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City University of New York PH.D. 1983

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THE IMPLICATIONS OF SEPARATION-INDIVIDUATION THEORY
FOR THE CONDUCT OF PSYCHOTHERAPY OF
THE BORDERLINE LATENCY-AGE CHILD

by

MARY REID MILLER

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1982

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MARY REID MILLER

1982

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

THE IMPLICATIONS OF SEPARATION-INDIVIDUATION THEORY
FOR THE CONDUCT OF PSYCHOTHERAPY OF
THE BORDERLINE LATENCY-AGE CHILD

by

Mary Reid Miller

Adviser: I.H. Paul

Certain specific interventions were evolved in the psychotherapy of three latency-age borderline children through the application of Margaret Mahler's theory of separation-individuation. These interventions are here categorized into three modes, including spatial structuring of the therapeutic setting, dramatic intensification of illusory subphase experiences, and symbolic concretization of the child's wish or mental representation. The modes of intervention are described in Chapter I. Chapter II contains an explication of Mahler's normative theory of separation-individuation, with a description of the subphases. Chapter III includes a diagnostic description of the borderline child as one whose separation-individuation phase development has been problematic; the evolution of the "borderline" diagnosis is traced, and typical borderline "phenomena" according to Fred Pine are presented. In Chapter IV, considerations of child psychotherapy from the separation-individuation point of view are traced in Mahler's writings. Psychotherapy of the latency-age borderline child according to Mahlerian principles as conceptualized by this writer is described. The following chapters contain a discussion of the three modes of intervention,

illustrated in clinical vignettes. The concluding chapter contains a summary statement and reflections on the use of metaphor in therapeutic communication with borderline children.

ACKNOWLEDGMENTS

I wish to acknowledge here my great indebtedness to Ms. Anni Bergman for her creative teaching and clinical supervision. Without it, this study would not have been possible.

I count myself fortunate indeed to have had three such requiring, engrossing, and rewarding children as these among my first clinical patients. For his skillful and flexible clinical supervision of one of these cases, I wish to thank Dr. Wolfgang Pappenheim.

I thank Dr. I. H. Paul for his service as Advisor during an extended and difficult period. His original conception of what my dissertation might be, together with the helpful comments and suggestions of the late Dr. Arthur Arkin, who served on my committee prior to his death, helped greatly to structure the organization of my ideas.

My warm thanks go to Dr. Sally Moscowitz for her interest in the subject of my essay and her availability to discuss it. In particular she has helped me to focus and clarify the relation between the organizational structure of the essay and the presentation of the clinical material.

To Dr. Laurence Gould, as well, I am indebted for his membership on my committee. I extend my thanks to Dr. William Crain and to Dr. Arietta Slade for their service as outside readers.

Finally, I wish to express my gratitude to my daughter, Cecily, for her patient reading of the manuscript in order to improve its communicative power, and to her and my son, Robert Paul, for their

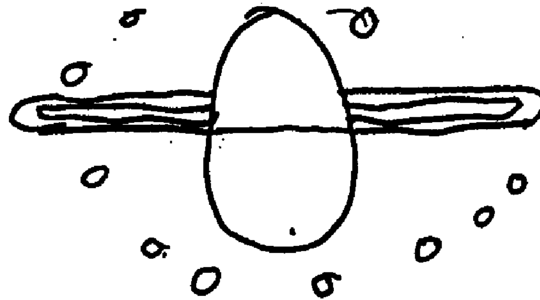
support in furnishing me with the necessary solitude and encouragement to bring this project to fruition.

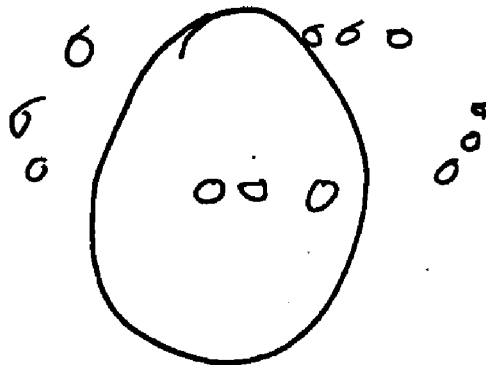
form OLLie

I Love ILove I think

my family Like you. Joey want a stethescope and arleen

saturn





From the 47th Session of Orlando: "He decided he loved the party, and mused out loud, 'What can I do in return? I know, I'll come to all the other sessions until the end.' He wrote me a note with Saturn on the bottom..."

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Chapter I
INTRODUCTION

The research and conceptualizations of Margaret Mahler and the Mahler group about the separation-individuation process of development have had great impact on our understanding of the child's psychological development during the first three years of life. Separation-individuation theory, primarily a normative psychoanalytic theory of early development, places special emphasis on the mother-child dyad. It delineates invariant, albeit overlapping stages in two intertwining aspects of development: that of self and identity formation, and that of the differentiation of object representation. These stages are determined by innate maturation and by the child's object relations.

The theory deals with psychopathology primarily in an etiologic way, and the discussion of psychotherapeutic treatment of children, from early work, is limited for the most part to the treatment of psychotic children. Mahler herself did not address the subject of the implications of her theory for the treatment of nonpsychotic children in her writings, although she did speculate on the long-term characterological effects of an unsuccessful passage through the stages leading up to the "psychological birth." Little has been written by the members of the Mahler group about the implications of separation-individuation theory for the management of psychotherapy with children.

Yet in the training of this therapist, separation-individuation theory as used by a clinical supervisor from the original Mahler group greatly influenced the conduct of individual psychotherapy with three latency-age children. Each of these children carried the GAP diagnosis of "borderline personality disorder." Therefore, the focus of this study grew naturally from the training experience of the writer. In reviewing the conduct of therapy by the therapist, and her understanding at the time of what the child presented, an attempt has been made to articulate and classify the ways that the knowledge of the theory affected the management of the therapeutic process. To follow this process, the reader needs a summary of the findings of the normative separation-individuation research, which will be found in Chapter II.

In this essay, the writer makes the assumption that the borderline latency-age child placed in the psychotherapy situation will, as one aspect of that therapy, reexperience in the therapist's company the various antecedent phases and subphases of separation-individuation which he has previously either not experienced, or experienced in a flawed or unsatisfactory way as a part of the original mother-child dyad. In the point of view presented here, this assumption is strongly suggested by the "borderline" diagnosis as it is here defined.[1] Further, this point of view relies upon the concepts of critical period, the invariance of stages of development of sense of self

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[1]The case material comes from the psychotherapy of three latency children, between the ages of 7 and 9 years, who received the GAP diagnosis of borderline personality disorder before psychotherapy began. The treatment settings were two outpatient child psychotherapy clinics.

and differentiation of object, and the theoretical assumption that the critical periods are evolved biologically and developmentally, with chronologically programmed "organizers," a concept originating with Rene Spitz. Therefore, the capacity of experiencing and organizing experience at a certain stage in a certain way is biologically programmed for each child, but must be met in human infants by the cooperation of the (mothering) environment. If the biological readiness or "expectation" is not met, or if the biological readiness is not developmentally normal, then what the child experiences at the critical period is described as either flawed, or as a non-event, hence, delayed. Somehow the capacity waits in the wings, and it is this biological (and psychological) readiness that, perhaps much later, makes the "reliving" or "living" experience possible in therapy. The writer uses the word "reliving" without wishing to imply by it the term "regression" as used in its precise psychoanalytic sense, i.e., the moving backward over previously traversed ground toward a (libidinal) fixation point.

The "reliving" experience is observable in the behavior of the child during the therapy sessions. The therapist treats the child's behavior as a communication, responds formally and verbally in a common-sense kind of vocabulary, and participates in the therapeutic, illusory separation-individuation experience, taking the part of the other half of the undifferentiated mother-child couple. The child then rapidly uses the therapeutic experience to differentiate and define himself, making a sturdier accommodation (or adaptation) to everyday reality. This process is generally described by observers as a consolidation of ego structure. For the borderline child, who is described as characteristically

fluctuating between developmental levels of psychic structure or ego organization, with attendant failures in the regulation of anxiety, ego consolidation represents an important step toward latency maturity.

Treatment of the Latency-Age Borderline Child

The question may fairly be asked why a theory which seeks to elucidate the child's psychological development from birth through the third year of life should be as highly relevant to the psychological development in treatment of the latency-age borderline child as this essay postulates. By way of explanation, the development of the "borderline" diagnosis in children will be reviewed in Chapter III. By virtue of definition, the borderline child is here presented as one whose separation-individuation phase development was problematic, and who as a result has not achieved self and object constancy. Therefore, his grasp of reality is impaired through inability to relinquish omnipotence. More important, his poor stability of ego function, that which makes the reality principle "graspable," is seriously impaired. As a result, the chronologically indicated passage through the oedipal phase and into latency is undergone by these children either not at all in the most damaged cases, or, more commonly, in a skewed or marginal way. This is not to say that borderline children do not carry various earmarks of latency, such as an interest in peer relations, the mastery of childhood games and rituals, and the search outside the home, in the world of peers and school, for important structures and satisfactions of life. However, on inspection, they are seen to be handicapped in their search for the achievements of latency by the many emotional and

cognitive incapacities, described as such and in detail by Pine (1974), and restated in Chapter III.

The obverse of these incapacities, which is the working focus of this essay, is the view of them as unfulfilled needs, developmentally programmed steps which are only marginally experienced, incompletely attained, and not stabilized. In this view, room for therapeutic optimism exists in that enough movement through the separation-individuation subphases is underway or accomplished to create a felt need or desire for reparation through subphase completion still ascendant in the latency years. So it happens that, taken into psychotherapy in which the promise of a gratifying object relationship releases unmet needs, the latency-age borderline child will recreate the emotional issues and dilemmas belonging to the incompleted separation-individuation process. In working the object relations issues through, the child will make collateral gains in stability and elaboration of ego function. The dependency of the borderline child on object contact for higher functioning usually makes the gains apparent in the therapeutic context much more quickly than they are able to be maintained by the child in the world outside.

It is the therapist's task to observe and use the formal and physical shape of the child's behaviors to understand where the child is in terms of the object relations and ego development of separation-individuation subphases. The therapist responds to the communications by participating in the subphase reexperience illusion, in ways heavily reinforced by use of the concrete physical, spatial, and motoric symbolizations of the child. These concrete modes of response are appropriate to the sensorimotor and preoperational processes of

conceptualization (cognition and affective learning) that go along with the child's stage of mental functioning during the chronologically synchronous period of the early formation of the sense of self. This therapeutic position seems most effective in releasing the child's unmet needs through its implicit promise of an emotionally need-gratifying relationship communicated to the child in a way shaped by the child himself, and therefore understood with immediacy.

The effectiveness of the therapist's role is enhanced by means of the three modes of intervention delineated in the next section. Clinical vignettes drawn from the cases which provided the basic data for this essay are used to illustrate the discussion of each mode in later chapters.

From the review of Mahler's normative research in Chapter II, the reader should gain an understanding of the overall framework of separation-individuation theory, as well as a fairly precise understanding of typical subphase behaviors. In the following chapter, the borderline diagnosis in children is described as the outcome of problematic separation-individuation phase development. Implications of this position for the course of psychotherapeutic treatment are explored in Chapter IV, first through Mahler's early writings on child treatment, including the conceptualization of the tripartite treatment design for psychotic children, and then through an integrative statement by this writer. The remainder of the essay is devoted to discussion centered on each mode of intervention in turn. The final chapter contains a summary statement and reflections about the place of physical metaphor in therapeutic communication with borderline children.

Three Modes of Therapeutic Intervention

The modes of therapeutic intervention discussed in the present study are:

Spatial and spatial-movement structuring of the psychotherapy setting.

Dramatic intensification of illusory subphase experiences by means of tangible mimetic bodily response patterns of eye, voice, posture, and movement.

Symbolic concretization of the child's unformulated self-representation or wish through the use of a concrete object, or personage, or imaginative play sequence.

These interventions were not used in a systematic way at the time of treatment; rather, they emerged in the process of therapy and supervision as a result of the knowledge being exchanged, and the therapist's and the supervisor's sensitivity to space and the formal shape of communication. The clinical cases, then, provided the original context where this conception of therapeutic strategy was developed. Many of the interventions first occurred because the child "tipped off" the therapist about the importance of the formal qualities of the communication, be it in spatial metaphor, in pattern of movement, or in the use of imaginative play sequence as a joint "willing suspension of disbelief" (Coleridge, quoted in Rosen [1964]). This should prepare the reader for the discovery that, in the clinical vignettes, the interventions as often arise out of the child's behavior or language, as out of that initiated by the therapist. It is frequently the case that the child takes the initiative in setting up "rules" of the therapeutic transaction, and the therapist's role consists in, first, being in an alert state of readiness

to receive such communications, and, secondly, to respond to them in the "intensifying" way herein described. In other words, in the therapist's always-present selection of which cues to which to respond, this essay emphasizes the formal and nonverbal, and the "playful" aspects of therapy.

Spatial and Spatial-Movement Structuring of the Psychotherapy Setting

Patterns of spatial structure are understood in two dimensions: the use of the boundaries and shape of the physical setting; and the physical distance and rhythm of changes in distance between the two figures of the psychological couple, child and "mother"-therapist, within the physical space.

The parameters for the use of the physical setting are set up by the therapist at the beginning of the therapy, as a kind of baseline regulation, in order that the therapist may more sensitively observe departures from the baseline initiated by the child. Implicit in the therapist's original constraint-setting is the possibility of a series of fall-back positions or alternatives. Thus, for example, while the original set-up may be a playroom at the clinic, the fall-back spaces may include a separate smaller room (the therapist's office) or the corridor between office and playroom; or it may include the reception area of the clinic, and its connecting corridor.

There is nothing in the therapeutic set-up to prevent the therapist and child from staying within the confines of the original room. However, departures from the original constraints are conceptualized as a series of orchestrated, meaningful spatial possibilities, rather than an either/or, "in" or "out" of the therapy room. Generally, the child with the more developed symbolization capacities will stay longer in the original setting, making use of miniaturization of scale, and small toys, to communicate the messages, rather than needing to act out themes in his own body scale. More typically, the same child uses different spatial scales according to the relation of urgency of need to functioning maturity level of ego.

The second way in which the space and movement pattern of the therapy is conceptualized is not always distinct from the first. It comes from Mahler's intrinsic view of mother and child as a psychological couple, and is perhaps best understood in the image of the therapist and child as connected by an imaginary string or umbilical cord. Acting on the belief of this "tie-line" is important to the therapist, since it changes, for example, the meaning of disappearances by the child. The disappearances are no longer seen as simple severance in contact, but instead as orchestrated pauses or emphases embedded in a continuous stream of spatial music.

Dramatic Intensification of the Illusory Subphase Experience

This mode of intervention involves the therapist's alert readiness for the often nonverbal tip-offs given by the patient about his current, sometimes momentary and fleeting, experiential level of object relations,

on a continuum of level of differentiation, during the session; and then, her ability to communicate this understanding by intensifying, with the child, the particular subphase climate for the duration of the child's apparent need. Much of her communication is effected non-verbally. Within this category come patterns of eye contact and gaze, physical merging behaviors initiated by the child and mirrored by the therapist, and vocal tone responses by the therapist to changes in the child's language or voice quality, such as the use of sing-song, baby talk, or mother tongue.

Symbolic Concretization

The child's unformulated or preconsciously disavowed mental representation or wish is given external concretization in one of three ways:

1. through the use of an object, such as a toy airplane, which represented one child's imminent journey to another country;
2. through the use of a personage, such as a doll, puppet, or animal, which takes on the denied or forbidden characteristics of the patient's self, or verbalizes or plays out his "secret" wishes; and
3. through play, where the therapist takes an illusory role, dramatizing something felt or wished for by the patient, as a way of communicating recognition and understanding of the wish, while creating distance of the child's observing ego from his unverbalized experience. The experience then becomes available for "mental growth" or accommodation, through the patient's identification with the therapist, who by means of dramatic re-creation through play, communicates acceptance of the experience by participating in it, while preserving the observing distance.

Chapter II

MAHLER'S NORMATIVE THEORY OF DEVELOPMENT--THE SUBPHASES OF SEPARATION-INDIVIDUATION

The usefulness of Mahler's 1975 book, The Psychological Birth of the Human Infant, for the therapist of the borderline child comes in part from the clear, systematized exposition of separation-individuation theory, and in part from the fluent understanding it gives of the characteristic behaviors of the subphases. The therapist's greater understanding of these behavioral and metaphorical messages may be expected to influence her conception of the therapeutic process. A summary description of the subphases is therefore included below.

Antecedent Phases

According to Mahler (Mahler, Pine & Bergman, 1975), the infant when born goes through a normal autistic phase where his waking awareness is only of pleasure-unpleasure and the quality of timing or rhythm of fulfillment of his bodily needs. This phase lasts only some 3 weeks, and is followed by the "normal symbiotic" phase, when the infant becomes aware of himself as in union with the mothering presence, and has illusions of omnipotence brought on by the good-enough mothering, bringing prompt satisfaction of organismic needs. The time span for this phase is up to the age of about 5 months. Mahler believes that at this age the normally endowed child, or the

child of average sensitivity, requires simpler mothering than in later subphases, since the child's needs are weighted more heavily toward the physical; or, to put it another way, good physical mothering goes far to fill the infant's psychological needs.

The Differentiation Subphase

The separation-individuation phase is divided into four subphases. The first subphase is differentiation, so named because, as Mahler describes it, the child begins to "hatch from the symbiotic membrane." This is a metaphor for the child's new focused state of alertness, and his dawning awareness that his mother, while still in the "symbiotic orbit," is a specific person, to whom he has a special bond, marked by the specific smiling response. Differentiation extends from the fifth month approximately into the ninth or tenth month, and, during this time, the child acquires a basic sense of his own body and its physical boundaries (body ego).

