and at times can be confusingly mixed with it so that both schizoid and depressive signs appear. They are of all degrees of intensity ranging from transient moods that come and go during a session, to states that persist over a long period, when they show very distinctly the specific schizoid traits." (pg. 18)

- ◊ "This then is the problem we seek to understand. **The schizoid condition consists in the first place in an attempt to cancel external object-relations and live in a detached and withdrawn way.** What is really happening to these patients and why? It is not just a problem in treatment. It pervades the whole of life." (pg. 19)
- "The key biological formula is the adaptation of the organism to the environment. The key psychological formula is the relationship of the person to the human environment. The significance of human living lies in object-relationships, and only in such terms can our life be said to have a meaning, for without object-relations the ego itself cannot develop." (pg. 19-20)
 - ◊ "Quite specially in this region lie the schizoid's problems. He is driven by anxiety to cut himself off from all object-relations. Our needs, fears, frustrations, resentments and anxieties in our inevitable quest for good objects are the substance of psycho-pathology, because they are the real problem in life itself. When difficulties in achieving and maintaining good object-relations are too pronounced, and human relations are attended with too great anxiety and conflict, desperate efforts are often made to deny and eliminate this basic need. People go into their shell, bury themselves in work of an impersonal nature, abolish relations with actual people so far as they can, devote themselves to abstractions, ideals, theories, organizations, and so on. In the nature of the case these maneuvers cannot succeed and always end disastrously, since they are an attempt to deny our very nature itself. Clearly we cannot do that and remain healthy. The more people cut themselves off from human relations in the outer world, the more they are driven back on emotionally charged fantasied object-relations in their inner mental world, till the psychotic lives only in his inner world. But it is still a world of object-relations. **We are constitutionally incapable of living as isolated units. The real loss of all objects would be equivalent to psychic death.**" (pg. 20)
- "It is the object that is the real goal of the libidinal drive. We seek persons, not pleasures. Impulses are not psychic entities but reactions of an ego to objects. It is impossible to understand the schizoid problem without using Melanie Klein's theory of the inner world of internal objects and internal object-relations, and the consequences of that theory as worked out by Fairbairn. As this metapsychology is still not accepted or perhaps even understood by all analysts and psychotherapists, it may be useful here to express it as simply as possible." (pg. 21)
 - ◊ "What is meant by a world of internal objects may be put in this way: in some sense we retain all our experience in life and 'carry things in our minds'. If we did not, we would lose all continuity with our past, would only be able to live from moment to moment like butterflies alighting and flitting away, and no relationships or experiences could have any permanent values for us. Thus in some sense everything is mentally internalized, retained and inwardly possessed; that is our only defence against complete discontinuity in living, a distressing example of which we see in the man who loses his memory, and is consciously uprooted. But things are mentally internalized and retained in two different ways which we call respectively memory and internal objects. This has recently been emphasized by Bion's work. Good objects are, in the first place, mentally internalized and retained only as memories. They are enjoyed at the time; the experience is satisfying and leaves no problems, it promotes good ego-development, and can later on be looked back to and reflected on with pleasure. In the case of a continuing good-object relationship of major importance as with a parent or marriage partner, we have a combination of memories of the happy past and confidence in the continuing possession of the good object in an externally real sense in the present and future. There is no reason here for setting up internalized objects. Outer experience suffices to meet our needs. On this point Fairbairn differs from Melanie Klein. He regards 'good objects' as not needing to be internalized in the first place, in any other form than 'memory', though this must involve the experience of secure possession of relationship. Objects are only internalized in a more radical way when the relationship turns into a bad-object situation through, say, the object changing or dying. When someone we need and love ceases to love us, or behaves in such a way that we interpret it as cessation of love, or disappears, dies, i.e. deserts us, that person becomes, in an emotional, libidinal sense, a bad object. This happens to a child when his mother refuses the breast, weans the baby, or is cross, impatient and punitive, or is absent temporarily or for a longer period through illness, or permanently through death; it also happens when the person we need is emotionally detached, aloof, and unresponsive. All that is experienced as frustration of the most important of all needs, as rejection and desertion, or else as persecution and attack. Then the lost object, now become a bad object, is mentally internalized in a much more vital and fundamental sense than memory. In the language of Bion, bad experiences cannot be digested and absorbed; they are retained as foreign objects which the psyche seeks to project." (pg. 21-22)
