

CASE STUDY

Schizoid Anxiety:

A Reappraisal of the Manic Defense and the Depressive Position

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The author views the manic defense as a combined attempt to control persecutory objects and to save them from the aggressive forces within the ego. Rather than strictly a manifestation of depressive guilt, it is also a defense against the fear of destroying the object and subsequently the self. Therefore, Melanie Klein's depressive position is a hierarchical outgrowth of more primitive schizoid anxieties about killing off the ideal part object. This is contrasted with the depressive guilt of harming the whole and reliable object. The depressive position is a psychic state of worry about loss of the object's love resulting from temporary harm done to the object that can be fixed. The paranoid-schizoid position is a much more hopeless internal situation involving a complete loss of the object and, by extension, the self. A case study is used for illustration.

INTRODUCTION

Melanie Klein felt that the developmental achievement of consolidating love and hate for the object produced a principal anxiety about damaging one's internal objects. She viewed this as depressive guilt. I wish to extend her important ideas by viewing the schizoid experience as a bridge between the paranoid and the depressive position. Klein outlined some thoughts in this matter in her paper, "A Note on Depression in the Schizophrenic" (1). She states,

The persecutory anxieties and splitting processes characteristic of the paranoid-schizoid position continue, though changed in strength and form, into the depressive position. Emotions of depression and guilt, which develop more fully at the stage when the depressive position arises, are already (according to

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my newer concepts) in some measure operative during the paranoid-schizoid phase,—that is to say, paranoid anxiety—is bound to include also some concern for the object. (pp.509–510)

Loving impulses, neediness, or aggressive urges all foster dual fantasies of damaging and/or enhancing the object. Persecutory fantasies include fears of not only being annihilated, but destroying the object of one's desire. With loss of the object comes loss of the self. The knowledge that one's love and hate affect the object is a critical, dawning awareness of ability, power, and connection.

In 1974, Hanna Segal (2) wrote,

The infant's aim is to try to acquire, to keep inside and to identify with the ideal object, seen as life-giving and protective, and to keep out the bad object and those parts of the self which contain the death instinct. The leading anxiety in the paranoid-schizoid position is that the persecutory object or objects will get inside the ego and overwhelm and annihilate both the ideal object and the self. The leading anxiety is paranoid, and the state of the ego and its objects is characterized by the splitting, which is schizoid. (p. 26)

This awareness of destroying the ideal object, spoiling its supplies, and otherwise losing contact with it is frightening and fragmenting. The ego starts to concentrate on the well-being of the object, but in an extreme way. Developmentally, the concern is still an egocentric one based on survival of the self rather than any altruistic motive.

Using case material, I will examine particular ego anxieties about this overwhelmed and annihilated ideal object. The infant starts off in life relating to the object by either projective or introjective measures. Persecutory fantasies produced by these mechanisms foster a primitive differentiation of part self and part object representations. Through this dim awareness of self and other, the infant fantasizes his aggressive and libidinal impulses to be potentially toxic to the object. The object appears enraged at the hungry, hostile, and loving aspects of the ego and lashes back by destroying the source of those impulses. If the ego's projective and introjective efforts are too powerful, the object is felt to be destroyed by them. This creates a catastrophic sense of helplessness and hopelessness because without the object there can be no self. These fantasies of the ideal object being either destroyed or enraged by the ego's urges carry tremendous tensions.

These states of schizoid anxiety are precursors to the depressive position (3). During the earlier schizoid period, the ego's primary affect is fear. This is fear of losing the object through one's own destructive identity and fear of being destroyed by the angry object. Schizoid anxiety is qualitatively

different from depressive guilt. Depressive guilt is a belief in having harmed a whole object that will survive the attack. The punishment is self-inflicted. I believe schizoid anxieties represent a developmental bridge between the paranoid aspects of the paranoid-schizoid position and the guilt of the depressive position. With cumulative experiences of self and object survival, whole object relations are born and part self/part object schizoid fear shifts into whole self/whole object depressive guilt.

