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The Paranoid-Schizoid Position: Self as Object

*The affirmation, "I live" is only conditionally correct, it expresses only a small and superficial part of the principle,
"Man is lived by the It."*

—George Groddeck

Melanie Klein's view of psychological development can be viewed as a biphasic progression from the biological to the impersonal-psychological, and from the impersonal-psychological to the subjective. The first of these developmental advances involves a transformation of the infant as a purely biological entity into the infant as a psychological entity. For Klein, this transformation is mediated by what I have termed *psychological deep structures* associated with the life and death instincts. Phantasy is a reflection of the operation of these psychological deep structures, just as speech is the "product of" linguistic deep structures. For

Klein, the shift from the biological to the psychological constitutes the entry of the infant into the paranoid-schizoid position. As will be discussed, the paranoid-schizoid position is a phase of development wherein the self exists predominantly as object. This is a developmental phase of "it-ness," wherein the infant is lived by his experience. Thoughts and feelings happen to the infant rather than being thought or felt by the infant.

The transition from the paranoid-schizoid position to the depressive position, wherein a subjective "I" emerges, is made possible by the biological maturation of the infant and is mediated by the psychological-interpersonal process of projective identification. The depressive position constitutes a more complex psychological organization, wherein a new realm of experience, a new state of being,¹ is generated.

I believe that Klein's concepts of the paranoid-schizoid and depressive positions represent important contributions to a psychoanalytic understanding of basic psychological states of being that are developed in infancy and persist throughout life. Unfortunately, because these ideas have been treated as inseparable from the body of Kleinian theory, an understanding of these concepts has

¹When I speak of a *state of being*, I have in mind that aspect of psychological experience having to do with what it feels like to be alive. The quality of a given state of being is a reflection of the degree of subjectivity (the experience of "I-ness") that has been achieved; the psychological location of this subjectivity in relation to the individual's thoughts, his mind, his body, the not-I; the experience of the psychological space in which one thinks one's thoughts, lives in one's body, dreams one's dreams; the sense of the place of one's experience in relation to one's past and one's future; the degree of differentiation of one's self, one's symbols, and the symbolized.

not been integrated into the dialogue that constitutes American psychoanalytic thinking.

In thinking about Klein's proposal that the paranoid-schizoid position represents a universal, normative developmental phase dominated by a defensive response to the death instinct, one should also consider the possibility that the paranoid-schizoid position represents a breakdown phenomenon resulting from the premature disruption of primitive connectedness of mother and infant. When the paranoid-schizoid position is viewed from the latter perspective, i. e., as the result of the breakdown of the maternal "holding environment" (Winnicott, 1960b), the state of fearfulness associated with the paranoid-schizoid position need not be understood as a response to the death instinct but, rather, as a response to the disruption of the primitive interpersonal bond of mother and infant.

Splitting

In the previous chapter, I discussed the Kleinian conception of the manner in which early development is shaped by the infant's instinctual endowment. I suggested that the structuring of experience provided by the instincts can be thought of as the manifestation of psychological deep structure analogous to Chomsky's (1957, 1968) concept of linguistic deep structure. The deep structures associated with the life and death instincts lead the infant to organize experience in terms of anticipated dangers (reflecting the operation of the death instinct [see Grotstein, 1985]) and anticipated object attachments (reflecting the operation of the life instinct).

For Klein, the first psychological task of the infant is the management of danger generated by the death instinct.

Klein (1952c) conceived of this danger as being experienced by the infant as a threat of internal destructiveness² that must somehow be managed. The most basic mode of management of danger is that of separating the endangering from the endangered. Logic and volition are no more involved in this pattern of defense than they are in the neurologic reflexes of the newborn infant (e.g., the sucking and grasping reflexes). The attempt to attain safety by separating the endangered from the endangering is an inherited mode of response to danger—it is a biological phenomenon with psychological manifestations.

