who says he has lost his soul is mad. A man who says that men are machines may be a great scientist. A man who says he is a machine is 'depersonalized' in psychiatric jargon. A man who says that Negroes are an inferior race may be widely respected. A man who says his whiteness is a form of cancer is certifiable.

A little girl of seventeen in a mental hospital told me she was terrified because the Atom Bomb was inside her. That is a delusion. The statesmen of the world who boast and threaten that they have Doomsday weapons are far more dangerous, and far more estranged from 'reality' than many of the people on whom the label 'psychotic' is affixed.

Psychiatry could be, and some psychiatrists are, on the side of transcendence, of genuine freedom, and of true human growth. But psychiatry can so easily be a technique of brainwashing, of inducing behaviour that is adjusted, by (preferably) non-injurious torture. In the best places, where straitjackets are abolished, doors are unlocked, leucotomies largely forgone, these can be replaced by more subtle lobotomies and tranquillizers that place the bars of Bedlam and the locked doors inside the patient. Thus I would wish to emphasize that our 'normal' 'adjusted' state is too often the abdication of ecstasy, the betrayal of our true potentialities, that many of us are only too successful in acquiring a false self to adapt to false realities.

But let it stand. This was the work of an old young man. If I am older, I am now also younger.

London

September 1964
The ways there are of being schizoid or of going schizophrenic from a schizoid starting-point. However, the account of the issues lived out by the individuals studied in the following pages is intended to demonstrate that these issues cannot be grasped through the methods of clinical psychiatry and psychopathology as they stand today but, on the contrary, require the existential-phenomenological method to demonstrate their true human relevance and significance.

In this volume I have gone as directly as possible to the patients themselves and kept to a minimum the discussion of the historical, theoretical, and practical issues raised particularly vis-à-vis psychiatry and psycho-analysis. The particular form of human tragedy we are faced with here has never been presented with sufficient clarity and distinctness. I felt, therefore, that the sheer descriptive task had to come before all other considerations. This chapter is thus designed to give only the briefest statement of the basic orientation of this book necessary to avoid the most disastrous misunderstandings. It faces in two directions: on the one hand, it is directed to psychiatrists who are very familiar with the type of 'case' but may be unused to seeing the 'case' qua person as described here; on the other hand, it is addressed to those who are familiar with or sympathetic to such persons but who have not encountered them as 'clinical material'. It is inevitable that it will be somewhat unsatisfactory to both.

As a psychiatrist, I run into a major difficulty at the outset: how can I go straight to the patients if the psychiatric words at my disposal keep the patient at a distance from me? How can one demonstrate the general human relevance and significance of the patient's condition if the words one has to use are specifically designed to isolate and circumscribe the meaning of the patient's life to a particular clinical entity? Dissatisfaction with psychiatric and psychoanalytic words is fairly widespread, not least among those who most employ them. It is widely felt that these words of psychiatry and psycho-analysis somehow fail to express what one 'really means'. But it is a form of self-deception to suppose that one can say one thing and think another.

It will be convenient, therefore, to start by looking at some of the
a psychiatrist, which lies behind a great deal of this book. This is that except in the case of chronic schizophrenics I have difficulty in actually discovering the 'signs and symptoms' of psychosis in persons I am myself interviewing. I used to think that this was some deficiency on my part, that I was not clever enough to get at hallucinations and delusions and so on. If I compared my experience with psychotics with the accounts given of psychosis in the standard textbooks, I found that the authors were not giving a description of the way these people behaved with me. Maybe they were right and I was wrong. Then I thought that maybe they were wrong. But this is just unanswerable. The following seems to be a statement of fact:

The standard texts contain the descriptions of the behaviour of people in a behavioural field that includes the psychiatrist. The behaviour of the patient is to some extent a function of the behaviour of the psychiatrist in the same behavioural field. The standard psychiatric patient is a function of the standard psychiatrist, and of the standard mental hospital. The figured base, as it were, which underscores all Bleuler's great description of schizophrenics is his remark that when all is said and done they were stranger to him than the birds in his garden.

Bleuler, we know, approached his patients as a non-psychiatric clinician would approach a clinical case, with respect, courtesy, consideration, and scientific curiosity. The patient, however, is diseased in a medical sense, and it is a matter of diagnosing his condition, by observing the signs of his disease. This approach is regarded as so self-evidently justifiable by so many psychiatrists that they may find it difficult to know what I am getting at. There are now, of course, many other schools of thought, but this is still the most extensive one in this country. It certainly is the approach that is taken for granted by non-medical people. I am speaking here all the time of psychotic patients (i.e. as most people immediately say to themselves, not you or me). Psychiatrists still hang on to it in practice even though they pay lip-service to incompatible views, outlook, and manner. Now, there is so much that is good and worth while in this, so much also that is safe in it, that anyone has a right to examine most closely any view that a clinical professional attitude of this kind may not be all that is required, or
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writer. He exists, in the world, like the other, as a permanent object in time and place, with others like himself. *It is just this presupposition that one cannot make with the psychotic.* In this respect, there may be a greater difficulty in understanding the psychotic in whose presence we are here and now, than there is in understanding the writer of a hieroglyphic dead for thousands of years. Yet the distinction is not an essential one. The psychotic, after all, as Harry Stack Sullivan has said, is more than anything else 'simply human'. The personalities of doc and psychotic, no less than the personalities of expositor and author, do not stand opposed to each other as two external facts that do not meet and cannot be compared. Like the expositor, the therapist must have the plasticity to transpose himself into another strange and even alien view of the world. In this act, he draws on his own psychotic possibilities, without forgoing his sanity. Only thus can he arrive at an understanding of the patient's *existential position.*