THEORETICAL DISCUSSION

W. R. D. Fairbairn emphasized the splits of the ego and splits of the object in his schizoid patients as well as their fear of having hurt the object. He was describing individuals who experience an internal world of part objects that comprise a dynamic "endopsychic situation" (4, p.112). Melanie Klein agreed that the schizoid state was a precursor to the depressive position. Klein, as noted, felt the developmental achievement of consolidating love and hate for the object produced a principal anxiety about damaging the object. She viewed this as depressive guilt. I will elaborate on these ideas by emphasizing how the schizoid experience bridges the paranoid and the depressive position.

In the infant's first months of life, it relates its rage, fear, hunger, love, and other confusing internal experiences to the object. These biological needs and fantasies are all communicated to the mother by means of introjective and projective mechanisms. Depending on the mother's ability to stabilize and translate some of these chaotic states, the infant introjects an object that is soothing at times and persecutory at other times. This early paranoid position, in which the infant feels the need to either flee or combat internal persecutors while also searching for soothing objects to cling to, fosters a primitive differentiation process. The creation of archaic good and bad part objects and part aspects of the self shapes an early experience of internal versus external. Differentiation starts to be an organizing principle in the mind.

Omnipotent fantasies of power and control emerge as a way to defend against the paranoid anxieties of engulfment, abandonment, and collapse. These fantasies involve imagined abilities to destroy the object, to gain superiority and domination over the persecutory object, and to force the object to feed and soothe the ego. Developmentally, the infant comes to realize that the object has valuable supplies, such as food, love, security, sex, and warmth, that he or she craves. Therefore, the infant feels either in control of these supplies and confident of their availability or not in control of them and vulnerable to deterioration.

The gradual differentiation fostered by the paranoid position builds elementary mental constructs of the self as capable of affecting the object. Countless early events give the infant a crude sense that they can make a mark on what is "other than self." These innate fantasies and environmentally rooted experiences about one's relation to the object involve not only destructive capacities but loving and altruistic urges as well. The knowledge that one's love can affect the object is a profound awakening of ability, power, and connection.

Consequently, fears emerge about one's own aggression and neediness, having the potential of destroying or spoiling the object. These are schizoid anxieties about having ruined or lost the object through one's own poisonous urges. Still within a part object and part self matrix, these fears lead to further differentiation of self and object in normal development. Splitting or attempts at refusion are the desperate responses to these fears.

Fantasies of destroying the object, spoiling its supplies, and otherwise losing contact with it as a result of one's own projective and introjective impulses are major developmental milestones. They involve the abstract concepts of parts of the self, with various loving and hateful wishes, causing specific ramifications within complex two- and three-person relationships. While promoting fundamental structural growth, this awareness is equally frightening and fragmenting. The ego starts to concentrate on the well-being of the object, although in extreme ways.

While in the paranoid-schizoid position, children are not as focused on how they affect the object. In fact, children are defended against awareness of their dependence. Paranoid and schizoid anxieties occur throughout the life span, but certain developmental phases and stressful life events can give marked expression to those anxieties. Slowly, children become aware of how dependent they are. They also feel terribly frustrated at having to curtail their impulses in order to save the object and its needed supplies from destruction. These schizoid concerns are essentially more selfish than guilt ridden. However, they are the precursors to the depressive position and the guilt associated with whole object relations.

Within the split-off parts of self and object representations, there are loving and nurturing parts that feed other hungry and lonely parts. These more positive parts of self and object are threatened by the negative parts of the self and object. If the object is injured by these negative parts of the self, there are terrifying fantasies involving revenge and retribution. Both loss of important nurturing objects as well as an increase in persecutory fantasies about angry and vengeful objects is feared. Rather than guilt, a profound sense of loss and impending annihilation is felt. Just as envy in the

paranoid-schizoid position is a precursor to depressive hope as well as oedipal jealousy, schizoid fear and loss are precursors to depressive guilt.

