CHAPTER 3

The paranoid-schizoid position

PRISCILLA ROTH

Terror enlarges the object; as does love. (William Carlos Williams)

Beginning in 1935, with her paper 'A contribution to the psychogenesis of manic-depressive states', and continuing through the rest of her life, Melanie Klein progressively explored and outlined what she described as two different 'positions': the paranoid-schizoid position, first described in 1946, in 'Notes on some schizoid mechanisms'; and the depressive position, first described in 1935 and 1940.

Klein was attempting to understand and describe the earliest mental development in the infant, and, at the same time, the roots of particular descriptively distinct mental states in older children and in adults. She began with the notion that the newborn infant has certain inborn characteristics which will colour and partly determine the way he responds to and relates to his new world. And then, from her experience analysing young children and adults, she developed a map - a theory of evolving structures - which charted his journey from the chaos and confusion of his first moments, to a way he could think about, organize and relate to his world and the people in it.

She outlined a theory to describe developmental events which take place originally at a very early stage in human life - the first few months. This theoretical structure has proven highly effective in understanding the behaviour and disturbances of older children and adults. But because it concerns some very elusive concepts - particularly in relation to the very earliest experiences in the first couple of months in an infant's life - it is difficult to elucidate this structure in ordinary language, without falling back on the theory itself. We can't know what infants think or feel; but we have theories about it based on the analysis of adults and older children, direct infant observation studies, philosophical studies of theories of mind, and more empirical infant studies. When reading what follows it is important to remember that the words 'in Kleinian theory' should be understood to precede any statement about what infants feel, or what they do in their minds.

Klein used the term 'position' to make an important point: she wanted the concept of positions to be understood differently from the concept of 'stages', such as Freud's oral, anal, phallic and genital stages which follow one another in a regular sequence and which the healthy individual, for the most part, passes through in sequence. In Kleinian theory, the paranoid-schizoid position and the depressive position are, and remain throughout, the two elemental structures of emotional life. They have their origin in early childhood, indeed, in the first months of life. But the term 'position' applies not only to particular stages of infant development, it applies also to modes of psychic functioning which last all through life. Each of the two positions has its own characteristic anxieties, its own defence mechanisms and its own type of object relations. Each describes an attitude of mind.

Klein's delineation of these different constellations is perhaps her greatest gift to psychoanalysis. The concept of positions is itself a structure which enables us to understand two basically different configurations of object relations, the anxieties that arise from them, and the mechanisms used to protect against such anxieties; and the differences between the two positions can in fact be defined in the same terms. To be oversimplified, a person in the depressive position feels concern for and worry about damage to his objects - his loved ones - in external reality and in his mind ('I was nasty and really unkind to my mother this morning'); while a person in the paranoid-schizoid position feels anxiety for himself: for his own safety ('My mother always phones me up at the wrong time'). Thus, anxiety in the depressive position is linked to guilt ('I feel really bad about how unkind I was to her; I'm sure she was hurt'); while anxiety in the paranoid schizoid position is persecutory ('I'm sure she hates me now and will probably tell my sister about it'). And while someone whose state of mind is more characteristic of the depressive position can view his loved ones as whole people, with their own real good and bad qualities, it is characteristic of people in the paranoid schizoid position that they see other people as being either perfect, and therefore acceptable, or very persecuting, and therefore entirely unacceptable.

It is easy to understand, then, why the paranoid-schizoid position seems to play the role of the ugly stepsister of the two positions. There is a powerful tendency to see paranoid-schizoid phenomena as, at best, ill and, at worst, immoral. The paranoid-schizoid position is where we feel we shouldn't be, and a kind of morality can attach itself to the notion of paranoid-schizoid vs. depressive phenomena, a morality which is misplaced and is based on a misunderstanding. In fact, for all their differences, the two positions are also on a continuum - a continuum of increasing integration, in which each achievement is based on and dependent on the achievements that come
before. And in the development of the individual, the ability to fully establish the proper bi-partite paranoid-schizoid position is the first, and a fundamental, developmental achievement.

