WORKING WITH THE SCHIZOID PROCESS

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CONTENTS

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Description:

Jeanine: You don't want to talk about it?
Conrad: I don't know. I've never really talked about it. To doctors, but not to anyone else; you're the first person who's asked.
Jeanine: Why'd you do it?
Conrad: I don't know. It was like falling into a hole. It was like falling into a hole and it keeps getting bigger and bigger and you can't get out and then all of a sudden it's inside and you're the hole and you're trapped and it's all over - something like that. And it's not really scary except it is when you look back on it because you know what you were feeling, strange and new …

(Character Styles: Stephen Johnson, 1994)

This behaviour pattern manifests shyness, over-sensitivity, seclusiveness, avoidance of close or competitive relationships, and often eccentricity. Autistic thinking without loss of capacity to recognise reality is common, as are daydreaming and the inability to express hostility and ordinary aggressive feelings. These patients react to disturbing experiences and conflicts with apparent detachment.

(The American Psychiatric Association 1968)

DEFINITION

DSM 5 lists the diagnostic criteria for the Schizoid Personality Disorder:

A pervasive pattern of detachment from social relationships and a restricted range of expressions of emotions in interpersonal settings, beginning by early childhood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Neither desires nor enjoys close relationships, including being part of a family.

2. Almost always chooses solitary activities.

3. Has little, if any, interest in having sexual experiences with another person

4. Takes pleasure in few, if any, activities.

5. Lacks close friends or confidence other than first degree relatives.

6. Appears indifferent to the praise or criticism of others.

7. Shows emotional coldness, detachment, or flattened affectivity.

The DSM 5 focuses on behavioural manifestations. In other words, external behaviours, whereas psychodynamic psychotherapists and the British object relations theorists focus more on intrapsychic dynamics. In the author's view the various behavioural and descriptive elements of the DSM 5 needs to be supported by developmental and intrapsychic perspective.

THE SCHIZOID PROCESS

The word Schizoid comes from the Greek meaning “To Split”. So when working with the Schizoid process it is vital that you think developmentally and consider intrapsychic splits of the Ego. Behaviourally, you will see a disconnect between behaviours and feelings. In other words, a person may act out behaviourally in a certain manner and be disconnected from any feelings.

The Schizoid process is always working towards integrating the various splits within the Ego.

SCHIZOID TREATMENT PLAN (Bob Cooke 2014)

* Build up Trust

* Be patient

* Don’t Overwhelm

* Contact Doors BTF

* Come along neglected hurt child

* Help them deal with split parts of the self

SCHIZOID DEFENCES AND PROCESSES

When dealing with the intrapsychic nature of the Schizoid process, most authors refer to “splitting” as a major process within the Schizoid experience.

Several writers also speak of Repression or the process of rendering something unconscious.

Withdrawal and detachment from the world, coupled with self-reliance, may create an impression of aloofness. This may be seen as a defence against the perceived dangers and anxieties that inevitably accompany reliance on others and is supported by a lack of affect and coldness.

A further process worth noting when talking about the Schizoid process is Regression. Regression, which is a further defence process, is characterised by a flight inward and internal implosion. This might even mean contemplating suicide and/or self-harm. The Schizoid personalities are nearly always introverted and they live primarily in an intense internal world. They will experience themselves as lonely and deeply alone. They will often have a feeling of longing for contact and intimacy. In contrast to this longing will be a common feature and terror of destroying others and/or being destroyed by others.

The First Split

The first intrapsychic split is the split between the Social Self and the Internal Self, or often described as the split between the Coping self and the Withdrawn, Vulnerable self (Fairbairn 1946).

This is the first phase of withdrawal and splitting. A coping/every day Self is left to maintain relationships with the world while the withdrawn vulnerable self goes into hiding.

To provide a sense of wellbeing and safety, the infant’s coping/every day Self attempts to maintain a tolerable relationship with the external object.

The vulnerable part of the Ego is now split off and will be repressed and hidden from the part of the Ego that maintains contact with the world.

The Second Split

The withdrawn Self splits further to create the internal saboteur (Fairbairn 1952b), which turns against the vulnerable Self. The internal saboteur serves to keep the vulnerable Self hidden and repressed.

This is a defence against an attack from the external world, or an attacking and rejecting object. The internal saboteur may launch a pre-emptive strike against the vulnerable Self to forestall such an attack. This leads to destructive internal narratives between the saboteur and the vulnerable Self, which means that the

vulnerable Self will move even more intensely away from contact and thus move further inside internally away from the external world.