 - ◊ "It is bad objects which are internalized, because we cannot accept their badness; we seek to withdraw from them in outer reality and yet cannot give them up, cannot leave them alone; we cannot master and control them in outer reality and so keep on struggling to possess them, alter them and compel them to change into good objects, in our inner psychic world. They never do change. In our inner unconscious world where we repress and lock away very early in life our original bad objects, they remain always rejecting, indifferent or hostile to us according to our actual outer experience. It must be emphasized that these internalized objects are not just fantasies. The child is emotionally identified with his objects, and when he mentally incorporates them he remains identified with them and they become part and parcel of the very psychic structure of his personality. The fantasies in which internal objects reveal their existence to consciousness are activities of the morbid psychic structures which constitute the internal objects. Objects are only internalized later in life in this radical way by fusion with already existing internal-object structures. In adult life, situations in outer reality are unconsciously interpreted in the light of these situations persisting in unconscious, inner, and purely psychic reality. We live in the outer world with the emotions generated in the inner one. A large part of the psychopathological problem is: how do people deal with their internalized bad objects, to what extent do they feel identified with them, and how do they complicate relations with external objects? It is the object all the time that matters, whether external or internal, not pleasure." (pg. 22-23)
- "The chronic dilemma in which the schizoid individual is placed, namely that he can neither be in a relationship with another person nor out of it, without in various ways risking the loss of both his object and himself, is due to the fact that he has not yet outgrown the particular kind of dependence on love-objects that is characteristic of infancy. This has two different but clearly related aspects: identification and a wish to incorporate. Identification is passive, incorporation is active. **Identification can feel like being swallowed up in another person, incorporation is the wish to swallow the object into oneself.** Identification suggests regression to a womb state, and incorporative urges belong to the post-natal, oral infant at the breast. The full significance of this double aspect will emerge later in our enquiry. The whole problem antedates the oedipal development. Thus Fairbairn regarded infantile dependence, not the Oedipus complex, as the basic cause of psychopathological

developments. The schizoid patient feels that he himself and those he needs and loves are part and parcel of one another, so that when separated he feels utterly insecure and lost, but when reunited he feels swallowed, absorbed, and loses his separate individuality by regression to infantile dependence. Thus he must always be rushing into a relationship for security and at once breaking out again for freedom and independence: an alternation between regression to the womb and the struggle to be born, between the merging of his ego in, and the differentiation of it from, the person he loves. The schizoid cannot stand alone, yet is always fighting desperately to defend his independence-like those film stars who spend their best years rushing into and out of one marriage after another." (pg. 36)

- "This 'in and out' programme, always breaking away from what one is at the same time holding on to, is perhaps the most characteristic behavioural expression of the schizoid conflict." (pg. 36)
- "Many practically useful types of personality are basically schizoid. Hard workers, compulsively unselfish folk, efficient organizers, highly intellectual people, may all accomplish valuable results, but it is often possible to detect an unfeeling callousness behind their good works, and a lack of sensitiveness to other people's feelings in the way they override individuals in their devotion to causes." (pg. 38)