I think it is clear that by 'understanding' I do not mean a purely intellectual process. For understanding one might say love. But no word has been more prostituted. What is necessary, though not enough, is a capacity to know how the patient is experiencing himself and the world, including oneself. If one cannot understand him, one is hardly in a position to begin to 'love' him in any effective way. We are commanded to love our neighbour. One cannot, however, love this particular neighbour for himself without knowing who he is. One can only love his abstract humanity. One cannot love a conglomeration of 'signs of schizophrenia'. No one *has* schizophrenia, like having a cold. The patient has not 'got' schizophrenia. He is schizophrenic. The schizophrenic has to be known without being destroyed. He will have to discover that this is possible. The therapist's hate as well as his love is, therefore, in the highest degree relevant. What the schizophrenic is to us determines very considerably what we are to him, and hence his actions. Many of the textbook 'signs' of schizophrenia vary from hospital to hospital and seem largely a function of nursing. Some psychiatrists observe certain schizophrenic 'signs' much less than others.*

* There is now an extensive literature to support this view. See, for example, 'In the Mental Hospital' (articles from *The Lancet*, 1955-6).
This anxiety accounts for one form of a so-called 'negative therapeutic reaction' to apparently correct interpretation in psychotherapy. To be understood correctly is to be engulfed, to be enclosed, swallowed up, drowned, eaten up, smothered, stifled in or by another person's supposed all-embracing comprehension. It is lonely and painful to be always misunderstood, but there is at least from this point of view a measure of safety in isolation.

The other's love is therefore feared more than his hatred, or rather all love is sensed as a version of hatred. By being loved one is placed under an unsolicited obligation. In therapy with such a person, the last thing there is any point in is to pretend to more 'love' or 'concern' than one has. The more the therapist's own necessarily very complex motives for trying to 'help' a person of this kind genuinely converge on a concern for him which is prepared to 'let him be' and is not in fact engulfing or merely indifference, the more hope there will be in the horizon.

There are many images used to describe related ways in which identity is threatened, which may be mentioned here, as closely related to the dread of engulfment, e.g. being buried, being drowned, being caught and dragged down into quicksand. The image of fire recurs repeatedly. Fire may be the uncertain flickering of the individual's own inner aliveness. It may be a destructive alien power which will devastate him. Some psychotics say in the acute phase that they are on fire, that their bodies are being burned up. A patient describes himself as cold and dry. Yet he dreads any warmth or wet. He will be engulfed by the fire or the water, and either way be destroyed.

2. Implosion

This is the strongest word I can find for the extreme form of what Winnicott terms the impingement of reality. Impingement does not convey, however, the full terror of the experience of the world as liable at any moment to crash in and obliterate all identity as a gas will rush in and obliterate a vacuum. The individual feels that, like the vacuum, he is empty. But this emptiness is him. Although in other ways he longs for the emptiness to be filled, he dreads the possibility of this happening because he has come to feel that all he can be is the awful nothingness of just this very
Some of the points discussed above are illustrated in the following two cases:

Case 1. Anxiety at feeling alone. Mrs R.’s presenting difficulty was a dread of being in the street (agoraphobia). On closer inspection, it became clear that her anxiety arose when she began to feel on her own in the street or elsewhere. She could be on her own, as long as she did not feel that she was really alone.

Briefly, her story was as follows: she was an only and a lonely child. There was no open neglect or hostility in her family. She felt, however, that her parents were always too engrossed in each other for either of them ever to take notice of her. She grew up wanting to fill this hole in her life but never succeeded in becoming self-sufficient, or absorbed in her own world. Her longing was always to be important and significant to someone else. There always had to be someone else. Preferably she wanted to be loved and admired, but, if not, then to be hated was much to be preferred to being unnoticed. She wanted to be significant to someone else in whatever capacity, in contrast to her abiding memory of herself as a child that she did not really matter to her parents, that they neither loved nor hated, admired nor were ashamed of her very much.

In consequence, she tried looking at herself in her mirror but never managed to convince herself that she was somebody. She never got over being frightened if there was no one there.

She grew into a very attractive girl and was married at seventeen to the first man who really noticed this. Characteristically, it seemed to her, her parents had not noticed that any turmoil had been going on in their daughter until she announced that she was engaged. She was triumphant and self-confident under the warmth of her husband's attentions. But he was an army officer and was shortly posted abroad. She was not able to go with him. At this separation she experienced severe panic.

We should note that her reaction to her husband's absence was not depression or sadness in which she pined or yearned for him. It was panic (as I would suggest) because of the dissolution of something in her, which owed its existence to the presence of her husband and his continued attentions. She was a flower that with-
discharged their responsibility towards her by giving her a definition of herself that could act as her starting-point in life was intensified by my refusal to offer this 'comfort'. But only by withholding it was it possible to provide a setting in which she could take this responsibility into herself.

In this sense, therefore, the task in psychotherapy was to make, using Jaspers's expression, an appeal to the freedom of the patient. A good deal of the skill in psychotherapy lies in the ability to do this effectively.
he had simply been what she wanted him to be. After her death it was no easier for him to be himself. He had grown up taking entirely for granted that what he called his 'self and his 'personality' were two quite separate things. He had never seriously imagined any other possibility and he took it equally for granted that everyone else was constructed along similar lines. His view of human nature in general, based on his own experience of himself, was that everyone was an actor. It is important to realize that this was a settled conviction or assumption about human beings which governed his life. This made it very easy for him to be anything his mother wanted, because all his actions simply belonged to some part or other he was playing. If they could be said to belong to his self at all, they belonged only to a 'false self', a self that acted according to her will, not his.

His self was never directly revealed in and through his actions. It seemed to be the case that he had emerged from his infancy with his 'own self' on the one hand, and 'what his mother wanted him to be', his 'personality', on the other; he had started from there and made it his aim and ideal to make the split between his own self (which only he knew) and what other people could see of him, as complete as possible. He was further impelled to this course by the fact that despite himself he had always felt shy, self-conscious, and vulnerable. By always playing a part he found he could in some measure overcome his shyness, self-consciousness, and vulnerability. He found reassurance in the consideration that whatever he was doing he was not being himself. Thus, he used that same form of defence which has been already mentioned: in an effort to mitigate anxiety he aggravated the conditions that were occasioning it.