The Practicing Subphase

The practicing subphase takes over as the toddler moves down from mother's lap and navigates on his own, first as a quadruped, in early practicing, and then, in the practicing subphase proper, as a biped. The subphase of practicing extends from the age of 9 or 10 months to the age of 16-18 months. It is a time of the flowering and mastery of many locomotor skills, of certain logical capacities, and of other partial autonomous ego functions. According to Mahler, these capacities and functions attract so much of the child's libido

that "the junior toddler is emotionally relatively independent of the love object, and absorbed in his own narcissistic pleasures." She continues, "We might consider the possibility that the elation of this subphase has to do not only with the exercise of the ego apparatuses, but also with the infant's delighted escape from re-engulfment by the still-symbiotic pull from the mother" (Mahler, 1972, p. 492). In an emotional atmosphere of exhilaration and optimism, the junior toddler plays active distancing and reuniting games with the mother, and although he experiences moods of low-keyedness during her absence, he develops a much greater interest in many aspects of the outside world. The child seems to experience himself as invulnerable a great deal of the time, and shows an emotional sturdiness which helps him to survive the knocks and falls which go with his sorties of exploration and his practicing to mastery of such basic locomotor skills as walking, climbing, crawling, etc. The mother is called upon during this period to adjust to the toddler's increased independence, by relinquishing some of the physical and emotional closeness of the former subphase, and by remaining in the background, emotionally and physically available for the toddler's emotional "refueling" at his own instigation and timing.

The Rapprochement Subphase

With the advent of the transition from sensorimotor to representational intelligence, and its concomitant emotional growth, the child moves into the subphase called rapprochement, which lasts from 16 to 18 months, to well into the second year. While his physical

capacities for exploration, distancing from mother, and independence continue, the tone of optimistic invulnerability--the tone of "the world is my oyster"--begins to change. Increased separation anxiety is experienced, and is acted upon in the renewal of approach behaviors to the mother. The "senior toddler" has a seemingly constant concern with mother's whereabouts, understood to be arising from his dawning sense of himself as small, helpless, and separated. However, this reunion is usually not without its complications, and in fact is typically described as a stormy period. What are some of the reasons for this?

It seems that while the child's awareness of his own limitations develops, and increases his feelings of vulnerability, his delusion of parental omnioptence is maintained; and, therefore, the failures in the environment are experienced as failures in the care of that parental omnipotence, which leads to rage and anxiety of a different quality, the fear of loss of love of the object. The mother, on the other hand, who has spent the previous months getting used to the idea of the child's increasing independence, rather abruptly finds the situation reversed emotionally, while the same motor and cognitive skills are there that have been rather apparently flowering all along. The extent to which the mother can accommodate to the changes of emotional availability between herself and her toddler in rapprochement (as well as in the practicing phase) has a great deal to do with how the subphases work out. It seems that often the losses experienced by the mother during practicing are not evident to the child until rapprochement, when his general sense of vulnerability and his lowered

mood and level of optimism leave him more prone to experiencing discrepant emotional expectations between himself and his mother. Wooing and shadowing behaviors on the part of the child during rapprochement are frequent, as is a certain amount of miscueing between mother and child. But whatever physical coercions the child can bring to bear on the mother are not sufficient to maintain the delusion of parental omniscience, and the importance of verbal communication moves very much to the forefront in the mother-child relationship (Mahler, 1972, pp. 495, 496).

As Mahler states, three great anxieties of childhood meet here in the rapprochement subphase: the fear of object loss and abandonment, while lessened, is made more complicated by the internalization of parental demands in the beginning of superego development; the fear of loss of the love of the object is apparent in the child's allied extrasensitive reaction to approval and disapproval; third, there seems to be a greater awareness of internal bodily feelings and pressures, as toilet training and recognition of anatomical sex differences come to the fore (Bergman, 1980, p. 209; Mahler, 1972, p. 505).

Timing of the Subphase Shift to Rapprochement

A crucial factor in the child's ability to weather and master this critical subphase seems to be the *timing* of the transition from practicing to rapprochement. Sometimes the transition and its accompanying mood deflation is just too sudden, too abrupt, for the child to manage, and still hold on to the confidence and optimism he

has built up in the previous subphase. Sometimes, things have gone wrong earlier, so that the child's practicing period does not reach full development or full elation before the swing back to mother, with its accompanying fears of engulfment, occurs. At any rate, because the rapprochement child has not yet reached the stage of libidinal object constancy, he is at risk because of the deflation of mood experienced with the loss of his belief in his own omnipotence. Too great an aggressive valence in the child's libidinal-aggressive balance can give rise to a rapprochement period characterized by displeasure and discontent, and negatively toned general mood, as well as anxiety about the future. If the mother-child relation is such that the child has to defend the good-mother image from his overbalancing aggression, then splitting of the object is a relied-upon defense, which cannot be dispensed with. The good-mother may always have to be the absent one, and never the present one. In this situation, the return of the (real) mother after a negatively toned absence does not really bring relief to the child, or positive affect to the relationship--whining, clinging, and coercion predominate. At the same time, the child's self-representation and his self-esteem suffer from the overall negative tilt in libidinal-aggressive balance (Mahler, 1972, pp. 502-503).

On the Way to Object Constancy

The fourth subphase, called (in an ever-more qualified way) "on the way to object constancy," is ushered in during the third year. The child regains composure by being able to unify in his mind and

experience the representations of the present and the absent, the good and the bad mother; using this cognitive and emotional strength, he overcomes his separation anxiety and expands even more his interest in the outside world.

Unlike the normal autistic and symbiotic phases and the subphases of the separation-individuation process that came before, object constancy is less a phase of development than it is an end point of a previous developmental process. In this sense it has its main import as a mode of resolution of issues of earlier subphases. Thus, "towards object constancy" is not only an end point of a past process, it is also an opening out into all of life (Pine, 1980 as cited in Meshover, 1980). The main developmental tasks of this fourth subphase are conceptualized as the achievement of a definite and lasting individuality, and the attainment of a certain degree of object constancy. As previously stated, the achievement of libidinal object constancy implies not only the maintenance of the representation of the absent love object, but also the unification of the "good" and the "bad" object into one whole representation. This achievement allows for the establishment of mental representations of the self as distinctly separate from representations of the object and paves the way to self-identity formation (Mahler et al., 1975).

The child's newly achieved capacities for self and object constancy are still rather fluid and reversible, and subject in the best circumstances to the impact of various developmental and environmental factors. At this time, language has an important role in facilitating the child's consolidation of object relations gains.

Some aspects of this increasingly important function of language are the unfolding capacities for verbal communication, for fantasy and reality testing, and the use of language to substitute understanding for direct action and immediate gratification.

If the child-mother pair have negotiated these first 3 years in a mostly adaptive way, then the child is in a strong position to take up the next phase of his object relations and psychosexual development; namely, the oedipal phase. For the boy, the same task of object constancy is ultimately repeated in his identification and increased friendship with his father. For the girl, while her mother becomes less uniquely important as an object, she should be able to survive the phase without self-denigration.

Chapter III

THE "BORDERLINE" CHILD

Problematic Outcomes of the Separation-Individuation Phase

The outcome of Mahler's normative study was an increasingly microscopic view of the separation-individuation process as it took place in "average" children. It became clear that in children where the separation-individuation process ran smoothly, libidinal object constancy with stable and differentiated self- and object-representations was achieved during the third year. Where the process did not run smoothly, but ran into serious difficulties, clearly visible in the mother-child relationship, it became clear that these difficulties affected the child's processes of internalization and that these problems or failures were related to other difficulties of a structural nature: the ego was not to achieve the same grasp of the reality principle or the same sense of reality. As McDevitt stated (1980, p. 141):

> Let us turn our attention to a negative outcome of the rapprochement crisis. If this crisis leads to intense ambivalence, and splitting of the object world into "good" and "bad," the maternal representation may be internalized as an unassimilated, dissociated foreign body, as a hostile, "bad" introject. The relationship with the actual mother is preserved, that is, protected from the child's hostility, by introjection of the representation of the bad mother. This is most likely to occur under certain conditions: 1--when the love object is emotionally unavailable or excessively unreliable and intrusive; 2--when the child experiences the realization of his helplessness too abruptly

> and too painfully, resulting in a too sudden deflation of his sense of omnipotence; and 3--when there has been an excess of cumulative or shock trauma. In such cases, the behaviors characteristic of the rapprochement subphase more or less persist and there is a concomitant delay in the development of object relations. These behaviors include excessive separation anxiety, helplessness, passivity, and inhibitions, on the one hand, and demandingness, coerciveness, possessiveness, envy and temper outburts, on the other.
>
> When ambivalence is marked during the rapprochement crisis, the child's ability to identify with the mother is hampered.

A positive libidinal balance seems called for, in addition to the requisite cognitive maturity, in order to go beyond "splitting" mechanisms of part-object representations of the mother of rapprochement to a unified, separate object representation of the mother. The development of such an object representation in turn affects ego functioning, allowing the relinquishment of omnipotence through the broader and firmer grasp of the world of reality. Thus, the structure and synthetic function of the ego is enhanced or impaired by the action or level of the object relations and consequent intrapsychic development. Because the processes are intertwined, the lack of a unified, constant object representation leaves ego boundaries fluid, weakened in the capacity to structuralize through identification and other processes. The child remains at high risk in terms of his ability to consolidate and develop a reliable defensive structure. He is stuck on a more primitive structural and defensive level with the use of the more primitive defense mechanisms and a reliance on omnipotence.

The assumption is made that the borderline child is suffering from a primary developmental disturbance, and that the roots of this

disturbance lie in the separation-individuation phase and process of development. In other words, regression is rejected as a concept accounting for borderline pathology in favor of faulty primary development.

Thus, the borderline child will be expected to have a poor sense of self-other differentiation, will cling to a belief in magical omnipotence, will have an impaired or underdeveloped sense of reality and ability to reality-test, and will tend to relate to the therapist (as well as to people in general) in a manner characterized by the mechanism of "splitting," where the object is either very good, or very bad, and with expected rapid alternations between these extremes.

Although by chronological definition the latency-age borderline child has passed through the oedipal period, the serious handicaps of impaired ability for identification and for reality apprehension imply that oedipal issues are at best unresolved, and at the least experienced and retained in a skewed or marginal way.

Evolution of the "Borderline" Diagnosis

The "borderline" diagnosis in children started out as a descriptive, topological term used by psychoanalytic clinicians indicating the diagnostic placement of children or clinical phenomena in a "border" area of the diagnostic continuum between psychosis and neurosis. Some critics stated that the term "borderline" referred more to the uncertainty of the diagnostician than to any diagnostic entity per se (Rosen, 1958; Frijling-Schreuder, 1969). Analysts described children who were first assumed to be neurotic, showing symptoms that were common to neurotic children, but whose pathology

was revealed to be more "ominous" during analytic treatment. On the other hand, a special group of psychotic children, thought to have a less restricted prognosis, were described as "borderline psychotic," or on the borderline of psychosis.

As the trend toward metapsychological assessment became stronger in analytic child psychology and psychiatry, and the reliance on diagnosis by symptom and descriptive phenomenology correspondingly less, the developmental viewpoint took a special precedence. This emphasis in diagnostic thinking went along with certain analysts' clinical observations that in broad areas of personality functioning the behavior of some psychotic and borderline children bore a resemblance to that of normal younger children passing through chronologically much earlier developmental phases.

In Fred Pine's landmark essay, "The Concept 'Borderline' in Children" (1974), he began to clarify and systematize the diagnostic grouping. He retained the spatial metaphor of location of "borderline" phenomena in an area between psychosis and neurosis, while stating that the lower border or "borderline," where it merges with psychosis, is truly indistinct. He clarified the distinction between neurotic and borderline by emphasizing the context of more-or-less normal development in which the neurotic child's unsuccessfully resolved unconscious drive conflict occurs. In contrast, the borderline child's ego and object relations development is characteristically arrested or aberrant. As Pine states,

> The metaphor "borderline" sounds descriptive of a surface terrain; but this is true only of the metaphor. The diagnostic view taken here is consistent with what Anna

> Freud (1970) espouses in her paper on the symptomatology of childhood. I shall attempt to outline common genetic and structural features that underlie divergent surface pathologies, and, contrariwise, indicate varying underlying features that point up differences in superficially similar presenting pictures. (1974, p. 342)

The core idea is that genetic considerations, the presence of developmental arrest or aberrant development, principally in the spheres of ego function and object relations, give unity to the divergent phenomena in the borderline domain.

Pine would like to distinguish this diagnostic grouping by restricting it to primary developmental failures rather than secondary regressions, both because this seems implied in the literature, and because it lends somewhat more conceptual clarity and clinical homogeneity to the domain. However, he states that this line is not always clear, nor is the difference between normal development and the semblance of normal development (Pine, 1974, p. 346).

Characteristics of the Borderline Child

In the realm of ego malfunction, disturbances in the sense of reality, and at times in the capacity for reality-testing, are characteristic; there is a failure in the development of signal anxiety, so that unpleasant affect readily escalates to panic instead of triggering defensive operations (Pine, 1974, p. 345). Object relations are characterized by shifting developmental levels, with too great a dependence of ego structure upon the object contact, and regression to primary identification (p. 346). Superego forerunners are likely to be impaired, but this aspect is not readily separable

in impact from ego function and object relations failures. Final superego formation is likely to be secondarily interfered with by prior developmental failures.

Subsets within the "Borderline" Domain

Pine's second major contribution in this article is to define certain subsets of diagnostic entities or pathological phenomena within the borderline domain. While these subsets are meant to be neither mutually exclusive nor exhaustive, they do synthesize the work of several other analysts, creating an orderly view of diverse clinical pictures and outlining a view of the borderline diagnosis in children that does away with the notion of the quintessential borderline child. He states: "Variations in these developmental phenomena, as well as variations in the structural and dynamic ones that proceed from them, permit and require diagnostic refinement within the broad borderline domain" (Pine, 1974, p. 34). Pine distinguishes six such subsets; a summary description of each is included below.

Chronic Ego Deviance

These children lack the basic stabilizers of functioning that other children acquire, such as a reliable anchor in external reality and in patterned object relations that give the child shape, and an array of intrapsychic defenses reliably set into motion when anxiety is aroused. They show chronic and characteristic failures of object relationship, defense organization, and reality-testing. While at times they function better than at other times, their deficits are

"silently" present at all times, part of the child, shaping his reaction to experience. Pine quotes Weil's view that deficiencies in the development of object relationships have major consequences in defensive development because the child feels no need to give up omnipotence, or magical thinking, or to accept the reality principle.

Shifting Levels of Ego Organization

These children fluctuate back and forth from a reality-oriented, though often painfully troubled world, to a world of idiosyncratic fantasy. In object relations, a near-autistic unrelatedness or symbiotic absence of differentiation fluctuates with the appearance of true object-relatedness, though often at infantile levels. In these children, a true ego organization has been achieved, but at least at two different levels; they differ from the first group in the totality of the shift in ego state. Ekstein and his co-workers (1953, 1956) who have made extensive study of this group, emphasize the fluidity of movement between ego states, the differing degrees of primitivity of drive expression in the differing ego states; and the relation between shifts in the child's ego state and whether or not he is in contact with the therapist. Pine notes that the more pathological ego organization "works" defensively, since the total shift to a more psychotic-like state deals with anxiety "successfully," though in a highly maladaptive way; in removing the child from contact with painful inner or outer reality to "a world of magic and relative safety," it serves to avoid panic.

Internal Disorganization in Response to External Disorganization

These are the children from a traumatizing environment, who react to gross and widespread pathology in the environment with collapse, panic, repetition, or a search for rescue. They integrate very well in hospitals, where they are sometimes for the first time in a stable environment with relatively consistent, caring caretaking by adults. The grossest forms of their pathology must be considered reactive; in fact, massive stress reactions, where they attempt to turn the passive-destructive life experience into an active one, or an explosive release of tension, or a despairing withdrawal. There is a failure in consolidation, since the overstimulating environment leads to repetition through imitation and also interferes with the work of repression. But these children often relate very well, and not indiscriminately, to kind adults; they are capable of some degree of trust and specificity of object attachment.

Incomplete Internalization of Psychosis

For children with a psychotic love object, usually the mother, the psychotic-like phenomena seem to be part of the attachment to the parent, whether in love, hatred, or both. These children are enmeshed in and pursuing a specific, partially symbiotic relation that has grossly pathological features. Like children of the prior group, a major component of the ongoing pathology results from reactions to the disturbed environment (including mother) which is not fully internalized. However, these children are unlike the prior subset in that

they actively accept the specific symbiotic and pathological relationship.

Ego Limitation (DSM II: Inadequate Personality)

These children's most prominent feature is a dull, meager, inadequate intellect, judgment, self-care capacity and planfulness, and sense of self; an end result arrived at by differing routes--for example, that of stimulus deprivation, especially of mother, with resultant developmental failure, like an infant in an institution. The basic structure achieved early on stunts further growth.

Schizoid Personality (in Childhood) (1966-GAP: Isolated Personality)

These children are preoccupied with peculiar thoughts, and are emotionally distant from other persons, yet other aspects of their ego function are intact enough to permit passable functioning, for example, in school. They carry their pathology within; they are more organized than ego-deviant children and do not appear retarded. While relying heavily on fantasy, they do not shift level of ego organization. The fantasying works so successfully as a defense against drive and object relationship that threat is not experienced in disorganizing ways, so these children do not experience panic. Hence, they can stabilize a character structure, though at the price of oddness and isolation.