Three assumptions basic to Kleinian theory

The paranoid-schizoid position is the earliest, and for three or four months the only means by which the small infant can structure his experiences. In order to understand what this entails, it is necessary to take account of three assumptions basic to Kleinian theory. These are the ubiquitousness of unconscious phantasy, the infant's inherent capacity to relate to objects, and the duality of the life and death instincts.

Unconscious phantasies

Klein assumed that from the moment of our birth, all our experiences are accompanied by unconscious phantasies (see Chapter 2). These phantasies, specific to the individual, are ubiquitous, and are constantly active in everyone. They are nothing more or less than the life of the unconscious mind, and they are the representations of all an individual's experiences, internal, external, physical or mental. They are primitive and in some cases permanent phantasies which the ego has about itself and its relation to its internal objects, and they become the basis of the structure of the personality.

The relationship to objects

According to Kleinian theory, infants relate to objects in reality and in phantasy from birth onwards (see Chapter 8). Klein insisted that the smallest baby experiences both hatred and real love for its object, and furthermore that this love is directed not just at the feeding breast but very soon at the mother herself, however vaguely perceived and with whatever distortions. Her point is that the infant is innately constituted to turn towards his mother, in love and in hate. This leads us to consider what Kleinians mean by a 'good object'. It is not a mysterious term, nor a sentimental one, nor an idealizing one. A 'good object' simply means that person whom the infant begins to expect will satisfy it. Klein thought that the expectation of a 'good' object, a someone who will both satisfy the infant's hunger and be the recipient of his loving feelings, is constitutional: that infants are born expecting to find such a person. In fact, recent infant studies confirm such a hypothesis (Bower, 1977; Carpenter, 1975; Sander, 1969; all in Petot, 1991, pp. 248-51). It is important to understand that what is meant by a 'good' object is an object felt to be good by the life-loving aspects of the subject. It is not an objective statement about the goodness or otherwise of a mother, or father, or psychoanalyst.

The life and death instincts

Kleinian theory is a theory of instinctual dualism; it is about the contradictions in our nature. Following Freud, Klein maintained that from birth the infant is endowed with life instincts and death instincts; how these are bound, deployed, deflected, projected, re-introduced - how conflicts between life and death instincts, or love and hatred, are dealt with - may be said to be the determining characteristic of an individual's object relations and personality. The newborn infant, then, according to Klein, is born from birth by powerful impulses in conflict with one another - impulses which, on the one hand, propel it towards life and the recognition of objects, the perception of reality, the organization of experience; and, on the other hand, invade it with threats of dissolution, of chaos, of disorder. This conflict, between his innate wish to live, to connect, to thrive, and his innate tendencies to dissolve, to disconnect, to not-be, create anxieties within the smallest infant. Anxiety, even at this earliest stage, is fear of the death instinct inside.

These three concepts relate to each other: the infant's impulses to love and to hate are always experienced in terms of his unconscious phantasies about his relationships with his objects. The infant has an ego from the beginning. It is rudimentary at first, but it is present from birth. This ego has various abilities from birth, but they are uncoordinated and unimportant. The integration of the ego, its cohesion and coordination, come about through experiences which enable it to incorporate and identify with a good object. Essentially what this means is that the small baby can achieve a representation of itself - a picture of itself - only by forming a picture of itself modelled on that of the person it loves.

In order for the infant to deal with, on the one hand, powerful inborn conflicts (conflicts between life and death instincts which create often overwhelming anxieties), and, on the other hand, the frustrations and demands of external reality, its ego must gradually strengthen and develop. Random sensations, perceptions and impulses must begin to become structured and comprehensible - this requires an ego of some strength and cohesion. The first task for the infant, then, is the organization and structuring of its ego, and the organization of its experience, so that it can gradually begin more or less accurately to perceive and manage internal and external events (see Chapter 11). These two processes - the organization and structuring of its ego, and the organization of its experience - are mutually interdependent and dialectically related.

