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Ethics in the breakdown: Levinas, Winnicott, and schizoid phenomena

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This article addresses the common concern that Emmanuel Levinas' ethics amounts to a life-denying, moral masochism. To the contrary, I demonstrate close resonances between Levinas' project and that of the psychoanalyst D.W. Winnicott, for whom the purpose of therapy is to feel alive. In the first section, I trace the Levinasian subject's coming to be out of the impersonal *Il y a*. Exploiting the object-relations undertones, I emphasize that the Levinasian subject comes to be as fastened, riveted, or bound to existence, and thereafter seeks to loosen its bond to its existence. In the second section, I discuss Winnicott's own account of the subject's coming to be: a movement from unintegration to integration. In the third section, I discuss Winnicott's treatment of schizoid patients, and I propose that the schizoid patient's refusal of alive subjectivity in Winnicott's sense is equally a refusal of ethical subjection in Levinas's sense. I analyze the schizoid false self as a retreat from an original vulnerability to the other that is constitutive of the alive subject. Hence, schizoid phenomena can be understood as defenses organized against alive subjectivity as well as ethical subjection in Levinas' sense. I argue that healing for Winnicott entails a breakdown of the ego – akin to Levinas's notion of substitution – which births a new subject. Far from presenting Levinas's ethics as life-denying or masochistic, this paper affirms the intimate intertwinement of ethical responsibility and affective responsivity in Levinas' thought.

KEYWORDS: Levinas, Winnicott, *Il y a*, schizoid phenomena, ethical relation

Ethics in the Breakdown: Levinas, Winnicott, and schizoid phenomena

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Reading the works of Emmanuel Levinas, it is not long before one gets the impression that he sets ethics against life – *my* life in particular. Consider, for instance, what he writes in a paper entitled “Bad Conscience and the Inexorable”:

My ‘in the world,’¹ my ‘place in the sun,’ my at homeness, have they not been the usurpation of the places belonging to the other man already oppressed and starved by me? Fear of all that my existing, despite its intentional and conscious innocence, can accomplish of violence and murder. (Levinas, 1986, p. 38)

It is as though by soaking up life – by warming my skin in the sun – I have already accomplished violence, even murder. Quotations like this one have led some authors to raise the concern that Levinas presents us with a severe or even masochistic ethics (Rizzolo, 2017; Bernasconi, 2002). For, if my very being in the world usurps a place that could belong to the other, this suggests an ethical relation in which I am called to give up my life for the other.

But such a formula, in which we are to simply substitute the other for the self, does not do justice to the complexity of Levinas'

1 Levinas is referring to Pascal, whose *Pensées* he cites a few years later in the epigraph to *Otherwise than Being* (1998): “...That is my place in the sun.’ That is how the usurpation of the whole world began.”

position. Although my at homeness usurps the place of the other, it also seems to be the case that, according to Levinas, to refuse to take up my place in the sun is also to refuse the ethical relation; after all, I must be at home to answer the door. Otherwise said, the calling into question of my life presupposes that I have a life to call into question. If Levinas' ethics were against life – an anesthetic ethics – this would be an ethics for the inhuman: the undead or living-dead. This would be no ethics at all.

What I see as Levinas' adamant stance against an anesthetic, undead ethics is where I see a similarity between his project and that of the object-relations analyst, D.W. Winnicott, for whom the purpose of therapy is to feel alive. Throughout his extensive clinical work, Winnicott conceptualized a category of patients trapped in an undead or living-dead quasi-existence. These patients, whom he diagnosed as schizoid, often complained that they have not yet been born, not yet taken up their place in the sun, and – as I will show – have therefore not yet asked themselves the crucial question of ethics: “Have I the right to be, am I worthy of being?” (Levinas, 1999, p. 165). In this essay, I will read Levinas alongside Winnicott to address this not-yet subject who does not raise this question, and who has in this sense fallen away from the ethical relation, just as they have fallen away from life.

Several authors have already turned to Levinas to conceptualize psychopathology as a barrier to the ethical relation. Paul Marcus (2007), for instance, writes that we can best understand the analysand's psychopathology in terms of their being “ethically disabled” (p. 519). According to Marcus, at the root of suffering is selfish or narcissistic living; psychopathology emanates from “the selfish self undermining, if not usurping, the ethical self” (p. 520). Similarly, Richard N. Williams (2007) writes of enjoyment in Levinas as a “mundane neediness and superficiality” that

must be transcended to get to the ethical relation (p. 694). I believe these characterizations are misleading for two reasons. First, one of Levinas' interesting gestures is to present us with a narcissism that, far from pathological, is the very picture of the vital, healthy ego throbbing with enjoyment of life. Second, it is precisely this separated, pulsating ego which enters into the ethical relation, and in this sense there can be no ethical relation without this pulsating ego. In turning to schizoid phenomena, we shall examine those patients who are just as unable to participate in selfish, egoic enjoyment as much as they may feel unable to participate in the ethical relation. Schizoid phenomena can be understood as defenses organized against alive subjectivity as well as ethical subjection in Levinas' sense. This double falling away – from life and the ethical relation – lends support to what Levinas maintains: (ethical) responsibility and (affective) responsivity are intertwined, and there is no final separation of the sensibility of egoism from the ethical relation. The animated ego is a prerequisite for ethics; yet ethics, in its turn, is an animating relation.