The important point he always kept in mind was that he was playing a part. Usually, in his mind, he was playing the part of someone else, but sometimes he played the part of himself (his own self): that is, he was not simply and spontaneously himself, but he played at being himself. His ideal was, never to give himself away to others. Consequently he practised the most tortuous equivocation towards others in the parts he played. Towards himself, however, his ideal was to be as utterly frank and honest as possible.

The whole organization of his being rested on the disjunction
of his inner 'self and his outer 'personality'. It is remarkable that this state of affairs had existed for years without his 'personality', i.e. his way of behaving with others, appearing unusual.

The outward appearance could not reveal the fact that his 'personality' was no true self-expression but was largely a series of *impersonations*. The part he regarded himself as having been playing most of his schooldays was that of a rather precocious schoolboy with a sharp wit, but somewhat cold. He said, however, that when he was fifteen he had realized that this part was becoming unpopular because *'It had a nasty tongue'* Accordingly he decided to modify this part into a more likeable character, 'with very good results'.

However, his efforts to sustain this organization of his being were threatened in two ways. The first did not trouble him too seriously. It was the risk of being spontaneous. As an actor, he wished always to be detached from the part he was playing. Thereby he felt himself to be master of the situation, in entire conscious control of his expressions and actions, calculating with precision their effects on others. To be spontaneous was merely stupid. It was simply putting oneself at other people's mercy.

The second threat was the more actual, and one upon which he had not calculated. If he had a personal source of complaint to bring to me, it was based on this threat, which indeed was beginning to disrupt his whole technique of living.

All through his childhood he had been very fond of playing parts in front of the mirror. Now in front of the mirror he continued to play parts, but in this one special instance he allowed himself to become absorbed into the part he played (to be spontaneous). This he felt was his undoing. The parts he played in front of the mirror were always women's parts. He dressed himself up in his mother's clothes, which had been kept. He rehearsed female parts from the great tragedies. But then he found he could not stop playing the part of a woman. He caught himself compulsively walking like a woman, talking like a woman, even seeing and thinking as a woman might see and think. This was his present position, and this was his explanation for his fantastic get-up. For, he said, he found that he was driven to dress up and act in his present manner as the only way to arrest the womanish part that threatened to engulf not only his actions but even his 'own' self as well, and to rob him of his
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world. If this were a feasible project then there would be no need for psychosis.

Such a schizoid individual in one sense is trying to be omnipotent by enclosing within his own being, without recourse to a creative relationship with others, modes of relationship that require the effective presence to him of other people and of the outer world. He would appear to be, in an unreal, impossible way, all person and things to himself. The imagined advantages are safety for the true self, isolation and hence freedom from others, self-sufficiency, and control.

The actual disadvantages that can be mentioned at this point are that this project is impossible and, being a false hope, leads on to persistent despair; secondly, a persistent, haunting sense of futility is the equally inevitable outcome, since the hidden shut-up self, in disowning participation (except, as David's case, by appearing as another persona) in the quasi-autonomous activities of the false-self systems, is living only 'mentally'. Moreover, this shut-up self, being isolated, is unable to be enriched by outer experience, and so the whole inner world comes to be more and more impoverished, until the individual may come to feel he is merely a vacuum. The sense of being able to do anything and the feeling of possessing everything then exist side by side with a feeling of impotence and emptiness. The individual who may at one time have felt predominantly 'outside' the life going on there, which he affects to despise as petty and commonplace compared to the richness he has here, inside himself, now longs to get inside life again, and get life inside himself, so dreadful is his inner deadness.

The crucial feature of the schizoid individual of this type that we have to understand is the nature of the anxieties to which he is subject. We have already outlined some of the forms these anxieties take under the terms engulfment, implosion, and the dread of losing inner autonomy, freedom; in short, being turned from a man with subjectivity to a thing, a mechanism, a stone, an it, being petrified.

We have yet to study how these anxieties are potentiated by the development of the schizoid organization.

When the self partially abandons the body and its acts, and withdraws into mental activity, it experiences itself as an entity perhaps localized somewhere in the body. We have suggested that
The embodied and unembodied self

cariously established; he is subject to the dread of his own dissolu-
tion into non-being, into what William Blake described in the
last resort as 'chaotic non-entity'. His autonomy is threatened with
engulfment. He has to guard himself against losing his subjectivity
and sense of being alive. In so far as he feels empty, the full, sub-
stantial, living reality of others is an impingement which is always
liable to get out of hand and become implosive, threatening
overwhelm and obliterate his self completely as a gas will obliter-
ate a vacuum, or as water will gush in and entirely fill an empty
dam. The schizoid individual fears real live dialectical relation-
ship with real live people. He can relate himself only to deperson-
alized persons, to phantoms of his own phantasies (imagos),
perhaps to things, perhaps to animals.

We suggest, therefore, that the schizoid state we are describing
can be understood as an attempt to preserve a being that is pre-
cariously structured. We shall suggest later that the initial struc-
turalization of being into its basic elements occurs in early infancy.
In normal circumstances, this occurs in such a way as to be so
conclusively stable in its basic elements (for instance, the contin-
uity of time, the distinction between the self and not-self, phan-
tasy and reality), that it can henceforth be taken for granted: on
this stable base, a considerable amount of plasticity can exist in
what we call a person's 'character'. In the schizoid character
structure, on the other hand, there is an insecurity in the laying
down of the foundations and a compensatory rigidity in the super-
structure.

If the whole of the individual's being cannot be defended, the
individual retracts his lines of defence until he withdraws within a
central citadel. He is prepared to write off everything he is, except
his 'self'. But the tragic paradox is that the more the self is defended
in this way, the more it is destroyed. The apparent eventual
destruction and dissolution of the self in schizophrenic conditions
is accomplished not by external attacks from the enemy (actual or
supposed), from without, but by the devastation caused by the
inner defensive manoeuvres themselves.
equivocal and committed, but one finds that 'he' is going through the actions of doing something which 'he' feels he is not doing 'really'. Thus the above patient said that, although Kinsey might put down that he had intercourse two to four times per week for ten years, 'he' knew that he had never had intercourse 'really'. The transition from this type of statement to the statement of the psychotic millionaire who says he has no money 'really' is a decisive yet subtle one. As we shall see in Chapter 10, the transition seems to consist in a loss of the sense of the name of the Kinsey Report reality so total that the individual expresses the 'existential truth' about himself with the same matter-of-factness that we employ about facts that can be consensually validated in a shared world.

