The Role and Management of Splitting; A Perspective from the Hospital Setting

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"Thus the disdain of the highbrow for the bourgeoisie and the scorn of the esoteric artist for the philistine may be regarded as minor manifestations of a ***schizoid*** nature….." Fairbairn, 1940

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“If you don’t let me go, I will discharge, likely not come back, and will drink; if you let me go on a pass, I’m going to drink….”

Objectives

- Discuss the history of splitting as a psychological concept.
- Understand the psychological antecedents of splitting and why and in what context in which it commonly arises.
- Learn how treatment teams can expect and use splitting in treatment.
- Provide hope– even *you* can survive splitting.

Splitting: *unconscious* process that actively separates contradictory feelings, self representations, or object representations from one another (emphasis mine)

Gabbard, 2014

Failing to reconcile both positive and negative attributes into a whole understanding of a person or situation, resulting in all-or-none thinking.

The BLUF:

- The process occurs at an unconscious level.
- The patient perceives individual staff members in dramatically different ways, based on projections of the patient's internal object representations.
- Staff is treated differently according to those projections
- Staff members react to the patient, via projective identification, as though they actually are the projected aspects of the patient
- Treaters can assume highly polarized positions and defend them with vehemence.

Gabbard 2014

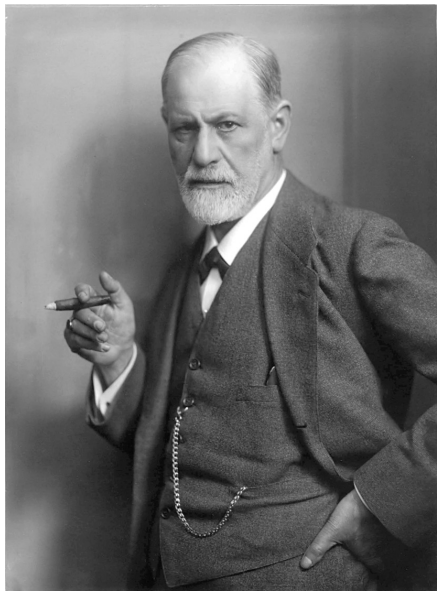
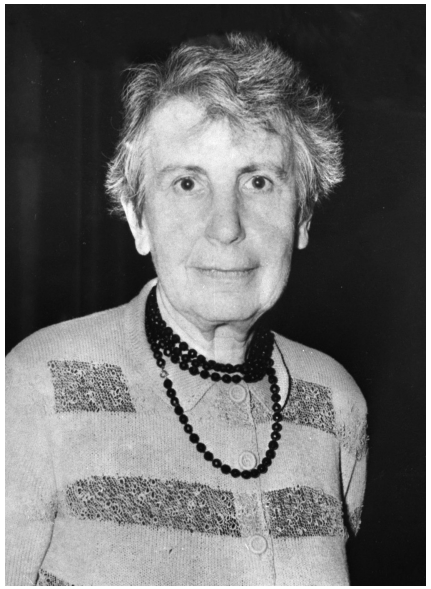
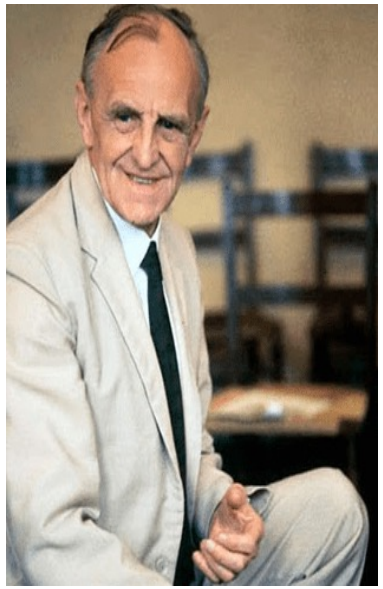
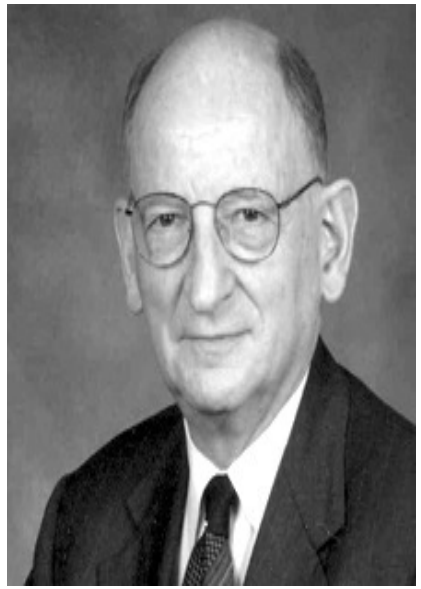
….splitting (along with projective identification) can cause a significant rupture in the treatment of the patient as staff members can be split from each other and not be able to resolve differences in how the patient is experienced…..

