

EXISTENTIAL, NOT PATHOLOGICAL: PROPOSING A 'NORMAL' SCHIZOID STATE

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Abstract

According to the psychoanalysts Fairbairn and Guntrip we all suffer some degree of maternal deprivation during early infancy. This results in pathological object relations development and the universal fundamental problem of the schizoid state. Object relations theory is explored in order to assess whether the schizoid state is universal and a problem. It is concluded that there is a 'normal' degree of schizoid development, universal, and unavoidable. This is not a problem but the product of our existence, painful but possibly resulting in valued human attributes.

Wild Geese

*You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert, repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting -
over and over announcing your place
in the family of things.*

Mary Oliver

It has been said by psychoanalysts that the fundamental problem for all human beings is the schizoid state. 'Schizoid' comes from the Greek, meaning "to split". W. Ronald D. Fairbairn and Harry Guntrip used this term to describe what happens to us in our earliest infant relationships. They argued that the basis of 'normal' human development depends on

satisfying, real relationships with our primary caregivers. We are by nature interpersonal beings. We resort to constructing a world of internal object¹ relations when our external environment is intolerably ambivalent and unsatisfying. Although they see the development of internal object relations as pathological, Fairbairn and Guntrip believe that it happens to some degree for every human being, and that it constitutes the 'schizoid state'.

Object relations theory has had a significant effect upon psychoanalytic thinking and has proven to be a valuable model for understanding '... the treatment of traumatic, symbiotic, borderline, and narcissistic personality disorders' (Grotstein and Rinsley, 1994, p.5). It provides an evocative phenomenology of the inferred world of earliest infancy. First, I will present Fairbairn and Guntrip's theory of infant development and ego splitting, and then describe some features of the schizoid state and its pathology. In the second section I will present my view that there is a bias in object relations theory which obscures normal development, subsuming it under pathology. I suggest that the universal schizoid state is not only exactly a fundamental 'problem', but rather a universal given of the human condition.

The Inferred World of Childhood

Guntrip and Fairbairn assume that, at birth, the human infant contains the 'innate potentiality of ego-growth in a way that the animal psyche does not' (Fairbairn, c.f. Guntrip, 1971, p.93). Our earliest experiences either facilitate or hinder this potential;

A person is a whole self and so unique that it is impossible to find, among all the millions of human beings that have existed and do exist, any two who are exactly alike. When a baby is born he contains a core of uniqueness that has never existed before. The parent's responsibility is not to mould, shape, pattern, or condition him, but to support him in such a way that his precious hidden uniqueness shall be able to emerge and guide his whole development. This is a variable factor, stronger in some than in others. It needs the support of a social and cultural environment...

(Guntrip, 1971, p.181).

Although the infant's mental state before birth continues during the earliest months of life, this pre-natal primary identification can never again be absolute. The birth process makes the first intrusion into a presumably blissful unity, causing an oscillation between identification and emerging differentiation. The infant is now organically separate and this is the first step towards realising his² separate individuality through the development

of a conscious object-relation out of the ruptured primary identification. The infant is separate but should only realise it gradually.

Fairbairn and Guntrip say that primary identification entails the most primitive form of object relation, where the infant begins to relate to the breast as an external object (Guntrip,1971,p.303). The infant's first expression of love is to suck at the mother's breast. This sets a template for all subsequent love relations as well as the individual's attitude towards society as a whole (Fairbairn,1952,pp.24-5). The mother's personality and emotional state will affect her interaction with the infant; 'The tone of voice, the kind of touch, the quality of attention and interest, the amount of notice, and the total emotional as well as physical adequacy of breast feeding, are all expressions of the genuineness or otherwise of the mother's personal relationship to the infant' (Guntrip,1961,p.284).