This patient would have been psychotic, for instance, if, instead of saying that he never had intercourse with his wife 'really', he had insisted that the woman with whom he had intercourse was not his real wife. In a sense, this would be perfectly true: it would be existentially true because in this existential sense his 'real' wife was the object of his own imagination (a phantom or imago), rather than the other human being in bed with him.

The unembodied self of the schizoid individual cannot really be married to anyone. It exists in perpetual isolation. And yet, of course, this isolation and inner non-commitment are not without self-deception.

There is something final and definitive about an act, which this type of person regards with suspicion. Action is the dead end of possibility. It scleroses freedom. If it cannot be utterly eschewed, then every act must be of such an equivocal nature that the 'self' can never be trapped in it.

Hegel (1949, pp. 349-50) says this about the act:

The act is something simple, determinate, universal, to be grasped as an abstract, distinctive whole; it is murder, theft, a benefit, a deed of bravery, and so on, and what it is can be said of it. It is such, and such, and its being is not merely a symbol, it is the fact itself. It is this, and the individual human being is what the act is. In the simple fact that the act is, the individual is for others what he really is and with a certain general nature, and ceases to be merely something that is 'meant' or 'presumed' to be this or that. No doubt he is not put there in the form
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very clearly and forcibly in words. He knew this: 'I can only make sounds.' There was, however, hardly anything else 'he' did, for all his other actions were ruled not by his will but by an alien will, which had formed itself within his own being; it was the reflection of the will of his mother's alien reality operating now from a source within his own being. The other, of course, must in the first instance always be the mother, that is, the 'mothering one'. The actions of this false self are not necessarily imitations or copies of the other, though its actions may come to be largely imitations or caricatures of other personalities. The component we wish to separate off for the moment is the initial compliance with the other person's intentions or expectations for one's self or that part of one that is supposed to be the other person's intentions or expectations. This usually amounts to an excess of being 'good', never doing anything other than what one is told, never being 'a trouble', never asserting or even betraying any counter-will of one's own. Being good is not, however, done out of any positive desire on the individual's own part to do the things that are said by others to be good, but is a negative conformity to a standard that is the other's standard and not one's own, and is prompted by the dread of what might happen if one were to be oneself in actuality. This compliance is partly, therefore, a betrayal of one's own true possibilities, but it is also a technique of concealing and preserving one's own true possibilities, which, however, risk never becoming translated into actualities if they are entirely concentrated in an inner self for whom all things are possible in imagination but nothing is possible in fact.

We said that the false self arises in compliance with the intentions or expectations of the other, or with what are imagined to be the other's intentions or expectations. This does not necessarily mean that the false self is absurdly good. It may be absurdly bad. The essential feature of the compliant component in the false self is expressed in James's statement that he was 'a response to what other people say I am'. This consists in acting according to other people's definitions of what one is, in lieu of translating into action one's own definition of whom or what one wishes to be. It consists in becoming what the other person wants or expects one to become while only being one's 'self' in imagination or in games in
The false-self system

front of a mirror. In conformity, therefore, with what one perceives or fancies to be the thing one is in the other person's eyes, the false self becomes that thing. This thing may be a phoney sinner as well as a phoney saint. In the schizoid person, however, the whole of his being does not conform and comply in this way. The basic split in his being is along the line of cleavage between his outward compliance and his inner withholding of compliance.

Iago pretended to be what he was not, and indeed Othello as a whole is occupied with what it means to 'seem one thing and to be another'. But we do not find in that play or elsewhere in Shakespeare a treatment of the 'mood of seeming' that is lived by the type of person upon whom we are here focusing. The characters in Shakespeare 'seem' in order to further their own purposes. The schizoid individual 'seems' because he is frightened not to seem to further what he imagines to be the purpose that someone else has in mind for him. Only in a negative sense is he furthering his own purpose in so far as this outward compliance is to a large extent an attempt to preserve himself from total extinction. But he may 'get his own back' by attacking his own compliance (see below p. 102).

The observable behaviour that is the expression of the false self is often perfectly normal. We see a model child, an ideal husband, an industrious clerk. This façade, however, usually becomes more and more stereotyped, and in the stereotype bizarre characteristics develop. Again, there are a number of strands that can only be followed through one at a time.

One of the aspects of the compliance of the false self that is most clear is the fear implied by this compliance. The fear in it is evident, for why else would anyone act, not according to his intentions, but according to another person's? Hatred is also necessarily present, for what else is the adequate object of hatred except that which endangers one's self? However, the anxiety to which the self is subject precludes the possibility of a direct revelation of its hatred, except, we shall see later, in psychosis. Indeed, what is called psychosis is sometimes simply the sudden removal of the veil of the false self, which had been serving to maintain an outer behavioural normality that may, long ago, have failed to be any reflection of
The false-self system

It also fears it, because the assumption of an alien identity is always experienced as a threat to one's own. The self fears being engulfed by the spread of the identification. To some extent, the false-self system would seem to act analogously to the body's reticulo-endothelial system, which walls off and encapsulates dangerous intruding foreign matter and thus prevents these alien intruders from spreading more diffusely throughout the body. But if such is its defensive function it must be judged a failure. The inner self is not more true than the outer. David's inner secret self turned into a most controlling manipulating agency which used his false self very much like the puppet he felt he had been for his mother. That is, the shadow of his mother had fallen across his inner self as well as his outer self.

An instructive version of this problem occurred in a girl of twenty whose complaint was of being 'self-conscious' because she had an ugly face. To her face she applied white powder and bright red lipstick, giving it, if not an ugly appearance, at least a startlingly unpleasant, clownish, mask-like expression, which decidedly did not exhibit to advantage the features she had. In her mind, she did this to cover up how ugly she was underneath her heavy make-up. On further examination it became evident that this girl's attitude to her face contained in nuclear form the central issue of her life: her relationship with her mother.