If ethics is animating, then it would be fruitful to investigate, as psychoanalysis does, the various ways in which life gets short-circuited, dammed-up, anesthetized, and deadened. Following this approach, Simone Drichel (2019) takes Levinas to be offering us an ethics that demands our relational vulnerability. She argues that psychopathological organizations like masochism or narcissism defend precisely against such a relational vulnerability, rendering the subject ethically impaired (p. 3). Drichel argues that relational vulnerability of the sort Levinas championed is the kind of vulnerability Winnicott (2018) tried to help his patients to recover: “If we are successful we enable the patient to *abandon invulnerability and to become a sufferer*”: to become a sufferer, which is to say, to become alive (p. 199).

In their own ways, both Levinas and Winnicott trace the subject's emergence into life. For Levinas, the starting point is the *Il y a*: the strange irremissibility of impersonal being from which the subject emerges.² As I will discuss later on, I believe it is no coincidence that Levinas (1985) looked to his own childhood as he reflected upon this enigmatic philosophical concept. Levinas' *Il y a* can be investigated alongside Winnicott's own account of development, whereby the absolute dependence whence each of us came inaugurates a journey toward dependence, and still later toward independence (p. 6). It is true that Levinas does not stop where Winnicott does. Fred Alford (2000) rightly points out the obvious disjunction between Winnicott's ideal subject: autonomous, spontaneous, creative, authentic, as compared to Levinas' (1969) ethical project, as it is rather directly defined in *Totality and Infinity*: “We name this calling into question of my spontaneity by the presence of the Other ethics” (p. 43). Yet, both these thinkers conceive a subject who emerges from some original relationship with an exterior other, an original relationship that can make us tremble, but whose heteronomy binds us for good. There is a radical openness or unboundedness to the *Il y a*, as well as a breaking down of the ego's self-enclosed, narcissistic structure, opened to “being in no way private” that makes the *Il y a* an ethical term in Levinas' work. The *Il y a*, thus, marks not only a breakdown of the

ego but a breaking open to exteriority, or as Rudi Visker (2004) puts it, to a “trauma which heals” (p. 84). In a similar fashion, I argue that healing for Winnicott entails a breakdown of the ego, a passage through madness that is feared above all, and which births a new subject.³

The outline of this paper is as follows: In the first section, I trace the Levinasian subject's coming to be out of the impersonal *Il y a*. Exploiting the object-relations undertones, I emphasize that the Levinasian subject comes to be as fastened, riveted, or bound to existence, and thereafter seeks to loosen this bond to existence. In the second section, I discuss Winnicott's own account of the subject's coming to be: a movement from unintegration to integration. In the third section, I discuss Winnicott's treatment of schizoid patients, and I propose that the schizoid patient's refusal of alive subjectivity in Winnicott's sense is equally a refusal of ethical subjection in Levinas' sense. I analyze the schizoid false self as a retreat from an original vulnerability to the other that is constitutive of the alive subject. Finally, I offer that healing can take place only through a breakdown of the false ego, an ultimate leap into the void wherein the patient cannot be sure she will find the other's hold. I conclude by offering some implications for clinical work.

2 For more on the *Il y a* as an apposite point of contact between Levinas' philosophy and psychoanalysis, see Rudi Visker (2004): “One understands why Levinas turns his back on psychoanalysis: not because he did not wish to acknowledge it, but, to the contrary, precisely because he had indeed recognized it. The place of psychoanalysis – this the place of the *il y a*” (p. 106).

3 I am aware that there is a risk of a “confusion of tongues” ahead of us (Drichel, 2019). I am likely to slip between the ethical and the ontological, even though Levinas' project has been summarized in the claim that ethics precedes ontology. In turning to Winnicott, I will undoubtedly be brushing off some philosophical distinctions, as Winnicott no doubt did as he prioritized the clinical over the theoretical. In any case, I appreciate Simon Critchley's (1999) remark: “It is only by reading against Levinas's denials and resistances that we might get some insight into what is going on in his text: its latencies, its possibilities, its radicalities” (p. 232). I will leave holes for the reader to burrow through, filling them in as she sees fit or else crawling through them toward new caverns to explore (Visker, 2004, p. 79-81).