Capable, it will be remembered, of perceiving and responding to objects from the beginning of life, the infant is also capable from the beginning of experiencing events, and therefore objects felt to be attached to them, as good (e.g. a warm full tummy) or bad (hunger pains, colic). The infant begins internalizing, incorporating, identifying with good experiences from the
first: he takes them into his ego. Gradually, his ego coheres around these repeatable, eventually expectable experiences of his good object. In other words, the infant gradually begins to have an unconscious sense of himself, and his sense of himself is largely based on and dependent upon his sense of his good object in good experiences.

The infant, then, must therefore protect his sense of his good object, on which his growing sense of himself is based, from his own feelings of hatred and rage - his innate hatred as well as the rage growing out of inevitable frustrations. He must also protect his developing ego from the dangers presented by his death instinct - the danger of fragmentation and dissolution. He must, in other words, safeguard his mind to allow it to develop and strengthen. The complex psychological structure which enables him to do this is called the paranoid-schizoid position.

In the paranoid-schizoid position, the infant divides his perception of his experiences into two categories, in such a way as to minimize his anxieties. He divides his world into 'good' which he attempts to possess and to be, and 'bad' which he tries to get rid of and locate outside himself, in his object. 'Good' for the infant thus equals 'Me', and it is made up of good object/good me. 'Bad' equals 'Not me', and it is made up of bad object/bad me. The mechanisms used by the infant to create this bi-polar world are splitting and projection. Splitting refers to the way the infant (and later in development the child and the adult) splits his picture of his object (one mother) into two felt-to-be-completely-different objects: a good one, and a bad one. The concept of splitting refers to an unconscious phantasy in the mind of the subject - unconsciously, in his mind, he splits the qualities of the single object and divides them between two or more objects.

An example of the use of the mechanism of splitting in an adult patient will help to illustrate what it means for someone to 'split his object':

A 35-year-old man had recently begun analysis. In the first few weeks of the analysis he referred several times to his analyst as an 'old woman' or a 'very old woman'; when, for instance, he spoke about the slippery path to the consulting room, he mentioned that the analyst, 'a very old woman', would need to be careful walking down the path. On an evening during the third weekend break of this new analysis, the analyst was in a large theatre when she realized that her patient was in the lobby of that same theatre. The analyst was talking with several friends; the patient walked past her, looked straight at her, stopped and looked more closely for ten or fifteen seconds, and then moved on, came back and looked closely again and then left. In the Monday session, the patient reported that on the weekend he had been in a theatre lobby and had seen a very attractive middle-aged woman, who looked a lot like his analyst, but much younger. It occurred to him that his analyst might have been a good-looking woman many years ago. From there the patient went on to talk about his sexual experiences when he was a young man, including some visits to a prostitute.

Obviously, the patient had split his perception of his analyst: his one analyst in his mind had become two people in his mind. There was his analyst, who is old and frail and certainly not at all a sexual object, and there was a middle-aged woman in the theatre who was attractive and gave rise to sexual fantasies. He had 'split his object', probably in order to keep his sexual feelings as far away as possible from his picture of his analyst as a maternal figure.

But he had done more than that. In order to split his object, the patient had also to split his own ego. That is, he had to disconnect two parts of his experience from each other. He couldn't put together the part of him that recognized his analyst in the theatre with the part of him that insisted that his analyst was a very old woman. To have brought these two perceptions together would have required that he bring together the two ideas 'analyst' and 'attractive woman', and for him these two ideas were not compatible. And so he created a split in his ego. This is an important point, because it emphasizes that one cannot, in fact, split one's objects without causing a split in one's ego. And a split in one's ego implies a reduction in ego capacities, a reduction in the capacity to think clearly.