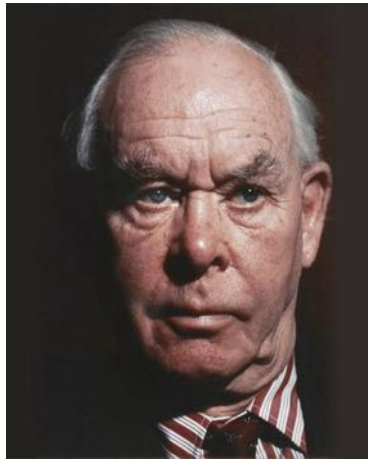
“….the basic position in the psyche is invariably a schizoid position.”

Melanie Klein

”The fundamental schizoid phenomenon is the presence of splits in the ego….”

Fairbairn, 1940



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- Freud– biological based drives that need discharge on an *object* (anything will do, thank you…)
- Fairbairn– drives primarily a psychological construct designed to help seek and maintain relationship
  - person is primarily “object” seeking (*person*, not a “thing”)

"Please be reasonable — You have sixteen distinct personalities and I'm only billing three of them."

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Projective Identification (“Self-fulfilling prophecy”)

1. Unwanted self or object representations split off from the self.
2. The unwanted self/object representation projected onto the other.
3. Through interpersonal pressure, the other starts to identify with the self/object representation (identification).
4. The other acts as if that projected representation is part of them.

Projection

Projective Identification

https://youjustgotshrinked.wordpress.com/2018/04/28/how-to-get-away-with-people/ (accessed 2 Oct 23)

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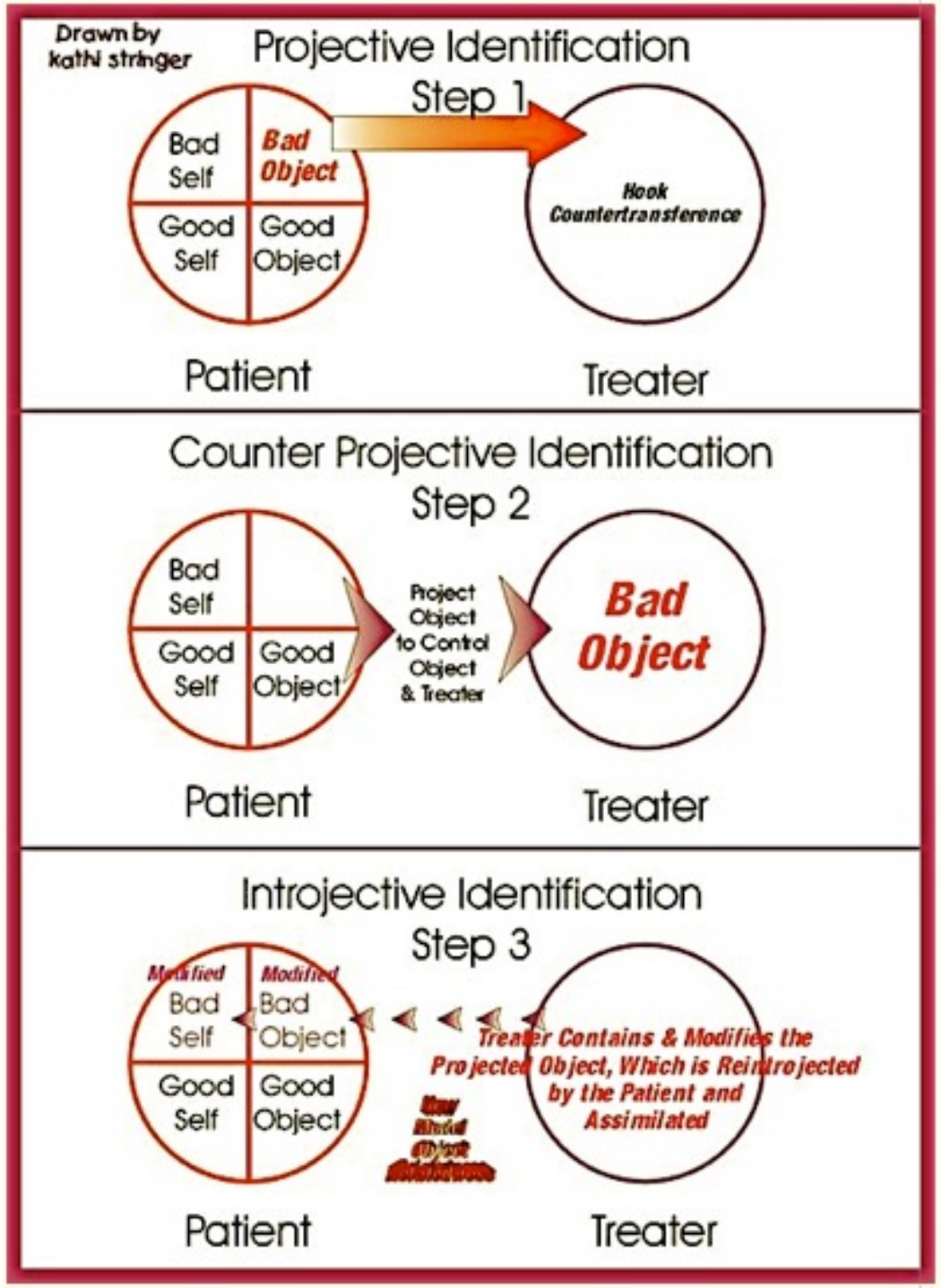

