

Development of Schizophrenic Thought

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In this paper, which must be regarded as a preliminary announcement, I do three things:— (i) I discuss the point at which the psychotic personality diverges from the non-psychotic; (ii) I examine the nature of that divergence; and (iii) I consider the consequences of it. Experience at the Congress at Geneva showed that the attempt to give clinical illustrations in a paper as compressed as this produced far more obscurity than illumination. This version is accordingly restricted to theoretical description.

The conclusions I arrive at were forged in analytic contact with schizophrenic patients and have been tested by me in practice. That I arrived at some degree of clarification, I owe mainly to three pieces of work. As they occupy a key position in this paper I shall remind you of them.

First: Freud's description, which I referred to in my paper at the London Congress of 1953, of the mental apparatus called into activity by the demands of the reality principle and in particular of that part of it which is concerned with conscious awareness of sense impressions. Second: Freud's tentative suggestion, in *Civilization and its Discontents*, of the importance of the conflict between Life and Death instincts. The point was taken up and developed by Melanie Klein, but Freud seemed to recede from it. Melanie Klein believes that this conflict persists throughout life, and this view I believe to be of great importance to an understanding of the schizophrenic. Third: Melanie Klein's description of the phantasied sadistic attacks that the infant makes on the breast during the paranoid-schizoid phase, and her discovery of Projective Identification. Projective Identification is a splitting off by the patient of a part of his personality and a projection of it into the object where it becomes installed, sometimes as a persecutor, leaving the psyche from which it has been split off correspondingly impoverished.

Schizophrenic disturbance springs from an interaction between (i) the environment, and (ii) the personality. In this paper I ignore the environment and focus attention on four essential features of schizophrenic personality. First is a preponderance of destructive impulses so great that even the impulses to love are suffused by them and turned to sadism. Second is a hatred of reality which, as Freud pointed out, is extended to all aspects of the psyche that make for awareness of it. I add hatred of internal reality and all that makes for awareness of it. Third, derived from these two, is an unremitting dread of imminent annihilation. Fourth is a precipitate and premature formation of object relations, foremost amongst which is the transference, whose thinness is in marked contrast to the tenacity with which it is maintained. The prematurity, thinness, and tenacity are pathognomic and are alike derived from dread of annihilation by the death instincts. The schizophrenic is preoccupied with the conflict, never finally resolved, between destructiveness on the one hand and sadism on the other.

TRANSFERENCE

The relationship with the analyst is premature, precipitate, and intensely dependent. When the patient broadens it under pressure of his life or death instincts two concurrent streams of phenomena become manifest: First projective identification, with the analyst as object, becomes overactive with the resulting painful/confusional states such as Rosenfeld has described. Second, the mental and other activities by which the dominant impulse, be it life instincts or death instincts, strives to express itself, are at once subjected to mutilation by the temporarily subordinated impulse. Driven by the wish to escape the confusional states and harassed by the mutilations, the patient strives to restore the restricted relationship; the transference is again invested with its characteristic featurelessness. Whether the patient walks straight past me into the consulting room as if scarcely aware of my presence, or whether he displays an effusive, mirthless

¹ Read at the 19th International Psycho-Analytical Congress at Geneva, 24–28 July, 1955.

bonhomie, the restricted relationship is unmistakable. Restriction and expansion alternate throughout the analysis.

THE DIVERGENCE

To sum up; ignoring the effect of the external environment, the schizophrenic personality depends on the existence in the patient of four features; (i) a conflict that is never decided between life and death instincts; (ii) a preponderance of destructive impulses; (iii) hatred of external and internal reality; (iv) a tenuous but tenacious object relationship. This peculiar endowment makes it certain that the schizophrenic patient's progression through the paranoid-schizoid and depressive positions is markedly different from that of the non-psychotic personality. This difference hinges on the fact that this combination of characteristics leads to a massive resort to projective identification. It is therefore to projective identification that I now turn, *but my examination of it is restricted to its deployment by the schizophrenic against all that apparatus of awareness that Freud described as being called into activity by the demands of the reality principle.*

DIVERGENCE OF PSYCHOTIC FROM NON-PSYCHOTIC PERSONALITY

I spoke of Melanie Klein's picture of the paranoid-schizoid position and the important part played in it by the infant's phantasies of sadistic attacks on the breast. Identical attacks are directed against the apparatus of perception from the beginning of life. This part of his personality is cut up, split into minute fragments, and then, using the projective identification, expelled from the personality. Having thus rid himself of the apparatus of conscious awareness of internal and external reality, the patient achieves a state which is felt to be neither alive nor dead.

This apparatus of conscious awareness is intimately connected with verbal thought and all that provides, at the early stage of which I speak, the foundations of its inchoation.