Although Klein did not use ethological analogies, I would see splitting as analogous to the chick's unlearned response to the perception of the hawk's wing pattern. The chick's reaction is to flee and not to attack the hawk (unless cornered), i.e., to separate itself from the danger (Lorenz, 1937; Tinbergen, 1957). I understand splitting to be a similarly biologically determined mode of managing danger. (The process of splitting can be understood in this way, whether or not one views, as Klein did, the derivatives of the death instinct as the ultimate source of danger.) In the course of development, this biologically determined mode of managing danger is elaborated psychologically. Each of the primitive psychological defenses can be understood as constructions based upon the mode of managing danger seen in splitting, i.e., built upon the biologically determined effort to create safety by distanc-

²The instinctual code associated with the death instinct serves to organize the sense of danger into object-related narratives, (e.g., prey-predator phantasies [see Grotstein, 1985]). Bion (1962a) described the pathological degeneration of object-related phantasies of danger into a sense of "nameless dread" that occurs when the mother is unwilling or unable to process the infant's projective identifications.

ing the endangered from the endangering. Projection, for example, can be understood as an effort in phantasy to remove an internal danger by locating the danger outside of oneself, i.e., separating oneself from it as if it were located in another. Introjection is used to separate a valued external object from an endangering one, by locating one or the other of these external objects within oneself and thereby protecting the valued object. Denial separates oneself from the dangerous object by emotionally treating the object as if it had been annihilated.

In the early stage of development that is under discussion, these defensive activities are reactions as opposed to responses. Biological automaticity has been transformed into psychological automaticity. Although Klein did not explicitly address the question of subjectivity, it seems implicit in Klein's clinical and theoretical accounts that in the paranoid-schizoid position, there is no interpreting subject mediating between perception of danger and response to it. The fact that this is a psychology without a subject is the basic paradox of the paranoid-schizoid position. Psychological experience of the type being described exists in itself, but not for a self. Further, it must be kept in mind that for patients operating in a predominantly paranoid-schizoid mode, thoughts and feelings are palpable objects and forces that appear, disappear, contaminate, transform, destroy, rescue, etc. For example, a patient operating in a paranoid-schizoid mode may shake his head to get rid of tormenting feelings, may literally put his thoughts into a letter and send the letter to the person who should hold these thoughts, or may request x-rays in order to be able to see the thing inside of him that is driving him crazy (see Ogden, 1979, 1981, 1982b for clinical examples of such reification and transposition of mental phenomena).

Projective identification develops as a psychological-interpersonal elaboration of the process of splitting. In the beginning, the infant is confronted with raw sensory data that must be attributed meaning before this stimulation can be transformed into experience. Sensory data, before they are attributed meaning (transformed into what Bion [1962a] calls "alpha elements"), are simply things-in-themselves (which Bion refers to as "beta elements"). For example, the infant's low blood sugar level is physiologically registered, but this event does not yet constitute the experience of hunger, which involves an attribution of meaning to sensory data. Bion (1962a, 1962b) believes that the creation of meaning is initially an interpersonal process mediated by an early form of projective identification. In this psychological-interpersonal process, the infant projects beta elements (sensory data prior to their transformation into personally meaningful experience) into the mother, who, through her containment of the projective identification, transforms the infant's things-in-themselves into meaningful experience (e.g., hunger). The infant then reinternalizes the experience in a form that he can use to generate his own thoughts and feelings. Through this early form of projective identification, experience is created interpersonally from which the infant is able to learn.³

More mature forms of projective identification are developed once the infant, child, or adult has developed the capacity to generate meanings for himself. Under such circumstances, projective identification involves a fantasy

³It seems to me that, given the framework Bion is proposing, the notion that beta elements are projected by the infant into the mother presupposes that these elements have acquired some degree of meaning. Otherwise, it would be difficult to imagine why they would be noticed or singled out for "ejection."

of expelling these split-off internal contents and of taking control of another person from within (Klein, 1946, 1955). Associated with this fantasy is an actual interpersonal interaction in which pressure is exerted on the other person to experience himself and behave in a manner congruent with the projector's unconscious phantasy (Bion, 1959). The recipient who successfully manages the feelings engendered in him makes available to the projector (through the interaction) a modified, more integrable version of the set of meanings that had been previously impossible to manage (Langs, 1976; Malin and Grotstein, 1966; Ogden, 1979).⁴