- "The primary emotional attitude of the child to both parents is the same, though in fact that to the mother is fundamental. It is determined, not by the sex of the parent but by the child's need for a secure, stable, loving personal environment in which he can achieve an ego-development out of primary identification towards maturing self-identity. In his quest for a libidinally good object the child will turn from the mother to the father, and go back and forth between them many times. The less satisfactory the object-relationships with his parents prove to be in the course of development, the more the child remains embedded in relationships by identification, and the more he creates, and remains tied to, an inner world of bad internal objects who will thereafter dwell in his unconscious as an abiding fifth column of secret persecutors, at once exciting desire and denying satisfaction. **A deep-seated ever-unsatisfied hunger will be the foundation of the personality, exposing the infant to the fundamental danger of the development of a schizoid state.**" (pg. 45-46)
- "We may finally summarize the emotional dilemma of the schizoid thus: he feels a deep dread of entering into a real personal relationship, i.e. one into which genuine feeling enters, because, though his need for a love-object is so great, he can only sustain a relationship at a deep emotional level on the basis of infantile and absolute dependence. **To the love-hungry schizoid faced internally with an exciting but deserting object all relationships are felt to be 'swallowing-up things' which trap and imprison and destroy.** If your hate is destructive you are still free to love because you can find someone else to hate. But if you feel your love is destructive the situation is terrifying. You are always impelled into a relationship by your needs and at once driven out again by the fear either of exhausting your love-object by the demands you want to make or else losing your own individuality by over-dependence and identification. **This 'in and out' oscillation is the typical schizoid behaviour, and to escape from it into detachment and loss of feeling is the typical schizoid state.** The schizoid feels faced with utter loss, and the destruction of both ego and object, whether in a relationship or out of it. In a relationship, identification involves loss of the ego, and incorporation involves a hungry devouring and losing of the object. In breaking away to independence, the object is destroyed as you fight a way out to freedom, or lost by separation, and the ego is destroyed or emptied by the loss of the object with whom it is identified. The only real solution is the dissolving of identification and the maturing of the personality, the differentiation of ego and object, and the growth of a capacity for cooperative independence and mutuality, i.e. psychic rebirth and development of a real ego." (pg. 48)
- Chapter 2 - The Schizoid Problem, Regression, and the Struggle to Preserve and Ego (pg. 49)
 - "Both persecutory anxiety and depressive anxiety are object-relations experiences, while the schizoid position cancels object-relations in the attempt to escape from anxiety of all kinds. Though schizoid withdrawal and regression are fundamentally the same phenomenon, they have different meanings for different parts of the total self. From the point of view of the central ego, i.e. the conscious self or everyday living, withdrawal means total loss. From the point of view of the part of the self that has withdrawn, it is not 'loss' but 'regression' or retreat backwards inside the small safe place, as represented in the extreme by the fantasy of a return to the womb. We must therefore allow for **three basic developmental positions, schizoid (or regressed), paranoid (or persecuted) and depressed (or guilt-burdened)**; and the paranoid and depressed positions can both be used as a defence against the schizoid position. When an individual is inwardly menaced by an involuntary schizoid fight from reality and depersonalization (as when too deep fear is too intensely aroused) he will fight to preserve his ego by taking refuge in internal bad-object fantasies of a persecutory or accusatory kind. Then, unwittingly projecting these on to outer reality, he maintains touch with the world by feeling that people are either plotting his ruin or criticizing and blaming him for everything he does. Fairbairn classes the paranoid reaction with the psychoneurotic reactions as techniques for the manipulation of internal objects as a defence against the primary dangers of schizoid apathy and depression, and places the main emphasis on the underlying 'schizoid position' as determinative of all subsequent development. We may agree that the 'depressive position' is decisive for the moral, social and civilized development of the infant, while the clinical material I present appears to me to confirm Fairbairn's view that schizoid phenomena, and the flight from object-relations, are more significant for illness than depression, are more frequently presented clinically, and that the schizoid position is the vital one for development and for psychopathology." (pg. 57-58)