The projection of aggressive and loving parts of the ego and the introjection of persecutory and soothing part objects all foster a gradual differentiation, consolidation, and integration of self and object representations which may or may not be pathological. The former blissful fulfillment changes to an awareness of conditional relationships. Moving from the autistic/symbiotic phantasies of regular, unconditional feeding, the infant becomes aware that the food supply is not always accessible. This leads to particular anxieties about the much-desired and much-needed nourishment. Immediately, certain fantasies come into play about hoarding, guarding, losing, stealing, and perishing. These emerging fantasies shape the infant's experience of the world. The possibility of the food or the supplier of the food being harmed, attacked, or destroyed by either the self or even by the object itself starts to influence the infant's internal environment. Thus, schizoid fears are the heirs to the paranoid position. Various tactics develop as an attempt to rescue, restore, or maintain the safety of the object and its valuable supplies. Manic defenses, splitting and denial mechanisms, projective identification, and primitive reparation are but a few protective devices used to cope.

Manic defenses, denial, and attempts at reparation are often viewed as responses to depressive anxieties. The subjects feel they have injured the object, they feel guilty, and they try to restore the object to its former glory and health. Yet, manic defenses can also be a response to more archaic conflicts regarding paranoid or schizoid tensions. While self and object differentiation is dim and blurred in the paranoid/schizoid position, there are still feelings and fantasies about the presence of "another." The fear of destroying or permanently maiming the object is a fear of losing something that is needed for survival. Guilt does not occur when the stakes are about basic survival. Fear is the dominant affect and motivator. Guilt is the prominent emotion when whole objects are in place and one knows that, although partially injured, the object lives on and the self is not in danger of unraveling.

Guilt brings with it the fear of punishment within a stable whole object/whole self matrix. Schizoid fear involves destruction as retribution. Revenge in this part object/part self world entails execution rather than temporary redress.

Another aspect of schizoid anxiety is the fear of losing the object's hate. Even if the ego destroys the loving and soothing supplies within the object, hate can sustain the ego and prevent disintegration. As long as the object

exists, the ego feels safe. If the object hates the ego but is still available for attachment, this is acceptable. Certain masochistic transferences are based on this tactic. Persecutory fantasies of a hateful object are useful to cling to and organize around when the ego feels lost without any connection at all.

The bad parts of the object are kept separate as to not contaminate or erase the much needed good parts of the object. The relationship between self and object is then exalted. At that point, the ego begins to ravenously incorporate these extra wonderful objects out of greed and omnipotent desires for control. The cannibalistic force behind this evacuation begins to destroy the treasured positive parts of the internal mother. This triggers severe schizoid anxieties and leads to a new cycle of denial, manic "peace making," and splitting.

Splitting, denial, and manic devaluation all help to keep the positive parts of the self and the object separate from the dangerous parts of the self and object. If they come together, there is marked anxiety about producing a dead or mutilated whole object. These anxieties are normally mitigated in a slow and integrative manner through countless experiences with the object in which self and object both survive the thrust of aggressive and libidinal phantasies. Hanna Segal (2) spoke to this matter, stating:

When there is a predominance of good experiences over bad experiences, the ego acquires a belief in the prevalence of the ideal object over the persecutory objects, and also of the predominance of its own life instinct over its own death instinct. These two beliefs, in the goodness of the object and in the goodness of the self, go hand in hand, since the ego continually projects its own instincts outwards, thereby distorting the objects, and also introjects its objects, identifying with them. The ego repeatedly identifies with the ideal object, thereby acquiring greater strength and greater capacity to cope with anxieties without recourse to violent mechanisms of defense. (p. 37)

In the depressive position, the loving object is felt to be threatened by the ego's aggression, envy, and greed, but the object always manages to survive. Like a Flash Gordon television program, the hero keeps getting killed off, only to rise again for the next episode. The object's durability helps the ego to feel durable as well. As self and object representations gradually integrate and consolidate, the ego is able to harness and sublimate more and more of its aggressive and libidinal forces. Faith in the self and the object grows. I believe these schizoid aspects of the ego's development are the bridge between the paranoid-schizoid and depressive positions. The complexities of the schizoid dilemma produce a pull in the direction of the depressive position or a push in the direction of the paranoid-schizoid position.

Klein (5) wrote,

At a later stage of development the content of the dread changes from that of an attacking mother to the dread that the real, loving mother may be lost and that the girl will be left solitary and forsaken. (p.217)

Rather than making clear her discovery of the depressive position, I believe she is explicating schizoid fantasies. It is only later, with a greater stabilization and neutralization of erratic hostile and libidinal forces, that genuine remorse, guilt, and altruistic concern color the relationship to the object.