From Existence to Existent

Levinas introduces us to the *Il y a* – the strange irremissibility of impersonal being – in his early philosophical work, *Existence and existents*, which he wrote as a prisoner of war. In this section, I provide some philosophical background to the *Il y a*, though by no means can I do justice to the complexities tied to this notoriously obscure term. Instead, I address the *Il y a* insofar as it can help us to read Levinas as a developmental thinker. In fact, the French title, *De l'existence à l'existent*, translates to the English “from existence to existent.” This literal translation better captures Levinas’ project in this work: to trace how the individual existent arises from and stakes a solitary, separated position within impersonal existence.

To situate his project, it is helpful to understand that Levinas’ main interlocutor in this work is Martin Heidegger. In *Being and time*, Heidegger (2010) argues that we are anxious at the deepest level of our being, and this anxiety is fundamentally about our ownmost possibility of our impossibility: that is to say, our death. In *Existence and existents*, Levinas (2001) inverts this anxiety: “Is not anxiety over Being – horror of Being – just as primal as anxiety over death?” (p. 5)⁴ To further invoke our curiosity, he asks us to imagine the disappearance of the world. What remains? Something, Levinas affirms, since existence is antecedent to the world: the bare fact that there is (*Il y a*) (p. 8). Here it is the plenitude of being rather than nothingness that is so horrifying.

It is against this horrifying background of impersonal existence that the existent

emerges. By surging out of impersonal existence, which has no beginning or end, the existent makes a contract with existence, and this event constitutes the present (p. 25). Levinas names this event – the contract that the existent makes with existence – the *hypostasis*. Contract here has the double sense of a contraction of existence, a contraction of identity, and a binding contract that cannot be revoked. An individual existent has already taken up the burden of its own existence, and this is an accomplishment, not a given (p. 1). This adherence to existence is not taken lightly, and for Levinas (2003; 2001) experiences such as nausea, fatigue, and pain are each harsh reminders of this irrevocable commitment to being. Existing, then, is an activity; it is to take up the work of existence (p. 25). Hence the reflexive: “it is not just that one is, one is oneself (*on s'est*)” (2001, p. 16).

Though stuck in this irrevocable contract, the existent is motivated to escape its existence, or at least to loosen its sticky adherence to existence. Escape is sought outside oneself (Levinas, 1987, p. 63). The aim is to transcend to the world through its need for nourishments, effectively deferring the fall back on ourselves (p. 3). Thanks to my neediness, my dependence on that from which I live, I am not anonymous, but a solitary, pulsating ego. As Levinas (1969) affirms in *Totality and infinity*, “The human being thrives on his needs; he is happy for his needs” (p. 114). Enjoyment is alimentation; I have an appetite for life. In this movement toward the world, consciousness is “sincere”, which is to say that it has no ulterior motives but these nourishments themselves (p. 31). Otherwise put, “[S]ensibility is the very narrowness of life” (p. 138). Enjoyment, sensibility, the

egoism of life: this is the pulsation of the “I” in its happy dependency, but a dependency that turns into sovereignty, since I live in naïve, egoist ignorance of my dependency, “entirely deaf to the Other” (p. 134).

These nourishments allow us a detour before the eventual return to the self. The goal of this movement by which the self transcends itself (though inevitably returns to itself) is ultimately to be transformed by this movement (Visker, 2004, p. 210). The goal is to prevent oneself “from falling back upon a point that is always the same” (Levinas, 1987, p. 66). Worldly enjoyments help us to loosen the leash – loosen the bond with oneself. At the end of the day, however, enjoyments alone do not cut it; they do not succeed in severing the self from its existence. This is why Levinas describes the satisfaction of need as an assimilative movement; what is other becomes *me* when I sink my teeth into it (Levinas, 1969, p. 129). At the end of a cigarette, I must light a new one or else again find that I am still in my own company (Visker, 2004). Worldly enjoyments are not a final liberation. An ethical relation is needed.

From Absolute Dependence to Ego Integration

How does the infant come to take its place under the sun? I would like to leave Levinas for the moment and turn to Winnicott’s conception of the subject. Like Levinas, Winnicott speaks of existing as an accomplishment rather than a given. For Winnicott, the capacity to exist as a solitary subject depends upon certain environmental provisions. Such environmental provisions are repeated throughout Winnicott’s oeuvre, and have been widely popularized by notions such as the “good enough mother” and the holding space opened up between the infant and mother (Winnicott, 1991). Here I would like to turn to the early, pre-oedipal period of infant development, during which time

the infant faces the challenge of becoming a separate, integrated existent.