 - "In Chapter I, I used the term 'in and out programme' to describe the dilemma in which schizoid people find themselves with respect to object-relationships. They are caught in a conflict between equally strong needs for, and fears of, close good personal contacts, and in practice often find themselves alternatively driven into a relationship by their needs and then driven out again by their fears. The schizoid person, because of his fears, cannot give himself fully or permanently to anyone or anything with feeling. His most persisting object-relationships are emotionally neutral, often simply intellectual. This plays havoc with consistency in living. He tends to be unreliable and changeable. He wants what he has not got, and begins to lose interest and wants to get away from it when he has it. This particularly undermines friendships and love relationships but can become a general discontent with most things. 'Absence makes the heart grow fonder' is true of schizoid people unless too much fear is roused, and then it turns love to hate. The schizoid individual can often feel strong longings for another person so long as he or she is not there, but the actual presence of the other person causes an emotional withdrawal which may range from coldness, loss of interest and inability to find anything to say, to hostility and revulsion: 'presence makes the heart grow less fond'" (pg. 58-59)
 - "[T]he schizoid person is liable to be constantly 'in and out' of any and every kind of situation" (pg. 59)
 - ◆ "Schizoid persons are extremely liable to fear good and loving relationships more than bad and hostile ones, the reason why they face such exceptional difficulties in personal relationships. As soon as they feel they are getting close to someone they experience an automatic and sometimes catastrophically uncontrollable withdrawal of all positive feeling accompanied by great fear. This more commonly appears in the milder form of unaccountable loss of interest." (pg. 60)
 - ◊ "The person with schizoid tendencies usually feels that he is 'missing the bus' and life is passing him by, and it eases his mind superficially if he can find a scapegoat." (pg. 62)
 - ▶ "Schizoid shallowness of feeling in the part of the personality that deals with the outer world in everyday life is the cause of inability to find much real satisfaction in living. The emotional core of the personality is withdrawn from the self that lives in the external world. The outer self, like a skilled actor, can act even an emotional part mechanically while thinking of other things." (pg. 63)
 - "The deeply withdrawn part of the whole self is profoundly 'schizoid', extensively 'cut off'. The ego of everyday life is not so fully cut off. It maintains a mechanical rather than an emotional contact, and tends to feel affectively devitalized, emptied even to the risk of

depersonalization." (pg. 63-64)

- "This state of affairs creates two problems. The part of the self that struggles to keep touch with life feels intense fear of the deeper and more secret, withdrawn self, which appears to be endowed with a great capacity to attract and draw down more and more of the rest of the personality into itself. Hence extensive defences are operated against it. If those defences fail, the ego of everyday consciousness experiences a progressively terrifying loss of interest, energy, zest, verging towards exhaustion, apathy, derealization of the environment, and depersonalization of the conscious ego. It becomes like an empty shell out of which the living individual has departed to some safer retreat. If that goes too far, the central ego, the ordinary outer world self, becomes incapable of carry-in on its normal life, and the whole personality succumbs to a full-scale 'regressive breakdown'" (pg. 64)
 - **"Impingement, rejection, and deprivation of needs for object-relationships must be bracketed together as defining the traumatic situation which drives the infant into a retreat within himself in search of a return to the womb."** (pg. 70)
 - "Fairbairn has described these in terms of 'object-splitting' and 'ego-splitting' processes, which build up the structure of the inner world in terms of endopsychic object-relations. The internal unsatisfying object is split into its three main aspects, libidinally exciting, libidinally reactive, and emotionally neutral or good and undisturbing. The last or Ideal Object is projected back into the real object and what has all the appearance of an external object-relationship is maintained with it by the central ego, the ordinary ego of everyday living. Nevertheless, this is not a properly objective relation, for the object is not fully realistically perceived but only experienced in the light of a partial image projected from inner reality. Thus, once some measure of schizoid withdrawal has been set up, such contact with the outer world as is maintained is defective and governed by the projection of partial and over-simplified images of the object: a fact constantly demonstrated by the poor judgment of others, the over- or under-estimation of either good or bad qualities, commonly displayed by people." (pg. 71)
 - ◆ "Thus, the unity of that part of the ego which has withdrawn inside away from outer reality becomes split into an ego attached to the exciting object and an ego attached to the rejecting object." (pg. 71)
 - "According to Fairbairn, internal objects are psychic structures just as much as partial egos are. **The total psychic self 'impersonates' objects to itself in the inner world so as to retain ego-identity in fantasied relations.**" (pg. 72)