In 1935, Klein (3) stated,

—only when the ego has introjected the object as a whole—is it able to fully realize the disaster created through its sadism and especially through its cannibalism. The ego then finds itself confronted with the psychic reality that its loved objects are in a state of dissolution, in bits . . . (p.269)

Again, I find this to be a remarkable description not only of the depressive position, but of the complexities of schizoid anxiety. When she says, “when the ego has introjected the object as a whole,” I believe the terrifying fantasies she describes are not about destroying a whole object, but destroying a fragile, unstable part object. If it were the whole mother object, the ego would have the dual sensations of harming the object and bouncing up against the durable, resilient, and stable completeness of an integrated object. This would lead to a sense of remorse and guilt and a sense of relief. When the schizoid anxieties prevail, the ego feels truly capable of annihilating the unstable part objects that make up the internal mother.

Harming the object with ravenous needs and hostile attacks leads to fantasies of losing the object and the self. With loss of the object in the paranoid-schizoid position, the ego experiences a disintegration and a loss of the self. The not fully differentiated ego is still symbiotically tied in many ways to the object. Excessive reliance on projective identification, characteristic of the paranoid-schizoid position, creates an ego/object blur. Therefore, destruction of the object is equivalent to destruction of the self.

If the ego feels the needed object and its supplies have been or could be wiped out, an omnipotent denial of the object's worth is used to erase the anxiety of possible loss or retaliatory attack. In these ways, the dead or dying object is seen as unimportant and the self is no longer culpable. Denial renders the object useless and nonexistent, leaving the self omnipotently in control. Mania is more of a contemptuous devaluing of the object. Both are maneuvers that control and kill off the object and, therefore, both create schizoid anxieties. The very tools used to save the object and prevent

schizoid anxieties often destroy the object and create greater levels of schizoid fear. This is part of the repetition compulsion and as such forms a difficult resistance.

Reparation is based on the ability to tolerate the temporary or partial loss of a whole object, with some remaining hope and understanding of its eventual resurrection. Schizoid anxiety involves the total loss of part objects that are destroyed by the toxic aspects of the ego. The subsequent return of the object from the grave is based on the phantasy of revenge and the object seeking an "eye for an eye" retaliation. Therefore, the schizoid precursors to reparation are the use of magic, omnipotent undoing, manic "peace offerings," and the denial of any dependency on, or vulnerability to, the object to begin with. Again, reparation is based on oedipal guilt, not life-and-death oral dilemmas. Schizoid anxieties predate a whole object that can sustain the rumblings of the whole self.

In the schizoid state, the ego "is not so much guilty as simply bad" (6, p. 63). Klein (7) explicated this "badness" as usually taking two forms,

The phantasied onslaughts on the mother follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother's body of its good contents. The other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother. (p.8)

In addition, introjection of, and identification with, the now drained or damaged object can lead to the fantasy of the self being drained and damaged by giving and loving. The ego feels it will be taken from in dangerous ways, thus bringing back persecutory fantasies from the paranoid position. This is a way of using introjective identification and paranoid fantasies as a defense against more basic schizoid anxieties.

The dynamics of persecutory fear and schizoid anxiety are often determined by the differences between the impulses of greed or envy. Greed involves introjective fantasies of stealing or digging out important parts of the good object thereby depleting the object. Envy involves more projective fantasies of direct attacks on the good object for the purpose of destroying the contemptuous good portions of the object, leaving the object devalued and dead. Both envy and greed generate schizoid and persecutory anxieties, but the fantasies are different in motivation and consequence.

Patients experiencing schizoid anxiety have feelings of profound aloneness, of being forsaken, and thoughts of never being able to be close to the object. These states will permeate both analyst and patient. This type of patient will try and keep the analyst at a distance for fear of harming the

good parts of the analyst. At other times, they will attempt to have the analyst suffer as they do, by keeping the analyst at a distance and withholding any goodness. Some of these patients will essentially take over the treatment and triumphantly “cure” themselves to deny the analyst any sense of gratification. All these situations will evoke intense complementary or concordant countertransferences (8).