According to Winnicott, integration is achieved out of a primary unintegrated state; in this unintegrated state the infant has no awareness of its absolute dependence (Winnicott, 2006, p. 7; Winnicott, 1988, p. 116). The “good enough” environment permits the infant to go on being without having to think of its dependence, since in the beginning the mother provides a near complete adaptation to the infant’s needs (Winnicott, 2005, p. 13). As development proceeds, she gradually adapts less and less completely to the infant’s needs at a rate that is sensitive to the infant’s growing ability to tolerate these failures and growing need for independence (p. 14). In this way, the goal is to gradually disillusion the infant of its sense of omnipotence (p. 15). However – and this is crucial – at the beginning illusion must be granted. More precisely, the mother provides the infant with the illusion that external reality corresponds to the infant’s own capacity to create – to summon precisely what it needs (p. 16). This is a paradox: “a baby creates an object but the object would not have been created as such if it had not already been there” (p. 95). The object was, as it were, there waiting to be created (1988, p. 119). Of this creativity, which I believe is broad and basic enough to be likened to Levinas’ notion of sensibility, Winnicott (2005) writes:

It is present as much in the moment-by-moment living of a backward child who is enjoying breathing as it is in the inspiration of an architect who suddenly knows what it is that he wishes to construct, and who is thinking in terms of material that can actually be used so that his creative impulse may take form and shape, and the world may witness. (pp. 92-93)

What is actually created is of little importance. The point is that creativity belongs

4 Levinas (1987) continues this critique in *Time and the Other*: “Anxiety, according to Heidegger, is the experience of nothingness. Is it not, on the contrary - if by death one means nothingness - the fact that it is impossible to die?” (p. 51)

to being alive; it is real, naïve enjoyment (Winnicott, 2005, p. 91). In fact, to live from this creative self may be nothing more than sensory-motor aliveness (Winnicott, 1965, p. 148).

This is a primary creativity, but it is only primary from the infant's perspective, because as we have seen the creative potential is first given by the mother. For this reason, the paradox of the illusion relates to the paradox of the mother's identification. The mother's identification can be called a paradox because it does not smother or collapse the infant into the mother's ego but, with humility, leaves room for a separate life to flourish:

It is because of this identification with her infant that she knows how to hold her infant, so that the infant starts by existing and not by reacting. Here is the origin of the True Self which cannot become a reality without the mother's specialized relationship, one which might be described by a common word: devotion (Winnicott, 1965, p. 148).

Speaking of creation, it is worth mentioning that this image of the mother resonates with Levinas' God, as presented by Visker (2004): "The absoluteness of God [...] lies in the humility with which God withdraws, not wishing to intrude on or prove himself to the one he has created" (p. 107). By way of contrast, we could think of the mother who treats her child as a narcissistic extension, thereby not permitting the infant enough

room to breathe, not preserving the distance between herself and her creation. For Winnicott, real life is a gift of humility, the humility of maternity, of the mother who takes my face as hers, but paradoxically, still mine. This evocative picture resounds with Levinas when he brings together maternity, animation, passivity, and sensibility in one of his typical brimming sentences: "Animation can be understood as an exposure to the other, the passivity of the for-the-other in vulnerability, which refers to maternity, which sensibility signifies" (Levinas, 1998, p. 71). That animation is rooted in an exposure to the other can be readily observed in the exposure of the infant – naked and helpless – to maternal care. "His Majesty the Baby", as Freud (1914) saw, is afforded an exalted place in the sun. In the next section, we now turn to what happens when this exalted position is not provided.

Living in the Shadows

In treating schizoid patients, Winnicott is treating those individuals who, through no fault of their own, were denied "the creative entry into life or of the initial creative approach to external phenomena" (2005, p. 92). Winnicott discusses schizoid patients all over his oeuvre. In "Ego Distortion in Terms of True and False Self", he recounts the clinical case of a middle-aged woman "who had the feeling all her life that she had not started to exist, and that she had always been looking for a means of getting to her 'True

Self" (1965, p. 142). Elsewhere, Winnicott (2001) writes about a man who "felt unreal and lost what little capacity he had had for spontaneity" (p. 255). The same patient, whose analysis is published in *Holding and Interpretation*, comes to a poignant realization in analysis one day: "I never became human. I have missed it" (Winnicott, 1986, p. 96)⁵. Though this characterization may sound extreme, the feeling of being less than human pervades many accounts of schizoid patients. Taking these accounts seriously, we are interested in the question: what happens to the ethical relation when someone never becomes human? Before approaching this question, we must first ask: how is it that someone might miss becoming human?

