

Chapter 1

Schizoid character structure

Encapsulated in ice

The Little Match Girl

It was dreadfully cold, snowing, and turning dark. It was the last evening of the year, New Year's Eve. In this cold and darkness walked a little girl. She was poor and both her head and feet were bare . . . Now the little girl walked barefoot through the streets. Her feet were swollen and red from the cold. She was carrying a little bundle of matches in her hand and had more in her apron pocket. No one had bought any all day, or given her so much as a penny. Cold and hungry, she walked through the city; cowed by life, the poor thing!

(Andersen 1976: 306–8)



This is a portrait of a person lost, wandering, frozen, and unable to make contact. The Little Match Girl looks in the windows of the village houses at warm family feasts. Terrified to return to her own cold house and cruel father, she is also unable to ask for help. She resigns herself to sitting alone in the freezing snow. Having no warmth she can turn to, she withdraws into her own meager resources, she lights the few matches she has, and they lead her into the deadly embrace of her fantasy life.

It is important to note that the Match Girl has a cruel father and no mother. We can imagine clinically that this neglect of the most basic physical and emotional needs could leave a child frozen within herself. The isolation in her childhood becomes internalized into intrapsychic isolation. The schizoid patient experiences a terrifying emptiness, a nameless dread, an inner landscape unpopulated by human figures. She frequently turns to endless dreams and fantasies, which may be rich, symbolic, and mesmerizing. She may find solace in a well-developed intellect and develop an internal crystal palace in which she lives alone, safe but frozen. However, she may also find dangerous depths, unpredictability, and deadly horrors. Like the Little Match Girl, a schizoid child tends to be out of touch with her body and her affects, as well as her capacity to take action in the world. The schizoid person lacks a connection to her body as container, a bodily felt experience. It is as if the schizoid person lives in a body that is asleep, or a body that has not yet come alive. Her body tends to be well formed, yet stiff and unresponsive. She may have an aversion to touch. She may be alert to the point of hypervigilance, and easily overwhelmed.

Archetypally, people who regularly employ the withdrawing relational pattern have a great facility with mind and image. This realm can allow, invite, and even capture the withdrawing person into its imaginal richness and pull them out of participation in the challenging and complex realm of embodied, affectively charged human experience and relationships. People with a schizoid character structure are often at the mercy of their internal world. Possessed by the awesome power of the mental and imaginal aspect of the unconscious, the person has relatively little capacity to interact with others sensitively and intimately, as well as little capacity to stand up for themselves. As they attempt to maintain a protective personal space, they may appear aloof or removed. By resistance to social expectations and embracing eccentricity, they may cultivate an exaggerated uniqueness that further separates them from the world. At the same time internally, they may be rigorously self-critical and desperately alone.

It is not at all uncommon for patients with a schizoid profile to turn to a Jungian analyst. Their facility with the use of symbolically rich and prolific imaginal material and dreams presents the ripe possibility for a collusive analytic relationship. Our experience indicates that schizoid felt experience and defence structures are clinically underrecognized and even have a tendency to be idealized in one's patients. We imagine that this may be a

result of these states remaining relatively unanalyzed and unworked in therapists themselves.

One such patient was a young professional woman who lived in her dreams. Never mind that she had a husband, three kids, and many acquaintances. What was compelling for her was her elaborate inner life. She would bring pages of meticulously recorded, elaborate archetypal dreams to every session. Flooding our space, these intense images rarely deigned to hand over a second for us to have human contact. Eventually, the seconds when we did connect began to accumulate. Over time, human warmth began to melt the ice. Around the same time, the quantity of her dreams decreased. Their content was at once less archetypal and more symbolic. They were related to her body and her life. And with this warmth, the landscape of emptiness could finally be seen for its bleakness, as well as its treasures. We will return to consider this case again later in this chapter (p. 43).

As a result of immersion in the imaginal aspect of the unconscious and subsequent easy contact with imaginal material, people with an underlying schizoid character style often seek vocations in philosophy, religion, psychoanalysis and poetry, mathematics and music. Once engaged in relationship, people with an underlying schizoid structure can be genuine and seemingly undefended. Yet traditional diagnostic criteria for personality disorders focus on defenses and limitations, not ego strengths and achievements. It is not unusual that people with this character structure possess a preference for image and abstract thought. With a more developed ego capacity in a person with an underlying schizoid structure, the capacity to use image and abstract thought may flower into the realms of art or science. Yet within the constraints of a character disorder, this creative facility may remain trapped and undeveloped in the unconscious.

Taking pleasure in solitude, appreciation of academic, philosophic, and spiritual pursuits are character traits that therapists often admire about our friends, our patients, and ourselves. People with schizoid sensitivity and intellectual resources not infrequently choose to become counselors and therapists where their acute capacity for observation can be utilized to assist others from a safe distance. For a therapist with schizoid issues, a particular kind of intimacy and sharing occurs in treatment, yet the power differential in the analytic relationship favors and works to protect the therapist. This therapist can have an experience of closeness, without the same stresses that make one-to-one relating so challenging for someone in this withdrawing relational pattern. Unworked and unanalyzed, however, schizoid encapsulation has a definite impact on the intersubjective field, on the development of a deep emotional connection, and on the potential for wounding one's patients unconsciously.

Not everyone is generously endowed with a life structure that supports the development of their imagination. Lest we romanticize the schizoid

character, the pain and isolation involved in this structure can erupt into unexpected violence, perversity, and addiction. People with a schizoid personality structure have a wide array of adaptations. They range from a sheltered person whose periodic decompensations require hospitalizations, to a high functioning person with an academic career, to an artist whose originality makes them notable in their field. Common to all is their tendency for isolation. When one has little ego strength and minimal economic and cultural resources to draw upon, a desperate picture may emerge. A humiliated factory worker who accosts his wife, an isolated housewife who is unable to tolerate the outbursts of her children and spans them black and blue, the alienated urban street chic artist who is deeply addicted to bondage and drugs, and the quiet adapted outsider who comes to school with a gun may all have a schizoid character structure.

Theoretical formulations

Moving from the world of fairy to the world of theory may seem like a huge step, yet the Match Girl's presence is symbolically present throughout theoretical considerations of a person who has a schizoid structure. Early psychological theorists often used the term schizoid to describe a person with a schizophrenic potential, who was not actively psychotic. August Hoch (1910) described a "shut in" personality as a reticent reclusive person who is stubborn in a passive manner. Kraepelin (1913) used the term "autistic personality" to characterize a detached passive adaptation, which stabilizes before reaching psychotic proportions. Eugene Bleuler first used the term "schizoidie" to describe a pattern of behavior of lesser severity, on a continuum with schizophrenia. He described his patients as suspicious, incapable of discussion, and comfortably dull (Bleuler 1922, 1929).

In Volume Three, *The Psychogenesis of Mental Disease*, Jung relates how consciousness in a schizoid personality is overwhelmed by archetypal content with more devastating results than in neurosis:

These complexes are . . . unsystematic, apparently chaotic and random. They are further characterized, like certain dreams, by primitive or archaic associations closely akin to mythological motifs and combinations of ideas. These archaisms also occur in neurotics and normal people, but they are rarer.

(Jung 1958: para. 563)

Jung's contribution is significant to this discussion as it emphasizes the extent to which archetypal reality can dominate a person's psyche and diminish or interfere with a person's experience of human reality. The mythic motifs that Jung refers to appear differently in the withdrawing pattern than they do in the seeking or antagonistic pattern. It is through the