Having discussed various defensive uses of splitting (including splitting as an aspect of projective identification), it must be emphasized that splitting is not simply a defense; it is even more basically a mode of organizing experience. This form of mental operation is used in the beginning to create order out of the chaos of the infant's earliest experience on the basis of categories inherent in his instinctual deep structure. Splitting is a binominal ordering of experience, i.e., a dividing of experience into categories of pleasure and unpleasure, danger and safety, hunger and satiation, love and hate, me and not-me, and so on.

In the paranoid-schizoid position an interpreting subject with a continuous personal history maintained

⁴I believe that a revision of this understanding of projective identification is required. As was alluded to in Chapter 2, I feel that projective identification must be understood in terms of the creation of a new psychological unit (the mother-infant or projector-recipient), the formation of which accounts for the ability of the projector to move beyond his previous mode of organizing experience, i.e., to move beyond himself. Further discussion of this form of mental activity will be presented in Chapters 7 and 8.

through conscious and unconscious memory has not yet developed. As a result, in splitting, each event exists in itself, but not for a self existing over time or in relation to anything but itself. As will be discussed, the process of repression which is developed in the depressive position involves the preservation of a whole object even in its exile from awareness. Splitting is a boundary-creating mode of thought and therefore a part of an order-generating (not yet a personal meaning-generating) process.

Presubjective Experience

To the point in development discussed thus far, for Klein, there is not yet a person interpreting his experience. There is not yet an "I." The paranoid-schizoid position is the realm of "the it," even though it is not exclusively the realm of the id (i.e., instinctual pressures). In other words, the early ego (the adaptive organizing component of personality) is also impersonal in that it is practically devoid of subjectivity, a sense of "I-ness." The infant, when faced with the threat of danger generated by the processing (not yet an interpreting) of experience in accord with the death instinct, utilizes splitting. Splitting is an attempt at achieving safety by putting distance between the endangering and the endangered aspects of oneself and one's objects.

Objects are valuable, but there is not yet an "I" to love them or value them. The self that exists is the self as object, as opposed to the subjective self. The subjective self could be thought of as represented by the self-reflective awareness of "I am" in the sentence "I am being attacked." The "I am" is a condensation of "I am aware that I experience myself as . . ." The self in the paranoid-schizoid position is the self as object, not the self as

creator and interpreter of one's thoughts, feelings, perceptions, and the like. The self as object corresponds to an unspoken, nonreflective self in the sentence "It's hot" (as opposed to "I am aware that it feels hot to me") or "He's dangerous" (as opposed to "I am aware that I experience him as dangerous").⁵

On several occasions, I have worked with, or have had presented to me in supervision, patients who did not use personal pronouns in their speech and used very few active verb forms. For example, a hospitalized, acutely psychotic schizophrenic patient, having been hit by another patient, said, "In kitchen . . . fuck . . . face smash . . . crack . . . son of a bitch." This use of language captures some of the state of being of the paranoid-schizoid position in which things simply happen. In work with a borderline patient, a similar but less extreme omission of personal pronouns occurred: "Went to school today . . . no luck . . . teacher's a prick . . . hate him." As this went on session after session, I was increasingly struck by the way in which the patient did not experience himself as an active personal agent but, rather, as an object to whom life events occurred.

Faulkner has captured the experience of the non-reflective self in the character of the "idiot" in *The Sound*

⁵This conception of a nonreflective state overlaps to a degree with Sartre's (1943) notion of *being-in-itself*, a form of being that simply is what it is: "Being-in-itself has no *within* which is opposed to a *without* and which is analogous to a judgment, a law, a consciousness of itself. The in-itself has nothing secret; it is a solid. In a sense we can designate it as a synthesis. But it is the most indissoluble of all: the synthesis of itself with itself" (p. lxvi). This aspect of being is absolutely undifferentiated from itself and is therefore a far more extreme form of objectivity (nonreflectiveness) than that associated with the paranoid-schizoid position.

and the Fury: "Ben ceased whimpering. He watched the spoon as it rose to his mouth. It was as if even eagerness were muscle-bound in him too, and hunger itself inarticulate, not knowing it is hunger."