The second of the two basic defence mechanisms in the paranoid-schizoid position is projection, and it goes along with and accompanies splitting. When the infant, and later the adult, splits off his own unwanted impulses, he projects them outside himself, into his object. Freud thought that the infant deals with his death instinct by 'deflecting' it, and Klein agreed with him. Deflecting his death instinct means that the infant splits off his death instinct and projects it outside himself - he experiences the danger as coming from outside him, and not inside him in his very self. He attributes aggression, danger, hatred to someone else. So splitting here refers to a split in the infant's perception of himself - he splits himself into a loving self and a hating self and gets rid of his perception of the hating self by attributing his own dangerous violent feelings to someone else - he projects them into his object and believes they are true of his object and not of himself. Thus the object is perceived as dangerously persecuting.

Another example, this time from the analysis of a woman adult patient, may illustrate the process of projection:

This patient was a 35-year-old writer who had come to analysis because she was worried about not being able to hold on to any confidence about her work or her relationships.

One day she came to her session and, after an initial reluctance, told me that an important literary critic had written to her, full of admiration for her work, and wanting to help her get published in what she referred to as 'a very well known' literary magazine. She reported that when she got the letter she was delighted, but she immediately began to feel worried: maybe he, the critic, didn't really like her
work but had been pushed to write to her because he knew her boss; how unfair it is that her work gets a chance to be recognized when so many better writers go unnoticed because they don't have the connections she does, etc. etc. As she spoke, I noticed among other things that she was very deliberately not telling me either the name of the 'famous' critic, or the name of the 'famous' magazine. I carefully pointed this out to her, and said I didn't want her to tell me now, but I wanted to draw our attention to the fact that she didn't mention any names. After a moment she said that she was aware that she wasn't telling me the details, because as she'd begun to speak she'd had the thought that I would think she was boasting, that she had gotten too self-confident, and that I would want to bring her down.

We began to be able to see the degree to which she can split off her own self-destructive attacks on her achievement and attribute them to someone else, in this case her analyst. She projected her destructive feelings into me, and felt them to belong to me. (In fact of course this process was more complicated. This patient had an internal object which persecuted her and begrudged her any success; this internal object was linked with a picture of her mother altered by the patient's projections into the mother. It was this internal object, itself a result of perceptions, projections and introjections, that the patient had projected into.)

**Splitting**, then, refers both to the splitting of the object into Good and Bad, and the splitting of the ego, also often into good and bad. **Projection** refers to the way certain qualities, characteristics or feelings which belong originally to the self, are disowned by the ego and attributed to someone else. (This entire process, in which unbearable aspects of the self are split off and projected into another person who is then felt to be like (identified with) those split-off qualities, later became known as projective identification; see Chapter 9)

Sometimes the aspects of the self which are projected are the felt-to-be-bad, felt-to-be-dangerous aspects - like in the clinical example above - where destructiveness is projected into an other because it is felt to be so dangerous and destructive inside the self. But often someone projects his or her good, valuable qualities into his or her object. This might seem more difficult to understand, but in fact it is a common event. If I have little confidence in my ability to stand up for something I believe in, say, because I know how subject I am to inner doubts and anxieties, I may project leadership, strength, fortitude, bravery into my teachers, or my seniors; I allow them to take over abilities which I feel I cannot take care of in myself. Or if I am unconsciously afraid to use my intelligence because I am (also unconsciously) aware of how triumphant and superior I might become, I may find that I become a little stupid, or awkward, and attribute great intelligence to someone else, a brother perhaps, whom I trust to take care of this quality.

Projecting good qualities can serve an important function: to project loving feelings into someone is to allow them to be seen to be loving. The positive effect this can have can be observed in a mother and her newborn -

the infant smiles at his mother, attributing to her his own loving feelings. Mother, delighted at being looked at lovingly, smiles back, with her own loving feelings. A benign circle is in process. But if projection of goodness is excessive, the infant, and later the adult, can feel depleted of anything good in himself, and becomes overly dependent on an idealized object.