It is in the infant's nature to be object-seeking, so to deprive an infant of nurturing interaction at this stage is to impart an aggressive aspect to his natural need while also giving the disastrous impression that his love is bad. If the infant encounters an emotionally unavailable mother, his primary identification will dissolve too rapidly and separation anxiety will result in a fleeing into a secondary identification with an internalised object. Good early object relations, essentially 'good-enough mothering', leads to appropriate ego development. The mother, as provider of the first relationship, is the primary source of security counteracting the separation trauma of birth. This subjective experience of quickly restored security is the necessary condition for the beginning realisation of the ego potential of the infant. However, this never happens perfectly. The infant soon encounters parental frustration or rejection and, according to Fairbairn and Guntrip, this forms the most common serious trauma in early development;

... the greatest need of a child is to obtain conclusive assurance (a) that he is genuinely loved as a person by his parents, and (b) that his parents genuinely accept his love ... Frustration of his desire to be loved as a person and to have his love accepted is the greatest trauma that a child can experience ...

(Fairbairn, 1952, p.41).

It is in the early neediness of the oral sucking phase that the infant feels his love is rejected; '... this triggers a severing of the original object into an accepting object and a rejecting one, as well as a corresponding split in the infant's own ego to conform to these new split objects, which then become internalised separately' (Grotstein and Rinsley, 1994,pp.10-11). Fairbairn describes this as the infant's attempt to ward off separation anxiety; the original form of anxiety (1952, pp.162-67). The ambiguity of the mother³ is unbearably threatening for the completely dependent infant, so the

exciting (libidinal) and rejecting (antilibidinal) aspects of the mother (internalised object) are split off and repressed by the ego. The main core of the internalised object is idealised and attached to the central ego. This is the dominant self, incorporating the person's goals and conscious identification.

The child, in the closed system of the family, must create the myth of the nurturing, pure, loving mother, in order to survive. He does this by internalising the mother's 'pathology' in order to repair his view of her as ideal. The more unsatisfying the mother is, the greater is the need to internalise. The infant's true self is split and replaced by a conforming self which ingratiates itself to the mother, in an effort to maintain a relationship on her terms. Thereafter, the split psyche determines how much libido is left to invest in real others. Thus, from the very beginning, 'the shadow of object relations falls upon interpersonal relations and inexorably constrains them' (Grotstein and Rinsley, 1994, p.5).

The child gets a necessary sense of control from manipulating his world of internal objects. He is independent from the external world, feeling a secret superiority and omnipotence over external objects. Following this primary internalisation there is a 'moral defence' in which the infant introjects good objects in order to feel he has something good inside, and therefore the possibility of being good (Greenberg and Mitchell, 1994, p.79). The internalisation of ideal parental aspects gives the hope that if the child lives up to these expectations, he will be good, loveable. Love is conditional, the child can earn it - that is the compensatory salvation.

The complexity of endopsychic structure is a monument to the inevitable poignant moments of critical disappointment. Mother will fail when she is needed most, thereby necessitating internal object relations, ego splitting (psychic structuring), and underlying pathology. The schizoid split influences the whole rest of the individual's life because it occurs at such a pivotal developmental stage. This is the early experience of self-alienation, and it anticipates Winnicott's 'false-self', R.D. Laing's 'divided self', and the inauthentic self and bad faith of the existentialists.

The infant struggles to conceal from himself the truth of his parent's 'badness'. This revelation would plummet the child into an intolerable state of 'objectlessness'. Fairbairn says that an objectless state is inconceivable and would be unbearable. Guntrip, however, believed that in cases of traumatisation (sexual abuse for example) or severe disappointment, a piece of the ego is actually forced to regress into an objectless state, to descend in helpless despair, longing for death (Guntrip, 1971, p.172). Clients who work this through in therapy '... must struggle through terrifying periods during which they relinquish old patterns and relationships before they have replacements. During this phase, they frequently describe utter isolation, terror, and despair' (Grand and Alpert,

1993, p.332).