If the good objects seem to be threatened by the toxic aspects of the ego, they are kept far away for safety sake. This blocks any introjection of the much needed good supplies. At the same time, the ego may not introject parts of the object for fear of them being poisonous and dangerous. These are fantasies of fatal contamination. This closing of the internal borders to the introjection of the object out of self-preservation or object preservation produces a barren, empty ego. These patients usually report feeling hollow, despairing, and lonely. They are haunted by the emptiness of having no objects to cling to and the fear of taking in an object that would either destroy them or be destroyed by them.

If there are enough consistent experiences of self and object, both negotiating and surviving the ravages as well as the exciting, triumphant moments of the paranoid and schizoid experience, integrative processes produce more and more whole-self and whole-object amalgams. The depressive position emerges.

CASE OF SALLY

I will present a patient who used manic defenses to ward off her fears of having destroyed her objects. In presenting a person with whom I have worked for several years, it is hard to show all the different facets of her personality, the shifts in transference, and the evolving nature of her internal objects. I hope this case material will illuminate a portion of the intrapsychic and interpersonal situation between us.

Sally, a forty-year-old research scientist, came to me for help with what she called her “fluctuating moods.” We began a psychoanalytic psychotherapy that lasted several years. She was an only child and had lived at home till age nineteen. Sally’s mother was a quiet, timid woman whom Sally saw as a “pathetic worm.” Her father routinely became agitated, storming about the house over imagined injustices. His periods of rage and self-centeredness were unpredictable and ruled the family. Sally also saw him as affectionate and available, but “caught up in his own interests.” She would try and help him with all sorts of “manly” chores, such as washing the car, painting the fence, fixing the plumbing, taking out the garbage, and

mowing the lawn. She thought he loved her the most when she was his "number one son."

In second and third grade, Sally developed a profound interest and excitement for mathematics and would spend hours studying and solving math problems. We understood this as a desperate way of turning confusing and out-of-control emotions within herself and her father into orderly, predictable, and rational ones. It gave her control over her fear of father's emotional disturbance and felt superior to her mother's shriveled self-esteem. Numbers became her protector, friend, and loyal companion that she knew would not leave her or change into something terrifying. They were also something that she could manipulate, conquer, and be emotional about without threat of a crisis.

As an adult, she became a research scientist with a specialty in mathematics. She had been twice married and divorced. As we worked together, she realized she had married men that were as "spineless and weak" as she experienced her mother. In her career, Sally envisioned herself to be the smartest in her field and poised for greatness. If she felt she had achieved less than perfection, she sank into profound depressions that lasted for days or weeks. Conversely, if she felt she was successful in proving her brilliance, she became ecstatic and hyperactive. She became obnoxiously self-congratulatory for days at a time. Subsequently, coworkers and friends would advise her to either "calm down and act normal" or to "cheer up and don't take things so personally."

During the first week of treatment, Sally said her goal was to live in a state of "extra-happiness" at all times and any negative feelings were "to be avoided at all costs." When I said, "perhaps you've had some thoughts about our last session," she replied, "yes, I did! I had lots of very, very positive feelings about the last meeting! It went extremely well!" I commented on how much she strained to emphasize the positive aspects of our relationship. She replied, "Well, I did feel like it was all totally positive. I even started to think about my family and how my childhood probably affected me! It was very productive!" At this point she was becoming pressured and visibly tense. She started to become desperate. "Did you want me to talk about something negative? I can if you want! I just need to know." I said, "You are suddenly feeling more anxious about what I want from you." Sally agreed and said, "I feel like that a lot of the time. I feel there are many things to get done, goals to meet, things to do, issues to address." She went on to elaborate on all the commitments she felt tied to and pressured by.

Later in the session, she was telling me about how disgusted she was

with her girlfriends who seemed to always need someone to listen to their problems. I said, "I guess you have mixed feelings about me listening to your problems too. Are you used to having anyone to really talk to?" She said, "it's weird that you say that. I have always felt like I'm all alone, with no one who gives a damn or who would be willing to listen to me. I feel I do all the listening and never get anything back." She started to cry. "I have always felt unheard and all alone, like no one wants me or that I have done something to push them away. I think this is a sensitive area for me that has been there for a long time. In my family I never felt like I had individual attention. They loved me but not for whom I was. It was all so homogenized. I wanted to stick out and be special to somebody. I felt forgotten and lost."