In the previous section, I noted that in healthy development, the infant is provided with the illusion that reality is of its own creation. The mother affords her infant a mad omnipotence. In these conditions, the infant can live in happy naïveté, ignorant of its absolute dependence. Unfortunately, some infants are not permitted this normal madness. An infant's continuity of being can be disturbed by environmental impingements, or in other words, failures of the environment to actively adapt to its needs (Winnicott, 2001, p. 247). Impingement from the environment is the very meaning of trauma for Winnicott. As a result of this impinging environment, "there comes into existence an individual that we call false because personal impulsiveness is missing" (p. 217). In this schizogenic scenario, the infant does not *act* but *reacts* to impingements, and as a result "there is very little experience of impulses except as *reactions*, and the *Me* is not established"

(p. 216). Discovery of the environment does not occur through self-initiated explorations and impulses are not felt to come from the self. Impulses are drained of life when they become mere reactions to impingements.

Robbed of its primary love of life, the infant risks falling back into the madness of unintegration. In a defensive maneuver⁶, the infant develops a "false self" whose function it is to hide and protect the "true self": that *Me* which is held in abeyance like a seed without the proper nutrients to grow. Faced with an environment that did not properly hold the infant, it becomes the obligation of the false, "caretaker" self to hold the infant together and ensure that it does not fall to pieces. Henceforth, its mode of being is devitalized compliance and a sense of futility in all activity.⁷

My sense is that Levinas understood this threat of unintegration very well. In fact, unintegration may very well be the place of the *Il y a*. Consider the fact that Levinas (1985) turned to his own childhood insomnia to elucidate the *Il y a*: "My reflection on this subject starts with childhood memories. One sleeps alone, the adults continue life; the child feels the silence of their bedroom as 'rumbling'" (p. 48). I would like to take this drama further in order to identify certain resonances between Winnicott's unintegration and Levinas' *Il y a*. In this scenario, the child left by their parents to sleep alone begins to feel an eerie, encroaching silence – a silence which is not simply negative, but is more like a positive rumbling. Meanwhile, there remains for the child some intimation that life goes on beyond the bedroom walls:

5 In a chapter titled "The Sick Soul" in his *The varieties of religious experience*, William James (1961) provides several examples of schizoid phenomena. The chapter is replete with clinical anecdotes, such as the following: "I weep false tears, I have unreal hands: the things I see are not real things" (p. 132). The feeling of unreality – akin to depersonalization – is shared among many patients with schizoid dynamics. A reader familiar with the DSM-V may wonder to what extent schizoid dynamics map on to current nosology, including depersonalization/derealization disorder or Schizoid Personality Disorder (SPD). It is beyond the scope and purpose of this paper to trace similarities and divergences. In any case, my sense is that the description of SPD overemphasizes the patient's putative "indifference" or "lack of interest" in social connection, and hence overlooks the extent to which this apparent apathy is an organized defense against terrifying impingement, overstimulation, or exposure to the other.

6 Winnicott uses the term "disintegration" to designate this defensive maneuver. Disintegration is not so much a disintegration at all, but a holding oneself tightly so as to ward off falling to pieces.

7 Winnicott (1991) elaborates: "Compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living" (p. 87).

the adults continue life. Little Levinas has insomnia. In insomnia, one is held to be in “[...] an existence no longer in any way private” (Levinas, 2001). I believe this “lack of privacy” opens up two directions of inquiry, which reveal a similar ambiguity at the heart of both the *Il y a* and unintegration.

On the one hand, the lack of privacy ushered in by the *Il y a* refers to that eerie, *positive* nothingness through which the “subject” is stripped of its autonomy and interiority. On the other hand, lack of privacy suggests a break-in of the other, as if in insomnia a *negative* space has been carved out for the other in this stripping-down or breaking-down of the subject. Hence the reality that dawns on the child stricken with insomnia: “the adults continue life”. Absent from the room but continuing life, the very separateness of their parents begin to dawn on the child, perhaps for the first time. We might say that in the *Il y a* there is exposure to the other as real – real because absent, real because separate and infinitely transcendent. In summary, this not-nothing implies a certain ambiguity, since it implies both an anonymous backdrop to existence, but also the infinite, the transcendent other. Like Macbeth, who knows that by suicide he cannot take the whole world with him, the child begins to sense that shutting their eyes

cannot obliterate the other’s transcendence (Levinas, 1969, p. 146). Upon this realization, any one of us can be kept up at night by the other. What is at stake here is the other as real, and myself as real, as having been originally animated by the other and kept awake by them.