Schizoid development leads in the greater degree to the schizoid personality, characterised by extreme ego splitting, self-preoccupation, isolation and detachment, omnipotence and grandiosity. In its universal form it leads to the schizoid state, and regressive episodes of splitting and some of their consequences. Horizontal splitting is referred to as repression, whereas vertical ego splits are called fragmentation (Robbins, 1994, pp.307-9). It may be ideal to be structureless, but this is a virtual and unattainable ideal, whereas the norm is to be psychically structured, or schizoid.

In the schizoid state we fear that our need to love and be loved will be frustrated and we become fixated at a stage where giving is equated with a feeling of being 'emptied out', '... a catastrophic reminder of the sense of depletion derived from libidinal investment not responded to ...' (Kernberg, 1994, p.47). To avoid giving we may repress all feelings, to avoid loss we may sever ourselves from our creativity, and actively drive away those who threaten us with love. The result is a kind of living prison, a sense of being wasted, and a corresponding feeling of unreality, intense self-consciousness, and constant self-observation;

Fairbairn linked the chronic subjective experience of artificiality and of emotional detachment of schizoid personalities with these patient's attitude of omnipotence, objective isolation and detachment, and marked preoccupation with inner reality. He interpreted schizoid patient's "introversion" as a replacement of the relation with the external object by relations with their internal ones. He described schizoid over-valuation of intellectual pursuits as an expression of detachment and a displacement from repressed internal object relations to the intellectual sphere ...

(Kernberg,1994,P.47).⁴

In order to mature, the child at some point must renounce his dependency upon his parents and his attachment to his compensatory internal objects. 'Optimism regarding the likelihood of ... mutual love between differentiated people makes it possible for him to release his vicelike grasp on the objects of his infantile dependence ...' (Greenberg and Mitchell, 1983, p.161) and become his own person, capable of relating in the real world of other people. The child must have enough available ego left to direct outward. Split-off portions of the ego are not available for relationships with other people. And even more serious,

The antilibidinal ego hates the libidinal ego for its hope, for continuing to perpetuate the belief that the promises of the mother may

yet be fulfilled. The anti-libidinal ego continually attacks the exciting object for its false promises, and the libidinal ego for its naive hope and devotion ... It hates and punishes the libidinal ego for any attempts to get something from others, and it hates the other person who offers the possibility of relatedness
(Greenberg and Mitchell, 1983, p.166).

Adequate maternal ego support would have facilitated a strong personal self with an 'unshakeable deep experience of basic ego relatedness' (Guntrip, 1971, p.124) which acts as a foundation for an adult socialised ego with mature capacities. Experiences of loving and being loved result in accretions to the pre-existing self rather than structuralisation or fragmentation of it and somehow results in the self differentiating from the object (Robbins, 1992, p.252). This ideal adult state is characterised as having no need for compensatory internal relations, therefore libidinal energy is fully available for contact with real others. This total state of health is only 'a theoretical possibility' (Fairbairn, c.f. Greenberg and Mitchell, 1983, p.161).

The term 'schizoid' can apply to a hard core of disturbed mentality or a passing trend; a transient reaction that appears inside one analytic session to an undermining, debilitating and persisting condition (Guntrip, 1979, p.153). The commonality is that in some way the schizoid has not experienced 'good enough mothering' and has suffered some amount of deep doubt about his own reality, suffering a feeling of being fundamentally isolated from the world of other people. Fairbairn says the type of pathology depends upon the extent of bad objects and the degree of their badness, and the extent of ego identification with the bad object. The degree of pathology depends on how much ego is left for investment in reality (Fairbairn, 1952, pp.48-56).

Fairbairn and Guntrip see this problem as underlying all pathology. The adult who has arrested development constructs consciously an adult role maintained by unremitting self-control. He lives in constant fear of a breakthrough of the child underneath. He becomes so emotionally dependent upon others that his fate rises and falls with each love-object. He cannot disentangle himself from his infatuations because he has no inner stable foundation of his own. In contrast, a mature person does not collapse when he has to stand alone.