Mrs K, a married woman with two children, reported feeling desperately empty and lifeless every time her mother, who lived in a town some miles away, left after a visit. She could only comfort herself by thinking about past experiences with the mother: the mountains where they had been together when Mrs K was a child, what the mother had cooked for her, and so on. For some days after each visit Mrs K was without energy or enthusiasm; she felt, she said, as if all the life had left her.

In these early months, the infant's experiences are extreme, intense and absolute. Because he doesn't yet have the capacity of memory, events are timeless: Now is forever, there is no sense of time passing, no memory of yesterday or an hour ago, no expectation of later. Now is all there is. In these circumstances, Bad is perceived as unmitigated Bad - there is at first no useful memory of Good to modify it. The bad persecuting object has every bad experience projected into it, and it contains, in the infant's phantasies, everything which hurts him: everything that tears at him in hunger, or irritates his skin, or makes his tummy burn, or terrifies him. Against this persecuting object the infant employs all the forces he has available to him in phantasy: he imagines he tears at it, urinates on it, evacuates bad feelings into it, bites it to pieces. Once it is felt to contain everything bad in the world, no attack is too extreme for it. And, of course, it is then felt to attack back with re-doubled force in revenge. It is important to remember that these attacks all take place in phantasy; when, for example, the infant's skin is burning from nappy rash, and he imagines a bad mother is hurting him, he phantasizes that his angry screams and, coming at the same time, his urination, attack her and burn her. He unconsciously imagines this; it is part of his unconscious phantasy of what is happening.

However destructive these phantasized attacks are, in fact the most powerful weapon the infant has in his armament is a phantasy in the negative mode: a negative hallucination, a denial. In a negative hallucination, the object is annihilated from the infant's mind. It is not thought of. It has been made not to exist. The violence of this process is ferociously destructive; it wipes out the object from existence (Freud, 1901; Klein, 1946).

There is a passage in *Swann's Way* in which Proust describes Mlle Vinteul deliberately and horribly attacking her recently dead father by licentiously performing all kinds of sexual acts with her lesbian lover directly in front of her father's photograph. Proust remarks that, of course, by doing so the daughter is only demonstrating her involvement with and attachment to her
dead father, even if the involvement is an angry one. The ultimate attack, he points out, would have been to completely ignore the father, to have no thought of him, for him not to exist in her mind at all, ‘that indifference... which, whatever other names one gives it, is the most terrible and lasting form of cruelty’ (Proust, 1981).

In order to understand that this concept of denial, or negative hallucination, is about violent destruction, it is necessary to have a picture of the mind in which unconscious fantasies always exist. One of the infant’s earliest means of comforting himself in the face of frustration is the capacity to fantasize an endlessly good and gratifying object. This is an object that will always be there, will always be full of goodness, will always exist for and only for the infant. It thus creates no anxiety. This is a phantasy of hallucinatory gratification - gratification by a perfect object. But in order omnipotently to maintain such a phantasy, the infant must deny the existence of a bad and frustrating object. This can only be accomplished by means of some violent phantasy. And this denial of the existence of the bad object can only be accomplished by destroying, by splitting off from awareness, the part of the self that relates to the bad object, fearing it and hating it. And as with all such splits in the ego, this leads to impoverishment in the capacity to think and to feel.

And of course the bad, persecuting object, banished to some dark non-being, can suddenly and without warning emerge into being again. The persecutor could, it is felt, arrive unannounced and without warning at any time, and its attacks must therefore constantly be pre-empted.

Ms L, a 23-year-old woman in analysis, who wants desperately to maintain a good relationship with me, constantly interrupts her speech to me with, “I know you’ll say I’m silly,” or “I can just imagine what you think about that.” She is continually on the look-out for an unexpected persecution.