I believe we can now conceptualize schizoid quasi-existence as a defensive position taken up with respect to the *Il y a* and the infinite alterity of the other that it announces. Just as soon as the idea of infinity dawns on the subject can the defenses against infinity be organized, which is to say, defenses against the reality of the other.⁸ Thus it was perhaps at this moment that young Levinas asked his first philosophical question: Does the other really continue to exist once I close my eyes to the world? And the skeptic-schizoid response, far away from ethics: maybe not. No, I cannot be sure that they do. I cannot be sure of the reality of any other. They slip away from me, and I slip away from myself when they are no longer holding me, when the room begins to “rumble”, and I am threatened with unintegration.

In a short section of *Human Nature* under the heading “The philosophy of ‘real’”, Winnicott (1988) remarks that the question of reality plagues the schizoid patient. He saw

that the philosopher – a compulsive skeptic – is more likely than others to be schizoid: “For them the philosophical problem becomes and remains a vital one, a matter of life and death, of feeding or starvation, of love or isolation” (p. 115). In his clinical experience, he also found that the schizoid false self is very often fortified by intellectualization (1988, p. 144). The intellect can be “exploited by an ill psyche” to serve as a compensatory defensive organization for those who lack vital contact with reality (p. 12).⁹ Infants who suffer impingement can thus grow up to be philosophical skeptics, constantly doubting their own contact with external reality. Can we consider Levinas’s childhood memory as an example of impingement? We should remember that impingement is not simply about a suffocating intrusion, but also an unbearable lacuna opened up between the self and other who absents himself, leaving me in the lurch. Such is the case when the adults continue life, and there is good reason to doubt that they will return in the morning. The schizoid move is to retreat from the separateness of the other and in so doing refuse to be tied to the other in the ethical relation. The skeptic-schizoid position defends against the other’s alterity.

The schizoid false self is not a separated self by either Winnicott or Levinas’ definition, and so there is an impoverished ability to participate in the economy of enjoyment whereby they may live from the world’s nourishments. Only nourished from the self-same, schizoid being is emaciated being. Schizoid being is not properly a self at all, for there is a lack of spontaneous action. According to Levinas, “Action is [...] the first manifestation or the very constitution of an existent – a *someone* that is” (Levinas, 2001, p. 23). Unable to begin, unable to act, the schizoid patient is nonetheless constantly engaged in holding themselves together. This is why Winnicott says that “in the withdrawn state the patient is holding the self” (Winnicott, 2001, p. 261). This

is a burden that costs them the ability to risk *life*. They feel the weight of being most heavily, are *held* to be, compliant, riveted or chained to being, or I should say they chain themselves to being; they must tie themselves to being for fear of falling forever, as in Maurice Blanchot’s *Thomas the Obscure*, cited by Critchley (1993):

Just as the man who is hanging himself, after kicking away the stool on which he stood, the final shore, rather than feeling the leap which he is making into the void feels only the rope which holds him, held to the end, held more than ever, bound as he had never been before to the existence he would like to leave.

His unfreedom is palpable. Unable to seek escape in the world (for he lacks an separated self), but threatened by the *Il y a*, he must grip the rope tightly so as not to fall into madness. Is not madness the other side of the existent tightly tied to existence? To float aimlessly, free from all coordinates, bound to nothing and no one: a “free” being? The schizoid defends against this madness just as he defends against the other’s alterity. Even suicide, Levinas and Winnicott both agree, is never a genuine action, but a reaction to an original falling from the primary love of life. For Winnicott (1965) suicide may be a way to protect the true self that has been locked away (p. 143). Likewise, Levinas (1969) states that in suicide “One flees life toward life” (p. 149). Not suicide, then, but some other solution is needed.

Ethics in the Breakdown

I have so far discussed how the schizoid patient adopts a compliant, false self in response to prior trauma, defined as “impingement from the environment” (Winnicott, 2018, p. 198). In denying subjection to the other, exposure to absolute otherness, the schizoid patient has also given up life: subjectivity itself. What

8 In taking up a pragmatic approach to question of the real, I have been influenced by the work of Megan Craig (2010; 2016; 2017), who reads Levinas alongside William James to develop a pragmatic phenomenology. Craig (2016) writes: “James preferred the language of the *real* to any notion of truth, since the sense of something being real entails a feeling of its animating ‘warmth’ or being alive. This meant that philosophy for James was a practice of kindling a feeling of reality in others in order to bring things that may have initially seemed mute or dead back to life” (p. 277). Similarly, Winnicott writes that the main aim of therapy is not to know thyself, but to feel real: alive in one’s body. In prioritizing sensibility, Winnicott, Levinas, and James, share something like a philosophy of life.