Treatment of this state consists of '... reduction of splitting of the endopsychic structure and an increase of the depth and scope of the central ego so that it could develop fully satisfactory libidinal relations with external objects' (Kernberg, 1994, p.53). This is achieved through offering the patient ' ... not just the relationship involved in the transference, but the total relationship existing between the patient and the analyst as persons'

(Fairbairn, c.f. Guntrip, 1961, pp.413-17). Resistance is manifested by an effort to maintain the closed system, and to deny the infantile feeling that mother did not love him in his own right. Human sanity and survival, in Fairbairn's view, depends upon relationship, so the tie to the internal bad object is far preferable to no object at all (Ogden, 1994, p.103).

Guntrip recounts the analysis of a client who recalled a dream which describes not only the ultimate 'schizoid problem' but also his addition to Fairbairn's theory. The client dreamed that 'I opened a locked steel drawer and inside was a tiny naked baby with wide open expressionless eyes, staring at nothing' (Guntrip, 1971, p.152). From this Guntrip developed his idea of a 'regressed ego'. It is a part of the infantile libidinal ego which found his childhood world so intolerable '... that the sensitive heart of him fled into himself' (Guntrip, 1971, 152-3). The true self is put into suspended animation, waiting for a better world, while a false self emerges on the surface to negotiate the present world by conforming to it. Guntrip presents this idea as an elaboration of Fairbairn's theory but in terms of psychopathology, it is actually a contradiction of it. Fairbairn stresses that pathology is fundamentally the ego's attempt to satisfy its hopes through internal objects. Guntrip, however, is stressing the ego's withdrawal from all objects, internal and external. In his formulation, the libidinal ego undergoes a final split, with a part of it detaching from the exciting object, becoming even more withdrawn, forsaking object-seeking altogether:

This "regressed ego" is constituted by a profound sense of helplessness and hopelessness ... In this flight from life, Guntrip suggests, the regressed ego seeks to return to the prenatal security of the womb, ... Thus, regression entails a flight and a longing for renewal. When the flight aspect is more prominent, the regression is experienced as a longing for death - relief from conflictual relations with internal and external objects. When the hope aspect is more prominent, the regression is experienced in connection with a return to the protection of the womb.

(Greenberg and Mitchell, 1983, p.211).

This depth of regression occurs when maternal deprivation is experienced as neglect or impingement, rather than 'tantalising refusal'. It means that a terrified infantile ego remains alive in the person's core, and mature adult potentials are never realised.

The Fundamental Human Problem?

Object relations theory highlights the epistemological problem of inferring anything about the murky rudimentary world of the infant. It is unavoidable that we infer about this long-forgotten holistic state from an

adult, schizoid point of view⁵. Piaget's work on the evolution of mental schemata reminds us that '... willy-nilly, the child will organise its experience - both inner and outer - according to its limited mental capacities' (Horver,1992,p.306). Recognising this opens us to considering, for example, whether the infant in the undifferentiated state could mistake parts of his own body for an external object and relate to it? Perhaps the mouth could be mistaken for a nourishing external object instead of the breast. For a moment accepting the speculative nature of developmental theories, I will now explore whether the schizoid state is fundamental, universal, and a problem.

The schizoid state is considered a problem by Fairbairn and Guntrip because they believe the child's needs are potentially satisfiable. It is only maternal deprivation that ensures the infant will remain unsatisfied. This seems exaggerated. Perhaps some infants cannot be satisfied; a gulf between parental and infant personalities may curtail parental intuition, or a traumatising birth may predestine difficulties in early identification and differentiation.

Perhaps birth is the infant's first trauma. It seems reasonable to suggest that the specifics of the individual birth; the degree of violence and pain experienced by the infant as he's born, would influence the separation trauma and the amount of maternal 'reparation' required to soothe the infant back into a sense of security. Such variables may influence the newborn's needs and mitigate maternal responsibility.