For the first two years of treatment, Sally focused on most anything except our relationship. She would ruminate over problems with work or boyfriends. If I brought up the question of our relationship or the seeming lack of it, she would quickly deflect my inquiry and tell me that we were there for "professional" reasons. This brought out particular countertransference feelings. I felt upset that she ignored me, I felt invited to compete with her for attention, and I felt unimportant, like her sidekick. As her not so important sidekick, I would alternate between being her excited fan club and being a disgruntled underappreciated appendage. Gradually, I was able to interpret these feelings as part of a projective-identification mechanism in which she put little girl parts of herself into me. These were aspects of herself that were excited to be with her father, yet crushed by his self-centeredness and preoccupation with his own psychological problems.

Occasionally, Sally would speak of how disappointed she was in realizing that I did not have the same special capacities as she did in math. This came out quite openly two different times when I made mistakes calculating her monthly bill. She was at first disgusted with how "mortal" and "common" I seemed to be. The more we discussed it, she began to tell me how scared it felt to be with me when I seemed to be less than perfect. She felt at risk. Sally explained that she tried to think of me as having the same talent in mathematics as she did and therefore we were "one." To think that she knew more than I led her to think I was a weak and questionable source of nourishment. Her brilliance showed me up as a less than perfect object that she could not depend on. As she devalued me, she began to devalue herself.

There were two incidents in the second year that seemed to break through Sally's guarded resistance. One day, she explained she felt my office was an extension of herself. My waiting room was her living room

and my office was her bedroom, where she felt completely comfortable. I was a part of this overall soothing and reliable environment. I was her "nest." My feeling about this was that we were somehow merged, but she was in charge of all aspects of that union. I felt like a piece of soothing furniture.

The second incident happened several months later. Sally told me that she was very frightened. A friend of hers had said, given how I practiced, I was probably a "Freudian." To Sally, this meant I was "only interested in sex and money." I commented that her trustworthy and comfortable nest had turned into scary, unfamiliar Freudian furniture that she had no control over.

Sally was driven by fantasies of being in total control, being a powerful man, and being a brilliant, desirable person. She would act out sexually, yet made a point of always using protection. She was known to "take a dare" to do virtually anything unless she was in one of her "dark moods." She took up daredevil or "macho" male endeavors such as poker and boxing. There would be a day or two of drinking or drug use where she could not sleep and would feel on top of the world. These were always followed by days of deep despair and depression. For a week at a time, she would become more and more convinced that her superior math abilities would lead her to new discoveries that would change the world. Later, she would sink into misery about her loss of "creative energy" and find it hard to get out of bed.

When Sally felt uncertain of her own abilities, she would become depressed. If she thought someone else doubted her talents, she became agitated. She would flee the object's lack of love by grandiose acting out. When interested in a man, she would try to be in charge of the relationship and become the dominant male. She related to me in these ways but was quick to deny it. Controlling and towering over me was a way she felt safe from the terrifying collapse of herself and her beloved object.

Throughout the treatment, the issue of medication was brought up as a possible addition to the therapy. Each time, after much discussion, it was decided to be unnecessary. She did not want to take medication and I felt her problems were psychological rather than biological. Rather than arbitrary biological mood shifts, we came to see how her up-and-down periods were shaped by the fantasies she had about herself and her internal objects.