9 For a study on hypertrophied intellectualism as a feature of schizoidism and modernism, see Louis Sass’ (1994) excellent monograph *Madness and Modernism: Insanity in Light of Modern Art, Literature, and Thought*. Harvard University Press. Thinking more broadly, Winnicott’s positioning of intellect as a secondary defense resonates with Levinas’ critique of comprehension and rationality as totalizing endeavors that are unlikely to lead us to the ethical relation. We could even say that Levinas project is to critique a history of philosophy overly identified with the schizoid position, which to say, allergic to alterity.

results is a tenuous contact with reality – including life’s nourishments – such that the schizoid patient feels especially exposed to the *Il y a* and must defend against it constantly. The false self vows never again to be vulnerable to the other, never again to live from their face or to be nourished by them. Drichel (2019) elaborates:

What is important to recall in this context is that this response-ability is founded upon the very vulnerability that the patient had hitherto defended against, and that all the while remains lodged in their unconscious as a conduit to the intimate relationality that is “deeply longed for, yet warded off.” (p. 11)

Deeply longed for, yet warded off. This last phrase speaks to what we could call the patient’s ambivalence toward heteronomy. My argument in this section will be that a regression to unintegration – a breakdown of the ego or a passage through madness¹⁰ – is needed for the real subject to emerge, a subject originally subjected to the other. If there is something like an ethics of the face in Winnicott it is to be found in the breakdown of the ego. This would be the breakdown that has thus far been refused by the schizoid patient who has managed to hold themselves together at the cost of their vitality and the ethical relation.

In his essay, “Fear of Breakdown”, Winnicott (2018) defines “breakdown” as “the unthinkable state of affairs that underlies the defense organization” (p. 88). To fear a breakdown, then, is to fear that one’s defense organization will fail to protect against some unthinkable state of affairs. Winnicott notes

from the outset the difficulty in studying the breakdown, since clinical work is occupied with the fear of breakdown, not the breakdown itself. For this reason, “what we see clinically is always a defense organization [against a breakdown]” (p. 90). Nonetheless, Winnicott proposes the following thesis: “I contend that clinical fear of breakdown is *the fear of breakdown that has already been experienced*” (p. 90). It is this primitive agony, the original traumatism, which is defended against at all cost from being repeated, although this fact is hidden in the unconscious: “In this special context the unconscious means that the ego integration is not able to encompass something” (p. 90-91). In other words, something primordial remains beyond grasp that is prior to thematizing consciousness and breaks the encompassing, encircling, comprehending movement of consciousness. Thus Winnicott contradicts himself on the next page by adding that the breakdown that happened was not in fact *experienced*, properly speaking. Something has happened to the patient but the patient was not there when it happened (p. 92). It is yet to come and actually sought in the future. The fear of breakdown therefore signifies, in a Freudian fashion, a wish or longing to break down. As much as it is feared, it contains a kernel of hope: “The organization that makes regression useful has this quality distinct from the other defense organizations in that it carries with it the hope of a new opportunity for an unfreezing ...” (Winnicott, 2001). The patient longs for regression, but wards it off. It is a risk, but it is a necessary risk to take for healing to be possible; what is needed for healing is a regression to this original dependency in which a primitive agony was “experienced”.

The patient’s ambivalence (deeply longing, yet warding off) is intimately connected to the ambiguity raised in the last section, in which I noted that “lack of privacy” ushered in by insomnia describes the depersonalization or breakdown of the “subject” but also the break-in of the other. As vigilance without a subject (p. 62), insomnia marks the end of privacy, but also the beginning of ethics. Hence the allure of insomnia is the allure of heteronomy: giving oneself over to the other. Ambivalence toward this allure plays out in the clinic; Winnicott saw time and again how his patients fell asleep in those moments when a breakdown was imminent. In this way, we can see that withdrawal, which Winnicott defines as detachment from a waking relationship with external reality (Winnicott, 2001, p. 255), is opposed to the ethical vigilance of insomnia.

Insomnia will be refused to the extent that the patient fears they will be exposed to a *bad infinity*. Rudi Visker (2004) elucidates the ambiguity of infinity, associated with the *Il y a* and ethical responsibility alike:

For responsibility is an impossibility-of-disappearing in which the subject thus abides: here, too, there is infinity (for responsibility is without end), but then with a good liberating the subject, rather than depleting it. Indeed, the Good animates and inspires the subject, and without the subject’s bending or breaking under its breath, but holding itself up. By singularizing me into an irreplaceable I, the responsibility which is thus ‘irrecusable’ distinguishes itself from the ‘impossibility-to-disappear’ in which there lies the terror of the *Il y a* (p. 105).