Split Object Relations

The infant, in addition to dividing his objects into categories that help to separate the endangering and the endangered, also divides his perception of himself for the same purpose. The object, according to Klein (1946), is never split without a corresponding split of the ego. Facets of object-related experience are isolated from one another. The loving self (as object) stands in relation to the loving object, and is set apart from the hating self (as object) and the hating object. In splitting, one form of relationship between self and object is split from other experiences of oneself in relation to the other. It is more accurate to say that the infant generates part-object relationships than it is to say he creates part-objects, because there is always a self (as object) in the experience of oneself in relation to the other.

The successful feeding experience (or any other experience involving a successful "fitting together" of mother and infant) generates a feeling of a contented, loved self in relation to a loving object. A frustrating feed, on the other hand, generates the sense of a hating self in relation to a dissatisfying, hurtful object. (For Klein [1952b], the infant's projections determine to a very great extent whether a given feed is experienced as loving or hurtful.) *These loving and hurtful facets of experience (part-object relationships) are isolated from one another because it is too dangerous for the primitively organized infant to love the object he hates, and hate the object he loves, and upon whom*

the infant is absolutely dependent. Instead, the infant uses omnipotent thinking, projection, introjection, denial, idealization, and projective identification to rearrange his internal object world in an effort to separate endangered aspects of self and object from their endangering aspects. The hating self and its relation to a hating object is split off from the loving self in relation to a loving object. When, for example, a hating object is felt to pose an internal danger to a loving aspect of self, the infant in phantasy ejects the endangered aspect of self into an external object, in order to create some distance between the dangerous object and the self. In projective identification there is an interpersonal component of the process that accompanies the projective phantasy. The infant as projector experiences himself as having been depleted of lovable parts of himself and may then feel all the more dependent on the object who is felt to contain all that is good (Klein, 1946).

Loving aspects of self, having previously been projected outward in order to safeguard them from internal danger, may later be felt to be endangered by a hating external object. Internalization of either the hating external object or the loved one will temporarily secure a modicum of safety. Inevitably, new dangers (actual and phantasied) come about and require new arrangements of parts of self and part-objects. Associated with the belief in the value of separating the endangering from the endangered are specific beliefs about how this safety is achieved, for example, the phantasy that one can better control an object that is within oneself, and the phantasy that an ejected object has been banished and will never return.

This, then, is the phenomenology and mode of operation of the paranoid-schizoid position. The paranoid-schizoid position is in ascendancy, according to Klein (1948),

in the first three months of life, and is followed in the fourth to seventh months by the depressive position. The term *position* is used to refer to a level of psychological organization with its characteristic form of object relatedness, form of symbolization, modes of defense, type of anxiety, maturity of ego and superego functioning, etc. These “positions” are not passed through but, rather, continue throughout life as co-existing modes of organizing and processing experience (Klein, 1952a; Bion, 1950, 1963), each generating a distinctive quality of being. (The relationship between the paranoid-schizoid and the depressive positions will be discussed in the next chapter.)

The paranoid-schizoid position is “schizoid” because in this phase, the infant relies heavily upon splitting of self and object as a defense and mode of organizing experience; it is “paranoid” because the infant relies on projective phantasies and projective identification in an effort to defend himself against object-related dangers, which, according to Klein (1948), represent a system of meanings derived from the death instinct. The leading anxiety of the paranoid-schizoid position is the fear of annihilation of oneself and one’s valued objects. This does not mean that all infants are paranoid schizophrenics. On the contrary, it is an inability to adequately employ splitting that, among other conditions, can lead to severe psychopathology, including schizophrenia.