For infant needs to be potentially satisfiable, the burden on the parents is not to be 'good enough' as Guntrip suggests (using Winnicott's term), but to be omniscient. They must be able to know the infant's every need in order to be responsible for satisfying them or culpable for depriving them. So every mother will be depriving because no mother can know her newborn's subjective experience. But the infant does not realise that the mother cannot know, so there is an unavoidable feeling of being deprived;

The infant's actual helplessness and lack of a stable sense of time and space lend a quality of great intensity and urgency to its needs, making any deprivation very painful and reactive rage and hatefulness unavoidable ... All caretakers, by virtue of their humanity, inevitably fail their children, each in their own particular way. Thus, internal object relations, concerning both 'bad' and 'good' objects are generated out of both the intensity of infantile passions as well as parental character pathology'

(Greenberg and Mitchell, 1994, pp.85-6).

This account bypasses the juxtaposition of villainous parent to innocent child, and the apportioning of parental blame. However, it still focuses on

parental 'pathology' while missing the fact that a 'perfect parent' will also inevitably fail the infant. This entails no fault on either side. It is an example of normal disappointment leading to so-called schizoid development. In this sense, part of our early development is about dealing with painful frustration which cannot be helped. This suggests that schizoid development is not always a problem due to mothers depriving their infants of satisfiable needs, but a universal experience of unavoidable disappointment. It is existential.

Fairbairn says that it is civilisation which has caused interference in the mother-infant bonding process. Domestic, economic, and social demands on the mother mean that a period of intense unbroken contact while the infant is utterly dependent is seldom possible. This results in the deprivations of early object relations. It is too painful to long for an object which is often absent. Alice Miller⁶, whose ideas are remarkably compatible with Fairbairn and Guntrip's, asserts that it was ten thousand years ago that we formed into communities which resulted in this 'violence' in our child-rearing (Miller, 1995, p.6).

This suggests that the more fundamental problem is our social structure. Changing society could rectify the avoidable component of early childhood deprivation. This does not address unavoidable disappointments or the problem of the overbearing mother. Fairbairn ignored the possibility that maternal attention which is too intrusive could also lead to schizoid withdrawal. Guntrip mentioned this (Guntrip, 1961, p.430) and Robert Royston describes it from clinical observation. He says that a parent who is psychologically powerful but inwardly fragile, with intense narcissistic needs, will impair the child's development into an independent self in order to fulfil their own needs (Royston, 1995, p.15). And, following Fairbairn, Royston says that the child blocks all attempts to see clearly the nature of their 'bad childhood caretakers'. Royston's article is a distressing testament to childhoods which are colonised to satisfy parental needs;

The almost aggressive non-recognition of the child's immaturity, of childhood itself with its needs for praise and encouragement and vulnerability to narcissistic injury, is a common characteristic of the autocratic object ...

(Royston, 1995, p.19).

This type of parent strives to keep the child from maturing because the child's independence will deprive the parent of a gratifying audience. The child strongly resists acknowledging that it is the parent, not the self, which is disturbed. In this case the mother's presence, not her absence, is the problem. This is a sin of commission, not omission (deprivation), and the social structure will not address it. This type of mothering seems most

problematic. According to Miller, a depriving mother may not disable normal development as long as she '...refrains from preventing it and allows the child to acquire from other people what she herself lacks' (Miller, 1995, p.55)⁷. An intrusive mother engulfs the child, forcing a schizoid withdrawal, while precluding access to a nourishing adult who could allay the damage being done.

Apart from depriving and intrusive caregivers, normal development seems to imply a degree of schizoid reaction and thus some form of structuring. It seems the term 'schizoid state' is referring to (a) an unavoidable differentiation in the young human psyche which may be painful but necessary (possibly vertical splitting), and (b) an avoidable fragmentation in the young human ego which is a defensive response to inadequate parenting (possibly horizontal splitting). Both uses of the term schizoid refer to a universal and fundamental occurrence. It is fundamental in that it occurs in the earliest phase of life, predating all other fixations. Using one term for both the normal and the pathological process is confusing.