Projective identification of conscious awareness and the associated inchoation of verbal thought is the central factor in the differentiation of the psychotic from the non-psychotic personality. I believe it takes place at the outset of the patient's life. These sadistic attacks on the ego and on the foundations of inchoate verbal thought, and the projective identification of the fragments, makes certain that from this point on there is an ever-widening divergence between the psychotic and non-psychotic parts of the personality until at last the gulf is felt to be unbridgeable.

FATE OF THE EXPELLED FRAGMENTS

In so far as the destruction is successful, the patient experiences a failure in his capacity for perception. All his sense impressions appear to have suffered mutilation of a kind which would be appropriate had they been attacked as the breast is felt to be attacked in the sadistic phantasies of the infant. The patient feels imprisoned in the state of mind he has achieved and unable to escape from it because he feels he lacks the apparatus of awareness of reality, which is both the key to escape and the freedom itself to which he would escape. This sense of imprisonment is intensified by the menacing presence of the expelled fragments within whose planetary movements he is contained. The nature of this imprisonment will become clearer with the discussion of the fate of these expelled fragments, to which I now turn.

In the patient's fantasy the expelled particles of ego lead an independent and uncontrolled existence outside the personality, but either containing or contained by external objects, where they exercise their functions as if the ordeal to which they have been subjected has served only to increase their number and to provoke their hostility to the psyche that ejected them. In consequence the patient feels himself to be surrounded by bizarre objects whose nature I shall now describe.

THE PARTICLES

Each particle is felt to consist of a real external object which is incapsulated in a piece of personality that has engulfed it. The character of this complete particle will depend partly on the character of the real object, say a gramophone, and partly on the character of the particle of personality that engulfs it. If the piece of the personality is concerned with sight, the gramophone when played is felt to be watching the patient. If with hearing, then the gramophone when played is felt to be listening to the patient. The object, angered at being engulfed, swells up, so to speak, and suffuses and controls the piece of personality that engulfs it: to that extent the particle is felt to have become a thing. Since these particles are used by the patient as if they were prototypes of ideas—later to become words—this suffusion of the piece of personality by the

contained, but controlling, object leads the patient to feel that words are the actual things they name, and so to the confusions, described by Segal, that arise because the patient equates, but does not symbolize.

CONSEQUENCES FOR THE PATIENT

The patient now moves, not in a world of dreams, but in a world of objects which are ordinarily the furniture of dreams. These objects, primitive yet complex, partake of qualities which in the non-psychotic are peculiar to matter, anal objects, senses, ideas, superego, and the remaining qualities of personality. One result is that the patient strives to use real objects as ideas and is baffled when they obey the laws of natural science and not those of mental functioning.

Associated with projective identification is the psychotic personality's inability to introject. If he wishes to take in an interpretation, or bring back these objects I have been describing, he does so by projective identification reversed, and by the same route. This situation was neatly summed up by the patient who said he used his intestine as a brain. When I said he had swallowed something, he replied, 'The intestine doesn't swallow.' Dr. Segal has described in her paper, which I had the good fortune to see before the Congress, some of the patient's vicissitudes in the depressive position; I would now add that, thanks to this employment of projective identification, he cannot synthesize his objects: he can only agglomerate and compress them. Further, whether he feels he has had something put into him, or whether he feels he has introjected it, he feels the ingress as an assault, and a retaliation by the object for his violent intrusion into it.

REPRESSION

It will be clear that where the non-psychotic personality, or part of the personality, employs repression the psychotic has employed projective identification. Therefore there is no repression, and what should be his unconscious is replaced by the world of dream furniture in which I have described him as moving.

VERBAL THOUGHT

The inception of verbal thought which I described as appertaining to the depressive position is gravely disturbed because it is that which synthesizes and articulates impressions and thus is essential to awareness of internal and external reality: for that reason it is subject to continuing attacks such as I have described.

Further, excessive projective identification in the paranoid-schizoid position prevented smooth introjection and assimilation of sense impressions and consequently the establishment of the firm base of good objects on which the inception of verbal thought depends.

An attempt to think involves bringing back to control, and therefore to his personality, the expelled particles and their accretions. Projective identification is therefore reversed and the concomitant agglomeration and compression lead to highly compact speech, the construction of which is more appropriate to music than the articulation of words as used for non-psychotic communication.

Moreover, since, as we have seen, these particles share the qualities of things, the patient can feel he is being split by their re-entry. Again, since these particles include pieces of conscious awareness of sense impressions, the senses are felt to become painfully compressed and acute to an intolerable degree. The patient can be seen to be in the grip of extremely painful, tactile, auditory, or visual hallucinations. Depression and anxiety being subject to the same mechanism are similarly intensified till the patient is compelled to deal with these emotions in the way that Segal has described.

CONCLUSION

Experience of these theories in practice has convinced me that the treatment of psychotic personality will not be successful until the patient's destructive attacks on his ego, and his substitution of projective identification for repression and introjection, have been worked through. I further consider that even in the severe neurotic there is a psychotic personality that has to be dealt with in the same way before success is achieved.