She was much addicted to scrutinizing her face in the mirror. One day it came to her mind how hateful she looked. It had been in the back of her mind for years that she had her mother's face. The word 'hateful' was pregnant with ambiguous meanings. She hated the face she saw in the mirror (her mother's). She saw, too, how full of hate for her was the face that looked back at her from the mirror; she, who was looking at the mirror, was identified with her mother. She was in this respect her mother seeing the hate in her daughter's face: that is, with her mother's eyes, she saw her hate for her mother in the face in the mirror, and looked, with hatred, at her mother's hatred of herself.

Her relationship with her mother was of over-protection on her mother's part, and over-dependence and compliance on her part. She could not tolerate the possibility, in reality, of hating her mother, nor could she allow herself to recognize the presence of
further. Under the conviction that he was a worthless lump of muck and dung, *he felt guilty at seeming to be anything worth while* to others.

He felt bad for masturbating. However, the crux of his sense of guilt is, I believe, revealed in the curious finding that *when he gave up masturbating his feeling of worthlessness was intensified*, and when he really set about doing and being nothing, his smell of himself became intolerable. As he said later of this smell, 'It was more or less the regard I had for myself. It was really a form of self-dislike.' That is to say, he stank so badly in his own nostrils that he could hardly endure it.

He had, in fact, two entirely antithetical and opposed sources of guilt; one urged him to life, the other urged him to death. One was constructive, the other destructive. The feelings they induced were different but both were intensely painful. If he did things that were an expression of self-affirmation, of being a worth-while valuable person, real and alive, he would be told 'this is a sham, a pretence. You are worthless.' However, if he persisted and refused to endorse this false counsel of conscience, he did not feel so futile, unreal, or dead, and he did not smell so badly. On the other hand if he resolutely tried to be nothing, he still felt he was a pretence or a sham; he still experienced anxiety; and he was just as compulsively aware of his body as an object of other people's perception.

The worst effect of all efforts to be nothing was the deadness that settled over his whole existence. This deadness permeated his experience of his 'uncoupled self', his experience of his body, and his perception of the 'disconnected' world. Everything began to come to a stop. The world came to lose what reality it had for him and he had difficulty in imagining that he had any existence-for-others. Worst of all, he began to feel 'dead'. From his subsequent description of this feeling of being 'dead', it was possible to see that it involved a loss of the feeling of realness and aliveness of his body. The core of this feeling was the *absence* of the experience of his body as a real object-for-others. He was coming to exist only for himself (intolerably), and ceasing to feel that he had any existence in the eyes of the world.

It seems probable that in all this he was contending with a primary gap in the two-dimensional experience of himself of which
very difficult to disentangle the desire to be from the desire for non-being, since so much that the schizoid person does is in its nature inextricably ambiguous. Can one say unequivocally of Peter that he was seeking to destroy himself or to preserve himself? The answer cannot be provided if we think of the two terms of either/or as mutually exclusive. Peter's defences against life were, in large measure, the creation of a form of death within, which seemed to afford within itself a measure of freedom from anxiety, at least for a time. In order to survive, he had, like the possum, to feign a measure of death. Peter could either 'be himself when he was not known to others, or he could let himself be known to others if he was not being himself. This equivocation could not be sustained indefinitely, since the sense of identity requires the existence of another by whom one is known; and a conjunction of this other person's recognition of one's self with self-recognition. It is not possible to go on living indefinitely in a sane way if one tries to be a man disconnected from all others and uncoupled even from a large part of one's own being.

Such a mode of being-with-others would presuppose the capacity to maintain one's reality by means of a basically autistic identity. It would presuppose that it is finally possible to be human without a dialectical relationship to others. It seems that the whole aim of this manoeuvring is the preservation of an 'inner' identity from phantasied destruction from outer sources, by eliminating any direct access from without to this 'inner' self. But without the 'self ever being qualified by the other, committed to the 'objective' element, and without being lived in a dialectical relationship with others, the 'self is not able to preserve what precarious identity or aliveness it may already possess.

The changes that the 'inner' self undergoes have already in part been described. They may be listed here as follows:

1. It becomes 'phantasticized' or 'volatilized' and hence loses any firmly anchored identity.
2. It becomes unreal.
3. It becomes impoverished, empty, dead, and split.
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ings, his expression, are now likely to be at least odd and eccentric, if not bizarre and crazy. The self remains encapsulated more and more within its own system, while adaptation and adjustment to changing experiences have to be conducted by the false self. This false-self system is apparently plastic: it operates with new people, and adapts to changing surroundings. But the self does not keep up with changes in the real world. The objects of its phantasy relationships remain the same basic figures although they undergo modification, for instance, in the direction of idealization, or they become more persecutory. There is no thought of checking, testing, correcting these phantom figures (imagos) in terms of reality. There is in fact no occasion to do so. The individual's self by now is not making any effort to act upon reality, to effect real changes in it.

While the self and its imagos are undergoing the above modification, the false-self system undergoes parallel changes.

We recall the original position, which was represented schematically thus:

\[
\text{Self} \rightarrow (\text{body-world})
\]

The body is the \textit{niveau} of the false-self system but this system is conceived by the individual to reify and extend beyond solely bodily activity. It consists in large measure of all those aspects of his 'being' which the inner 'self repudiates as not an expression of his self. Thus, as with James, while the self retreats into more and more exclusive phantasy relationships and 'detached', non-participant observation of the transactions of the false self and others, the false-self system is felt to encroach more and more, to make deeper and deeper inroads into the individual's being until practically everything is conceived to belong to this system. James finally could hardly perceive any object by sight, sound, touch, particularly,* nor do anything without his feeling it was 'not himself. We have already given some examples. They could be multiplied indefinitely, since in this way he experienced his actions at home; at work, and with friends. The consequences of this mode

* The relation of splits in one's being to the various sense modalities remains very inadequately understood.
of being to the nature of the false-self system can now be summarized as follows:

1. The false-self system becomes more and more extensive.
2. It becomes more autonomous.
3. It becomes 'harassed' by compulsive behaviour fragments.
4. All that belongs to it becomes more and more dead, unreal, false, mechanical.