In summary, Pine's elucidation of the borderline diagnosis in children fluently integrates the viewpoints of writers specifically interested in the borderline child--such as Rudolf Ekstein and

co-authors (1954, 1956) and Rosenfeld and Sprince (1963, 1965)--as well as that of writers taking a more general approach to child diagnosis--such as Anna Freud and Margaret Mahler and the GAP report authors. Partial viewpoints expressed in earlier writings of such analysts as Elisabeth Geleerd (1958), Annemarie Weil (1954, 1956, 1970), and Augusta Alpert (1959) are subsumed in the thinking presented here, since it appears that in the 1950s analysts were for the most part moving toward a developmental point of view that was established after Anna Freud's publication of Normality and Pathology in Childhood (1965). In a topological view of the metaphor "borderline," the conceptual terrain between the area of psychosis and that of neurosis is broadened and, to some extent, set in order by Pine, in the nonexhaustive and nonexclusive subsets.

To review the core idea of the essay: Genetic considerations, namely the presence of developmental arrest or aberrant development, principally in the spheres of ego function and object relations, are the factors that give unity to the divergent phenomena in the borderline domain. The diagnostic grouping is restricted to primary developmental failures, with the stipulation that the line may be unclear between primary and secondary failure and between normal development and the semblance of normal development (Pine, 1974, p. 346).

Chapter IV

CHILD PSYCHOTHERAPY FROM A SEPARATION-INDIVIDUATION POINT OF VIEW

Therapeutic work with deviant children took a major step forward as a result of Mahler's focus on mother and child as a psychological couple. This primary focus incorporated a developmental point of view in formulating the psychological object-relations tasks of the first three years of life: the emergence from a state of primal unity with the mother to a stage of recognition and inner representation of the self as separate from the object (first, mother) and the object representation. This task became known through the Mahler group as the "psychological birth." Separation-individuation theory stresses how the child's ego structure is consolidated and elaborated "under the eye of the mother"; that the object-relations aspect of development provides the context out of which cognitive development arises.

Metaphorical Aspects of Mahler's Language

Although Mahler and her colleagues came to investigate the normal vicissitudes of a universal human developmental process in an average setting, Mahler's interest in the process of separation-individuation began with cases of extreme pathological development: children as young as three years and as old as latency age, so disturbed as to be quite nonverbal or mute, or where the capacity for self-expression or

communication through language was not consistently available. For Mahler to understand these children, she needed a means as little dependent on verbal language as possible. Although the language development of the children in the normative study was average, the sensitivity of the diagnostician and research observer to nonverbal cues and interaction patterns between child and mother or adult caretaker was maintained. Clear behavioral descriptions, including the child's movement in space, and emphasizing the dyad as the basic element of observation, continued.

I wish to emphasize the impact of this point of view upon Mahler's conceptualization, and upon the metaphorical language of the separation-individuation theory. For example, Mahler states in regard to her naming of the symbiotic phase, "the term 'symbiosis' in this context is a metaphor . . . for a state of undifferentiation, of <u>fusion with mother</u>, in which the 'I' is not yet differentiated from the 'not-I,' and in which inside and outside are only gradually coming to be sensed as different" (Mahler, 1968, p. 9; emphasis added). The theory characteristically describes relations between mother and child in spatial terms. At the beginning of the child's life, the "mother-child space" has boundaries which are truly overlapping, when the child is *in utero*. Mahler preserves this spatial description as a metaphor for psychological phenomena--for the relationship of self-representation of the child to object-representation.

Thus, the working focus of the therapist using separation-individuation theory is on the child as part of a psychological couple, the quality of whose relationship is conceptualized in terms of spatial

images--overlapping, enveloping, isolating, fusing, hatching, or, during the separation subphases, movement through space--as the child is seen to cling inside the "mother space" (at her feet or near her) or to move into the "outside world," on forays back and forth. During the practicing subphase, the child's elated movement away from mother on voyages of discovery is understood to express his "love affair with the world," as well as to reflect his internal maintenance of the "symbiotically fused" mother image as part-object and auxiliary ego. The child's freedom to explore distances is explained by the feelings of omnipotence lent him by the support of this internal image of mother as part of the self. "Refueling" as a concept shows the child returning from the space outside to the mother space, or to mother, to dose himself libidinally with her physical presence in order to maintain psychological stamina in the world outside.

Another term is of special interest because of its formal connotations: "rapprochement," from the French, means, concretely, a coming near again, and thus, psychologically, a reconciliation. The rapprochement subphase is so named because the child, in moving away from mother, experiences his vulnerability and smallness. This recognition brings him hurrying back to her in a desire to find and newly negotiate a comfortable distance from her, a spatial relationship, where he can feel her protection without sacrificing the sense of his independence. Mahler sensitizes the therapist to look for the expression of psychological ambivalence in what she calls ambi-tendent behaviors--the child tries simultaneously to move toward and away from mother as he attempts to negotiate the comfortable distance.

She points out that certain games common in normal development--such as "peek-a-boo" and "hide-and-seek"--provide further spatial metaphors for this ambivalence, often with an adaptive function. When the child runs from the mother, looking back so she knows she is to give chase, when he brings back to the mother tidbits discovered in the space outside and deposits them in her lap for her keeping, when he takes something of the mother's with him on a sortie, he seeks to connect the "mother space" with the "outside space." He "shadows" the mother when his attention is drawn with discomfort to the distance she moves, physically and psychologically, away from him. He may sit in his mother's chair, or hold something of hers when she has left him. These are seen as ways for the child to reinforce the power of his mental image of mother in order to feel comfortable, intact, and "real" in her absence, when his mental representations of himself and mother are still intertwined, and tinged with magical omnipotence.

Discussion of the correspondence between the child's use of concrete aspects of his mother and his environment in order to foster psychological development, and the choice and power of Mahler's framing of the processes of early object-relations development in concrete spatial terms, will be deferred to the concluding chapter.

Mahler's Early Work with Psychotic Children

Mahler's 1968 book, On Human Symbiosis and the Vicissitudes of Individuation, draws together and integrates 18 years of work with psychotic children. It separates and contrasts the autistic psychotic child and the symbiotic psychotic child, both from the point of view

of genetic reconstruction and from that of therapeutic technique. In early work, the autistic child was thought to have been unable to utilize the "mothering principle" as an ego auxiliary, but instead to have relied upon psychotic defenses or "mechanisms" of withdrawal, deanimation, and ego fragmentation. This type of child was treated in individual therapy. The chief task of the therapist in the initial stage was to lure the child into contact with herself as the symbiotic part object, the mothering principle, and then to teach the child in a low-key way to use the therapist as mothering principle-ego organizer, i.e., as a buffer between the child and frustrations from within or without, and as a provider of gratification.

In contrast, the symbiotic child was believed to have progressed to the stage of symbiotic union with the mother, but to have been arrested in that part-object-relations stage, terrified by his dawning awareness that mother was indeed a separate person. This awareness came about as part of the child's beginning cognitive process of differentiation. The child was believed to be terrified on the one hand of being innundated and wiped out by his own defused aggression, and on the other hand, of being engulfed, losing his precarious sense of self in being swallowed up by the experience of refusion with mother in a "symbiotic parasitic fusion" (Mahler, 1968, p. 167). The Mahler group first treated symbiotic children in a small group, a therapeutic nursery, with a team of therapists who tried to act as buffer between the child and his fear of the separate world, and the welling up of his overpowering, destructively aggressive impulses. At this stage of theory, the symbiotic psychotic child was thought to have a better prognosis

than the earlier-fixated autistic psychotic child, because he had the advantage of having progressed from the infantile phase of normal autism to symbiosis, whereas the autistic child was believed to have been arrested at the autistic phase.

Experiments with therapeutic intervention in a group setting for the symbiotic psychotic child were found by Mahler in fact to be largely unsuccessful. In terms of therapeutic strategy, this led to the tripartite treatment model, which will be described below, and theoretically to the reexamination of the autistic psychotic child as possibly secondarily autistic, using autistic mechanisms while having in terms of object relations passed into the symbiotic stage. Still later, the clear dichotomy between autistic psychotic and symbiotic psychotic, maintained for purposes of theoretical or diagnostic clarity, was virtually given up in the clinical examination[1] of any one particular child. At the same time, innate constitutional defects or vulnerabilities were given greater etiologic importance than before in relation to the vicissitudes of development (Mahler, 1968, pp. 228, 229).

The Tripartite Treatment Design

The tripartite treatment design for psychotic children is a further refinement of the original view of the importance of the mother-child dyad as a unit. In this treatment model, mother and child are seen together for a 2-3 hour session by the child's therapist, and the supervising psychiatrist both visits and observes. In the beginning, the mother has a mutual exchange of information and understanding with

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[1]Diagnostic distinctions could be made on the basis of the history.

the therapist and the supervisor about the child. Mahler found most mothers of psychotic children to be reliable informants about the meaning of the psychotic child's communications, particularly during the early stages of treatment, although their responses to these communications were very often inappropriate. Formally speaking, the therapist's task in tripartite treatment is to "bridge" the dysphorically experienced gap or break between the dyadic partners. Mahler speaks of the "pathological equilibrium" between mother and psychotic child. It consists of a degree of abandonment by the mother of her maternal commitment to the greater or lesser symbiotic demands of the child, and on the child's part, of a retreat into secondary autistic defenses (Mahler, 1968, pp. 215, 216).

Tripartite treatment sets up a complex situation where the therapist enlists the mother's help in understanding the behavior of the child in order that the therapist can foster the child's acceptance of her as a representative of the "mothering principle." Meanwhile, the therapist is teaching the mother through modelling, through the mother's identifications with her, to respond more appropriately to her psychotic child. In this way the therapist leads the mother into the same kind of relationship with the child that the therapist has been able to effect with the mother's help. The therapist thus creates a benign environment for both, which allows the child to "rediscover" the mother.

Very frequently, the child, in his splitting relation to the mother and therapist as part objects, will see one as the "bad" one and the other as the "good" one. The mother often will carry out this splitting tendency, experiencing the child's therapist and the supervisor

as the good ones, and the therapist whom she sees by herself as the bad one.

Later in the introductory phase of tripartite treatment, the therapist draws the mother into the treatment process in a more active way, by asking her to talk during the sessions about her life with the child at home. Many times, there is strong resistance to doing so, because the mother is enjoying the "haven" of the therapy. Circumstances at home are usually far from ideal, and the mother not only has trouble acknowledging this, but is also reluctant to have the therapeutic "haven" invaded by the difficulties that persist at home. However, as the mother becomes a more active participant, the child responds to her verbal communications with (often nonverbal) communications of his own, which again bring mother and child into "closer" understanding and emotional contact with each other.

In the phase of treatment proper, the child is helped by the therapist to relive and understand the traumatic experiences that have hampered his development (Mahler, 1968, p. 24). The therapist here forms the bridge between the psychotic preoccupations and the libidinal reinvestment of the mother by the child. Mahler states that the understanding and gradual recovery of the derivation of the meaning of the psychotic fetish, a prized inanimate possession of the child, is a prerequisite for the stable investment of the mother (p. 204). If this phase advances successfully, it brings the child to the separation-individuation phase, where psychological separation from the mother as a constant object becomes a possible goal, and the child acquires transitional objects and the beginnings of symbolic play.

Language development seems to proceed in pace with the child's developing body ego, and is rapidly acquired as the self and object representations become more stable.

Mahler notes that an expected phenomenon during treatment is the appearance of an intense resentment on the part of the mother about assuming the necessary restitutive symbiotic role (p. 215). However, as matters proceed, the child is able to demonstrate his desire to please the mother, and to withstand the mother's anger and withdrawal without feeling his very existence threatened. Sometimes, he is even able to make a gesture toward the mother at such times, maintaining his love in the face of the mother's rage.

In formulating an analytic approach to treatment with psychotic children, Mahler emphasizes that it differs from the correct analytic approach to neurotic children in that the therapeutic endeavor nearly always needs to be begun by way of the cognitive function, with the therapist taking responsibility for structuring firm limits in both the play situation and in interpersonal behavior. In this way, the establishment of intellectual controls and conscious behavioral controls in the form of habits can pave the way to coherence in the child's experience and his play, thus making possible a focus on emotional issues and adjustments (p. 175).

Treatment of the Borderline Child

In transposing and developing Mahler's principles for treatment to the borderline latency-age child, the therapist retains the object-relations focus on the mother-child dyad, but is able to conduct the

therapy sessions mostly with the child alone. This is so in part because of the borderline child's more immediate ability to make and use the therapeutic relationship, using the therapist as a stand-in for the mother, and in part because of the therapist's easier task of understanding the child's object-relations needs through his communications. Frequently the child is extremely eager to "latch on" to the therapist as a person who, in seeking to understand the child in his own communicative terms, presents the clear possibility of an emotionally need-gratifying relationship.

Borderline disturbances of development may occur not only in the form of total arrest, but also in the form of retaining more characteristics of earlier phases than is normal, or in a predilection for reactivation and enactment of earlier conflicts. The chronologically late emergence of separation-individuation subphase behaviors can be an adaptive effort by the child in a process similar to what Kris (1952) has described as "regression in the service of the ego." Repetition serves the processes of identification and internalization. Since adequate object-relations development is a necessary condition for stable differentiation in the cognitive sphere, these reverberative repetitions in the therapeutic context, if properly met, hasten the establishment and consolidation of ego processes as well as emotional gains resulting from the maturation of the capacity for object relationships.

The provision of an emotionally need-gratifying relationship at the beginning of therapy is often of such import for the child that it releases urgent needs in him. It is the therapist's function then to provide the ego-extension and support which would optimally be provided

by the mother at the chronologically earlier time, when the separation-individuation phase is normally worked through. As a result, the patient's need for the therapist's reliability is intense, and sometimes cannot be met. Here is a vignette from the therapy of an 8-year-old girl, which shows her reaction to the first interruption of treatment, caused by the cancellation of a session due to a holiday. This is from the seventh session:

> Fabienne comes in glad to see me. We go to my office to get paints, and while there, she begins to make a "snowman" out of clay, which evolves into "King Kong." As she works, she makes rhythmic, dance-like movements, grimacing and grunting to look very tough. She scolds me for not putting up her pictures on the office wall, saying, "I told you to do it." She then states that she came to the clinic on Monday (the holiday) and I wasn't there. I say that she wanted to see me on Monday. She missed seeing me. She puts her head down on the desk and cries, her shoulders shaking as she sobs. I say she was so sad not to see me on Monday. I ask her to come round the desk and sit next to me. We gaze at each other, sitting close. After a few moments, I say that perhaps she thought I didn't care about her because I wasn't there for her on Monday. She gets up angrily and goes to the pillar in the corner, away from me, hiding her angry face. She says, "You don't care about me. You just said you didn't." I am aghast. I try to explain that I never said that. She doesn't hear me. I say, "But we are here together now, Fabienne. Let's be together. Perhaps we can hang up the pictures now. I will hold them up, and you can stick them on the wall with the tape." She picks up the gayer painting, crumples it, and throws it in the wastebasket, saying she doesn't like it and it is ugly. I say, "Oh? But that's the happy one." She takes it out of the basket and uncrumples it. We put up first the other painting, then that one. We discuss the "happy drips" in it, and then go back to the playroom to paint.[1]

From this vignette, we get a vivid example of the extreme vulnerability of Fabienne's mental organization, and the devastating effect of the therapist's imprecise knowledge of subphase object relations. In super-

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[1]Excerpt from author's unpublished clinical process notes (1973-77). Further quotations from this source will not be accompanied by a citation.

vision, we realized that the mistake in interpretation came from a failure to recognize the developmental level of Fabienne's object constancy. If I was not there when she needed me, I did not exist. Therefore, the first part of the interpretation did its work. But the second part, based on the conception of fear of loss of love of the object, was too advanced developmentally, off the mark in terms of Fabienne's experience, and therefore was heard as a devastating attack.

The focus on the process of differentiation of self and other is a crucial issue in the therapy of these children. The knowledge derived from the study of average children in their first three years of life gives a paradigm for understanding the borderline child's relation to the therapist in terms of psychological development, and of physical space, where the reparative psychotherapeutic process takes place, as it did above in Fabienne's recovery from the therapist's verbal error. The therapeutic space functions as the arena for a working symbolization process, which has a structure-building function for the child. As Bergman (1978) has stated, the child's use of space as the medium between himself and the mother (or therapist) goes through several transformations, culminating in the child's acquisition of an intrapsychic space, which holds the self and object representations. According to Bergman, this internalization process eventually frees the physical space from the full weight of its necessity as the magical medium of symbolization, and the therapy can then move on with greater reliance on verbal communication.

The therapist assumes, with the backing of the initial work-up, that the child is not yet individuated. She looks for signs of

incomplete differentiation at the beginning of the course of therapy, and is especially alert for signs which occur in primarily nonverbal communications. She is sensitive to communications received in spatial metaphor, i.e., how the child makes use of the space surrounding and connecting the therapist and child, and, in addition, what sort of subphase experiences are recreated by the child with the therapist in the mode we have called "dramatic intensification." As in other perspectives on therapy, the first few sessions are likely to be particularly informative.

Each child presents his individual constellation of arrests, delays, and conflicts within this developmental object relations arena, and although the subphases are understood theoretically in a chronologically programmed sequence, the way they appear in therapy with these children, who have developed a rudimentary defensive structure, is often inchoate, chaotic, out of sequence, and fragmented. Sudden ephemeral shifts in experiential level of object relations and ego integration are fairly typical in treatment sessions. Each time the therapist recognizes a particular subphase recreation, she tries to meet it with complimentary behavior, but she does not verbally delve into the child's motivation for the behavior. Affectively, she confines herself to a confirmation of the child's feelings, and the attribution of the feelings to the child. She performs the structuring function described by Mahler previously, to supplement the child's weak ego structure, with the long-range view of strengthening the coherence of the child's experience, thus his communication, and in turn the process of the therapy sessions. The therapeutic role is consistent with the knowledge that the inner-representational

development of the child does not allow for the same gratification and relief from tension as it would for the neurotic child. The beginning phase of treatment is used to bring a certain coherence and consistency to the child's expressive behaviors.