Fairbairn's theory of object relations subsumes healthy experience within psychopathological development. There must be some mechanism of non-pathological incorporation into the psyche to account for memory, learning, and conscious organisation of experience. Rubens (c.f. Padel, 1994, pp.295-6) argues that if all internalisation were pathological there would be no growth of the personality. Fairbairn did not take enough account of non-repressive internalisation which does not cause further fragmentation of the ego. Neither Fairbairn nor Guntrip formulate how positive development ameliorates pathology, as it must, and therefore their theory falls short of a general human psychology. They also overlook the possibility that there are positive aspects to conflict, or creative confusion, for example. And if their ideal 'non-pathological' state were achieved, it is not clear what would constitute the so-called 'unconscious'. Without repressed internalised objects and their cathected egos, what would populate the unconscious mind?

It is possible that 'normal' schizoid development gives rise to our basic human capacities for empathy, imagination, and self-reflection. Schizoid development might make us better psychotherapists. Guntrip writes, 'Both Fairbairn and Winnicott thought that but for [Guntrip's early childhood] trauma, I might not have become a psychotherapist' (1975, p.145). Kohut insisted that introspection and empathy are essential aspects of psychoanalytic observation and Basch says, '... intuitive empathy is precisely the gift of being able to experience the object by means of an identification ... made possible by the fact that the psychic structure of the analyst is a product of developmental processes similar to those which the patient himself also experienced' (c.f. Buckley, 1994, p.525). In order to

empathise with a schizoid patient, the analyst must have experienced similar disappointment and withdrawal.

Writers may also be exploiting a creative aspect of schizoid development. Kazuo Ishiguro recalls that he had a 'wildly exaggerated sense of responsibility' for his parents and *at the age of six* he '...took responsibility for keeping the family together, I kept us grounded in this uncertain situation [of living as immigrants in London]' (Mackenzie, 1996, p.12). This suggests a schizoid development in which the child has become the parent; a development which may have facilitated the imagination to write beautiful novels (like Ishiguro's *The Unconsoled*). It may also explain Ishiguro's insight into the inevitable contradiction of childhood:

The lucky ones among us ... begin our lives cradled in deception. It is what every good parent offers their child - freedom to believe that the world is a stable, safe and morally ordered place - and offers it knowing it to be a lie

(Mackenzie, 1996, p.12).

Ishiguro recognises the necessary security of that lie but also the consequent cost, 'How do you help a child out of that protective bubble of childhood and into the tougher world ... there's something challenging and sad about that' (Mackenzie, 1996, p.12).

According to Fairbairn and Guntrip, the human infant has an inherent organising principle that guides the life process as a whole (Grotstein and Rinsley, 1994, p.22). It mediates relationships and the resentment which ensues when the response from others does not validate the person qua person (Sutherland, 1994, p.21-5). It is a sense of how things should be. Unlike the ego, however, it seems to withstand disappointments intact. This explains why when a sub-self⁸ has assumed primacy and has led the person into a compulsive relationship, there is a feeling of being 'possessed', a sense of 'not right'. This organising principle 'encourages' the split ego to return to 'wholeness' and it is only the intervening trauma that maintains the split and prevents reunification. If the organism has a self-guiding mechanism for returning to wholeness, this makes ego splits resulting from 'normal' development seem less serious. If normal development entails some splitting or psychic differentiation then what is meant by 'whole'? We can take it to mean complete, rather than unitary oneness. It can refer to the wholeness of a gestalt which rises from the relationships between parts; conceiving of the human psyche as a community rather than a unity.