The dissociation of the self from the body, the close link between the body and others, lends itself to the psychotic position wherein the body is conceived not only as operating to comply with and placate others, but as being in the actual possession of others. The individual is beginning to be in a position to feel not only that his perceptions are false because he is continually looking at things through other people's eyes, but that they are playing him tricks because people are looking at the world through his eyes.

James had almost come to this point. He already felt that the thoughts in his 'brain', as he always put it, were not really his. Much of his intellectual activity was an attempt to gain possession of his thoughts; to bring his thoughts and feelings under his control. For instance, his wife would give him a cup of milk at night. Without thinking, he would smile and say, 'Thank you'. Immediately he would be overcome with revulsion at himself. His wife had simply acted mechanically and he had responded in terms of the same 'social mechanics'. Did he want the milk, did he feel like smiling, did he want to say 'Thank you'? No. Yet he did all these things.

The situation facing the individual in James's position is critical. He has become in large measure unreal and dead. Realness and life may not any more be directly felt or experienced, although the sense of their possibility is not lost. Others have realness and life. Realness and life exist, perhaps, in Nature (more concretely, inside the body of Mother Nature), or they can be grasped in certain types of experience: they can be regained by intellectual disciplines and control. The self is, however, charged with hatred in its envy of the rich, vivid, abundant life which is always elsewhere; always there, never here. The self, as we said, is empty and dry. One might
It is not uncommon for depersonalized patients, whether or not they are schizophrenic, to speak of having murdered their selves and also of having lost or been robbed of their selves.

Such statements are usually called delusions, but if they are delusions, they are delusions which contain existential truth. They are to be understood as statements that are literally true within the terms of reference of the individual who makes them.

The schizophrenic who says he has committed suicide, may be perfectly clear about the fact that he has not cut his throat open or thrown himself into a canal, and he may expect this to be equally clear to the person whom he is addressing, or else that person is regarded as a fool. In fact, he makes many statements of this order, which may be expressly intended as snares for those he regards as idiots and the whole herd of the uncomprehending. For such a patient it would probably be a complete non sequitur to attempt to kill his self, by cutting his throat, since his self and his throat may be felt to bear only a tenuous and remote relationship to each other, sufficiently remote for what happens to the one to have little bearing on the other. That is, his self is virtually unembodied. The self is probably conceived as immortal or made of nearly imperishable non-bodily substance. He may call it 'life substance' or his 'soul', or even have his own name for it, and feel that he can be robbed of it. This was one of the ideas most central to Schreber's (1955) famous psychosis.

We may approach this rather difficult psychotic material by comparing the fear of loss of the 'self to a more familiar neurotic anxiety that may lie behind a complaint of impotence. In impotence, one may find the following latent phantasy. The individual is afraid of losing his genital function, so he preserves its use (avoids castration), by appearing to be castrated. He fends off the threat of castration by pretending to himself that he is castrated, and acting as though he were so. The psychotic has employed a defence on the same principles, but it is carried out, not in respect of penial functions but in respect of the self. It is the ultimate and most paradoxically absurd possible defence, beyond which magic defences can go no further. And it, in one or other of its forms, is the basic defence, so far as I have been able to see, in every form of
The Divided Self

psychosis. It can be stated in its most general form as: *the denial of being, as a means of preserving being*. The schizophrenic feels he has killed his 'self', and this appears to be in order to avoid being killed. He is dead, in order to remain alive.

A variety of factors may converge to prompt the individual in one way or other to be rid of his self. Even the efforts of the self to become separable and non-identified with the body and practically every thought, feeling, action, or perception, have failed to free it in the long run from being subject to anxiety; it is left with none of the possible advantages of detachment and is subject to all the anxiety it originally sought to evade.

The following two cases demonstrate the great distress of an individual involved in such issues.

I saw Rose when she was twenty-three years of age. When I saw her she said that she was frightened she was going insane, as in fact she was. She said that horrible memories had been coming back to her, which she could not forget no matter how hard she tried. But now she had discovered the answer to this. She was now trying, she said, to forget these memories by *forgetting herself*. She tried to do this by looking all the time at other people and hence never noticing herself. At first it was something of a relief for her to feel that she was going down and down and that she didn't want to fight. But something in her fought against this. She was depressed and continued to try to do things, but this became a greater and greater effort, until every thought or movement felt as though it had to be initiated by a deliberate act of will. But then she began to feel that she had no more will-power - she had used it all up. Moreover, she was frightened to do anything on her own behalf or take personal responsibility for anything she did. At the same time, she said that she was distressed by the feeling that her life was no longer hers to lead. 'My own being is in everyone else's hands than my own.' She had no life of her own, she was just existing. She had no purpose, no 'go', no point to herself. She felt, as she said, that 'she' had recently 'gone right down' and she wanted to get out of 'it' now, before it was too late, and yet she had a feeling that things had gone too far and that she 'could not hold on to herself for much longer and that 'it' was 'slipping away' from her. If she could like people she would be better.
the original 'self of the individual which, or who, we must believe is still a possibility, if not an actuality, and can still be nursed back to a feasible life. But this is a story that we can take up and make explicable only after we have studied psychotic processes and phenomena at greater length; and this task we shall now undertake.
Patients laugh and posture when they see through the doctor who says he will help but really won't or can't. Posturing, for a girl, is seductive, but it's also an effort to distract the doctor away from all her pelvic functions. The patients try to divert and distract him. They try to please the doctor but also confuse him so he won't go into anything important. When you find people who will really help, you don't need to distract them. You can act in a normal way. I can sense if the doctor not only wants to help but also can and will help.

This provides striking confirmation of Jung's statement that the schizophrenic ceases to be schizophrenic when he meets someone by whom he feels understood. When this happens most of the bizarrerie which is taken as the 'signs' of the 'disease' simply evaporates.