After horseback riding with other researchers she had met at a conference, she came in with a bandaged foot. She had fallen and sprained her ankle. She put off going to the hospital and instead went shopping. I proposed that she did this to ward off her feelings of "falling from grace" in both our eyes. She had tried to escape her feelings of humiliation. I told her

she could not hold the idea that we could actually feel compassionate and caring toward her mortality and this led to her fear of not being “good enough.” She became aggravated and said, “why don’t you let me have my escapes, I need my fantasies! If I let myself feel those things, I will evaporate. If I am not the best, I don’t know how to live!” I mentioned that coming to me while injured was a vulnerability that scared her because she wanted to be close to me, but was very frightened and thought she needed to be “tough” for protection and perfect to gain my love. She said she had been scared to ride, but was also scared that the other men wouldn’t like her if she didn’t. She told me, “I wanted to be in their club, I didn’t want to look like a chicken. Now I look pathetic.” Later, she talked about how she felt pressured to do “crazy things” so she would be accepted. I told her she might be afraid I wouldn’t care for her unless she was extra-special. Sally replied, “if I am not special, I feel I am nothing, I don’t exist, and no one likes me.”

Sally tried to blend in with people that she imagined were perfect or pure. At one point, thinking this was her defense against being imperfect and forgotten, I brought up her fear of loss as the motivation behind this behavior. She told me that she was jealous of men because they have penises. Reviewing her childhood, Sally felt her father would have preferred her to be a boy and that without a penis she was inferior and weak. This disgusted her and she despised the image of herself as a fragile, needy, or feminine person. Clearly, these insights signaled a deepening of the analysis.

I proposed that she always made sure she was in control of me, my image, and our hours in fear of something dangerous happening to one or both of us. Sally said, “I want to make sure I have my penis here but I guess I want to make sure you have one too!” She told me at length how we were both buoyed up by her fantasies of power and control and that this kept us from deteriorating into less than perfect beings.

Over the next few months, we discussed her attempts to keep a steady view of herself, me, and certain key people in her life. She was intensely afraid to let any of us turn into weak and pathetic creatures that she would despise and hate. Her feelings of aggression, disappointment, and dependency all combined to threaten her beloved objects. Gradually, she began talking about her contempt of her mother’s lifelong “spinelessness.” What lay behind this was a terrifying fear of realizing that her father was the one she had really attached herself to in infancy. This was intolerable because she would then have to acknowledge her attachment to a mere mortal, capable of becoming a scary and loathsome creature during his manic

episodes. Sally felt she not only lost his love in those periods, but also was jettisoned into an emptiness that equaled annihilation.

CLINICAL DISCUSSION

Sally and I came to see that she existed in a disturbing pattern of persecutory fantasies, schizoid anxiety, and a self-destructive use of manic defenses that included splitting, denial, and projection.

Gradually, she understood her mania and grandiose fantasies as expressions of her rage and desperation. Her sleepless nights of "brilliant math discoveries," her drug abuse, and her promiscuity were flight from, and aggression toward, the unavailable object. She tried to omnipotently control the object's supplies. She was controlling an unpredictable food supply and anxiously managing a potential attack and abandonment by the object. Sally tried to deny the object's strength as a way to deny her own infantile dependency and fear of rejection. To admit her neediness was to face intolerable feelings of being abandoned by an untrustworthy object and face her possible role in destroying the yearned-for loving aspects of that object. Just as her father would seem to suddenly turn from loving to hating, Sally feared that I too could become a traitor. In both accounts, she was convinced that she was with a disguised monster and could trigger the destruction of self and object. She also tried to manically prop up her weak, decaying object by infusing it with her own grandiose phantasies of supreme power. This momentarily saved the object from her disdain and disgust at being a less than perfect penis/breast.

We came to see how she elevated me to the status of pure and stable and herself to the status of perfect and creative. This allowed her to feel merged within a blissful symbiosis where there was no danger, only peace and love. Here, I am implying a denial both of separation and of differences between us. This merger saved her from the schizoid fears of harming me with her opinions, need, and loving or aggressive fantasies. She was afraid of castrating me and of inciting me to attack her and then leave her forever.

During the course of an analysis, it is critical to consistently interpret the ways patient and the analyst both seem to be either surviving or dying. Sally was worried that if she allowed her feelings toward me to be known, whether they were affectionate or scornful, I would no longer be the perfect phallic mother she needed so desperately. In addition, she was scared that if I were to be less than perfect, it would expose her imperfections as well and she would lose her own phallic powers. Thus, her manic, omnipotent control over our value and status was a method of preventing a spontaneous disintegration of both of us into a pile of undifferentiated, worthless

toxic fragments that would continuously desecrate and destroy one another.