 - Chapter 3 - The Regressed Ego, The Lost Heart of the Self, and the Inability to Love (pg. 87)
 - "The purpose of regression of any kind is a much needed retreat from a 'here and now' life which the individual feels he cannot cope with. He goes back to life on a simpler earlier level, not involving so much strain." (pg. 94)
 - **"This fear-induced flight within, to hide away in the depths of the unconscious out of reach of hurt, is the basis of pathological regression.** We may consider regression or 'going backwards', giving up the state of activity and seeking relief from pressures in passivity and even oblivion, as having two opposite poles, healthy and pathological." (pg. 96)
 - "We may select six descriptive aspects of this complex problem which are very clearly illustrated in clinical material: (i) depersonalization and derealization as a result of withdrawal, the emptying of the ego of consciousness; (ii) the feeling of emptiness and nonentity in depth, sensed as experienced in the unconscious, creating the feeling of not having an ego, only an amorphous experience of indefiniteness and weakness, (iii) the fear of ego-collapse, the feeling of disintegration or of facing a dark abyss into which one is about to plunge and be lost, a fear of psychic death; (iv) the inhibition of the capacity to love and the inability to experience meaningful relatedness to other persons; (v) The need for regression opposed by the fear of being 'dragged down' by an unconscious regressive drive; (vi) the longing for and the fear of sleep and oblivion, coupled with the inability to relax lest it involve an irrecoverable surrender to regression. (i) to (iv) give a negative picture of schizoid regression as 'flight from' the outer world; (v) and (vi) show the positive aspect of regression as 'flight to' a deeper security, a longing for a return which implies the possibility of a rebirth, even though this is countered by an intense fear of risking it, in case it should turn out to involve total breakdown." (pg. 97)
 - ◆ "Of the six most striking descriptive aspects of this complex state of the personality (cf. p. 97), which emerge ever more clearly as it develops towards specific illness, the first four, depersonalization and derealization, the feeling of nonentity or ego-emptiness, the fear of ego-collapse, and the inhibition of the capacity to love or enter into human relationships, must be taken together as representing the actual 'cut-off' schizoid condition, due to fear of and flight from the outer world. The other two, the fear of and struggle against the regressive drive, and the fear of sleep and relaxation, are aspects of the psyche's self-defence against its insidious internal danger of losing all contact with external reality. A still further problem arises at this point. Fear of loss of contact with the external world constantly motivates efforts to regain contact with it, but this cannot be done by loving relationships, and therefore can only be done in terms of the other two basic emotional reactions, fear and aggression. To relate in terms simply of fear sets up the paranoid state, which can pass over into the cold-blooded defence of mere destructive aggression. If the individual does not feel so utterly hopeless about loving, then the relationship in terms of aggression will lead to ambivalence and depression." (pg. 100-101)
 - Part 2 - The Reorientation of Psychodynamic Theory (pg. 115)
 - Chapter 4 - Four Phases of Psychodynamic Theory (pg. 117)
 - See text
 - Chapter 5 - The Clinical-Diagnostic Framework (pg. 130)
 - **"[W]e cannot understand the 'person' in biological terms.** Jung said that 'human beings cannot stand a meaningless existence', and at this level of the 'personal life' lived in terms of intelligible motives arising out of meaningful purposes, we need a fully psychological analysis.
 - **Psychoanalysis needs to disentangle itself from the biological matrix out of which it arose, and realize itself as a fully psychological discipline.** It cannot explain everything about human beings, but its proper task is to understand the development and functioning of human beings as persons living in relationship with other persons. The analysis of man's moral life of impulse-management, guilt, and depression, did not necessitate a clear transcendence of the biological frame of reference, since it appeared to rest on the theory of inherited antisocial instincts. It is the analysis of the schizoid problem, centering on the stages of ego-growth in the medium of personal relationships, which has necessitated a more fully psychodynamic type of theory. In this chapter on the manic-depressive problem I have sought to trace in greater detail the depressive and schizoid levels of conceptualization and analysis. This provides our diagnostic clinical framework." (pg. 131)
 - "[T]he present cultural era has seen a considerable shift of emphasis from the ethical to the scientific attitude to life. It is more characteristic of this generation to adopt a superior attitude to morality and reject guilt and depression in favour of a 'couldn't care less' attitude. This is a clearly schizoid phenomenon in its detachment and irresponsibility towards people." (pg. 139)