Meeting you made me feel like a traveller who's been lost in a land where no one speaks his language. Worst of all, the traveller doesn't even know where he should be going. He feels completely lost and helpless and alone. Then, suddenly, he meets a stranger who can speak English. Even if the stranger doesn't know the way to go, it feels so much better to be able to share the problem with someone, to have him understand how badly you feel. If you're not alone, you don't feel hopeless any more. Somehow it gives you life and a willingness to fight again.

Being crazy is like one of those nightmares where you try to call for help and no sound comes out. Or if you can call, no one hears or understands. You can't wake up from the nightmare unless someone does hear you and helps you to wake up.

The main agent in uniting the patient, in allowing the pieces to come together and cohere, is the physician's love, a love that recognizes the patient's total being, and accepts it, with no strings attached.

This, however, is simply the threshold and not the end of the relationship with the doctor. The patient remains psychotic in terms of the persisting splits in his or her being, even though the more obtrusive outward 'signs' may not be so much in evidence.

We noted that the self has lost contact with realness, and cannot feel itself real or alive.

Joan gives examples of some ways in which the schizophrenic tries to conjure up assurances of being real from the awareness of
It was terribly hard for me to stop being a schizophrenic. I knew I didn't want to be a Smith (her family name), because then I was nothing but old Professor Smith's granddaughter. I couldn't be sure that I could feel as though I were your child, and I wasn't sure of myself. The only thing I was sure of was being a 'catatonic, paranoid and schizophrenic'. I had seen that written on my chart. That at least had substance and gave me an identity and personality. [What led you to change?] When I was sure that you would let me feel like your child and that you would care for me lovingly. If you could like the real me, then I could too. I could allow myself just to be me and didn't need a title.

I walked back to see the hospital recently and for a moment I could lose myself in the feeling of being there I could be let alone. The world was going by outside but I had a whole world inside me. Nobody could get at it and disturb it. For a moment I felt a tremendous longing to be back. It has been so safe and quiet. But then I realized that I can have love and fun in the real world and I started to hate the hospital. I hated the four walls and the feeling of being locked in. I hated the memory of never being really satisfied by my fantasies.

She had been unable to sustain from her own resources a self-sufficient right to be herself, and be autonomous.

She was unable to sustain real autonomy because all she could be vis-à-vis her parents was a compliant thing.

My doctors just tried to make me a 'good girl' and patch things up between me and my parents. They tried to make me fit in with my parents. This was hopeless. They couldn't see that I was longing for new parents and a new life. None of the doctors seemed to take me seriously, to see how sick I was and what a big change I needed in life. No one seemed to realize that if I went back to my family I would be sucked back and lose myself. It would be like the photograph of a big family group taken from far away. You can see that there are people there but you can't be sure who is who. I would just be lost in a group.

Yet the only way she could disentangle herself was by means of an empty transcendence, into a 'world' of phantoms. Even when she began to 'be herself, she could at first only dare to do so by completely mirroring the doctor's reality. She could do this, however, since although his reality (his wishes for her) were still another's, they were not alien to her: they were congruent with her own authentic desire to be herself.

I only existed because you wanted me to and I could only be what you
The self and the false self in a schizophrenic

looking at it does not seem to impose distortion upon the patient's own testimony nor require us to deny aspects that do not 'fit'. In Joan's case, the minimum of reconstructing is required on our part, since she herself provides us with a clear statement of the phenomenology of her psychosis in straightforward simple language. When, however, one is dealing with a patient who is actively psychotic, one has to take the risk of translating the patient's language into one's own, if one is not to give an account that is itself in schizophrenese. This is our problem in the following case.
Julie, at the time of her, had been a patient in a ward of a mental hospital since the age of seventeen, that is, for nine years. In these years, she had become a typical 'inaccessible and withdrawn' chronic schizophrenic. She was hallucinated, given to posturing, to stereotyped, bizarre, incomprehensible actions; she was mostly mute and when she did speak it was in the most 'deteriorated' 'schizophrenese'. On admission, she had been diagnosed as a hebephrenic and given a course of insulin, without improvement, and no other specific attempts had been made to recall her to sanity. Left to herself, there is little doubt she would quickly have become physically entirely 'dilapidated', but her outward appearance was maintained by the almost daily attentions of her mother, in addition to the work of the nursing staff.

On account of various odd and somewhat alarming things she said and did at the time, her parents had taken her to see a psychiatrist when she was seventeen. In her interview with the psychiatrist, he recorded that there was nothing particularly unusual about her non-verbal behaviour in itself but that the things she said were enough to establish the diagnosis of schizophrenia. In clinical psychiatric terminology, she suffered from depersonalization; derealization; autism; nihilistic delusions; delusions of persecution, omnipotence; she had ideas of reference and end-of-the-world phantasies; auditory hallucinations; impoverishment of affects, etc.

She said the trouble was that she was not a real person; she was trying to become a person. There was no happiness in her life and she was trying to find happiness. She felt unreal and there was
an invisible barrier between herself and others. She was empty and worthless. She was worried lest she was too destructive and was beginning to think it best not to touch anything in case she caused damage. She had a great deal to say about her mother. She was smothering her, she would not let her live, and she had never wanted her. Since her mother was prompting her to have more friends, and to go out to dances, to wear pretty dresses, and so on, on the face of it these accusations seemed palpably absurd.

However, the basic psychotic statement she made was that 'a child had been murdered'. She was rather vague about the details, but she said she had heard it from the voice of her brother (she had no brother). She wondered, however, if this voice may not have been her own. The child was wearing her clothes when it was killed. The child could have been herself. She had been murdered either by herself or by her mother, she was not sure. She proposed to tell the police about it.