Sally reconstructed memories of her childhood that seemed to validate the transference material. She had felt unable to attach to her passive, castrated, wallflower mother who was unable to present enough of an ego-ideal for Sally to move toward. The lack of satisfying supplies from the mother led Sally to be angry and devaluing of mother, yet this seemed to make mother even more unavailable and drained. As the schizoid anxiety of harming her much-needed mother increased, Sally felt terrified and alone. Out of tremendous despair and loss, she discovered various coping mechanisms. Sally proclaimed herself to be omnipotently creative in mathematics and so brilliant that she did not need the likes of her mother. This was to prove a brittle defense. She then shifted her need for a mothering object onto father. This created a far greater problem because of father's own mental disorder.

Sally felt so despairing over the lack of a mother to take care of the needy, frilly, little-girl parts of herself that she attempted to become a macho little penis boy that father would approve of and desire. She tried to accomplish this by identifying with his own self-centered macho ways. When he escalated into a manic phase and became a scary, angry tyrant, Sally would become very frightened and depressed. She realized she wanted him to tenderly care for her little-girl parts but now felt attacked and abandoned. In addition, father's fall from grace meant that both he and she were now vulnerable to becoming weak and useless. It was at these moments she would become furious at him, yet worry he would leave her for being less than perfect.

The patterns of promiscuity, drug abuse, and Sally's view of herself as the most brilliant phallic force in the field of mathematics were all desperate manic flights from the awful fantasy of having not only invited the object's wrath, but having lost the object as a result of one's own toxic identity. Early on, Sally felt as though her angry, scared, loving, and needy impulses combined to leave her without any objects to cling to or receive nourishment from. The loss of the object fostered the experience of loss of self. Her analyst, friends, and coworkers were all considered just as vulnerable to collapse as her parents seemed, and equally poised to wreak revenge. Sally's anger, disgust, or even irritation with me as a less than perfect object resulted in fantasies of my losing my penis and my power and therefore being unavailable to help her or love her. She felt I might then "rise from the dead" to wreak revenge. The thought of losing my love led to fears of her losing her mathematical penis and her macho intelligence. The

fear of this total breakdown usually triggered panic and marked depression. Lost without her objects, she would feel herself beginning to slip away into fragmented darkness. She experienced a disintegration of her ego.

As Sally felt unable to reverse the terrifying loss of self and the loss of the object, she would cling to last-ditch efforts at manically piecing herself and the object back together. She would frantically deny the importance of the object and the existence of any need whatsoever. By casting herself as a perfect and brilliant mathematician with a superior penis, she could now control the object and its supplies. This gave her reassurance that she would remain intact. In addition, she would gradually pump the object back up to its position of power and attempt to re-merge with it.

CONCLUSION

The depressive position involves the ego-making reparation to whole objects it has assaulted and injured. With schizoid anxiety, manic "peace offerings" are made to appease the destroyed part objects that could rise from the grave to annihilate the ego. Self-survival, rather than guilt, is the focus.

As the ego and the object survive the fantasies of abandonment, destruction, and loss, a gradual consolidation of part objects and part self aspects occurs. Issues of survival gradually shift to concerns over temporary relational difficulties that can be rectified. Depressive guilt emerges from the fires of schizoid anxiety. The relationship with the object is still subject to fracture, but it can no longer be permanently broken. Manic defenses, denial, reparation, and projective identification are all used to defend against both schizoid anxiety and depressive guilt, but the motivation and goals behind them differ vastly.

Repetitious working through of the paranoid-schizoid position involves the mastery of dual threats. The persecutory threat of the attacking object and the destructive capacity of the ego both produce a state of vigilance pertaining to the survival of the self and the survival of the object. The working through of these developmental and conflictual dilemmas leads to the unfolding of the depressive position, with its intricacies of guilt and whole object relationships.

Over the course of her treatment, Sally's moods have gradually stabilized. She has received several promotions at work and is now engaged to be married. The conflicts between herself and her internal objects are less dominated by chaotic splitting and projective mechanisms and she feels more of an active agent within herself. Her view of life has shifted from a need for tight control to a sense of faith and participation.

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