It is precisely because of the terrifying qualities of the bad object, which contains all of the infant’s own sadism, that the good mother must be experienced as Ideal - as unmitigated Good. The two polarities must be maintained in their extreme form - the Good, to keep it far away from the feelings about the Bad, must be felt to be not just good, it must be perfect and unassailable, and therefore untouched by anything bad. This is because the infant needs to keep his good objects and his good self, which is still fragile, from being attacked by his dangerous impulses. Idealization, then, is a normal and necessary stage in early infant development. It enables the good object to be taken in and identified with - installed in the infant’s ego - and protected from his attacks. It is this identification with the good (ideal) object which gives strength to his early sense of himself, gives him a sense of coherence, and helps the infant hold on from one good experience to another. As cognitive functions - especially memory and perception - improve with normal maturation, this developing self, identified with its good (ideal) object, will eventually allow the splitting to come together. Eventually ‘ideal’ will not be necessary - good will be good enough. But under difficult conditions in later life, as a growing child and as an adult, when good feelings about himself are threatened, and when his sense of his good objects is threatened, the person may turn to idealization again, temporarily or for an extended period.

Mr D describes how when he was sent to boarding school at 11 he was horribly homesick and lonely for the first weeks, feeling that he was falling into a pit of loneliness and despair. One day he saw a young girl in the school and ‘fell in love’ with her. From that moment on he felt better; he was able to get down to his studies and to excel in all his classes, because, although (and, in fact, because) he never spoke more than a word or two to her over the next seven years, he told himself that he was studying and working ‘for her’.

He had established an ideal object in his mind, which he could keep completely separated from his anger with his parents and his jealousy of his younger brother who was at home.

It is important to recognize that it is, in fact, within the paranoid-schizoid position that the good object is first introjected as a complete and in some sense whole object (1946, p. 297). This first internal good (ideal) object isn’t true to the full reality of the external object - Mr D, for instance, had hardly spoken to his young muse - but it is whole in the sense of having qualities beyond the purely functional - the good object in the paranoid-schizoid position is loved not just because it feeds but because it inspires and is felt to return the infant’s love. It is a whole object, not just a part-object.

Splitting and projection are the infant’s first ego defence mechanisms - this means that they defend his ego - his sense of his self - against overwhelming anxiety and confusion. For the infant, the purpose of separating Good (Ideal) and Bad is to protect the developing ego and the good objects from the death instinct. Splitting between Good and Bad is thus in the service of the life instincts. The goal of the paranoid-schizoid position, and the defence mechanisms available within it, is the first and most basic structuring of the personality; the earliest organization of experience. It is the first step, the beginning, of coherence. In so far as it organizes the infant’s world into two discrete categories: Good, and Bad; and so long as these categories are not either too weak or too rigidly maintained, splitting - that is bi-polar splitting - is a psychological achievement.
Problems in the achievement of healthy paranoid-schizoid bi-polarity

The dangers in the paranoid-schizoid position are twofold, and can be described as (a) an inability to establish real bi-polarity, or (b) a too rigid and too extreme bi-polarity.

The first danger is that, for a number of reasons, binary or bi-polar splitting is never properly established. This is the most serious of the two dangers: if no real dichotomy can be established between what is good and what is bad, then what is good is constantly threatened, and the results can be catastrophic for the ego. Faced with constant threats to itself and its good objects, the ego splits in a harmful and sometimes catastrophic way — it fragments itself into many bits, and then the bits themselves are violently projected.

The following clinical material illustrates the different kinds of splitting (I have used this material in another context):

In a Monday session, Mrs T spoke about her busy weekend, describing it as marvelously successful. She described how she had invited some juniors from her workplace to her home, and how they had been filled with envy about everything she had. She commented how difficult it must have been for them all to see how much she and her family have. Based on a great deal of material, I interpreted to her that when she described all this to me she thought that I, too, was like the struggling 'juniors', enviously watching her. And that I thought this was designed to protect her from what she otherwise might feel about the weekend break: how determined she was that she be the enviable centre of everything.