Much that Julie was saying when she was seventeen is familiar to us from the preceding pages. We can see the existential truth in her statements that she is not a person, that she is unreal, and we can understand what she was getting at when she said that she was trying to become a person, and how it may have come about that she felt at once so empty and so powerfully destructive. But beyond this point, her communications become 'parabolic'. Her accusations against her mother, we suspect, must relate to her failure to become a person but they seem, on the surface, rather wild and far-fetched (see below). However, it is when she says that 'a child has been murdered' that one's common sense is asked to stretch further than it will go, and she is left alone in a world that no one will share.

Now, I shall want to examine the nature of the psychosis, which appeared to begin about the age of seventeen, and I think this can best be approached by first considering her life until then.

**CLINICAL BIOGRAPHY OF A SCHIZOPHRENIC**

It is _never_ easy to obtain an adequate account of a schizophrenic's early life. Each investigation into the life of any single schizophrenic patient is a laborious piece of original research. It cannot
McBride. I was life. She was the Bride of Life. She developed my mannerisms. She had the Tree of Life inside her. She was the Tree of Life. Or again:

She is thinking thoughts a, b, c.
I express closely similar thoughts $a^1$, $b^1$, $c^1$.
Therefore, I have stolen her thoughts.

The completely psychotic expression of this was to accuse me of having her brains in my head.

Conversely, when she copied or imitated me, she was liable to expect retribution from me for 'coming out' with a bit of me which she felt she had stolen. Of course, the degree of mergence fluctuated from moment to moment. Stealing, for instance, presupposes some boundary between self and not-self.

We shall now illustrate and elaborate the above points by examples.

One of the simplest instances of the operation of a split of her being into two partial 'assemblies' is seen when she issued herself an order and proceeded to obey it. She was doing this continually, either under her breath, out loud, or by hallucinations. Thus 'she' would say, 'Sit down, stand up', and 'she' would sit down and stand up; or an hallucinated voice, the voice of one partial system, would issue the order and 'she', the action of another partial system, would obey it.

Another common simple instance was when 'she' would say something which 'she' would greet with derisive laughter (incongruity of thought and affect). Let us suppose that the statement emanates from system A and the laughter from system B. Then A says to me, 'She's a Royal Queen', while B laughs derisively.

A good deal of what appeared to be something akin to 'jamming' went on. A would say something relatively coherently and then it would become jumbled up and B would start to speak. A would break in again to say: 'She (B) has stolen my tongue.'

These various partial systems could be identified, at least to some extent after getting to know her, by reason of the consistency of the role each played in what one might call the intra-personal 'group' they comprised.

For instance, there was the peremptory bully who was always
ordering her about. The same peremptory voice would make endless complaints to me about 'this child': 'this is a wicked child. This child is wasted time. This child is just a cheap tart. You'll never do anything with this child. . . . ' The 'you' here might be referring directly to me, or to one of her systems, or I could be embodying this system.

It was evident that this bullying figure within her was for most of the time 'the boss'. 'She' did not think much of Julie. 'She' did not think Julie would get well, nor that she was worth getting better. She was neither on her side nor on my side. It would be appropriate to call this quasi-autonomous partial system a 'bad internal mother'. She was basically an internal female persecutor who contained in concentrated form all the bad that Julie ascribed to her mother.

Two other partial systems could be readily identified. One fulfilled the role of an advocate on her behalf to me, and a protector or buffer against persecution. 'She' frequently referred to Julie as her little sister. Phenomenologically, therefore, we may refer to this system as 'her good sister'.

The third partial system that I shall introduce was an entirely good, compliant, propitiating little girl. This seemed to be a derivative of what some years before was probably a system very similar to the false-self system I have described in schizoid cases. When this system spoke, she said, 'I'm a good girl. I go to the lavatory regularly.'

There were derivations also of what seemed to have been an 'inner' self, which had become almost completely volatilized into pure possibility. Finally, as I remarked earlier, there were periods of precarious sanity in which she spoke in a pathetically scared, barely audible tone, but seemed to be more nearly speaking 'in her own person' than at any other time.

Let us now consider these various systems operating together. The examples I give are of her more coherent utterances.

I was born under a black sun. I wasn't born, I was crushed out. It's not one of those things you get over like that. I wasn't mothered, I was smothered. She wasn't a mother. I'm choosey who I have for a mother. Stop it. Stop it. She's killing me. She's cutting out my tongue. I'm rotten, base. I'm wicked. I'm wasted time . . .
The Divided Self

one. 'I'm thousands. I'm an in divide you all. I'm a no un' (i.e. a nun: a noun: no one single person). Being a nun had very many meanings. One of them was contrasted with being a bride. She usually regarded me as her brother and called herself my bride or the bride of 'leally lovely lifely life'. Of course, since life and me were sometimes identical for her, she was terrified of Life or me. Life (me) would mash her to pulp, burn her heart with a red-hot iron, cut off her legs, hands, tongue, breasts. Life was conceived in the most violent and fiercely destructive terms imaginable. It was not some quality in me, or something I am (e.g. a phallus—a red-hot iron), it was what I was. I was life. Notwithstanding having the Tree of Life inside her, she generally felt that she was the Destroyer of Life. It was understandable, therefore, that she was terrified that life would destroy her. Life was usually depicted by a male or phallic symbol, but what she seemed to wish for was not simply to be a male herself but to have a heavy armamentarium of the sexual equipment of both sexes, all the bones of a brigade of the Highland Light Infantry and ten nipples, etc.

She was born under a black sun.
She's the occidental sun.

The ancient and very sinister image of the black sun arose quite independently of any reading. Julie had left school at fourteen, had read very little, and was not particularly clever. It was extremely unlikely that she would have come across any reference to it, but we shall forgo discussion of the origin of the symbol and restrict ourselves to seeing her language as an expression of the way she experienced being-in-her-world.

She always insisted that her mother had never wanted her, and had crushed her out in some monstrous way rather than give birth to her normally. Her mother had 'wanted and not wanted' a son. She was 'an occidental sun', i.e. an accidental son whom her mother out of hate had turned into a girl. The rays of the black sun scorched and shrivelled her. Under the black sun she existed as a dead thing. Thus,

I'm the prairie.
She's a ruined city.
In addition to the works cited in the text, a few more are included for further reading.


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