The Defensive Maneuver of Splitting

In normal development, the phase of separation-individuation finishes in the beginning achievement of object constancy, where a unified internal image of the mother is available to her child, whether or not the mother herself is physically available. The mental image is described as providing the same gratifications and relief from tensions that the mother's physical presence provided during earlier phases. The successful passage through this phase is demonstrated by the giving up or disappearance of omnipotence and the defensive maneuver of "splitting," i.e., the perception of the object in dichotomized "good" or "bad" part-object representations.

The borderline child, in contrast, has not achieved the resolution of the separation-individuation phase represented by whole, coherent, and separate representations of himself and the object, and this very failure is one that contributes greatly to the misery of his life. Splitting is a primitive defense which is heavily relied upon, and which then creates further problems for the child.

Because of the child's propensity toward splitting, and the problems with an unfavorable balance of aggression in the libidinal-aggressive economy, it is not unusual to find the "good object," i.e., the child's idealized perception of the maternal figure, either innundated by aggressive drives (experienced as turned bad) or swept away (experienced as gone

missing). If the "good object" is preserved from the child's aggression by its distance, then the good object is always the absent object. In either case, the child's self-representation suffers from the negative valence, which sooner or later in the therapy is expected to innundate the therapeutic space with the same negative valence of "bad" aggression. Part of the therapeutic task, then, becomes the healing of the child's self-representation through the therapist's ability to deal with the attribution of the bad aggression to the therapist, which comes about through the child's introjection and projection, and his belief in the bad magical omnipotence of the mothering other.

The danger in the child's experience of the negative affects of rage, hate, and self-destruction in the therapy is that these experiences tend to escalate and to innundate the therapeutic space with a climate of intensity that can be almost unworkable. Children still experiencing themselves as poorly differentiated from their surroundings, or from the other person in the therapeutic environment, then may temporarily experience the location of the therapy as a bad or evil place. Their anger, without the labelling effect of inner language, is truly terrifying to themselves, and anxiety quickly escalates to panic. In addition, their tendency to act quickly on the basis of these perceptions tends to make them come true, at least momentarily, in the experience of the therapist. This problem is no doubt exacerbated by the working position where the therapist's own boundary sense is often temporarily left aside by the nature of her psychological position as part of the primitively undifferentiated couple, even while she works to maintain an observing position about the therapeutic process.

The interventions that the therapist can make here, in addition to the traditional one of putting the feelings into words so that they are more manageable cognitively, and therefore less frightening, are directed by the strategy of maintaining the reality of the positive feelings, at the same time and in the same place that the negative affects run rampant. Words are often not a convincing enough medium for this message, and the structuring of the simple experience of continuity of memory, to link up good and bad, to heal the affective split, must take place. All three modes of intervention are useful toward these ends.

Such structuring of continuity takes the form of the provision of physical nurturance, such as real food, and the re-creation of the nursing paradigm. The tranquil feeling of peace and oneness characterized by the image of the contented nursing couple is an important resource, not only for its positive effects on the working alliance by the nature of its pleasure, but also because of the ego-organizing effects of the pleasurable experience upon children whose experience is fragmented as a result of their weak ego structure. Structuring of continuity also takes the form of emphasis by the therapist on continuing with an activity already begun, and on the management of frustration so that it comes in manageable doses. The provision of "neutral" spaces, outside the therapeutic space gone temporarily "bad" is another useful alternative for management of affect. A higher level of management of mood is the use of symbolic concretization, when an object or personage either limits the influence of the "bad" affect by embodying it, or continues to represent the "good" in the face of the therapist-child pair's transferential struggle. This mode is more advanced

developmentally, because it calls for more stable and elaborated modes of cognitive function by the child.

Patterns of Use of the Therapeutic Modes

As a result of our conceptualization of the therapeutic setting as a space for the process of working symbolization for these children, we can infer that certain modes of intervention are more relevant in different stages of the differentiation process which is ongoing in the therapy. Initially, spatial messages are of special importance during the sessions, as are the behavioral cues picked up by the therapist pertinent to various subphases. As the child seeks, in part nonverbally, to recreate a particular subphase experience, the therapist responds in the spatial mode, and with the mode of dramatic intensification. Over time, spatial and spatial-movement structuring of the physical setting can be expected to become less important, as the child's capacities for symbolization, conceptualized by Bergman (1979) as psychological inner space, become developed. However, this mode retains significance as a "barometer" of the child's level of ego integration in relation to the press of emotional needs. The therapist continues to "read the barometer" for messages that she plots against the verbal messages and those conveyed through symbolic play. When all goes well, she expects concordance between the verbal and nonverbal communicative modes (Anthony, 1977, p. 323).

Use of the mode of dramatic intensification of illusory subphase behaviors falls into this pattern: At the beginning of therapy, the concrete quality of this intervention, in its reliance on communication through facial expression, eye gaze, tactile and kinesthetic contact,

and the conscious modulation of vocal tone, seems to carry a weight of conviction to the borderline child which simply cannot be approached through language, although the language accompanies it. To this extent, the interventive mode is crucially important, and probably plays a large role in the early therapeutic process, whether or not it is identified as such, as it is here. As the therapy progresses, and the child is invested to a greater degree in self-concerns which are differentiated in his eyes from the representation of the therapeutic partner, the messages that the therapist can convey through this modality become of lesser importance. The mode often comes into prominence again during recreation of the rapprochement crisis, as the child fights the transferential battle with the affectively negatively toned mother of omnipotence. However, by this time, if the child is cognitively well-enough endowed, he has built up a reservoir of memories of reliability in the structure of the therapy and, as a result of the structure-building effects of the differentiation experience, greater stability of ego and affective function. Dramatic intensification techniques become subsumed under the heading of symbolic concretization. They are incorporated into imaginative play by virtue of the increased content of the communication they convey. Although sustaining their dramatic, almost mime-like quality, they are used in the service of imaginative play sequences which have a more sustained, coherent verbal content in the expression of fantasy, introduced and regulated by the child in a way that can be considered to have a plot-line. Often this takes the form of role-play.

As the child approaches and enters the subphase where self and object constancy is in immediate focus as a therapeutic goal, the greater stability and elaboration of ego function makes probable not only a greater reliance on language for the more crucial therapeutic communications, but also a generally more refined communicative process in the nonverbal sphere. This general refinement or stable elaboration of both the communicative modes and the communications themselves shows itself in the child's ability to use symbolic concretization, in a more elaborated and specific expression of his feelings and ideas which although perhaps not fully conscious or stable, are more subject to regulation through the enhanced power of ego processes. In addition, use of other modes for management of affect and mood, so important in the child's therapeutic reliving of the hatching out from symbiosis, while again of great importance in the rapprochement crisis, seems to be taken up by the child to a greater extent in the reliving of the later subphases. His memory and his reliance on the reliability of the therapy enhance his ability to "heal the split" in self and object representations; gradually, his affects become more modulated, and the range of affects expands. Affects which emerge, flourish, and often predominate, being at a more complex level of differentiation and specificity, are thus by nature less overwhelming or innundating. Sorrow tends to emerge as the child becomes able to better understand what is lost or missing from his life, or the pain that he and his mother have experienced with each other. Oedipal love and feelings of possession and rivalry, when they emerge, tend to have an optimistic tone by comparison with the hopelessness of the early rage, or the

somewhat static emotional quality of the nursing paradigm. Friendship, too, an ego-modulated affective attitude, makes its appearance within and outside the therapy as it progresses. Thus, the long-range effect is perhaps that those affective qualities possessed and exercised by the therapist in the early stages of the therapy become internalized, or learned to a degree of stability, by the child through his identification with the therapist and his imitation of her.

Therapeutic progress is visible in the "realness" of the child to himself (cf. Winnicott, 1965, pp. 179-92), and his increasingly recognizable "shape" to others, as he moves toward an individual psychological self. In the area of ego integration, change is apparent in increased clarity and coherence of communication, and a decrease in fragmentation. That which was inchoate, chaotically changing, unable to be articulated, or communicated in a manner split off from ego awareness becomes more coherent, better organized, more sustained, and communicated with more ego awareness on whatever object-relations level. These changes are distinguished from the increasing level of differentiation and individuation, although they arise out of the therapeutic object-relations context.

Chapter V

SPATIAL STRUCTURING OF THE PSYCHOTHERAPY SETTING

The first interventive mode to be discussed is also the first to make its appearance in the therapy sessions. The therapist sets out the boundaries of the setting and the parameters that accompany them. The child then makes use of them for expressive purposes. The therapist is watching to see the way the child uses the therapeutic space, and how that communication corresponds to the words being exchanged. Each child utilizes the spatial metaphor in his own way for expressive behaviors that do not necessarily lend themselves to words. These expressions are treated by the therapist as communications to her, and fostered by response in a similiar mode, and so, through interactive dialoguing, these transactions become a communicative mode.

The scale of space that the child uses for particular themes is scrutinized, as well as how he uses the therapy room as a whole. For example, some children play quite effectively with miniature toys: small people, animals, a dollhouse (the microsphere), while others from the beginning need to act out themes in body metaphor and body scale. There is a distinction between the child's use of his body and the space immediately enveloping it (the autosphere) and the use of the space of the room as a whole, including the therapist and other spatial props (the macrosphere) (cf. Anthony [1977, p. 317], after Erikson [1940]).

The child sets up the tie-line relation, not always immediately with the therapist, but often with mother, who may be on the premises at the beginning of therapy. The conception of the tie-line includes the mother initially and ultimately. Initially, the therapist simultaneously observes the nature of the tie between mother and child, and works at inserting herself, taking on the child's part-representation of the mothering other for the duration of the session. From the standpoint of spatial intervention, the therapist attempts to gratify the child's need to be understood through responding to his movements in the dialoguing fashion, with complementary or mirroring movements. She takes on the aspect of buffer or filter between the child and frustrations from within and without through the structuring of the spatial boundaries, thus creating a "haven" of sorts. As the tie-line relation is established between therapist and child, the therapist monitors the pattern of the child's movements in space, in reference to the therapist's physical position in the room or setting.

The First Example: Fabienne

The first series of vignettes to illustrate use of the mode of spatial structuring comes from the therapy of Fabienne, an 8-year-old girl from a local public school. Fabienne's therapy is a particularly rich example of the borderline child's use of the therapist and the therapeutic setting to recreate and relive the subphases of separation-individuation. This is so because Fabienne had a leaning toward communication in the spatial metaphor, and because she quickly set upon enactment of a reparative object-relations experience in therapy.

Perhaps it is most accurate to say that Fabienne's defensive structure was so little developed that the containment of early needs was not possible, so she simply played them out. It seems important in this regard that during the first session she tried the therapist out in a game of make-believe, and found her willing to lend herself to a make-believe role, that of the child herself. Thus, whatever inhibitions Fabienne may have felt about merging with the therapist were perhaps overcome.

In the following account of the initial stages of Fabienne's therapy, the narrator's emphasis is on the spatial aspects of communication; however, so much of the content of the communication has to do with the subphase reexperience that material appropriate to the next chapter is necessarily included. Therefore, in Chapter VI, where discussion of the second interventive mode is the focus, I will comment from that point of view on much of the material first presented here.

Fabienne was referred to the clinic by her teachers, who found her unable to attend to learning tasks in school, erratic in behavior, and sometimes abusive toward other children. They described her as "spaced out." During intake, Fabienne manifested a confusion of time and space boundaries and a lack of differentiation between herself and the intake worker. She was extremely anxious during testing, and seemed aware that she performed very poorly on structured psychological tests. At times, she behaved in a bizarre way in the testing room at the school, climbing up on cabinets and making her way around the room on the chalk rail of the blackboard. So, from initial contact, Fabienne may be said to have expressed her mental disturbance by "climbing the walls." In

light of this spatial tendency, it does not seem strange that later, in the course of therapy, part of the confusion she expressed regarding her identity had to do with whether she was a girl or a monkey.

Fabienne lived with her mother, her younger sister Joy, and her mother's father. Mrs. M., her mother, was an obese, severely depressed woman who had many physical symptoms such as asthma, bronchitis, and gynocological problems. She spent nearly every day at her daughters' school, although she was also attending classes for welfare mothers. Mrs. M. told her intake worker that she had never recovered from her mother's death, which took place prior to Fabienne's birth.

> Fabienne and her mother arrive together for Fabienne's first therapy session, and Mrs. M. meets me formally for the first time. She and I sit on a couch in the reception area of the clinic, with Fabienne seated isolated by herself at a distance, until I invite her over to join us. When I say that it is time for Fabienne and myself to go to the playroom, Fabienne immediately jumps to her feet and takes my hand. Her mother says good-bye to her twice, painfully, with no response from Fabienne. We enter the playroom, leaving Mrs. M. to go back to Fabienne's school.
>
> Inside the playroom, Fabienne immediately asks whose room it is; is it my room? She seats herself at the easel, moving the chair in as far as possible, as if to wall herself away from me. After rejecting the paint as too messy, she gets up and moves around the room in a desultory way, knocking the Bobo in my direction and exploring various toys as I sit at the small table. When she discovers a toy cash register in the room, she tries it out, telling me about a child who steals meat and food for her family because she has no money. Picking up a toy telephone, she as the shopkeeper calls the police.
>
> Later, she goes back to the easel and paints a brown face: "This is me. This is a monkey. Are monkeys brown?" She says she wants to take her picture home, and asks for a pencil to take home. She doesn't like the paint on her hands.
>
> She then returns to the cash register, and bawls me out for taking something, as if I were her, or the child in her story. I hang my head and look ashamed. She laughs and settles down at the table with me for the first time, carrying the cash register. She asks me to buy something. I buy some clay, pay for it, and she gives me change, thus completing the transaction.
>
> It is time to leave. She takes her picture and wants to clean her hands before leaving. I am to accompany her back

> to school. We go to the bathroom together. I pour paint water in one toilet, which she then says she wants to use. She goes in the stall and shuts the door, saying, "Don't see me."
>
> When we arrive back at school, her mother is sitting in the hall, watching for us. Fabienne goes to her classroom, and her mother tells me to come with her to the guidance counselor's, to discuss getting a bus pass for Fabienne.

Significant observations about the first session from the point of view of the spatial mode of communication revolve around the concern of what belongs to whom; there is a fog of lack of differentiation.

The tie-line relation shows an uneasy miscuing between mother and child, as each seemed to reject the other at different times. They did not take leave of each other, but instead seemed to disappear and reappear. The question of possession focused upon the presence of the therapist:[1] was I there for the mother, or was I there for Fabienne? Initially, Fabienne was isolated in relation to mother and therapist. When the therapist and Fabienne went to the playroom for the session, Mother was left alone, but when we returned to Fabienne's school, Mother took the therapist back from Fabienne.

Inside the playroom, Fabienne voiced her concerns about boundaries, and wanted me to clarify them for her. Spatially, she tended to drift, after initially making a gesture to separate herself from the therapist. She settled with me spatially after a brief play transaction where the psychological boundaries between us were elided. She showed confusion about whether she was painting her face, or a monkey's face, or was she a monkey? The therapeutic space expanded to include the bathroom, where she followed her paint water into the toilet cubicle, identifying what

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[1] I am indebted for this observation to Dr. Sally Moscowitz.

was "hers." Correspondence between Fabienne's spatial and verbal communication was good. The first play transaction was acted out with the therapist in macrosphere.

By the fourth session, Fabienne's mother brought a friend to stay with her while she said goodbye to Fabienne, thus accepting that the therapist was "for Fabienne." This was the first time Mrs. M. was not waiting at school when we got back. When Fabienne walked into the playroom for her session that day, she spread her arms wide and looked into the wall mirror, saying "thank you" to the room at large. Once her mother let go, she acted quickly on the desire to become "mother's baby" with me.

> Fabienne decides to feed the baby doll. She wants to get water on her own for baby's bottle. I slow her down (she tells me to leave door open) and go over with her how to find the water fountain. Sitting in the playroom, I hear her returning down the hall. I say, "I hear Fabienne coming." She stops and peeks around the door. I see her in the mirror. I say, "Fabienne, where are you?" She moves backwards down the hall. She is carrying her baby and the water bottle, and bangs into the wall and cuts her lip. She rushes into the playroom, saying, "bad wall." She goes to the mirror to look at her mouth, and shows me her cut.
>
> She is very upset. She takes up the towel and starts massaging her lip vigorously, making it bleed more, and frightening herself with the view of her blood. We start out to the water fountain.
>
> At the water fountain, she says to me, "This is bad water. If I spit up on it, I'm going to kill you." She is sucking water out of the nozzle, holding down both pedal and button. I say, "You mean, I'm a bad mother." "Yes," she says. "You can't have any of this water. Get away from here." I point out that I am holding down the pedal for her. She says, "No, this is my water. I'm going to do it." On the way back, I pick up my coffee mug from the table in the lounge. She says, "Oh, you stole someone else's coffee."
>
> We return to the playroom, she burping all the way. I remark upon this, and she says, "I always burp a lot after drinking milk or water or anything."
>
> In the playroom, she looks in the mirror again as if to reassure herself, then moves around room desultorily until

> she finds a box of tiny toys. She seats herself on the small rug as she plays with them. She takes out hot dogs to put in the freezer in the playhouse. "Don't let anyone take these." I suggest fixing a box with her name on it, only for her. She looks gleeful. "We'll put these in your office." We sit poring over the toys. I find her a tiny baby in a bathtub. She finds a whistle, a little rubber ball, a baby's rattle, a skull. She starts sorting; first, one box is for her, the other, with the rejects, for me. Then it changes; she puts the special ones in my box, so I can keep them for her. She says, "I'm going to throw these toys down. I'm a baby." She sits spraddled on the carpet scrap and makes baby-like gestures of picking up a clutch of toys, and dropping them in handfuls. She says, "And I'm not going to clean them up. I'm a baby." I say, "And I must clean them all up for you," in a tone of taking care of her. I sweep them all up patiently, like I'm caring for a small baby, and put them back in the box.
>
> As we get ready to leave, she asks for a snack, and eats it slowly and with great satisfaction, gazing into my eyes. On the way back, on the bus, she leans her head against my shoulder, like a much younger child.

