

My Daily Struggles: Psychotherapy of Schizoid Process

My Daily Struggles

A blog devoted to the actors and public policy issues involved in the 1998 District of Columbia Court of Appeals decision in *Freedman v. D.C. Department of Human Rights*, an employment discrimination case.

WEDNESDAY, DECEMBER 17, 2008

q Psychotherapy of Schizoid Process

"PSYCHOTHERAPY OF SCHIZOID PROCESS" by Gary Yontef  
Transactional Analysis Journal, Vol. 31, No. 1, January  
2001

Abstract

Schizoid process is one of the most ubiquitous personality patterns, but it is insufficiently discussed in the literature. This article offers a description of both the true schizoid and the more prevalent schizoid process that runs through various types and levels of functioning. Schizoid process and personality type are described, including the

characterological organization, interpersonal processes, and developmental origins of schizoid process. Therapy of schizoid process is discussed in terms of presentation of the schizoid in psychotherapy, development of the therapeutic relationship, stages of therapy, and treatment suggestions and cautions. The schizoid process is important enough to warrant more attention than it currently receives, partly because, to some degree, everyone experiences some facets of it. Discussions about the schizoid process can clarify issues related to contact, isolation, and intimacy in relation to people with a variety of character styles who operate at levels of personal functioning ranging from normal neurosis through serious character disorders. True schizoids are also fairly common. These are individuals for whom the schizoid process is central to their dynamics and who fit the DSM-IV (American Psychiatric Association, 1994) diagnostic criteria. They tend to be quiet patients who do not cause much trouble or make many demands. If the therapist does not know about the schizoid process and how to work with it, such clients may well be in therapy for a long time without really dealing with their most basic issues.

This article is a modified version of a keynote address given on 20 August 1999 at the annual conference of the International Transactional Analysis Association in San Francisco. In this article I

use the term "schizoid" to refer both to the true schizoid and to the patient who functions with significant schizoid processes or defenses but does not fit the full diagnostic picture.

### Presenting Picture of the True Schizoid

The true schizoid usually presents as a loner, someone who is profoundly emotionally isolated, who has few close friends, who is

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not very close even in "intimate" relationships, who drifts through life, and for whom life seems boring or meaningless. Schizoid patients usually show extreme approach-avoidance difficulties. They often come to therapy because of loss or threat of loss of a relationship or because of relationship difficulties at work. They frequently describe themselves as depressed and tend to identify more with the spaces between people than with interhuman connections. In therapy, as in many of their relationships, they tend to be present but not with vitality – that is, not "in their body" or with their feelings. Schizoid patients tend to come to therapy regularly but do not appear to be engaged emotionally. A common reaction of the therapist in response to a schizoid patient is to become sleepy, even if he or she does not have this reaction with other patients. There is so little human connection during sessions that it is like not having enough oxygen in the room. The first time this happened to me was with a patient I liked. I thought perhaps I was getting sleepy because I saw her right after lunch, so I changed her hour. But that was not the problem. In fact, I never get sleepy with patients – except occasionally with a schizoid

patient.

### The Existential Terror Underneath

To people with schizoid character organization, real human connections are terrifying. In their fantasy life and their behavior, these individuals try to live as if in a castle on an island where they are totally safe. The main feature of this isolation is a denial of attachment and the need for other people. Of course, living that way brings on another terror— the terror of not being humanly connected. If their tendency to defend themselves by isolating were to be fully realized, they would not be connected enough to maintain a healthy ego. Schizoid individuals have to struggle to maintain their human existence as individual persons. The human sense of self and good ego functioning cannot develop and be sustained without interpersonal engagement, but schizoid isolating defenses attenuate the interpersonal bond to the point of endangering ego development and maintenance. Often schizoid people will create in their fantasy life the satisfaction or safety they lack in their experienced interpersonal world. They also have human connections in safe contexts (e.g., at a geographical distance), and disguised longings are often found at a symbolic level (e.g., in dreams and daydreams). One frequent symbolic wish is to return to the womb, which is seen as a state of oneness and safety. But, if

that were possible, it would make sustained human identity impossible since it would exclude interpersonal contact.

### Contact and Contact Boundaries

To understand the importance of the schizoid process in all human functioning, we need to consider the concepts of contact and contact boundaries. Contact is the process of experiential and behavioral connecting and separating between a person and other aspects of his or her life field. The contact boundary has the dual functions of connecting and separating the person and his or her environment (including other people), just as a fence has the dual