Failure of Splitting

The plight of a psychotic adolescent can be understood in terms of the patient’s inability to use splitting effectively:

H., a 14-year-old boy who was hospitalized on a long-term analytically oriented ward, where I saw him in

daily psychotherapy, was tortured by self-accusatory thoughts during virtually every waking moment and frequently in his dreams. Each time he touched an object he became frightened that he would be accused of attempting to steal it. Every woman he looked at triggered fears that he would be accused of intending to rape her or of having obscene thoughts about her. Each time he saw a man, he became frightened that he would be accused of being a homosexual, or that he would call the man a queer, and that the man would then retaliate.

Frequently, in the course of a day, the patient's internal psychological barrage would become so intense that he would scream in pain. In conscious and unconscious phantasy he "dumped" his internal state (his "sick brain") into me. He communicated his plight to me by bombarding me in the way he felt bombarded. The sessions were filled with an endless stream of threats, name-calling, and pounding of my office furniture, walls, and doors that at times reached almost deafening proportions. H. was careful not to do any "real damage." When this became a danger, he redoubled his assaults on himself. He told me on many occasions that he would give anything for just five seconds of peace. Although he never once acknowledged valuing me or the therapy, he arrived a half-hour early to each meeting "in order to shit on" me by relentlessly ringing the waiting room buzzer.

Everything that this patient thought and felt (in phantasy) became contaminated. In the transference he could not love me or value me without fearing that it would be tainted love, e.g., homosexual, incestuous, greedy, or damaging. The patient's powerful

sense that every facet of emotional life is contaminated or about to be contaminated, is the hallmark of a primitive inadequacy of splitting. From H.'s (unconscious) point of view, he loved hatefully and hated lovingly, and therefore was terrified of doing either.

The infant must be able to split in order to feed safely without the intrusion of the anxiety that he is harming his mother, and without the anxiety that she will harm him. It is necessary for an infant to feel that the mother who is taking care of him is fully loving and has no connection whatever with the mother who "hurts" him by making him wait. The anxiety arising from the thought that the nurturing mother and the frustrating mother are one and the same would rob the infant of the security that he needs in order to feed safely. Similarly, the ability to desire safely would be lost if the infant, while feeding, experienced himself as the same infant who angrily wished to control and to subjugate the breast/mother in her absence. While feeding, the infant must experience himself as loving in an uncomplicated, uncontaminated way in order to be able to feel that he can want without damaging.

Splitting not only safeguards the infant's need to give and receive love; it also safeguards his need to hate. If the object of the infant's hate is contaminated with facets of the loved object, the infant will not be able to hate it safely. (The assumption that the infant has a need to hate is not dependent upon the Kleinian assumption of the presence of powerful, constitutionally determined destructive wishes. For instance, one could postulate, as did Winnicott [1947, 1957] and Fairbairn [1944], that hate arises from excessively frustrated need and that it is essen-

tial for normal development that the infant, child, or adult be able to experience this feeling without being frightened by it.)

Ms. K., a 23-year-old anorectic/bulimic patient being treated in intensive individual therapy, evidenced a compulsive need to vomit out hated and hating internal contents (food in her stomach that she feared would make her fat, and that was making her stomach painfully bloated).

She would not permit herself to move from the tenement in which she was living into a "decent apartment," which she could have afforded easily. The patient felt unable to move because she did not want to eat and vomit in a "nice place," nor did she want to or feel able to give up "bingeing" and vomiting. The therapist understood the patient's refusal/inability to move from her present apartment as a wish to retain her method of hating in an uncontaminated way. Moving into the new apartment would have entailed an act of love (of herself) that she did not want contaminated by the eating binges followed by vomiting (a symbolic act of violent hatred of her mother and herself).

Both loving and hating, after all, are necessary parts of the spectrum of human emotion and the patient could not give up hating in order to love, even if taking care of herself by moving out of the tenement seemed to her like the "sane thing to do." On the other hand, she did not want to give up loving (by not moving into an adequate apartment) in order to hate (which she equated with bingeing and vomiting), and as a result felt unable to make a decision.

The following clinical material is taken from an intensive psychotherapy of an 18-year-old woman with anorexia nervosa.