In this session, Fabienne communicated important subphase cues by means of the spatial modality. She demonstrated her need to leave the playroom and return on her own; the lack of differentiation she experienced between herself and the therapist, so that when I called out "Where is Fabienne?" she backed away down the hall. She used the carpet scrap in the playroom first to define her personal space, the space where she would sit on the floor, and then as a transitional space, where she played at being a baby.

In sorting the toys into piles, she spatially indicated first a separation of "hers" and "mine," and then changed the meaning and location of what was "hers" into my lap, where I should protect it, leaving the other pile, become discards, to one side. Here she demonstrated an early "practicing" object relation. Announcing that she was a baby, she moved back earlier, into pretoddler behavior from early differentiation.

In supervision, we realized that it was not sufficient for Fabienne to spend all her time in the playroom. In the beginning phase of treatment, she needed to venture out from the space of the omnipotent mother into the world beyond, with the belief that the mother's omnipotence went with her to protect her from harm. Thus, she made excursions from the playroom's protected space, and hurried back to it when unexpected developments occurred.

The next period of therapy was marked by a change in the quality of the trips Fabienne made out of the playroom. She had indeed entered the "greater world" of the clinic, and began to explore on her own. She frequently "got lost," or disappeared and waited for me to find her, and then sometimes veered away. The change was clear from practicing to rapprochement subphase behavior. Fabienne was making the transition psychologically to the rapprochement experience, where the mother-space and the outside world exist as two poles of attraction for the child, who experiences the thrill of separation and reuniting with the mother, as the space between them widens. This was demonstrated in Fabienne's spatial pattern of "getting lost," being resighted by me, and veering away again to hide, so that I should chase and discover her (Bergman, 1975) in a "thrilling" sequence of hide and seek.

During this phase of treatment, several spatial landmarks emerged. The first was a tumbling mat which I introduced in order to give Fabienne an opportunity for "body-work," to develop through tumbling an awareness of her body as a resource of strength and competence in the real world. I expected this activity to strengthen Fabienne's psychological boundaries through libidinization of her body. Having

seen Fabienne's love of dance and karate posturing, I wanted as well to give her a structured way of expressing aggressive feelings through body contact with me.

Fabienne welcomed the chance to come together with me physically, and then separate, through the use of the mat. Repetitively she acted out this experience. Initially, she set it up as a "show," with herself as performer before the audience represented by the mirror, and myself as straight-man or mother-apparatus. She stood on a chair, and saying she was going to jump to the mat, would instead jump into my arms, as if she were a toddler. I was the bridge on the way to the mat, and once there, she would push off from me, originally by kicking against my abdomen, then, with developed coordination, by pushing together with both feet. In this way she was able to accomplish a backwards somersault on the mat. The push off from the mother-therapist, needed physically for body momentum, was also important psychologically, since she could not at that time conceptualize having the force herself, in her body, to push off from the floor. She needed the "magical" strength that she received from taking off from the therapist. It was a great day when she completed her first forward somersault, executed on her own, on the mat, with foresight and the coordination of muscles and aim which resulted in her pivoting her body over in space.

The importance of the tumbling experience for her was shown by her characteristic use of the mat as a home-base, an area of security which she moved around the playroom with her when intent upon other tasks. She also used the mat as a transitional space, attributing to it certain magical properties under her control, which made it possible

to act out night scenes of sleep and frightening dreams. The night scenes dealt with fears of separation and abandonment by her mother. One such example is included below:

> As she begins to eat her applesauce we are interrupted by a knock on the door, and two electricians appear to fix the lightswitch. For a few minutes we stay on with them in the room, since Fabienne is still eating. The electricians then blow the fuse, putting out the lights, and we go to my office, where there is light from a window. Here she says she was scared when the light went out, and was I? "There can be a fire when all the lights go out, in the wires." I ask, "Are you afraid of fires?" Yes, she says. She remembers a fire up the street from her aunt's house, where some people were caught in the building, and the whole building was destroyed and ruined.
>
> She stands up on the swivel chair at the window and totters around, almost falling off. I hold the chair while she looks out the window. She says, "Oh, look, Mommy, is that the station where you get the train?" (speaking of the factory outside my office window). She puts her arm around my shoulders, standing slightly taller than me on the chair, and says, "I'm going to wear your necklace, and get your ring too." She lifts my necklace over my head and puts it on, and grabs at my ring. She leaves her arm around me, and we look out the window together for a few minutes. Then she gets down, saying she wants to paint. We go to check the playroom to see if the men have left. They have, and she exclaims over the new lightswitch.
>
> She says, "You promised me the mat, when am I going to have my try-out?" We get out the tumbling mat, and I spread it out. She pushes the mat close to the playhouse, lies down on it and closes her eyes. She calls out, "Turn off the light, Joy," then shortly, "Turn on the light, Joy." It seems to be morning. She gets up and starts arranging the doll house. She puts the fireman on the stairs going up to the bedroom, where the father is standing with his arms up. Then she lies down on the mat and shuts her eyes, saying, "This is my bed." She has (as if) moved into the dollhouse and started to dream. She writhes in bed and partly off the bed (mat). She starts to sob dry sobs in her chest. I say she is having a bad dream. She calls to me, "Mommy, Mommy," and then she wakes up, sits up, and starts arranging the furniture again. She is disturbed about a missing drawer in the cupboard, so we reassemble it.
>
> Now she wants to give me an exhibition of her tumbling on the mat. She does forward somersaults easily today and asks me to push her over for the backwards ones. She does some other stunts, tells me to tell her when she reaches

> 100 points. Just then she does a superb somersault. I call out: 50 points. She does another. I call out 75 points. Then, yet another somersault: 100 points. We clean up, take the mat back, and go to my office to get our coats. (Vignette from Session 14)

The second landmark which emerged at this time was the Lounge, the "kitchen" of the clinic. Here was neutral turf where we could go for nurturance that was not available in my office or the playroom, and Fabienne could chat with other people she found there without my needing to interfere much. She enjoyed enormously this widened social field and the conversations she initiated. She learned to recognize certain people, and wanted to know their names. She liked going to the Lounge independently and meeting me there. Two other landmarks established at this time were the personage of the administrative coordinator, an embodiment of strength and power, who was a safe person for Fabienne to sit by when she had lost contact with me, and the front reception desk, which had traditionally been established as a meeting place on the mornings that her mother brought her to the clinic. The desk became Fabienne's favorite spot to hide when she wanted me to "find" her.

In sum, from the description of the first few months of Fabienne's treatment, we see not only how expressive the spatial medium can be, but how much the therapist has to rely upon it at certain times, because of the lack of coherence in the child's other communication. Fabienne's lack of identity and "personal shape" and the consequent bewildering shifts of mood and ego state made it difficult for the therapist to follow what was happening in the session. The spatial modulations, while not always easy to understand, seemed to fill in the blanks which would have been left in a greater reliance on verbal communication

alone. Moreover, the structuring that the therapist imposed in terms of defining spatial boundaries added coherence and containment to the child's behavior, so that it gradually became more readable, without undue restriction.

We can see how the dramatic intensification of subphase experience was brought into the therapy through use of the spatial metaphors. Because the therapist was called upon to respond to the child non-verbally, in order to create communicative coherence in the session, and because the "tie-line" relation was particularly important to Fabienne, the subphase recreation became strongly apparent as soon as her mother relinquished her.

The nature of the tie-line relation that Fabienne quickly established during the fourth session fluctuated between practicing and early differentiation. At times of stress, a symbiotic merging occurred, usually as a restorative background context against which to hatch or differentiate. Fabienne's conception of the space surrounding her cohered and clarified into the model of the mother-child space, versus the "space out there," which originally had to be tested out for its "good" qualities. Initially, the mother-space was the haven, and she was careful to remain connected to me by means of the phsyical senses of sight and hearing.

Once the "outside world" of the clinic became an attraction because of its exciting variety and its manageable risk, the tie-line became a more psychological entity, and this allowed Fabienne to "dis-appear" for longer periods of time, and even to enjoy being "lost." The development of landmarks during this period served the joint

functions of reconnaisance (they were safe, familiar places apart from the mother-therapist, but known to her) and of reconciliation (the child when "lost" could be found, and reunited with "mother.")

Slowly, by the nature of the rapprochement object relation, these spatial landmarks acquired other qualities which have been called, after Winnicott (1971), transitional spaces. That is, they partook of Fabienne's strengthened abilities for memory and re-creation, as opposed to enactment, reflecting her beginning sense of herself as a separate person. So emerged the "teasing" games of hide-and-seek, and the "magical" use of the tumbling mat as a space at once real and illusory, as described in the vignette above (pp. 60-61). Further discussion of these aspects of the therapy is contained in Chapter VI.

In commenting on the more general aspects of spatial structuring, I should add that Fabienne's treatment was conceptualized to begin from the moment I met her at school, and included all aspects of traveling and arrival at the clinic door. Within the clinic, the therapist's office, a small room with a window, was generally used for activities of greater intimacy, such as eating as a restorative experience, and for times when it was deemed best by one of us to tighten the boundaries of the mother-child space in a movement back to the "couple" of the earliest subphase. In addition, possessions "private" to the therapy were kept there.

The playroom was the center of activity, a more expansive space, with a large mirror along one wall. This room was connected, by means of either of two long corridors branching in different directions, to the Lounge, the "kitchen" of the clinic, and the bathroom. One

corridor, the "front way," led past the landmarks of the reception desk and the personage of the administrative coordinator, and thus was Fabienne's preferred route, the more so as the corridors began to function as the routes between two poles of attraction, the playroom and the Lounge. Much of the excitement of the "lost-and-found" and "hide-and-seek" games resulted from the fact that there were two separate ways to get back and forth, and the landmark spaces served as way stations. The "back corridor" led past my office which, suitable to private concerns, was kept locked.

Usually, with the help of the information gleaned from the child's initial use of space, and the kind of communicative reaction to it that the therapist is called upon to make, the therapist can get a sense of what is possible in the beginning course of therapy. It does not seem possible for some children to make sustained use of imaginative play, even with the help of the concrete symbolization techniques, until they have experienced some kind of subphase resolution. These are the children with a very dim sense of their own differentiation, such as Fabienne. However, sometimes a child will surprise us, and will be able to spin out a sustained narrative, while functioning otherwise with generally greater ego fragmentation. Sometimes a child is precocious in one or another line of ego development, which allows him to communicate creatively in a way that is ahead of his emotional development.

The Second Example: Orlando

This observation brings us to Orlando, who was such a child. Just 9 years old at the start of therapy, this boy of Puerto Rican parentage

was the child of his mother's teenage pregnancy and subsequent marriage to a thief, who went to jail during Orlando's infancy. Orlando's mother, who had been brought up by a foster mother, virtually relinquished Orlando to the foster mother during his infancy, while they all lived together and Mrs. P. worked in a factory. Ever after, mother and child felt mutually deprived of the early mother-infant relation; each felt rejected by the other. When Orlando was 4, Mrs. P. moved out of her step-mother's home with Orlando to live with her new husband, with whom she subsequently had two children. They lived next door to the foster mother, whom Orlando called "Grandma." At home, in addition to the mutually spurning and recriminatory relation he carried on with his mother, he was reported to like to lock himself in the bathroom, and then submerge himself in the tub so that only his nose was above the waterline. This frightened and angered his mother.

From the point of view of spatial communication, Orlando showed strong symbolization capacities in microscale play in his initial therapy sessions. These capacities were striking in a boy who seemed otherwise frequently vague, confused, and disoriented.

Orlando presented in his first two sessions the dominant conflictual theme of the therapy; that he had lost his place with his mother too soon, and he wanted both to recover it and to punish her for his loss. In turn, he expected punishment for taking something back from her, and if not punished by others, he punished himself.

Since the therapeutic team began by giving simultaneous individual sessions to Orlando and his mother, they appeared together for the first visit, and Orlando easily took leave of his mother to go to the

playroom with his therapist:

> He sits down next to me at the small round table. He talks very softly, and avoids my gaze. He doesn't finish many of his words, and his sentences tend to peter out, giving an impression of extreme timidity. I find him difficult to understand verbally. His idea of why he comes is that he can play, and talk about playing and school. He says he has no problems, that he does his homework "just so," and he is doing well in school. He asks if he may come to the clinic every day. When I ask him if he remembers the day I visited his classroom at school, he says yes, he remembers; that I sat in the back of the room while the children worked on spelling, reading, and math. When I comment that he also made a drawing, he replicates at the easel with markers the theme of the drawing I had seen him do at school: a rabbit hidden away in a burrow, a hollow place underground, under the protection of a large tree which grows immediately above it. He makes no verbal connection between this drawing and the previous one. On query, he says that he used to have a pet rabbit, but he gave him away to a friend because he got mean and bit things; he bit some of Orlando's clothes, and ate too much, and chewed up his cage.
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> He then states with a total lack of conviction that he hates animals because they are mean. He works on a second painting of animals in pairs, each one being hunted by another. He uses some of the rubber wild animals in the room as models, starting with the giraffe. These activities have a tentative quality which is very different from the play with the dollhouse which he begins when he is told that there are ten minutes remaining in the session. He concentrates intently on the dollplay, commenting as he goes, but does not include the therapist in his play.
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> As Orlando designates the spaces of the dollhouse into rooms, he first chooses the only roofed space to be the bathroom. He arranges furniture in each room systematically, the bathroom, the kitchen, the bedroom of the mother, and the livingroom and hall. All furniture is pushed against the walls, all pieces happening to be there have to be used. Every room has a sink. Everything with a hollow in it has to be a sink.
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> Next he gets out the family dolls. He wrenches apart a mother and little boy that have been left embracing. He puts the mother in bed with another little boy, then the "other bed" for the room is anxiously sought and added to the room. The grandmother is put here, and the father is left standing in the hall, "coming home." He finds a soldier of intermediate height to use as himself, then notices wire protruding from his arm, and discards him. He goes through the whole pan of dolls, looking for a substitute, finds nothing feasible, finds a nurse and

puts her in the kitchen, saying she is there to take care of the mother. When he can't find a big boy, he says something I don't understand. I say, "Is there no big boy?" "Yes," he says, and fetches the soldier.

He tells this story about the boy: He steals money, a lot of money, from the mother, and then goes and hides in the bathroom, locking the door and climbing out the window. He is seen by a woman walking by (the grandmother) who goes and tells the nurse in the kitchen, who calls the police. Police come and unlock the bathroom door by climbing in the window. Then they try to catch the boy, who has returned to look in the window. He hits and kicks and gets away. Then the woman sees him again, and the police come again, and two police grab him and they pick him up and carry him. (Arranges boy on shoulders of two police.) They carry him to jail. That has to be the end, because I say it is time to leave, and get Orlando's coat. He has said three times that everyone in the household is "very worried" about the boy. I say that we can help the boy with his worries, but that we must stop for today. I take him out to the waiting room. I ask him if he would like to draw while waiting for his mother. He says yes, eagerly, and I get the markers. He shows me later that he is copying the coffee cup which happens to be on the table there. I say goodbye, that I will see him in a few days. Later, it appears that he ha taken the markers and his drawings done outside home with him.

During the first session Orlando, a child who steals from his mother's purse, played out a fantasy where the protagonist was the "boy stealer," a stand-in for himself, in the microcosmic scale of the playthings. He then proceeded to act out in his own body scale and in real life, the taking of something from the therapist without her permission, the way he did from his mother. He thus demonstrated to the therapist not only that the theme represented by the symptom took priority, but that he was including the therapist in his conception of the mothering object. Her absence and consequent lack of response to this communication heightened anxiety, and then, in play, retaliation, and self-punishment, seen in the second session.

When mother brought Orlando for the next session, she had to explain twice about wanting to bring the markers back that day, but

being unable to find them at home, before the therapist understood her speech, which resembled Orlando's during the first session. During this explanation, Orlando disappeared from his mother's side, and I found him waiting at the door to the playroom. Inside the room, he drifted around, saying that things looked different. He appeared to settle when I said that sometimes _we just do not see everything the first time_.

> He looks in the house and says, "Where did the mother go? Look! The little boy is all alone. The house is all different. The bathroom is different; it has a lot of things missing." He gets the furniture arranged and then takes a small round table and sets it out in the kitchen with two chairs. It is the only piece not jammed against the wall. He says it is for the mother and her helper to prepare the food. "They do special projects together." Orlando says, "Where are the dishes? I must make some dishes out of clay." He recognizes the refrigerator this time and says it should have food in it. He makes, very delicately and beautifully, dishes for the table, one with coconuts and beans in it, one with cabbage. He makes a lot of fruit, bananas, oranges, and apples, for the refrigerator and a ham for the freezer.
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> He has blocked up the windows of the house, especially the bathroom window. I say, "The boy can't get out of the bathroom window this time." He says, "No, this time the boy is going to hit the mother." He makes a tap out of clay for the bathroom sink. After making all the food, he makes a "bag" for the boy "stealer" and puts it on his shoulder. He puts the nurse in the kitchen again. He puts the mailman at the door and the mother in bed with the baby. The father, arms upraised, is "coming out of the bedroom," standing in the hall again. He says in a soft, tense voice, hurriedly, "The boy comes in with the bag, takes all the money." The boy knocks over the nurse, not the mother, and then the mailman, and runs out. He flies over the walls and doesn't have to go through the doors. Orlando does the same with the mailman, bringing him after the boy who knocks him down, as above. The boy is hit by a falling rock outside and falls down. The policeman comes to get him. I say, "Where is the grandmother?" He takes this doll out, takes clay and covers first her eyes, then her mouth and ears, uncovering eyes, with clay, and says she can't hear anything. She will be the nurse for the operation on the nurse and the mailman. The boy comes into the bedroom while the operation is going on and puts clay lumps into the bedroom shelves. (Orlando starts doing this directly as he shapes each lump.) He explains softly about the masked nurse, "_She doesn't see him_."