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### My Daily Struggles: Psychotherapy of Schizoid Process

function of connecting and separating two properties. These dual functions involve movement along a continuum between the two poles or functions of connecting and separating. The connecting process involves a closing of the distance between people, a receptiveness or openness to the outside – and

especially to other people – with the boundary becoming porous so that one takes in from and puts out to others. The separating process involves increasing distance, closing off the boundary, being alone and not taking in, with the boundary becoming less porous and closed to exchange; at the extreme, the boundary becomes closed, like a wall. People need both connecting and separating. All living creatures need to connect with their environment to grow. Just as we can only survive physically by taking in air and water from the environment, human psychological development and maintenance also requires connection with the environment, especially with other people. People can only grow and flourish by connecting to the interhuman environment. At the extreme end of the connection pole is merger, enmeshment, and a loss of separate existence, will, need, and responsibility; such total connection means death by merger, a disappearance of autonomous existence. Physically it means merger with the environment; psychologically it means a loss of individuation and separate existence. Human existence requires some degree of experienced separation from the environment. So we see that oneness can be healthy or unhealthy, just as separating can be. Intimacy is a healthy form of oneness, whereas a spiritual retreat is a healthy example of separation from ordinary contact. Ideally, the movement between contact and withdrawal is governed by

emerging  
need. We become lonely, we need to connect; we move  
into  
intimacy, momentary confluence, or ongoing commitment.  
Then we  
move away from connecting with the other to be with  
self, to rest  
and recover, to center, or to find serenity. Thus we  
connect to the  
point of satisfaction of need, then change focus  
according to a new  
emerging need. We separate from a particular contact  
when  
withdrawal or different contact is needed. However, in  
health, a  
person withdraws from contact while sustaining a  
background sense  
of self connected with other people and the universe.  
This flexible  
movement between close connection and separation  
preserves the  
sense of being humanly connected. It is unhealthy when  
this  
flexibility is lost and either separation or connection  
becomes static  
because movement in and out of contact according to  
need is  
diminished or restricted. At one unhealthy extreme the  
individual  
separates and isolates to the point of losing a sense  
of being  
humanly bonded. Isolating in this way and to this  
degree is crucial to  
understanding the schizoid process. For schizoids, the  
process of  
separating with underlying connectedness and connecting  
while  
maintaining autonomy is foreign. Their lives are marked  
by the  
profoundly frightening and disturbing fact of  
separating without  
maintaining a sense of emotional connectedness and  
without a  
developed ability to connect again. They do not connect

to others  
with much hope of being met and lovingly received.  
Schizoids do not  
believe they can be loved, and they fear that even if a  
relationship  
is established, the intimate connection means losing  
autonomy of  
self and other. Even feeling the need to connect would,  
in either  
case, be painful and/ or frightening. It is dangerous  
to move into

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#### My Daily Struggles: Psychotherapy of Schizoid Process

intimate connection if you cannot separate when needed.  
If you  
think you are going to be caught up, devoured, or  
captured in the  
connection, it is terrifying to move into intimate  
contact. On the  
other hand, if you do not feel connected with other  
people,  
especially if you do not believe you can intimately  
connect again,  
the separation or isolation is both painful and  
terrifying. Without  
movement one is fixed, stuck, stagnant, and unable to  
grow. Being  
stuck in any position on the continuum of connection  
and separation  
– which is the case when the schizoid process is  
operating – involves  
a degree of dysfunction, with some needs not being met.  
Being stuck  
in an isolated position, a connected position, or a  
middle position

between intimacy and isolation are all problematic. Being fixed in a middle position is common in the schizoid process: The person is neither truly alone nor truly with another. This immovable position between connecting and separating is a compromise to avoid the terror of being completely alone in the universe, on the one hand, or of being threatened by engulfment, enmeshment, attack, and rejection, on the other.

### Twin Existential Fears

The typical childhood of the schizoid patient is marked by the experience of too much or too little human connection. Too little refers to a lack of warmth and connectedness and a sense of emotional abandonment; too much refers to intrusive parenting that emotionally overrides the capability of the infant or young child and causes him or her to isolate or dissociate to survive. Sometimes the abandonment and intrusion alternate. Given what we know about the importance of flexible movement between connecting and separating for the growth and well-being of the individual, it is easy to understand how the typical childhood experiences of the schizoid leave him or her with deep-seated, often unconscious feelings of merger-hunger, on the one hand, and simultaneous fear of entrapment and suffocation on the other. These lead to universal twin fears that are fundamental to the schizoid process: the panic or

terror of contact engulfment/ entrapment and the panic or terror of isolation. These are particularly intense and compelling for the schizoid, who experiences them at the existential level of survival or death. Because the schizoid splits connecting and disconnecting, thus losing easy movement between them, he or she is faced with the threat of becoming stuck at one pole or the other. Therefore, schizoids think of relationships mostly in terms of potential for entrapment, suffocation, and bondage. They do not trust that they will not devour the significant other or be devoured. They do not believe that separation will happen as needed, and thus they do not feel safe to be intimately connected. Of course, the danger of entrapment comes in large part from their own hunger for oneness and fear of abandonment, and the connection between their own merger-hunger and the fear of entrapment is mostly not in their conscious awareness. Many schizoid patients start treatment with the expectation that they will be devoured or abandoned in therapy. Although they may be conscious of this fear early in the process, the extent of the dual fears and the connection to their merger-hunger is usually not in awareness until much later. Until then the denial of

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## My Daily Struggles: Psychotherapy of Schizoid Process

both attachment and the need for intimacy predominates. Their own merger-hunger is projected onto others as a way of avoiding the awareness by attributing it to someone else. Sometimes these anticipations or perceptions are a projection, although they can also be accurate. Total isolation or abandonment is like death, especially for the young child. Part of the schizoid process is terror— although not necessarily conscious— of a triple isolation: isolation from others, isolation of the core self from the attacking self, and isolation within the core self. A significant part of the schizoid process is a splitting between attacking selves and core selves. At a deeper level there is also a kind of isolation between aspects of the core self. In gestalt theory this is conceptualized as a boundary between parts of the self that interferes with the boundary between self and other. Experiencing the self in a vacuum means loss of the sense of self as a living person. The resulting loneliness is profound. It is real progress in therapy when the true schizoid patient is able to experience loneliness and the desire for connection.