I was thus interpreting that she had projected her envy of my analyst (standing in the transference for her primary object) into the juniors and, in the session, into me. That is, she imagined me as envious, and wasn't at all aware of any envious feelings in herself — she had split off the part of herself capable of feeling envy, and had located (projected) it into me.

This interpretation seemed to allow her to take back the part of her which she had projected. Following this interpretation she was able to tell me more about the weekend. She told me that in fact she and her husband had had a terrible row about his not being more available to her, and she had shouted and screamed at him and hit him several times in front of the children. She was so angry that she had screamed at the children about how horrible their father was. The children were hurt and angry, and behind that, to me in her mind. She had projected the violence into the atmosphere — but in millions of tiny fragments so that it was then in its most extreme form it is linked with schizophrenic processes.

This excessive splitting, often resulting from overwhelming persecutory anxiety, is very different from the binary differentiation we have been discussing. This kind of splitting into many bits is often referred to as fragmentation. It can lead to a terrifying sense of confusion and disintegration, a feeling of chaos and depersonalization. In its most extreme form it is linked with schizophrenic processes.

Splitting into many bits — fragmentation — occurs for a number of reasons, but envy is very often a powerful factor. The reason is this: in order to make the differentiation between good and bad which is necessary for proper
The other potential danger in the paranoid-schizoid position is that the two who isn't there when I need her is the same mother who comes and brings pleasure. But the moment I feel distress, there is no good mother, I am pears. These are two distinct objects. In the paranoid-schizoid position there bad experiences come, and who appears the moment the good object disappears. It is not the same object as the bad object, from whom all good experiences come. It is not the same object as the bad object, from whom all bad experiences come, and who appears the moment the good object disappears. These are two distinct objects. In the paranoid-schizoid position there is good mother, who belongs entirely to me and who brings me endless pleasure. But the moment I feel distress, there is no good mother, I am completely in the presence of the bad mother who is persecuting me. These are states of mind which fluctuate rapidly.

Rigid and extreme bi-polarity

The other potential danger in the paranoid-schizoid position is that the two extremes become rigidly and impermeably separated. This is less dangerous than the catastrophe of confusional states, but it severely limits development, and prevents the person from moving into the depressive position.

When splits are rigidly maintained, objects can never grow in resilience, and the personality remains brittle and inflexible. In the paranoid-schizoid position, as we have seen, the good object never has to be recognized as separate from the self; the good object is the good self, from whom all good experiences come. It is not the same object as the bad object, from whom all bad experiences come, and who appears the moment the good object disappears. These are two distinct objects. In the paranoid-schizoid position there is good mother, who belongs entirely to me and who brings me endless pleasure. But the moment I feel distress, there is no good mother, I am completely in the presence of the bad mother who is persecuting me. These are states of mind which fluctuate rapidly.

To perceive the object more realistically I must recognize that the mother who isn’t there when I need her is the same mother who comes and brings me comfort: the mother I hate is the same mother as the mother I love. And I have to recognize that she is not Me, she does not always belong to me. This requires an acceptance of a painful, sometimes too painful, reality: that I am dependent on an object which is not Me, and which is independent of me. And that I have attacked and damaged, and continue to attack and damage, the very person I love and need.

These realizations are the beginning of ambivalence (having mixed feelings about someone) and of guilt. And they already exist, though fleetingly, and powerfully defended against, in the paranoid-schizoid position.

I said at the beginning of this chapter that the paranoid-schizoid position can be differentiated from the depressive position on the basis of the anxieties characteristic of each; and that while persecution is characteristic of the paranoid-schizoid position, guilt is more characteristic of the depressive position (see Chapter 3). Of course, by and large this is true; and in fact the depressive position is defined by the capacity to bear painful guilt about one's attitude towards and treatment of one's loved ones. But guilt exists in rudimentary and either fragmentary or projected forms in the paranoid-schizoid position; Klein is clear about this (1957), and it is evident from the work of her followers. For example, Rosenfeld described a schizophrenic patient who attacked a nurse in the hospital where he was being treated:

He attacked Sister X suddenly, while he was having tea with her and his father, hitting her hard on the temple. She was affectionately putting her arms round his shoulders at the time. The attack occurred on a Saturday, and I found him silent and defensive on Monday and Tuesday. On Wednesday he talked a little more. He said that he had destroyed the whole world and later on he said 'Afraid.' He added, 'Eli' (God) several times. When he spoke he looked very depressed and his head drooped on his chest. I interpreted that when he attacked Sister X he felt he had destroyed the whole world and he felt only Eli could put right what he had done. He remained silent. After continuing my interpretations by saying that he felt not only guilty but afraid of being attacked inside and outside, he became a little more communicative. He said 'I can't stand it any more.' Then he stared at the table and said, 'It is all broadened out, what are all the men going to feel?' I said that he could no longer stand the guilt and anxiety inside himself and had put his depression, anxiety and feelings, and also himself into the outer world. As a result of this he felt broadened out, split up into many men, and he wondered what all the different parts of himself were going to feel. (Rosenfeld, 1952, p. 79)

Rosenfeld's material demonstrates several aspects of paranoid-schizoid phenomena: the patient attacks the nurse and then feels not only persecution but also guilt, and depression. But the material makes it clear that he cannot bear the feelings of guilt and depression, and that he very quickly fragments his awareness of them, projecting into the resulting 'many men' his own capacities to think and to feel. As a result he is left not knowing what he feels - depersonalized and confused.
It is clear, then, that fleeting perceptions of reality, and fleeting intimations of guilt cannot be long tolerated in the paranoid-schizoid position; they are annihilated or fragmented or projected. But it is important to understand that they exist as fugitive perceptions and that their denial or projection brings consequent persecutory anxiety. In normal development, as the ego strengthens, the reality of ambivalence, the pain of guilt, and the loss of narcissistic omnipotence will be gradually more tolerable. When such reality cannot be faced then the gradual integration of good and bad, inner and outer, me and not-me cannot take place. In these circumstances, the splits are widened, the dichotomies strengthened and made more rigid. In fact, throughout life, when guilt feels too intense to bear, an individual will return to the rigidity and safety of the paranoid-schizoid position, where he can tell the Good Guys from the Bad Guys and maintain with absolute certainty that he is on the side of the Good.

CHAPTER 4
The depressive position

JANE TEMPERLEY

In 1935, with her paper 'A contribution to the psychogenesis of manic-depressive states', Klein began a theoretical reorganization of her insights in terms of 'positions'. A position refers to 'a state of organization of the ego - the nature of the internal object relations and the nature of the anxiety and the characteristic defences'. In the 1935 paper she refers to manic and paranoid positions as well as to the depressive position, but in her eventual formulation there are two positions, the paranoid-schizoid and the depressive.

The paranoid-schizoid position precedes the depressive position developmentally and although Klein describes the six-month baby as struggling with the depressive position, the oscillation between these positions continues throughout life.

Klein is an instinct theorist in that she held that from the beginning of life the infant has to contend with strong instinctual impulses towards life and towards death. In this she continued Freud's last and contentious restatement - in Beyond the Pleasure Principle (1920a) - of the instinctual conflicts governing human subjectivity. These drives are experienced in terms of unconscious phantasies involving the subject (his ego) in relation with an object, towards whom the drive is expressed. The hungry baby searches for a satisfying breast or rages at one that frustrates him.

For fear of the death instinct which threatens it from within and because of its own initial frailty, the early ego protects itself with the mechanisms of splitting and projection. As described in the previous chapter, it splits off what feels disturbing and dangerous in itself and projects these aspects of itself into the object. It also splits the object, seeing its gratifying aspects as ideal and its frustrating aspects as hostile. At this stage the object is in any case apprehended only in part, as a satisfying or frustrating breast, for instance, rather than as a whole person. The infant seeks to strengthen its