The only significant discrepancy between the theories of Fairbairn and Guntrip is in respect to Guntrip's idea of a *regressed* ego. For Fairbairn, objectlessness is conceptually and experientially impossible. For Guntrip,

objectlessness is possible and constitutes the deepest anxiety in the human psyche. So for Fairbairn the need for contact and relationship is primary, for Guntrip withdrawal is primary and relating is a secondary reaction against regressive longing. In the client's dream that Guntrip recounts exemplifying the regressed ego, I got the impression not that the baby was without an object but that the baby had taken itself as its object. In a desperate attempt to find a secure, reliable relationship, it had embraced itself and fled. It has been suggested that '... the suppression of attachment behaviours is an attachment behaviour itself' (West et.al., 1995, p.413). Perhaps the hope is that clasping oneself and withdrawing will elicit the love from the rejecting object. If the regressed part of the individual can be seen to be in an object relationship, to be still trying to achieve proximity to the loved parent, then the contradiction between the theories may be reconciled.

Concluding Comments

The infant's holistic need for satisfying relationship and trust is what Freud reduced to oedipal sexuality. For Fairbairn and Guntrip there are no independent libidinal drives or instincts, no id, and no inherent destructive impulses in the form of a 'death instinct'. Aggression appears as a response to the frustration of intense, unsatisfied need. Libido is a function of ego structures and is object seeking, not pleasure seeking. The mother's ability to provide unconditional love is the crucial agent for healthy development. Difficulties in living originate in the interpersonal realm, unlike theories of Freud or Klein where internal constitution is the source of pathology and anxiety, and the interpersonal realm potentially ameliorates this anxiety.

I have considerable sympathy for the position of 'infant advocate' which is evident in the writings of Fairbairn and especially Guntrip. There is unavoidable pain in the contingencies of early human life. The schizoid state encompasses both this normal development and more serious pathological development. 'Normal' schizoid development is not a problem to be solved because there is no solution. Disappointment is inevitable and painful because it feels like a threat to our survival. We temporarily face the fact '... that we are finite, that we must die, that we are free, and that we cannot escape our freedom. We also learn that the individual is inexorably alone' (Yalom, 1980, p.353).

Separation anxiety is an existential anxiety. Research has suggested that doubts about one's own existence (a pathological schizoid state) are unrelated to fears of death with the explanation that 'Perhaps those with ontological insecurity are not concerned with death because they are not yet convinced of life?' (Lester, 1992, p.1178). If the schizoid state is universal it is for this reason; that it is a confrontation with our existential condition, our insecurity and mortality. Economic conditions and the

problem of parents who traumatise their children with their own unresolved pathologies can, in principle, be addressed. But our situation in the world, even when we are too young to express ourselves or comprehend our existence, is a human given. It is a part of our commonality; our potential to empathise, imagine, and the basis of our compassion. 'You do not have to be good. You do not have to walk on your knees for a hundred miles through the desert, repenting ...'

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Notes

- ¹ 'object' in this sense refers to both actual human beings and to their internalised versions.
- ² I acknowledge that the use of male pronouns when referring to all humans is unsatisfactory. However, I have not found a form of non-sexist language which avoids the clumsy his/her solution.
- ³ The relationship to the father is susceptible to a similar, though chronologically later process. Fairbairn and Guntrip focus almost exclusively on the maternal relationship.
- ⁴ This description is of the schizoid personality proper, and is a more extreme condition than relative fixation at this stage of development (the schizoid state).
- ⁵ The Norwegian philosopher Arne Naess has referred to this problem as 'maze epistemology' in which an experimenter watches a rat in a maze and projects his human motivations onto the rat to interpret the rat's behaviour.
- ⁶ Even in her recent revision of *The Drama of the Gifted Child*, there is no indication that Miller is acquainted with the ideas of Fairbairn or Guntrip. She may find within them a psychoanalytic theory to complement her own development of ideas.
- ⁷ This is in contradiction to Fairbairn and Guntrip who would see the maternal relationship as so distinct that another adult could not dilute its pathological aspects.
- ⁸ Many writers have suggested that 'self' is a more appropriate term for Fairbairn's 'ego'.

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