As Visker shows, it is as if just when I am about to be swallowed up in the impersonal *Il y a*, I am suddenly saved by a Good infinity that does not swallow me up in anonymity

but singularizes me, orders and ordains me, all the while making it just as impossible for me to disappear, fall asleep, or withdraw. Hence we find in the breakdown of the ego the original subjection to the other. This subjection that constitutes subjectivity is a traumatic subjection, as Levinas tells us, and is a traumatic subjection that is hitherto repudiated in schizoid “life”, but which must be faced in deep regression that permits the schizoid subject’s coming to be.

When everything is torn asunder, myself included, I can only recover myself in the Other, for whom I have made room. Levinas (1998) writes of insomnia as the coring out of the subject to make room for the other (p. 58-59). The moment of substitution (*Ich bin du, wenn ich ich bin*) occurs in an absolute regression marked by an infinite exposure. In Winnicott’s (1965) own words,

I suggest that this I AM moment is a raw moment; the new individual feels infinitely exposed. Only if someone has her arms around her infant at this time can the I AM moment be endured, or rather, perhaps risked (2006, p. 217-218).

As Levinas tells us, “Being is evil (*mal*) not because it is finite but because it is without limits” (p. 51). Boundless, a rumbling in the child’s bedroom: the double infinity of the rumbling *apeiron* and the parents’ transcendence. But the return of the parents, if the infant permits their absence, can in turn impose limits on this bad infinity. Alford (2002) concludes his own study: “Could it be that becoming the other’s hostage is a way to escape the exposure of the “I AM”? After all, Alford continues, “To be held hostage is still being held.” (p. 51). In analysis, this infinite exposedness I AM is met with Levinas’ infinite responsibility: HERE I AM (*me voici*) (1985, p. 97).

10 Critchley (1999) suggests that address of the Other is the address of madness: *Conscience devenue folle* (p. 232).

The Ethical Relation in Therapy

There is no doubt in Winnicott that healing means moving toward spontaneity, creativity, and the illusion of creating the world anew at each moment. At face value this sounds like an aggrandized narcissism – everything that Levinas' ethics calls into question. Yet, Levinas is not proposing we be self-abnegating ascetic who must jump over need on their way to desire. What schizoid phenomena show us is that affective responsiveness and ethical responsibility are intimate neighbors; together they are compromised. In *Otherwise Than Being*, Levinas insists that “[S]ensibility can be a vulnerability, an exposedness to the other or assaying only because it is an enjoyment” (Levinas, 1998, p. 74). He goes on further: “Egoism, enjoyment, sensibility, and the whole dimension of interiority – the articulations of separation – are necessary for the idea of Infinity, the relation with the Other which opens forth from the separated and finite being” (Levinas, 1969, p. 148). As grave as his philosophy appears, he also writes, reminiscent of Winnicott, that “to live is to play” (p. 134). Levinas calls for our ethical sensibility, where to sense is to be always already exposed, vulnerable to being touched from beyond my control. If to sense is to be always exposed, then enjoyment, far from being insulated, already always places us at a risk of interruption.

In this paper, I have attempted to show that the schizoid patient defends against the terror of the *Il y a* and the terror of the face alike: two infinities that are forsaken in their insulated finitude. I have tried to explore the schizoid patient's ambivalence toward heteronomy. Exposed to this heteronomy from the beginning, the human can be violated, and in this case responds by foreclosing the original traumatism from recurring. Such is the schizoid patient's compromise. It would be an understatement to say the aim of therapy is for the schizoid patient to tolerate the

ambivalence of heteronomy; it is more like a great risk, a leap of faith that needs to be ventured with blind confidence that “the Other brings me a trauma which heals” (Visker, 2004, p. 84) and not one that will annihilate me.

But perhaps we should think less in terms of ethical disablement or impairment of patients, and take this study to speak more to the infinite demand of the other in the longing for absolute dependence. In fact, to say, as Marcus (2007) does, that the goal of analysis is to help the analysand awaken to moral life, strikes me as un-Levinasian, for Levinas did say that the other's responsibility is not my business. Should I not think rather of my responsibility to the one who never had their place in the sun? Winnicott himself recognizes the extreme responsibility of the therapist: “The danger does not lie in the regression but in the analyst's unreadiness to meet the regression and the dependence which belongs to it” (p. 261). This indeclinable responsibility that belongs to me alone, uniquely me, is a responsibility that is not exhausted when we offer our hands one time: “The debt increases in the measure that it is paid” (Levinas, 1998, p. 12). Perhaps the patient is asking: Can you stand me awake and alive? Or only while I am asleep and dead? Can you stand my extreme dependence, or should I remain in the shadow? These are not one time questions. Ethics lies in openness: in the subject evermore broken open. Even Winnicott recognized there is never a point at which the human being has become conclusively integrated; integration is never more than provisional. At any moment trauma can break open the ego once again, and the therapist remains vigilant for such moments.

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