> Crossing the room, he begins to build an elaborate jail on the block trolley, using the heaviest, most massive blocks, carried from the other end of the room. The jail has a "desk" with a sink in it, and a separate cell. The rest of the work is on the massive walls and a door. It has to be a complete enclosure. "The police take the boy away because he is a stealer. His father comes and they take him too. They are both stealers." He throws the two dolls in the cell.
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> He gets up and goes over to the xylophone. He starts playing tunes, asks if I know the song he sings. He gets the bongo drums and plays both together. When I tell him that we have 5 more minutes, he says he doesn't want to leave. I say, "Are you going to leave the boy and his father in jail?" He says, "When am I coming back?" He leaves the boy and his father in jail.

In this session, as Orlando continued with the primary theme, he moved into the macroscale for his activity of jail-building, but returned to microsphere play in his use of the large, massive structure. He did to himself (in play) what he expected or needed the therapist to do for him when she failed to respond to the "theft" of the markers. He remarked about the nurse-grandmother doll, "She doesn't see him," after the therapist had told him that "Sometimes we just don't see everything." He also demonstrated his hopefulness about his relation to the therapist in setting up (in play) a less rigidly confined space for the "mother and helper" to be together for activity, and then began to use it in a creative way.

The following excerpt is from the third session:

> I tell Orlando that I have been thinking about the magic markers, and repeat what his mother told me last time about wanting to return them, but being unable to find them at home. I say, "I know sometimes you want something very much, so you take it with you, and this problem comes up with your mother too, so we will try to understand it together." He says he couldn't find the markers to bring them back; I say it's all right, he can keep them this time. Was he worried about the markers? He says yes, he was. If he finds them, he will bring them back.

He then moves directly into the playhouse game. The boy and his father are still in jail, and he leaves them there. He straightens up the house and puts all the food out. He gives the kitchen and bathroom each "fire escapes."

All the wild animals come out, led by the lion. Today there is a bathtub in the bathroom, and the mother is giving the baby a bath when the lion comes to the window and tries to get through the glass. The glass breaks and cuts him, and he lies down outside. The other animals are milling around, and the mailman gets into the house and says to the nurse, "Please, may I use your bed? I have been chased by wild animals." The nurse says, "It's not my bed, but go ahead." The police come; two policemen dolls come into the house. There is a machine in the livingroom with a remote-control box to control the lion's powers. There is a super ray-beam on top of the house, to keep the wild animals at their distance. Outside, a police helicopter comes with rotary blades going round and round "like Lost in Space." It bombs the animals with a wooden dumbbell, making each one unconscious. They are then moved by truck to the Bronx Zoo, where each has to be kept separate from the other so that they won't destroy each other.

Back at the house, there is a great fire. All the people (nurse, mother, father, mailman) get out down the little red ladder, but they leave the baby inside. Then they go back through the bathroom window and get him. The mother is crying. The fire spreads to the Bronx Zoo, and all the animals get out. The animals come to the apartment house, which is all burned up. All the people come tumbling out of the apartment house to the pavement. They all get out and they all lived up above. They are all stealers.

Meanwhile, the boy and his father have escaped to a secret hiding place (the jail). The father leaves the boy with a gun and goes off in a car; then he comes back. The policeman ties up the boy and takes him back to his house.

Orlando then spies the puppets, picks up two, and speaks through them: "That's all folks, the end of the show."

When the therapist interpreted the meaning of the play extension to the child in the session, his response in play showed a failure in defensive function. The play became pervaded by more magical primary process contents, which he struggled to control. He tried to keep the wild animals separate from each other (as representatives of feelings that are out of control). The most aggressive beast, the lion, was "controlled" by a magic ray machine, whose function was to protect the

family. Orlando did succeed in binding this fantasy by containing it in the microsphere, and he ended the play with the statement, "That's all folks," as if ringing down the curtain, as the session drew to a close. Probably he was aided in doing this by the therapist's example of keeping clear spatial and temporal boundaries to the session.

Orlando's use of spatial communication in the first three sessions was very different from Fabienne's. He seemed to accept the limits of the playroom space and the containment of the session to a much greater degree. Orlando found it easier to express what was bothering him in play in the microsphere than to talk about it face-to-face. He could maintain intense concentration in the microsphere for a lengthy period of time. However, for Orlando as well, the scale and spatial boundaries of the play situation gave way under pressure, as he acted out in life, outside the therapist's presence but in the clinic, the same theme of deprivation and his attacking response to it that had been a feature of the doll play.

Orlando took a longer time in treatment than Fabienne before he directly engaged the therapist in a relation which reverberated with separation-individuation phase object relations. These experiences appeared to be more split off, and better defended, from his everyday awareness and relation to outsiders. The circular pattern of mutual spurning, hurt feelings, and consequent spiteful rejection which characterized his relation with his mother, while acted out in the relation of the "boy stealer" to the doll mother from the beginning, only focused directly on the relation to the therapist at a later date. Instead, Orlando presented himself as a compliant boy who was eager to

use what was made available to him in the therapeutic setting. He showed as well that he had a strong desire to grow up, to please the therapist, and to take over for himself those caring and nurturant functions not administered to him by others.

The course of this treatment was necessarily short and dense, since it began in mid-November and moved towards a planned termination before the end of May, once the family had decided to move to Puerto Rico at that time. When this structure was clear, the therapeutic goal became to focus reparatively on Orlando's internalized, split part-representations of the mother, good and bad, and through integrating the split to the degree possible, to integrate and strengthen his self-representation so that he could move toward individuation and his adaptive desires for greater maturity and an improved ability to care for himself.

From the spatial perspective, the course of this therapy divides itself into four periods. The first 10 sessions were held in the playroom at the clinic. The 11th session, immediately after Christmas, was held while the clinic was closed, and so took place in a walk to the adjoining college campus, and a visit to the local coffee shop for a Coke. This was the session when Orlando communicated to the therapist that the family was definitely moving to Puerto Rico (apparently the decision had been made over Christmas). It introduced the next period of 12 sessions. As Orlando grappled with the news about the move and its import for him, the therapist took a week's vacation, and Orlando was sick for a week. He began to react to these "rejections" by the therapist in terms of broken continuity by willfully absenting himself

from sessions. Characteristically, in "retaliating" against the "depriving mother," he hurt himself. Spatially speaking, the therapeutic relation moved in and out of the therapy room, as some sessions "took place" when the therapeutic couple were apart. This probably mirrored experiences from Orlando's infancy, in terms of his relation to the absent mother.

In the following period, Orlando returned to therapy with a vengeance. He organized the playroom as a family "kingdom," where he was ruler and master of all he surveyed in an omnipotent denial and reversal of his true helplessness regarding his family's decision to move. He seated the therapist and various dolls and animals around a table where he sat at the head. The "boy" doll grew up overnight into a policeman who "protected" the family from his position at its fringe. He also made a checkerboard with the therapist and used it to beat her in games of checkers where he used coercion, magic, and treachery to win. These appeared to be rapprochement phenomena. Coercion failed, as no matter how many games of checkers Orlando won, he still felt like a "loser."

As the pattern of "no shows" resurfaced in the therapy, the therapist sat Orlando down for a straight talk where she linked up his anger and spurning with the pain and sorrow of loss. She stated unequivocally her positive, caring feeling for Orlando, and his for her. The tone of the sessions began to change, as the positive aspects of Orlando's feelings for the mother-representative were kept alive in sessions along with the spurning coercive anger.

During the termination period, forceful acknowledgement of the pain of loss and termination had immediate consequences in Orlando's

sustained request for an increase of frequency of sessions from twice to three times a week, and later in his inability to tolerate remaining in the playroom for all the sessions. He requested that we meet in my office, a more "grown up" room, since he had begun psychological testing in the office of another staff member, and thus experienced a different, less painful format. The therapist acquiesced to the patient's request for more frequent sessions, and to his request to hold some sessions in a different place.

An important issue in therapeutic strategy was that the therapist came to represent to this poorly differentiated boy not only the mothering principle, but also the "mother country" (an extension of the mother-space) from which he had to take his leave to move into the alien, unknown "outside world" of Puerto Rico. Therefore, the therapist had the task of helping the child to move optimistically away from the symbiotically toned mother and mother-space, seeing the "world beyond" as attractive, like a practicing child. Simultaneously, she had to help him to terminate the therapeutic relation that was helping to make these achievements possible. The following vignette shows Orlando working on this task, and the therapist helping him:

> We start up the hill on the way home. He says, "I want to learn how to go home alone. Today I came home alone from school and I went to the Center alone." I say, "This is how it's done: Go a little ahead of me. That's how you practice. You pretend you are alone." (He looks down, walks at the edge of the street, turns back once to look at me and we both smile.)
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> When we get to the top of the hill, I say "Wait!" as he reaches his building. He turns toward me when I catch up to him, and I read a very sad expression on his face. I say, "Are you very sad? He (embarrassed): "No, I was just thinking. I felt alone. You weren't with me." I: "All right, now tomorrow is your after-school group, and the next day you will come to the Center." (Vignette from Session 38)

It was understood that Orlando's anxiety about leaving his mother country, as well as the mother-personification of the therapist, was creating within him the need for a space that was not altogether "home," in the larger sense, and not altogether "strange," or the "world outside." Anni Bergman states it clearly: "As the realization of the irreconcilability of home and outside space becomes a reality, transitional spaces become a necessity for comfortable functioning. In the outside world these transitional spaces must contain elements of both mother and the world outside: the home away from home, the home on wheels, the freedom to come and go, a place to play" (Bergman, 1978, p. 164). The use of separation-individuation theory suggested a way out of the therapeutic bind of Orlando's painful blankness in the "home" space of the treatment room, and his alienation when out of contact with the therapist, who at this time represented not only "the mothering principle," but his home country, as contrasted to Puerto Rico, the foreign, "outside" space. The way out consisted in the provision or discovery of a "transitional" space, having the quality of mutability, and containing the elements of both "mother space" and of the outside world. Therefore, the therapist acquiesced to the patient's request and need to move beyond the purviews of the playroom, while looking for a space that had a certain feeling of familiarity and protection, even while it offered mutability.

> I went up the hill to get Orlando, and he came to the clinic while I was at his house; he was waiting when I got back. As we enter the playroom, he says he doesn't want to be there anymore. He keeps his back to me as he moves around the room, and I try to engage him without success, for some time. At last, he stands facing the blackboard, telling me to leave him alone, that I bother him. Finally, "I'm only

> fooling." He plays hangman on the board. Messages are: "I love you." "You love me." "You and I love each other." He and I work this out cooperatively. He is the one making the dotted lines, and I guess the letters; but it has a Ouija board quality, since as we work it out, he is creating the next message in response to what has gone before.
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> When the end of the session is announced, he expresses the desire for a party in my office. It must be that very day. He doesn't want the session to end. (Session 46)

During the last week of therapy, sessions moved outside, in a return to the college campus where Orlando had first broken the news of his departure to the therapist. A feature of the outdoor sessions was the use of "airplanes," fragile, balsa-wood gliders that the child put together himself out of precut and stamped parts. The therapist had introduced them in response to Orlando's difficulty staying in the static space of the playroom. They were flown in the corridors at the clinic, and, ultimately, after Orlando had "said goodbye" to the playroom and its contents, they were taken outside and flown, first up the street, and then at the campus itself. The airplanes were chosen to symbolize the airplane trip Orlando would shortly be taking, in a way that would give him active control over the practice flights' destination, and using Orlando's need to move around and initiate activity, in response to anxiety connected with his departure.

> We go into the playroom with the wet floor to get the Raggedy Ann doll. He says goodbye to the playroom, saying he doesn't want to go in there anymore. In my office, another "party." Orlando is not as happy; he is anxious. I make a drawing of Saturn and her moons under his direction. I interpret his unease, talking about the difficult change he is about to make, and he says, "Raggedy, don't she talk too much?" His gift from me is a 15¢ glider: frail, you put it together, and it will really fly in the breeze. He has never seen these before. We fly it on the way home. We decide to go to the campus next time and fly the plane. Orlando wants no more parties or time in the clinic, but he agrees to go to the clinic to meet me. (Session 48)

It is not a concept particular to separation-individuation theory that the ability of the child to use a miniaturized world to play out his conflicts is a consequence of maturity and stable ego structure; however, it is implicit in our understanding of the borderline child, as influenced by separation-individuation theory, that the immaturity and fluidity of ego structure that we would expect him to show is aided by a therapeutic set-up where he can choose which direction to move in the scale of play: toward the "microsphere," or toward the "macrosphere." In addition, we can speculate that Orlando's use of the therapist in the final session as a kind of airport "beacon" relates to the borderline child's reliance on the "mother-orbit" of the separation-individuation phase spatially, and psychologically as well. He seems to be using the object contact with the therapist to raise the level of his ego-functioning.

> We go into the second playroom and record a tape message which he will take to Puerto Rico. Orlando looks at the playhouse and says goodbye to it; fingers the roof while I am out of the room. We go to fly the plane up the street toward the campus, but time is very short. Orlando says to the airplane glider, "No U turns!" as we go toward his home, away from the clinic. (Session 49)

> Orlando arrives on time for the last session. We make airplanes in the playroom and then take them out to the campus. For quite a while, Orlando just flies the airplanes. One airplane goes over the fence, and thus becomes his favorite. "Which is the king? The winner!" (the one landing closest to the therapist).
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> When we move up to the concrete path, he finds three scraps of red carpet, one "landing pad" for each plane. The path becomes the ocean; New York City and Puerto Rico are on each side of the ocean.
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> One plane keeps coming back to New York. I say, "Oh, that one doesn't want to leave me. It won't go to Puerto Rico." Orlando: "I will crash you and punish you if you don't go!" (Points out rocky island where plane will be demolished, and starts it again.) "He went! He is a good boy--he went with

> his family." He tells me to stand completely still where I am, and sends the three planes toward me again. I say: "I am the Statue of Liberty [arm in the air]. I greet you to the free city." One plane comes straight to me, and Orlando declares it the winner. (Vignette from Session 50)

In this case, the child was taking leave of the therapist, not as a differentiated other, but as an omnipotent figure whose pull back to the symbiotic orbit was strong enough to create conflict, but was not too strong to master or prevail against. The therapist stayed within the metaphor of the airplane game that Orlando introduced. She chose to use her body to act out a part in the play, and to playfully take the metaphor one step further in symbolization, as she attempted to represent simultaneously not only symbiotic pull, but freedom to choose and grow. This use of metaphor seemed appropriate to the worldview of the child who had not left the world of magical omnipotence behind, even while he struggled to opt for the world of reality. Thus, the symbiotic pull that the "Statue of Liberty" had on the flight-path of the airplanes was acknowledged even while the conventions of the game indicated that the therapeutic milieu offered the child-participant freedom of choice. This interweaving of magic and reality met the child's own thread of experience and choice which led him to prefer the airplane which went out of bounds, or alternatively, the one that landed too close to the mother-figure of the therapist, while clearly recognizing where it was <u>his</u> duty and his correct choice to go, and applauding the airplane which did it. It may have taken very primitive, punitive superego precursors ("I will crash you and punish you if you don't go!"), but Orlando came down on the side of reality considerations.

The Third Example: Matt

Matt was a 7½-year-old boy of middle-class background, whose family greatly valued being smart and talented. When he came to our clinic, Matt presented as a very intelligent boy, small for his age, with a precocious veneer of sophistication. He was said to be a talented violinist. Matt was related and articulate, although his drawings were tentative, clumsy, and primitive for one of his intellect and other abilities. Matt revealed a preoccupation with death in stating that his three wishes were that various animal pets not die. He related this preoccupation to the past, to the time when his father left the home, by saying that he used to fear his own death, but he was over that now.

There was a recent family history of extreme marital conflict between his parents, which climaxed in a marital separation when Matt was 6 years old, and a 3-month psychiatric hospitalization for his father when Matt was 6½, for suicidal depression. During this period, Matt manifested behavioral symptoms reverberating to those of his father, such as lying stiff on his bed for hours at a time, disoriented and playing with his fingers, while hoarding under his bed food and other objects including kitchen knives; he was reported to withdraw into fantasy, expressing fears of his own death. These features brought his mother, at the instigation of Matt's school psychologist, to seek treatment for him at her local community psychiatry clinic. Matt had had 9 months of therapy before coming to our clinic. His mother made the change because of misgivings about the efficacy of the therapist.

Matt was described as a very active infant, breast-fed until 7-8 months of age, and refusing solid food until about 6 months. He had one sibling, a sister 18 months older. His parents hired a live-in housekeeper named Addie when Matt was 5 months old; this woman was described by Lynn as "really his mother." She was the one who got Matt to eat solid foods. Once she was in the household, Matt's mother seemed to be out of the house a good deal. Matt was described by his mother as a self-confident and happy boy until Addie's departure, when he was 2½ years old, and subsequently "never good-natured about anything." When Addie returned to visit the family, he is said to have behaved very angrily toward her. Matt's mother then discontinued the visits.