 - "The situation I have found with patients is that in order to escape the terrors of ego-loss as a result of an object-loss in reality, throwing them back on their underlying schizoid detachment from object-relations (depersonalization), they have fled back into ambivalent object-relations only to find that their hate threatens them with object-loss again and now also guilt, and depression, and recurring fear of ego-loss once more. **The depression arises out of a failure of a defence against an underlying schizoid condition.** Thus a patient whose basic isolation stimulated intense fears and needs, became afraid of directing towards both analyst and family an intensity of need which seemed potentially destructive. She sent a message that she could not come for her session, she felt such a horrible person, and was so depressed. She had withdrawn from

both analyst and family both in outer reality and in her thoughts. She did not come to the session and shut herself in her room, feeling that she was bad for the family. The logical result of this breaking-off of all object-relations would have been to throw her back on her deep inner feeling of being utterly alone, and led to a developing fear of losing her own ego. This she staved off by maintaining active self-hate and depression." (pg. 143)

- "So far as I can see, clinical evidence establishes the exact opposite of this strange view. Fear, persecutory anxiety, arises in the first place as a result of an actually bad, persecutory environment, what Winnicott calls 'impingement'. Anger and aggression arise as an attempt to master fear by removing its cause, but in the infant they only lead to the discovery of helplessness, and therewith the turning in of aggression against his own weak ego. This powerfully reinforces the splitting processes tending to be set in motion by the fear with its natural consequence, flight from the bad outer world. This turning in of aggression, however, does not necessarily lead to fear of death, but more often to masochistic suffering in the inner world which the patient cannot easily be helped to give up. It is true that under certain circumstances this can mount up to schizophrenic terror of being torn to bits, but I have usually found that the fear of death related ultimately to an unconscious inner knowledge of the existence of an ego-undermining, powerful drive to a flight from life and reality, the dread of the collapse of a viable self into a depersonalized state of combined object-loss and ego-loss." (pg. 146)
 - "We are brought back to the necessity for **distinguishing between regression as a schizoid phenomenon differing from and underlying depression as a guilt paralysis in ambivalent object-relationships**. It is the difference between fear and anger, and between withdrawal and the repression of sadism. **Aggression is characteristic of the depressive set-up, while fear and flight are the keys to the regressive situation**, against which the former is employed as a main defence." (pg. 148)
 - "It appears to me that **the conflict of love and hate in human society is secondary to the conflict of love and fear, or the need for human relationships versus the fear-ridden flight from relationships**, itself the product of our basic weakness, vulnerability, and struggle to maintain a viable ego." (pg. 150)
 - "...schizoid patients describe their experience of feeling withdrawn and cut off from outer reality, and so losing 'self' also in a vacuum of experience, while the attenuated 'central ego' tries to keep touch with the real world though feeling utterly deprived of all energy." (pg. 152)
 - "**The human predicament is that, since we are so at the mercy of our human environment as children, if it fails to evoke our trust and love, and arouses insecurity, aggression, and hate, it dooms us either to paranoid anxiety and subsequent depression or to schizoid detachment, both of which involve serious regressive dangers**. Probably most human beings find a way of keeping going in some position in between these two extremes, having a few good relationships to keep their true nature alive, while for the rest they exist in some degree of vague general depression varied by some outbursts of aggressiveness; while behind all this and deep within their unconscious, their potentialities of a true self that can love and create, are locked in. **In this condition so many people live far beneath their real capacity.**" (pg. 156)
- Part 3 - The Nature of Basic Ego-Weakness (pg. 165)
 - Chapter 6 - Ego Weakness, the Core of the Problem of Psychotherapy (pg. 167)
 - "**The primary drive in every human being is to become a 'person', to achieve a solid ego formation, to develop a personality in order to live. This can only be done in the medium of personal object-relationships**. If these are good, the infant undergoes a natural and unselfconscious good ego-development. If these are bad, good ego-development is seriously compromised from the start, as the work of Bion is showing in a new way. There are no fears worse or deeper than those which arise out of having to cope with life when one feels that one is just not a real person, that one's ego is basically weak, perhaps that one is hardly an ego at all." (pg. 174)