https://www.pinterest.com/pin/182959422353297 9/ (accessed 2 Oct 23)

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Level	Defenses included
High adaptive	Altruism, humor, sublimation, suppression
Mental inhibitions	Displacement, dissociation, intellectualization, isolation, repression, undoing
Minor image-distorting	Devaluation, idealization, omnipotence
Disavowal	Denial, projection, rationalization
Major image-distorting	Autistic fantasy, projective identification, splitting
Action	Acting out, apathetic withdrawal, passive aggression
Defensive dysregulation	Projection (delusional), denial (psychotic), distortion (psychotic)

Note. To use this scale, the clinician should first list up to seven defenses commonly used by the patient and then determine the predominant defense level exhibited by the individual. Adapted from American Psychiatric Association (1994). Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Copyright 1994 American Psychiatric Association.

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1. In the hospital setting, regression to lower level of psychological functioning occurs.
2. Unacceptable or overwhelming emotions are encouraged to emerge from the unconscious to conscious.
3. The treatment team, during the course of treatment, will set or enforce limits on behavior.
4. Individual members of the treatment team will evoke transference feelings within the patient.

1. Different members of the treatment team will have a ”hook” for what the patient projects into them
2. This will manifest in different team members having a different experience of the patient.
3. The team may have disagreements on how to proceed in the course of treatment, whether to confront or support a patient, based on their differ experiences.
4. The team leader may have to assume the “bad object” if must collude with the split.

Management of Splitting

- Complete resolution of spitting is neither possible nor desirable.
- Education about splitting and its variants is needed for all treaters.
- Lean into it: the use of countertransference feelings as valuable information to understand the intrapsychic world of the patient
- open communication with staff regarding disagreements
- have “bad” object and “good” object meet with patient to avoid deepening of splits
- having a consultant help mediate deep splits

….so what happened to our patient…?

"Visualize yourself not falling off the wall."

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Summary

- Splitting is a normal developmental condition designed to help the person avoid painful affects.
- Splitting is not necessarily exclusively a defense for persons with borderline personality disorder.
- Splitting is a natural consequence of a person being in a hospital setting.
- Staff can gain valuable information related to a patient's functioning when splitting occurs.
- Staff should keep good communication, seek consultation, meet with patient as a unified team to help manage splitting