It is not clear why Addie was let go; a hypothesis would be that Lynn found it difficult to tolerate sharing her children with another "mother," and that as soon as the physical dependencies of the children were lessened, i.e., after Matt's toilet training, she let the housekeeper go. From her report, there seems little doubt that this was a traumatic event for Matt.

His mother also reported that since Matt was 2 years old he had wanted to be a girl, and that he was allowed to wear girls' clothing and make-up at home, until he got to nursery school, where the teacher discouraged such practice. At nursery school, he was described as unable to relate to peers, or to focus on any activity. He had a terrible temper, and was often out of control, running madly around. In the present, Matt continued to have difficulties forming peer friendships at his flexible, progressively oriented private school, but he did well

at many learning tasks. The school was extremely supportive of the emotional needs of the child, within the limits of age-range expectations, and so was able to help Matt, who was verbally fluent, competitive, and had a ruthless, manipulative charm, to keep up the appearance of being a fairly intact neurotic child, but they could not manage any severely "regressive" behavior over an extended period of time.

Matt's mother alternated between seeing him as a genius, a devil, and a disturbed child. A former actress, she was a narcissistic, overly dramatic woman who saw things in extremes, and then dramatized her account of life events. She had had an extremely poor relation with her own mother. When she became displeased with the psychiatrist assigned to her son, and brought Matt to our clinic, she also had difficulty completing the intake process. It seemed that a key element in the management of this case was to keep Matt's mother happy, helping her to trust and depend upon her child's therapist, while managing her intrusiveness and her destructive tendencies toward her son.

Matt apparently had excellent reasons for not trusting his mother to look out for and minister to his needs, but his difficulty went deeper than that, since he also could not trust himself with his own ambivalent feelings toward his mother. He classically attempted to manage them by keeping his rage split off from awareness, and thus "protecting" the good part-object representation of his mother, which was best maintained when she was not there. When they spent extended time together, the predictable temper tantrums, coercion, clinging, and turning of the destructive impulses against himself as well as mother and others, emerged.

Matt's initial sessions were interesting from the point of view of spatial communication because his spatial communication was often so discrepant with his words. This problem continued to haunt him in therapy: that although intellectually capable, he could not bear to discuss what most deeply troubled him--his fundamental preoccupation with the internalized, ambivalent relation to his mother. He preferred to operate whenever possible in therapy on the superficial level of the performer. However, the spatial messages continually gave him away. We will now move to an account of the first session:

> Matt and mother are playing checkers in the waiting room when I go up to get him. The game is continued 20 minutes in the therapy room, since both partners are ambivalent about ending it. Mother finally wins, whereupon Matt makes a double "magical" jump to wipe out her last two kings with his one. He then gives mother the checkerboard to take upstairs, and she picks up his possessions as well, taking them with her.
>
> Matt takes down a toy horse from the shelf, announcing he loves horses. "What is this one made of? He doesn't stand too well. Oh, oh, look at his ear." I explain that this is a very old horse, and that I have mended his ear. He takes the horse and bangs it into a wooden ark, but it is too small for the horse to get into, so he knocks it to pieces. (The ark is meant to come apart.) Matt: "I know! He can build himself a house that's more his size." (He takes the boat completely apart and reassembles it, getting small puzzle blocks to help expand the boat. He rejects the large building blocks, saying he wants to work on the table, and they are too large.) Matt builds a wall on the table between the therapist and himself, with no windows in it. He rummages in the cupboard and finds more blocks and people. "The people are going to build the house." He turns the corner of the building. He has made a stall. "Now, that's big enough for the horse." I stand the horse up. "No, the people are going in. Go stand in there! Go on, get in!" The horse comes and kicks things down on them. "Do you think the people are dead?" (Therapist hedges.) "They've been hit on the head with bricks! Who would you rather be, the horse or the people?" (Therapist: "The horse. Who would _you_ rather be?") "Mr. Surgeon horse." Matt then knocks down the building. "The people are nicer now. They are going to build him a boat, more of a raft." Matt sets to work in earnest. Every crack must be filled in, so the

> water can't get through the bottom of the raft. He says in an elaborately casual tone, "I was very upset when my father and mother separated." He continues building, talking about his mother's coming birthday, and how they have bought her little animals for presents. He and his sister are taking her out to lunch with his father, and she knows about that, but the gifts are to be a surprise. He uses clay as mortar to fill in tiny cracks between the blocks of the raft. When it is time to stop, he says, "I'm going to save this raft for next time." He puts everything away, and I help him. He makes "benches" for the people in the block cupboard.
>
> When we go up to the waiting room, Matt bends over the low table, as if to shield his face. His mother has been telling me she is running out of money and can't find a job. She asks him what is wrong, and picks him up. He says his eyes are hurting; he is close to tears. She embraces him. He says, "Can I kiss myself?" She asks why. He says, "Because I love you too much."

Matt brought his mother into the therapy room to struggle through the checker game, which both of them must win. In so doing, he showed the therapist that he had difficulty disengaging from mother, and that the nature of their engagement was a struggle, requiring magical interventions in order for him to get what he wanted. After his mother left, he carried on the struggle in microsphere, carefully restricting himself to the table, where he let the horse take the part of himself (he told me that his name referred to a special breed of horses) in first kicking his "house" to pieces and then destroying the people who inhabited it. While transacting this play, he kept the therapist safely walled away, at a distance created by the blank wall of the stall.

Matt's next move, the obsessively careful building of a raft for the horse, was understood by the therapist as a request for help from the therapist to keep him afloat on a sea of (maternal) troubles. This was an activity that he wished to preserve for the next session. When he went upstairs, he cried with pain at the reunion with mother, perhaps because he was feeling some hope.

[Session 2:] Mother brings Matt, with his new babysitter, Frank, who is being shown the routine. Mother doesn't tell the receptionist that they are there to see me, so I discover them when I go up to check, 20 minutes into the session. Initially, Matt doesn't look my way, nor does his mother after an initial glance. Both are involved in Matt's efforts to write his name in script on the blackboard, "so he can get a bankbook." He finishes while his mother is introducing me to Frank. His mother congratulates Matt and says, "Leave it for posterity." Matt erases it. He still hasn't looked at me. In the elevator, Matt presses a gold locket to his mouth and nose. He leads the way into the office. The raft is lying on the table. He starts to work, elaborately joining the floor, upside down, with the clay. He works fairly silently, remembering where everything is. I ask him if he knows the song about Noah building the ark, and hum a few bars. I tell him that it reminds me of him and the horse, only the horse is not two-by-two, he's all alone. He replies that it is the wooden people who are building this, not him. He asks me if I know the song about the Titanic. It is one of his favorite songs. He sings, "Down to the bottom of the ... Husbands and wives, little children lost their lives," seemingly with great gusto. Then he switches to Yankee Doodle. He sings it three ways, once spontaneously, then in imitation of James Cagney, then with soft-shoe dancing. He asks if I can tell he's not singing it on pitch.

He continues working on the raft. "I wouldn't mind riding on a horse right this minute. This horse wouldn't hold up." (Therapist: "I think I'll make a clay Matt to ride on the horse.") Matt: "This would be good for a dick" (he has modeled a penis out of clay for the boy). "No, he's supposed to be wearing clothes." He makes it into an arm with fingers, and I attach it. He makes a saddle. As the time runs out, he says he will finish the boat the next time. "I like this man and horse though . . . I'm going to ride, gallop, gallop."

He goes out to wash his hands of clay, and is gone a while. In the elevator, going upstairs, I ask about the heart locket. He says it's in the bathroom, in the garbage. I ask if he discarded it for good, if he doesn't want it anymore. He says he didn't throw it away on purpose, so I say we will retrieve it when we show Frank the fifth floor. Matt finds it immediately when we return.

Matt's introductory sessions showed through the difficulties mother and child experienced in parting, that whatever difficulties Matt had he preferred to work out with his mother. He regarded the therapist as an interloper. At the beginning of the second session, he entered the elevator to the therapy room with the therapist with a gold locket pressed to his

lips. During the session, it got smeared with clay, and the therapist shined it up, asking where it came from. Matt said he brought it with him from home. By the end of the session, it had disappeared, and it turned out that Matt had thrown it away. It seems that in the context of Matt's intense ambivalent feelings for his mother, the token of the mother's locket was initially helpful in keeping angry, destructive feelings toward his mother at bay. By the end of the session, the locket was no longer working toward that end, and the ambivalent balance was shifting, so Matt discarded the locket. The therapist set retrieval in motion, as if to illustrate that she could be helpful in managing the unstable internalized relation with the mother.

Matt appeared much more intact in the first two sessions than his history led us to expect. His defenses were overpronounced to keep his strong feelings at bay. He was extremely neat, and obsessively controlled all the details of what he was making. He worked entirely on the table, saying that small blocks were "big enough." He rejected the therapist's suggestion to empty out the bag of blocks "so that you can see what you are getting out." Not much ego shift was discernible; only when the therapist was talking about the small horse did Matt slip and act like she was criticizing him.

By the third session, Mother disappeared from the scene, and the scale of Matt's activity shifted to the macrosphere. He first got the idea of making and flying progressively larger airplanes (up to 3 feet) out of paper. The session was not contained in the therapy room; the outer corridor, a long, narrow space, was used to fly the airplanes. The game of flying the planes in the corridor took the form of racing

one against the others, to see which airplane, or which size of airplane, could reach the other end of the corridor in one soaring flight, without being deflected by banging into the wall. At the end of the session, Matt rested two small airplanes under the wings of the biggest one to stay in my care. When Frank, Matt's babysitter, and Abby, his sister, came to pick him up, they were shown the airplanes and how they could fly. Frank agreed to carry several home for Matt, who had plans for them at home.

The shift in spatial scale and the expansion of the spatial boundaries to include the corridor, a long, narrow space intended for directional movement, together with the theme of the airplanes being flown in a competitive race, was understood to be a response in expansiveness of expression to the exit of Matt's mother from the scene. The theme of winning and losing was one which would predominate in the therapy, but it was only later that Matt was able to focus it on the therapist.

In looking for the emergence of a spatial tie-line relation between Matt and the therapist, we must remember that both mother and child played a part in keeping their relation exclusive and in treating the therapist as an interloper. This was probably all the more true because their relation to each other was so full of ambivalence. Matt raced the planes up and down the narrow corridor space, toward a blank wall, rather than toward or away from the therapist, who was placed by him at the periphery, or the side of the corridor, in the role of coach or referee. From the point of view of the tie-line relation, this play was indirect, and the players somewhat "out of sync" with each other.

The rather disjointed pattern continued for some time, as did Matt's use of the therapist as "referee," thus indicating that he knew he needed one to mediate his inner struggle.

During the fourth session, Matt devoted himself to making and blowing up paper "balloons," which later came to be called "pillows." He found a nesting place for them under the therapist's knee-hole desk when it was time for him to leave.

When the theme of the horse and his raft, developed during the first two sessions on the small work table in the therapy room, recurred in the fifth session, the raft began to fall apart. This led to moving off the table to the floor and from the microsphere to the autosphere, as the horse fell into the sea with the broken raft. The horse "couldn't swim." The personage represented by the horse was transformed into a underwater swimmer, first through Matt's body motions on the floor, and then by means of a wooden doll who got an airtank fastened to his back that "had to hold enough air to last for seven days."

So, by the fifth session, Matt's sophisticated and showily accomplished facade had given way, and he revealed himself grappling with the issue of survival, so typical to the borderline child. This theme had been present since the first session, but the changes in its expression suggest that there was a gathering intensity to Matt's struggle. These changes were clear in the transition from the small table scale of play to enactment in autoscale, followed by an attempted recovery into miniaturization, which required the space of the room, and the transformation of autoscale materials to support it. (A simple

musical instrument had been taken apart and reassembled to make the "air tank.")

Matt had been exploring the possibilities of more varied spatial metaphor during the intervening sessions, while he also assessed the therapist's willingness to follow his lead and to respond to his play with a reciprocal holding environment. He warily reconnoitered the potentialities of the therapeutic set-up, exploring the therapist's capacity to meet his infantile emotional needs.

Another play theme of spatial interest that was subsequently introduced was a series of action drawings of battles between the Martians and the police. The battles, executed on drawing paper, progressed narratively as Matt drew them. That is, he drew a spaceship, then a Martian shooting at it, then the spaceship going up in flames, sequentially. Some drawings required 30 pages.

Although the Martians came from outer space, the ground line of the drawings, and the place where most of the action took place, was on the lower third of the paper. In the 19th session, the action moved to the sea, where he drew monsters with wide mouths full of teeth. Matt said, "I usually have to end by ripping up the drawings because the monster beats the boat, and then the boat beats the monster--Nobody wins!" In time, a personage called the Survivor came into the drawn contest between the police, on the one side, and the Martians with rockets, on the other. The Survivor seemed to take on the identity first of Matt, then of the therapist. It seemed that in Matt's fantasy, the Survivor might perish. The therapist stepped in to prevent this in the play, and that is how the Survivor got his name.

The significance of the sequential action drawings as a spatial communication seemed threefold: The use of the bottom of the paper for most of the significant action seemed to reflect a depressed, hopeless outlook about the battles (cf. Binswanger, 1961). The way Matt made these drawings allowed him to be an active participant in the battles, almost as if he were both protagonists, yet the use of pencil and paper as medium gave a distance which fostered ego control. The stand-off outcome of the battles, where everybody loses, or "Nobody wins," is reminiscent of the quality of Matt's checker game with his mother during his first session, and seems to reflect a need for enactment of this kind of coercive struggle, with enough conflict and self-punishment built in to that Matt cannot freely go about achieving his ends, but instead must immobilize himself.

The emergence of the Survivor refers back to the personage with the air tank in the fifth session, and ahead to the hopefulness to be generated by the recognition that the therapeutic dyad can work cooperatively toward the same end, in the therapeutic space.

This brings us to a discussion of the second interventive mode, that of the dramatic intensification of subphase experiences. In Chapter VI, after an introductory description of the mode, we will reexamine some of the material previously discussed from the point of view of the mode of spatial structuring.

Chapter VI

DRAMATIC INTENSIFICATION OF THE ILLUSORY SUBPHASE EXPERIENCE

This mode of intervention requires the therapist's alertness to behavioral cues given by the child about where he needs to work on the continuum of level of differentiation, and then communicating this understanding by intensifying the particular subphase climate for the duration of the child's apparent need. Much of the communication is effected through miming and gestural response to the child's movements and gestures, through various kinds of eye contact and gazing behavior, and through changes in voice quality. The child may resort to vocal babbling, or, in the case of a Hispanic child, lapse into his mother tongue.

Subphase-Evocative Interactions

Orality seems to have a particular importance in regard to the re-creation of the symbiotic climate out of which differentiation occurs. Often, the provision of real food or drink is a crucial part of the experience. In order to maximize its effect, the child will often give cues to organize the eating experience in an evocation of the nursing paradigm. A most important aspect is the sustained, somewhat unfocused, "mesmerized" (Resch, 1979) gazing into the eyes of the therapist, typical of a nursing infant with its mother. The nutriment and the

general nurturant climate in themselves have an organizing effect on these children, as if part of the therapeutic message is about the child's entitlement. Through the creation of the nursing paradigm, the therapist seems to be communicating the maternal permission for the child to live and to thrive (Sechehaye, 1951, p. 53). Such subphase re-creation can greatly enhance the child's ability to tolerate frustration, or to recover from ego disorganization. For example, in the therapy of an 8-year-old girl who had been badly upset by her mother's impending hospitalization, she used a session to create a nurturant symbiotic experience with the therapist, choosing a small space for the session, and consuming milk and crackers in a manner typical of the nursing paradigm in use of sustained, intense eye-contact, as well as vocal babbling and sing-song, i.e., nonsense syllables sung out in a rhythmic way. The therapist entered in by helping to re-create the satisfactions of the nursing paradigm at a physical distance, which included responding vocally in a soothing motherly tone, as well as with sustained eye-contact, and the provision of the expected food.

Merging Behaviors

These symbiotic tactile and kinesthetic behaviors occur during re-creation of the early differentiation subphase, when the child "hatches" out of symbiosis. It seems that the symbiotic experience must sometimes be available to hatch out of, in the therapy. It is manifested in such behaviors as clinging, stroking, embracing, suddenly jumping into the arms of the therapist, or physically latching onto her

in other ways which seem to suggest an omnipotent merged identity of therapist and child. Later on in the therapy, these behaviors may resurface at times of stress and regression. The therapist's role is to cooperate in being physically attached by the child, while perhaps commenting verbally on the feelings of unity, and through monitoring, to be extremely sensitive to duration, to how the child "hatches" or breaks away; not to continue the connection, but to be available for the child to continue it. She may introduce an activity into the therapy at this time, such as tumbling on a mat, to enhance the "hatching" experience through emphasis on the libidinization and development of body boundaries.

Patterns of Eye-Contact

Patterns of eye-contact are at once tip-offs to the therapist about subphase re-creation in the therapy by subphase-typical gazing behaviors of the child, and conscious techniques of intervention by the therapist. The therapist interventions serve the purpose of communicative response to the tip-off, and of maintaining or intensifying the subphase experience, or, in rare instances, to shift it.

Differentiation gaze. The early differentiation gaze is one of mutual, sustained eye-contact, sometimes with a rather unfocused, mesmerized quality (cf. Resch, 1979) on the part of the child, as previously described. It provides a context for the more focused, alert gaze of the "hatching" process to emerge. It requires a mirroring gaze by the therapist back to the child. The therapist may by means of gazing behavior move in emotionally on a child who indicates he

wants the close, intimate mutuality of the early nursing experience, looking intently and with duration into the eyes of the child. Thus, the emotional closeness is made possible without actual physical contact, which may be too frightening, with its overtones of engulfment.