Over a period of almost a year, Ms. S. starved herself almost to death because her mother's food (which she generalized to include all food) was "too rich." This patient professed deep love for her mother and was unable to think of a single thing about her mother that she did not like and admire. Not only was her mother's food too rich, it was also at times felt to be "too good to eat"; in fact, the patient did not even like to see her mother's food being cooked because it was too good to cook. Eventually, in the course of therapy, one of the patient's central underlying conflicts was clarified: her mother was "too good to hate." (This was not a matter of failure of repression in relation to an ambivalently loved mother; this patient was unable to utilize effectively even the more primitive defense of splitting in relation to a mother experienced as a collection of part-objects.)

Unable to split off the hated aspect of her mother, the patient subsumed this aspect in the good aspect of the mother, where the hated aspect was disguised as "too much of a good thing." This is quite the opposite of ambivalence; it is an inability to separate the hated and the loved, followed by a disguising of the hated as the loved. The following dual dilemma resulted: 1. an inability to hate (very few patients that I have seen have been less able to directly experience a feeling of anger), and 2. an inability to love (the patient's inability to eat and in that way symbolically provide love or accept love for herself).

In summary, splitting allows the infant to feed safely and to love, and to desire and hate safely, without developing overwhelming anxiety that he is being destroyed by, or destroying that which he loves.

Failure of Integration

Splitting, although most basically a mode of organizing experience, comes to serve a defensive function. (This situation is analogous to that of the development of language itself: although language is fundamentally a medium for thinking and communicating, it secondarily acquires defensive functions.) As has been discussed, splitting as an early defense serves primarily to regulate, by mutual isolation, the relationship of loving and hating facets of experience. An inability to diminish one's reliance upon splitting reflects excessive anxiety about the dangers involved in the interpenetration of different feeling states, particularly love and hate. Splitting processes, fueled by anxiety of this type, become rigid and unchanging.

The following clinical vignette illustrates some of the behavioral and experiential correlates of continued reliance upon splitting as a defense.

Ms. N., a patient being seen in intensive psychotherapy, carried on a cluster of simultaneous but completely separate relationships that included a comforting relationship with her husband, whom she "mothered" and by whom she was mothered, and a highly sensual relationship with an older man. The patient's husband knew nothing of the older man, and the other man knew almost nothing about the husband. Neither man was told about the therapist, and the therapist was told only highly edited data

about the other two men. The patient became aware that when she was with one of these three men, it was almost as if the other two men did not exist. Much more distressing than the discontinuity of her object world was the realization that the person whom she felt herself to be when with her husband barely existed when she was with the older man. Frequently, while at home, Ms. N. would experience a panicky feeling of loss that would send her running back to the other man. This was done not simply to reclaim the lost object, but, perhaps even more important, to reclaim a missing part of herself. When with the older man, she would become distraught about the other missing part of herself and would then anxiously return to her husband.

The patient felt that the relationship with the therapist held the potential to bring her "together in one place." Throughout this phase of the therapy, however, the patient also experienced the therapist as dangerous because she felt he might interfere with her delicate system by demanding that she give up the affair, the marriage, or the therapy. Ms. N. felt that having to make such a choice would literally drive her crazy. The patient was able to understand the ways in which this fear was similar to childhood fears that she would have to choose between her feuding parents, between her parents and her sister, between herself as her parents saw her and herself as she viewed herself.

Ms. N. used splitting to generate a group of part-object relationships, each with its own sense of self and set of conscious and unconscious object-related phantasies. Splitting was utilized in an effort not to have to make choices between these facets of expe-

rience because to choose one would be in effect to annihilate the other aspects of herself. Ms. N. used lying (unnecessary elaborations of the truth to make a story better than it was), promiscuity, and petty theft in an attempt to feel more alive and present. Splitting had not only resulted in compartmentalization of her life, it had robbed each sector of vitality, since she could never feel fully present in any given situation or relationship. This is the experiential referent for the idea that whenever the object is split there is a corresponding splitting of the ego. Part of the experience of splitting of the ego is a feeling that part of oneself is missing since any given part-object relationship of necessity reflects only one isolated aspect of oneself.