 - "**The multifarious ways in which people are on the defensive against one another, in business, social life, marriage, and parenthood, and even leisure activities, suggests that the one omnipresent fear is the fear of being and appearing weak, inadequate, less of a person than others or less than equal to the demands of the situation, a failure: the fear of letting oneself down and looking a fool in face of an unsupportive and even hostile world**. This fear lies behind all the rationalized self-assertiveness, the subtle exhibitionism, the disguised boasting, the competitiveness or avoidance of competition, the need of praise, reassurance and approval, the safety-first tactics and security-seeking, and a multitude of other defensive reactions to life that lie open and on the surface for all to see." (pg. 175)
 - Chapter 7 - Resistance, the Self-Induced Blockage of the Maturation Process (pg. 186)
 - "**While the primary failure of ego-development**, which we must consider in the next two chapters, is **the ultimate source of all personality 'difficulties'**, we must regard the hard core of personality 'illness' as this persisting structuralized version of intolerance and rejection, through fear and later guilt, of the originally disturbed child, now existing as the deepest repressed immature level of the personality, debarred from the opportunity of further maturing. This is compensated for by the forcing of a pseudo-patterned adult ego on the level of everyday consciousness, an artifact, not a natural growth from the depths of the primary nature. The degree of self-hate and self-persecution going on in the unconscious determines the degree of the illness, and in severe cases the person can become hopeless, panic-stricken, and be driven to suicide as a way out." (pg. 190)
 - Chapter 8 - The Nature of Primary Failure in Ego-Development (pg. 214)
 - "**At this point we come, once more, upon the inner contradiction in the schizoid condition, which we can never for long avoid dealing with unless or until it is resolved. The schizoid condition is basically that of ego-weakness due to a fundamental state of ego-unrelatedness. The weak schizoid ego is in urgent need of a relationship, a therapeutic relationship capable of filling the gap left by inadequate mothering**. Only that can rescue the patient from succumbing to the terrors of ultimate isolation. **Yet when it comes to it, the weak ego is afraid of the very relationship that it needs**. The isolated infantile ego not only needs to be discovered and put in touch, but is also deeply afraid to be found, and at the very moment when 'rescue' seems imminent it will rush away again into the wastes of isolation. **The possession of secure 'individuality' is as essential to human beings as 'object-relationship'**. In fact, the two are inseparable, but it does not seem like that to the deeply schizoid person. Without the medium of relationship to grow in, no potential human ego can develop a significant individuality of its own. But the weakened ego always fears it will be swamped by the other person in a relationship. The psychotherapy of such a patient usually involves a prolonged process of drawing near to and then taking flight from the therapist, over and over again, while slowly and secretly the capacity to 'trust' is growing." (pg. 231)
 - Chapter 9 - The Ultimate Foundations of Ego-Identity (pg. 243)
 - "**It goes without saying that this research into the very beginnings of psychic life is not a study of conditioned reflexes, but of the emotional dynamics of the infant's growth in experiencing himself as 'becoming a person' in meaningful relationships**, first with the mother, then the family, and finally with the ever-enlarging world outside. **Meaningful relationships are those which enable the infant to find himself as a person through experiencing his own significance for other people and their significance for him**, thus endowing his existence with those values of human relationship which make life purposeful and worth living." (pg. 243)
 - "**The experience of being** is the beginning and basis for the realization of the potentialities in our raw human nature for developing as a 'person' in personal relationships." (pg. 254)
 - "**The deepest thing in human nature is 'togetherness'**." (pg. 269)
- Part 4 - Some Implications for Psychotherapy (pg. 273)
 - Chapter 10 - Different Levels of Psychotherapy (pg. 275)

- See text
- Chapter 11 - The Schizoid Compromise and Psychotherapeutic Stalemate (pg. 288)
 - "Schizoid patients suffer from what Laing (1960) has called 'ontological insecurity', using the terminology of existentialist philosophy. This philosophy regards human existence as fundamentally rooted in anxiety and insecurity, and, if one may judge from the clear signs of a schizoid mentality of aloofness and detachment in the writings of Heidegger and Sartre, this philosophy is an intellectual conceptualization of the fundamentally schizoid plight of practically all human beings, even if in varying degree." (pg. 290)