The Third Split

This is an even more intense retreat into the person's internal world and a split from the saboteur into Exile - which Fairbairn calls the Citadel Position.

In Exile

As outlined above, and as Fairbairn suggests, the C1/infant may feel so persecuted by internal threats that there may be a further split to what is called the Exile Position, which is an even deeper retreat into his/her mind to avoid the internalised world of Self object representations. Gunthrip, writing later, called this the "Citadel" Position which is established through fantasies of enclosure almost in a womb-like state. Gunthrip described this aspect of the Ego as the "Passive Regressed Ego".

Ray Little 1973, talks this the position as a castle, a fortress or even a freezer. He describes the state as being in exile like being adrift in a boat without a rudder or a sail on an ocean, a long way from land with no wind. He goes on to quote Sceinfeld, 1996, that this position is like an "antenatal state" where there are no demands or attacks and there is no need to adapt.

Sceinfeld, 1993, also describes a retreat or regression in therapy as the client relaxes his or her defences. This retreat is in response to a holding relationship and the seeking of a psychological rebirth.

THE SCHIZOID DILEMMA

Basically, the Schizoid dilemma is a “In - Out” process. Gunthrip, 1968-1992, described this dilemma as the “In and Out Programme”. In other words, an expression of the hunger for and the terror of contact and closeness.

Indeed, retreating from contact leaves the individual withdrawn, isolated, lonely, desolated and in an encapsulated self.

This retreat is an internal process where the individual is disconnected from their self many times over, so that the gap from the external world to the internal world gets an ever-widening chasm. In some cases, the longing for contact may re-emerge and the person may move towards others; however, such movement will often bring panic attacks, terror and anxiety of being close and in somewhat intimate. The terror of closeness is so intense that the whole Schizoid dilemma keeps getting played out like “groundhog day”.

The Schizoid Compromise

Gunthrip and Ray Little in his article called The Schizoid Process, talk about the “Schizoid Compromise” as a way of keeping others around but preventing them from getting too close or becoming endangered. This may be achieved by keeping contact at an intellectual level by being present physically, but absent emotionally or unable to express any emotions at all.

Richard Erskine, 1992, wrote about the Schizoid Process and he talks about the Schizoid Process being one of a gradual withdrawal into isolation and desolation.

His methodology of working with the Schizoid Process is through a gentle and sensitive manner using Phenomenological Enquiry, Attunement and Involvement as a way of reaching the hidden and vulnerable Self.

Bob Goulding, 1974, described the Schizoid Process as a third degree impasse. It is the split in a child’s ego that occurs when the individual’s natural organismic functioning is repressed and denied, split off, and the child becomes a social face required by the grown up arounds him/her. The adapted social façade becomes “Me”, and the natural fundamentally human part becomes “Not Me”. What is natural is lost and split off so intensively that the person experiences no other way of being in the world. Erskine talks of his own clinical experience and the contemporary psychotherapy literature which has led him to believe that a patient’s consistent, respectful, and attuned therapeutic relationship allows those hidden aspects that were made “Not Me” to become “Me”.

Erskine in his article on the Schizoid Process cites Gunthrip’s beliefs about the psychotherapy treatment of the Schizoid Process as an attitude that one of his clients described as providing a “cherishing” of her.

THE MENTAL HEALTH CONTINUUM

This continuum represents the mental health functioning of an individual. On the green/left hand side we could see this as normal neurotic position where the person Adult Ego state is resilient, robust, and flexible. From this position the individual is able to maintain functioning in the "here and now", utilising resources around himself/herself. This position is an "I am Okay, You are Okay" position and many people coming to therapy/counselling from this position are able to do in-depth psychotherapy, reflective and regression work as they are more able easily to move fluently through their various Ego States whether first or second order structural.

If you go to the extreme right position, which is the personality disordered position, which is a far more fixed position, where the individual sees things in fixed thinking, black and white scenarios and lacks flexibility and is unable to have options to maximise resources around themselves. Their Adult Ego State is usually so fragile that they may have psychotic experiences or out of present day experiences which may include depersonalisation and dissociative processes.

The individuals who come to therapy from this position might find that psychotherapy is not useful to them, and they may need more intense psychiatric care which may involve medication and in-house residential stay.

Of course, there is the middle position where a person's Adult Ego State may not be as strong as the neurotic position but not as fragile as the extreme right position. In my experience, psychotherapy is useful to people coming from this middle position.