Early Stages of Integration

Paradoxically, the achievement of adequate splitting is the necessary groundwork for the eventual integration of part-objects and parts of self into whole objects and a continuous sense of self. The reason for this is that it is only when one has achieved relative freedom from the anxiety that loving experience is, or is about to be, contaminated by hating experience, and vice versa, that one may dare to bring these different facets of experience into closer relation with each other.

A borderline patient, after many years of therapy, conveyed the experiential level of the achievement of adequate splitting in the following way: she said that, until that point, her fantasies and dreams had frequently contained lines or forms that went off endlessly in two directions. Now, for the first time, her fantasies contained lines

that had two ends. This change represented an enhancement of the patient's capacity for adequate splitting: each end of a line is tangibly different from its opposite end. Each is distinctly itself and not the other. Each cannot be mixed up with, confused with, or contaminated by the other.

The following is an example of the earliest stages of integration of an extreme form of pathologically split object relations.

A 46-year-old, chronically psychotic paranoid schizophrenic was treated over a period of many years in a clinic, where he bullied and intimidated the staff as well as the other patients. At times he had menacingly pinned staff members against the wall and had thrown furniture around the waiting room. The patient, Mr. E., unconsciously relied upon hostile part-object relatedness as a defense against affectionate relatedness, since the latter feelings were invariably connected with a terrifying sense of physically becoming the other person. He could feel his chin becoming the other person's chin. From there, he experienced the rest of his face, and then his entire body, becoming that of the other person. The therapist commented that the patient's suspiciousness, guardedness, and fearfulness all served to make it feel less likely that this physical transformation would take place.

In a session in this period of the therapy, Mr. E. reported a strange experience. He had spoken with a man outside of his building whom he had known for many years who "favored" him. (The word *favored* has a double meaning, particularly in the South, where the patient grew up, of *physically resembling* and of *acting kindly toward*. For this patient, the two

meanings were unconsciously inseparable.) Mr. E. was extremely disturbed by the fact that he saw in the man's face "an ugly beauty," something he had never encountered before. The patient, in a way that reflected an uncharacteristic groundedness and presence, asked the therapist if he knew what the patient was talking about, and if he had ever seen such a thing himself. Mr. E.'s calm, unthreatening, and yet persistent asking of the therapist if he knew of such a feeling was understood by the therapist as the patient's way of asking the therapist what his response would be to this new mixture (initial integration) of hostile and affectionate transference feelings (displaced onto the man encountered on the street).

Splitting as Discontinuity of History

In the paranoid-schizoid position, the predominant mode of symbolization ("symbolic equation," Segal, 1957) is one in which the symbol and the symbolized are emotionally indistinguishable since there is no interpreting self to mediate between symbol and symbolized. There is no sense that one attributes meaning to one's perception; events are what they are, and interpretation and perception are treated as identical processes. Sensory experience is unmediated⁶ by an interpreting subject.

⁶Lacan's (1949–1960) conception of the realm of the imaginary (prior to the entry into the symbolic order) and Hegel's (1807) conception of the nature of nondialectical or predialectical "unselfconscious," "unself-aware" experience also involve conceptions of unmediated (immediate) sensory experience. For Lacan, it is the system of linguistic symbols that allows one to mediate between oneself and one's lived sensory experience. For Hegel, this is achieved through the mediation of work (man's productions) that is done for purposes other than that required for man's survival as an animal.

Within this state of mind, splitting generates a distinct quality of experience (state of being) quite different from that which develops later. The mental operation of splitting creates a state of mind in which there is "no in-between." A plane has two faces and two faces only; an observer can never see both sides at once. (This state stands in contrast to a situation where different facets of experience create and negate one another, always standing in relation to the other in the mind of the observer.) In the paranoid-schizoid position, there is no psychological vantage point from which more than one emotional plane can be taken in.