 - "Ontological insecurity' means insecurity as to one's essential being and existence as a person, insecurity about one's ego-identity, the feeling of basic inadequacy in coping with life, and inability to maintain oneself as in any sense an equal in relationships with other people. It involves therefore urgent needs for support but at the same time a great fear of too close relationships which are felt as a threat to one's own status as an individual. The schizoid person, to whatever degree he is schizoid, hovers between two opposite fears, the fear of isolation in independence with loss of his ego in a vacuum of experience, and the fear of bondage to, of imprisonment or absorption in the personality of whomsoever he rushes to for protection." (pg. 291)
 - "The essence of the schizoid compromise is to find a way of retaining a relationship in such a form that it shall not involve any full emotional response." (pg. 294)
- Chapter 12 - Object-Relations Theory and Psychotherapy (pg. 310)
 - "Every human being is a unique individual person. Psychotherapeutic success depends ultimately not on theory, and not on a stereotyped technique, but on the individual therapist's ability to understand intuitively and accurately this particular patient, and to sense what is truly this patient's problem. Theory is a great help but it does not confer intuitive gifts of understanding or a therapeutic personality. It provides a more or less useful guide for them" (pg. 316)
 - "The business of science is not to be a substitute for our human living as 'persons', but to give us the tools with which to carry out our purposes. Science cannot take over, or provide any substitute for, the essential human activity of making personal relationships in which we can experience the reality of both ourselves and other people, and thus find meaning and value in living. Psychotherapy is a part of this essentially 'human living' and its aims cannot be achieved by any impersonal material technique. Psychotherapy must use psychodynamic knowledge, which has its own objectivity and is the only truly 'psychological science', as a tool in the service of human personality and its rights to be given personal relationships of a kind which will permit and 'facilitate' (vide Winnicott) growth to maturity of personality." (pg. 326)
- Chapter 13 - Object-Relations Theory and Psychotherapy (pg. 331)
 - "Our age has become more generally aware of the isolation of the individual within himself, and the tenuous nature of his relationships with other isolated individuals. Existential thinking is another symptom of this, with its stress on life as rooted in anxiety, and on the personal encounter as the important fact in human life. Without that we are only sub-human, and apart from it our anxiety cannot be dealt with. What existentialism is in thought, psychotherapy seeks to cope with in practice; they are parallel manifestations of our need to overcome our alienation from ourselves, from one another, and from our whole outer world, so that humans no longer hide away inside themselves, insecure and only half alive in an internal fantasy world that binds them to the past, but become able to emerge into real personal relationships and live a whole life." (pg. 355)
- Part 5 - Object-Relations and Ego-Theory (pg. 365)
 - Chapter 14 - The Concept of Psychodynamic Science (pg. 367)
 - "Psychodynamics is the study of that type of experience in which there is reciprocity between subject and object, and of the experience of ego-emptying and ego-loss when relationship and reciprocity fail. I made my own view clear in Chapter 17 of *Personality Structure and Human Interaction*, I described immature relations as essentially unequal, of the 'one-up-and-the-other-down' type. This may be natural dependence in the case of child and parent, but is pathological as between adults, as in the sadomasochistic relation. There each uses the other rather than relates personally to the other. Such relations tend to the "I-It" pattern. Mature relations are two-ways relations between emotional equals, characterized by mutuality, emotional equals, characterized by mutuality, spontaneity, cooperation, appreciation and the preservation of individuality in partnership. There can be no 'turning the tables' for the relation is the same both ways. Each goes on being and becoming because of what the other is being and becoming, in their personal interaction and mutual knowledge. Object-relations theory has not yet adequately conceptualized this...But the theory has not yet properly conceptualized Buber's 'I-Thou' relation, two persons being both ego and object to each other at the same time, and in such a way that their reality as persons becomes, as it develops in the relationship, what neither of them would have become apart from the relationship. This is what happens in good marriages and friendships." (pg. 388-389)
 - Chapter 15 - Heinz Hartmann and the Object-Relations Theorists (pg. 390)
 - See text

d. Further Readings:

- The Origins of Love and Hate, by I. Suttie https://dn790006.ca.archive.org/0/items/in.ernet.dli.2015.218220/2015.218220.The-Origins_text.pdf