## The Schizoid Compromise: The In-and-Out Program

One solution to the problem of avoiding complete deadness of self from lack of human connection while also avoiding the

threat to  
existence and continuity of self from intimate contact  
is what  
Guntrip (1969) called "the schizoid compromise" (pp.  
58-66). This  
refers to not being in but also not being out of  
engagement with  
other persons or situations. An image that I think I  
borrowed from  
Guntrip seems apt here: "How do porcupines make love?  
Very  
carefully." There are several common "very careful"  
patterns of the  
schizoid compromise. For example, a writer is too  
lonely to write in  
his apartment, so he goes to a coffee shop with his  
laptop computer  
and manuscript. There he is not really connected with  
anybody,  
especially since he does not give out signals that he  
wants to talk to  
anyone, but he is not alone either. Another example is  
a man from  
Los Angeles who has a relationship with a woman who  
lives in New  
York City. He can have a weekend connection without the  
risk of  
losing himself or being trapped in the relationship.  
When Monday  
morning comes, he will be thousands of miles away in  
Los Angeles  
again while she stays in New York. Another type of  
schizoid  
compromise involves the person repeatedly pulling out  
of  
relationships before making a commitment. Such  
individuals go  
through a series of relationships, always finding a  
reason why they  
cannot con-tinue. A similar pattern is having multiple  
lovers at the  
same time; the person engages one part of the self with  
one partner  
and another part of the self with someone else. One

typical configuration is having a sexual relationship with a lover, but without companionship and building a life together, while maintaining a primary but nonsexual relationship with a spouse. Sometimes individuals who show this pattern will say something like, "Gee, why can't I get this together?" or ask "Why can't I get a woman who has both?" Such patterns illustrate a core pattern: the schizoid is impelled into relationship by need and driven out by fear. When faced with someone with whom they might be intimate, they find it both exciting and frightening. They are afraid that they will devour their lovers with their need or that the lover will be devouring,

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deserting, or intrusive. They might lose their individuality by overdependence and merger-hunger or lose the relationship by being too much, too toxic, or too needy. The solution to these dilemmas is Guntrip's schizoid compromise— to remain half in and half out of the relationship, whether in the form of marriage without intimacy, serial monogamy, or two lovers at the same time. Needs and fears

will often be either denied or acknowledged in an intellectualized manner. Frequently such individuals will oscillate between longing for the intimate other and rejecting him or her, or they may stay in a stable halfway position not able to commit to being fully in the relationship or discontinuing it. They are tempted repeatedly to leave the relationship and live in a detached manner, but often they return again and again. When touched emotionally or feeling intimate, the schizoid may become annoyed, scared, fault finding, and disinterested. Meaningful contact with another leads to crisis, and crisis leads to abolishing the relationship. They cannot live fully with the other, but they cannot live without the other either. Being with threatens death-level confluence; being alone threatens death-level isolation. So the schizoid lives suspended between his or her internal world and the external world without full connection with either. Suspended in the death-level conflict between total isolation and being swallowed up, these individuals often feel tired of life and the urge for temporary death. This is not active suicide, just exhaustion from living a life with insufficient nourishment.

### Themes in Therapy

The discussion so far points out the major themes that emerge in therapy with schizoid individuals: isolating tendencies, denial of attachment, themes of alienation, and feelings of

futility.

Isolating tendencies.

Since being close causes schizoids to feel claustrophobic, smothered, possessed, and stifled, they often turn inward and away from others.

Thus commitment to relationship is very hard. They treat their internal world as real and the external world as not real. They often have a rich fantasy life and tepid affective contact with others. In isolation they often fantasize about merger or confluence as something to be longed for or to feel panicked about— or both. In actual or fantasy contact they fantasize about isolation either as a positive way of getting their own space or as something terrifying — or both. Schizoids manipulate themselves more than they interact with the environment. Such individuals usually appear detached, solitary, distant, undemonstrative, and cold ("cold fish"). They do not seem to enjoy much and have few if any friends. They appear to live inside a shell, and in most relationships (including in therapy), those with whom they are relating have the sense of being shut out while the schizoid is shut in, cut off, and out of touch. What is not always obvious with these individuals is that they still have a capacity for warmth, in spite of the schizoid process. This may come out in various ways, for example, with pets but not with people. I remember one schizoid woman who said that "the only people I trust

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