When a borderline patient feels angry at and disappointed by the therapist, he feels that he has now discovered the truth. The therapist is unreliable, and the patient should have known it all along. What had previously been seen by the patient as evidence of the therapist's trustworthiness, now is seen to have been an act of deception, a mask, a cover-up for what has become apparent. The truth is now out, and the patient will not deceive himself or be caught off guard again. *History is instantaneously rewritten.* The therapist is not the person the patient thought he was; he is now discovered to be someone new. Each time I have arrived at this juncture in a therapy, I have been freshly stunned by the coldness of the patient's renunciation of shared experience. There is an assault on the emotional history of the object relationship. The present is projected backward and forward, thus creating a static, eternal, nonreflective present.

When the more affectionate side of the psychological plane "reappears," the patient often feels that he has "overreacted" or has been "paranoid" and now reinterprets the past and recreates the therapist in a new light. Very frequently, the patient simply does not remember

feeling other than he does at present. For example, the patient forgets ever having felt shocked and frightened by the therapist's "gross incompetence" when the therapist forgot the name of the patient's girlfriend. (In Chapter 5, an extended clinical account will be given of massive negation of the history of shared experience that accompanies a patient's psychotic decompensation.)

For the patient relying heavily on splitting, the good (loved) therapist and the bad (feared and hated) therapist are different people. The good therapist can never be disappointing, because as soon as he is disappointing, it is no longer he (the good therapist) with whom the patient is dealing. By definition, it could not have been the loved and loving therapist. Similarly, in a state of mind in which processes of splitting predominate, one's hostile self feels discontinuous from one's loving self, i.e., one does not experience oneself as the same person in different affective states.

The countertransference experience of the therapist when a patient utilizes a splitting defense frequently has a disturbingly discontinuous quality that reflects the patient's emotional discontinuity. When the patient consciously and unconsciously treats the therapist as two or more distinctly different people, a corresponding disruption of the continuity of experience of self is engendered in the therapist. This very frequently results in amnesia on the part of the therapist about events earlier in a given session, or in previous sessions. In a sense the patient "creates" the therapist, not only in phantasy, but also in reality, in that the patient emotionally draws upon the therapist according to the dominant transference configurations.

There is a suggestive parallel between this understanding of splitting in the paranoid-schizoid position and

the conclusions that T. G. R. Bower (1971) has drawn from his neonatal observational research:

According to these studies, it seems that infants less than 16 weeks old live in a world articulated in terms of solids that are stably arranged in space according to their location, with a constancy of existence when they occlude one another. It is, however, a grossly overpopulated world. An object becomes a different object as soon as it moves to a new location. In this world, every object is unique. The infant must cope with a very large number of objects, when only one is really there. (pp. 37-38)

This physical discontinuity of objects when the objects are moved seems to parallel the emotional discontinuity of self and object in different affective "positions" in the paranoid-schizoid state. The infant's world in this phase of development becomes cluttered with emotionally different objects that are, from the point of view of an outside observer, a single object.

Summary

The Kleinian conception of the paranoid-schizoid position is a formulation of the infant's first foothold in the psychological sphere. This position involves a mode of generating and organizing experience in which experience is predominantly of an impersonal, nonreflective nature (i.e., experience of self that has little quality of "I-ness"). Thoughts and feelings are not personal creations; they are events that happen. One does not interpret one's experience; one reacts to it with a high degree of automaticity.

One's symbols do not reflect a layering of personal meanings to be interpreted and understood; one's symbols are what they stand for. This is the realm of things in themselves.

The principal mode of managing danger is splitting, a rearranging of things in themselves in an effort to separate the endangered from the endangering. Projective identification is an elaboration of the process of splitting in which one uses another person to experience at a distance that which one is unwilling or unable to experience oneself.

Splitting allows the infant, child or adult, to love safely and hate safely, by establishing discontinuity between loved and feared aspects of self and object. Without such discontinuity, the infant could not feed safely and would die. Basic to the state of being characterizing the paranoid-schizoid position is the continual rewriting of history in the service of maintaining discontinuities of loving and hating aspects of self and object. It is essential that only one emotional plane exist at a time. Otherwise, object relations become contaminated and, as a result, unbearably complex for the primitive psyche.