The differentiation gaze proper on the part of the child includes intent examination of the therapist's face, hair, jewelry, and other accoutrements from a close distance, and seems to be a version of "customs-inspection" behaviors. The gazing response of the therapist to this phenomenon is simply one of attentiveness at close range; eye-contact is not a particular feature. In fact, the child-therapist pair may look together at something beyond themselves, such as a picture on the wall, or the view out a window.

Practicing gaze. The therapist maintains the physical distance (beyond arm's reach) that the child sets, encouraging autonomy, but bridges the distance with her gaze. She is available to admire when signalled by a direct glance from the child. The therapist may during a practicing experience make a point of maintaining an attentive gaze over an intermediate distance from the practicing child who is performing physical feats for her admiration (early practicing), or she may use a gaze that is only glancingly direct, but available across the distance (practicing subphase proper). She may use a large mirror for the child during this time for the child to admire himself, and in order that he may more easily manipulate the image of the watching (admiring) therapist through his view of her in the mirror. The latter refers to the child's developing capacity to imitate the therapist, and to identify with her mirroring function; the former to his putting

this capacity into practice.

Rapprochement gaze. The therapist maintains an evenly floating gaze, avoiding the invasion of the child's developing sense of privacy by therapist-initiated sustained eye-contact. (The child's sense of privacy may now include the experience of being looked at as a violation of personal space.) The therapist is prepared for the child's visual disappearance. It is sometimes useful for the therapist to be present without direct eye-contact, but on call for it, because the child is experiencing "being alone." When the child practices being alone in a purposeful way, in the presence of the therapist, this is understood as an experience intermediate to being able to be truly alone, or psychologically individuated (cf. Winnicott, 1958).

Changes in Language or Voice Quality

These distinctions are separate from the verbal content of the communication. They include such phenomena as that of a 9-year-old Hispanic boy, whose therapy was previously conducted entirely in English, lapsing into Spanish, his "mother tongue," the language he still used with his mother, to verbally attack the therapist as a transferential bad-mother figure, during a phase of the therapy transitional to termination.

In this situation, it was the therapist's role to acknowledge and assume the complementary omniscient or omnipotent aspects of the dyad, while at the same time creating a mental distance for reflection between the child and the experience: to try to understand the Spanish message, requesting help from the child, and to reply by stating it in

English, the secondary-process language of the therapy, so that the "evil" aspects of the maternal figure were granted cognizance in the therapy, in a mode that limited or encapsulated their effect by removing them from the early, undifferentiated "omnipotent" climate and language.

Other changes in language and voice quality include the child's use of babbling vocalizations or baby talk, or his imitation of a "babyish" intonation; and the therapist's corresponding adaptation of a soft, vocally soothing tone. She may sing songs or chant nursery rhymes, or tell stories, in an evocation of differentiation or later subphase mother-child relations.

* * *

Setting down these tangible communicative behaviors in a description removed from the context of the therapeutic process is useful in giving recognition to their existence, and in emphasizing their importance as an interventive mode in work with borderline children. Such behaviors, because nonverbal, and sometimes performed automatically by the therapist, are not always monitored in the process of the therapeutic work, and therefore often go unrecorded. They are generally submerged in a communicative stream between patient and therapist, and as such are easily overlooked. On the other hand, isolating and scrutinizing them as an independent interventive mode may be construed to give them a disproportionate emphasis. The degree of relative importance of this mode in the course of treatment of the latency-age borderline child seems to depend to a large extent on two factors: the relative degree of differentiation or individuation of the

particular borderline child, and the nature of the child's communicative style, with particular regard to the correspondence and complementarity of the child's verbal and nonverbal communication, or the lack of it. It is the position of this writer, however, that the importance of such behaviors is more often understated than overstated.

Among the children under discussion here, Fabienne relied upon nonverbal behaviors re-creative of the subphases to a very great degree, and her verbal communication, although usually in tune with the nonverbal, was often a secondary mode. For Orlando, nonverbal behaviors re-creative of the subphases frequently functioned to inform the therapist about concerns that were alluded to verbally, and preconsciously available, but subject to higher level defensive operations of varying success. Orlando grew to be able to make good use of verbal interpretation as well as of this interventive mode.

The technical challenge presented by the last child, Matt, was not only that his verbal and nonverbal communications were usually discrepant, but that much of his defensive armor served the purpose of excluding from ego awareness those needs communicated by the reverberative subphase behaviors. His verbal and other intellectual abilities were constantly used to ward off, transform, and deny infantile needs which he experienced as insatiable and capable of destroying him. He seemed to feel unconsciously that he risked obliteration if these needs were "exposed," that is, recognized by himself and the undifferentiated other. As a result, the response of this extremely verbal child to verbal interpretation was often unproductive. The therapeutic strategy of proceeding with early

subphase re-creation in the "disguises" offered by Matt, of games with a format acceptable to him, became all the more important.

Fabienne

Let us turn first to the discussion of Fabienne's therapy from the point of view of the use of the mode of dramatic intensification of illusory subphase behaviors. As we will see, much of the dramatizing was done by Fabienne herself.

In the description of her first session (pp. 54-55), she and her mother revealed themselves as an undifferentiated couple; yet differentiation was a subject that interested Fabienne: she wanted to hear about boundaries and possessions from the therapist, and she asked the therapist to give her something. When Fabienne followed her paint water into the toilet cubicle, she revealed a sense of what was "hers," connected with the knowledge and control of her body excreta or "productions." In her remark, "Don't see me," this knowledge appeared to be linked with a rudimentary sense of privacy, or of the possibility of being separate, during certain appropriate structured situations. Subsequent bathroom behaviors indicated that she liked to see me "not seeing" her by peeking over the top of the stall.

In the game that was the focal point of the first session, when Fabienne discovered the cash register, used it to tell the therapist about the child who stole food, and then scolded the therapist as if I were her, or the child in the story, my response of hanging my head in shame was a very simple gesture. Yet this gesture conveyed a great deal: it conveyed that I understood how she felt; that I would lend

myself in this way to her purposes; and that it was "pretend" because I didn't <u>really</u> mind being scolded, but instead enjoyed the "pretend" play. As dramatic intensification of an illusory experience, this behavior communicated to Fabienne my permission for her to use me in this half-real, half-playful way, which constitutes the essential kernel of the "illusion" in the illusory subphase experience: that it is at the same time real and not real, and that it is something created by the child while it is presented by the "mother." (This conceptualization is derived from Winnicott's [1951, 1971] original formulation of the natural occurrence of a "transitional" space between parent and child, which is part illusion and part real, the paradoxical quality of which is never questioned.)

During Fabienne's fourth session (pp. 56-57), when she came back to the therapy room from obtaining the necessary supplies to feed her baby, she again peeked around the door to see me sitting without her. When I called out asking where she was, she seemed to act on the assumption that if I didn't see her, she wasn't there, and so removed herself. This observation fits our understanding of the level of Fabienne's object constancy reported in Session 7 (p. 41) that if I wasn't there when she needed me I didn't exist. It also brings to mind the pattern of mother and child disappearing and reappearing to each other seen at the initiation of therapy.

From a forward-looking perspective, the initial observations show Fabienne's interest in going beyond the undifferentiated object-relations phase, as she experimented with differentiation by observing the therapeutic partner being present, that is, within the symbiotic

orbit, but separate, in the sense of being "different": the object of special scrutiny from a fairly close distance. I suggest that this is an 8 year old's version of "hatching" behavior.

Once Fabienne had her accident with the wall which resulted in the cut lip, she moved back into the symbiotic orbit with the "bad breast," as the symbiotic mother's boundaries and powers expanded to include the "bad wall" and the water fountain. Indirectly, she indicated at the water fountain that she would give me a second chance, if the cold water was soothing to her injury. Apparently it was, because she walked down the hall burping happily like a well-fed baby. She then used the rest of the session to "practice" being baby. The sorting of the treasures into "mother's" lap seems a perfect example of Fabienne's ability to create an illusory "holding environment," typical of the transition from differentiation to practicing.

Of particular interest in the light of later developments where Fabienne used her anger in the service of differentiation and individuation was the scene at the water fountain, when she said, "No ... I'm going to do it." Here an undifferentiated 8 year old, so frightened about a cut lip that the whole world turns bad, retained the verve to say "no" to the engulfing mother, and to insist on doing for herself. Pushing down the pedal on the water fountain, she regulated the flow of water that she needed to suck from the spigot to make the world turn "good" again. This was our first view of Fabienne's unusually strong staying power, a will to survive that seemed to have physical, intellectual, and affective components.

After these initial sessions, Fabienne began to transform her object relation with the mother-therapist from a practicing subphase relation to that typical of rapprochement, largely through her travels in the protected space of the clinic, back and forth from the therapy room and the therapist. This transition was complicated by a continued thread of symbiotic lack of differentiation which appeared at times of stress. It was a transition difficult for the therapist to understand, because behaviors and feelings related to both practicing and rapprochement subphases were maintained together by the child for some length of time, and the spatial behaviors of practicing, although superficially similar to those of rapprochement, required quite a different response from the therapist. In the first case, it was important for the therapist to convey through her physical availability and by means of visual contact that she maintained the function and responsibility of "protecting" the child's development of autonomous function, even when the child was out of her sight. In the rapprochement circumstances, the same behaviors described above did not allow for enough illusion of freedom for the child, who now experienced herself as being alone, and moved excitedly between the old pole of attraction, the therapist-mother, and the new one, epitomized in the Lounge and its surroundings, filled with the exhilaration as well as the danger of the novel and the unknown. During intensification of rapprochement behaviors, the therapist had to tread lightly, recognizing that the tie-line extension was now more internalized, and making sure that her reappearance or "finding" of the child generated as little fear of engulfment as possible.

Some of the first clues for the therapist about a changed meaning of spatial behaviors in terms of their object-relations tone and content were gained through the therapist's sense of unease about miscuing with the child. Fabienne's affective expressions became increasingly negative, angry, and blaming toward me. Originally, when Fabienne "got lost" or became disoriented in the clinic spaces outside the playroom, it was a matter of urgency for her to be found by me immediately, and my finding her resulted in her feeling relieved. During the period of miscuing about which I felt uneasy, she seemed still to "blame" me for her getting lost, but also to be disgruntled at my finding her; she was unhappy and angry either way. Sometimes when I went out from the playroom to find her, I thought that she caught sight of me, but she then seemed to disappear again, and had to be refound. It did not initially occur to me that she was hiding from me.

With the help of separation-individuation theory, used during supervision, I began to see the earmarks of rapprochement in these phenomena: That Fabienne in "getting lost" and veering away when rediscovered, sought the thrills of separation and reunion with the mother-therapist as the space between us widened. The "outside world" was become more exciting. The spatial landmarks which emerged during this time served as places that gave opportunities for the separations and reunions to occur.

The predominance of Fabienne's negative affect was due partially to the failure that Fabienne experienced in the therapist's ability to respond accurately in a reciprocal mode to her rapprochement re-creation (which was soon corrected), but predominantly to the fact that she was

experiencing herself as more alone and more vulnerable, with the negatively toned still-omnipotent mother of rapprochement responsible for whatever failures did occur in the outside world.

For a brief period, Fabienne took to running off at about the time our sessions were due to end. This excerpt from the end of Session 14 (from which a vignette was previously quoted on pp. 60-61) is a colorful and fairly typical example of her enjoyment in making acquaintance with the "outside world," her angry mood toward the therapist, and how once the anger surfaces, she becomes unsure who is who, or who is angry; she maintains the position that whatever is wrong is the therapist's fault.

> Fabienne finds that the sheets of paper that she was carrying around in the morning before the session began are missing; she has "lost" them. She dashes out of my office with her coat on, saying she will get her paper from the Lounge. She returns after a while with a stack of fresh paper. It seems that she was unable to find her own, so she helped herself to more paper from the xerox machine at the front of the clinic. We depart.
>
> On the way down the steps to the outside door, I say that she makes things difficult for me sometimes, dashing away when it is time for us to leave. She cringes against the wall as if expecting me to hit her, and prepares to cry. I tell her that I understand that she doesn't always feel like leaving when the session is over, but that it is important for us to leave on time, so she will be back at school on time. She kicks the wall and the steps on the way out, steps on her paper, and says it's my footprint, not hers. I say that she is feeling angry at me. She speaks to a woman student who is leaving the building at the same time, asking her, "Where are you going? Are you going home?" The student replies that no, she is not going home, she's going to school. Fabienne persists, "Are you going home and then to school?" She then gets into an altercation with me about tying her shoes. She tells me she is going to tell the "girl," the woman student, on me, says, "You monkey," and dashes out of the building. When she gets to the street, she can't see the girl. She says to me, "I'm going to tell on you that you called me a monkey."

Thus, while undergoing the illusory re-creation of the rapprochement crisis, Fabienne was still handicapped by a weakness of ego boundaries, which was particularly susceptible to the experience of anger. Eventually, she was able to move through this difficult period by means of ego acquisitions such as improved memory and ability to orient herself in space and time. Her life experience thus became more coherent. She became able to come to terms in a more realistic way with her angry feelings. In her ability to make these changes, she relied heavily upon identificatory processes, first with the therapist, and later with other adults in her world.

Orlando

The use of this interventive mode in the case of Orlando will be discussed in terms of the four periods of the therapy delineated in Chapter V. During the first period, Orlando played out themes of subphase re-creation for the most part without directly engaging the therapist, but using her presence as an attentive, admiring audience; that is, the object relation was one of the practicing subphase. Early on, with the help of the therapist's admiration, he reestablished an aspect of his identity, that of himself as an artist, that referred back to his success at some special art classes he had attended during the third grade, and had greatly enjoyed. During the first session, in the drawing he made of the little rabbit hidden in a burrow deep under the ground, but near the protective presence of a tall tree, he seemed to be telling the therapist that he needed her help in bringing that secret, hidden part of himself out into his relation with her. Through

his use of the boy doll (originally the "stealer") as a representation of himself kept in the therapy room, he communicated to the therapist his desire to be well looked after, by taking special care of the boy, bandaging the hole in his arm, and checking on him during nearly every session.

For the 11th session, the format of the therapy was changed, and Orlando told his important news about the family's move to Puerto Rico and many of his fears about it while we walked side by side through the grounds of the college campus near his home. During our visit to the coffee shop, Orlando made a move toward differentiating himself as a Puerto Rican from the therapist as a mainland American by telling her that Puerto Ricans do not drink Coke, when he was choosing his drink. He then decided to order a Coke, and found it not so different from his traditional Pepsi as he had supposed. On the way back home, he told the therapist that he had received a toy microscope for Christmas, and that when he looked into it he saw the moon. This was one of many allusions to the planets and the solar system, which he was studying in school, but which also functioned as a metaphor for the therapist-child relation, where the therapist was at the center of the orbit. On the way back to his house, Orlando made small forays into side paths, like a toddler on a walk with his mother, to "find things to look at under the microscope." These phenomena continued the practicing subphase relation.

The 11th session ushered in the next phase of therapy, which was characterized by fragmentation. After the therapist's vacation of a week's duration, Orlando came early to his next session, to tell her

how he had received a very bad beating in school, by three boys, during the absence of his therapist and his teacher. Subsequently, he became ill and missed two weeks of sessions. These breaks in continuity were experienced by Orlando as the therapist's rejection of him. As a result, once he was well, he re-created the hurt, rejected, and retaliatory spurning reaction with the therapist that was such a feature of his life with his mother, by wilfulling absenting himself from sessions. Partly because the therapist did not respond to this behavior in the same way as his mother, but rather encouraged him with attentiveness and concern to return to her and the clinic, and partly because Orlando could hear the therapist's words about his feelings of hurt and disappointment, and her caring feelings for him, he did return to regular attendance at his sessions.

The chief problem he brought to the third phase of therapy was how to deal with the uncertainties of where he belonged and what belonged to him. His characteristic strategies heretofore in his life and in therapy seemed to be to steal from the one who could give when he wanted to be taken care of, to provoke fights where he was the loser, and a tendency toward renunciation in important object relationships, where he took care of others when most needing the care himself. A fourth strategy was the ability to quickly make himself at home in new surroundings, such as the clinic. Three of the strategies were brought into play in this phase, with a new intensity. During January, Orlando had attempted to slip the "boy" doll into his pocket in a manner observable to the therapist, so demonstrating to her his judgment that her capacity for care had failed him, and that he could take better care of the boy

himself. In this new period, to "please" the therapist the boy grew up overnight into a policeman who existed on the border of the playroom family circle, protecting the others from harm while they were sleeping, and disappearing during the day, when they were eating meals together. This reflected his fears that his mother would abandon him and not take him to Puerto Rico when she left with the rest of the family and his hope that he could move into the clinic to start a family with me. Inside the therapy room, he created his own town, where he was "mayor," with life-or-death powers over the inhabitants, and then his own family, where he was the king, whom all must obey, and I was the queen. The boy policeman existed at the border of this family, and was sometimes given a place at the dining table.

The rage that Orlando felt against the "depriving mother" in the persons of his real mother and of the therapist began to come to the surface as the grandiosity, used in the service of his denial of uncertainty about his place, gave way. He became more and more coercive in his role as the king of the family, and then transferred these tactics to games of checkers, after we made a checkerboard during a session. In the first games, Orlando used me as a teacher and practicing-subphase mother, in that I showed him the rules and admired his winning. He experienced some difficulty asserting himself in those games. However, in the following games, lasting over several sessions, he more than compensated for his initial difficulties in acting aggressively. Not only did Orlando "have to" win every game, but should the therapist advance a man to his back row to be crowned, he would refuse to do so, yelling out, "Your crown is my witch!" Often when I made a move, he

would yell out, "Don't do that! Don't do that!" After one session, he told me that the black pieces would always be his, and I was not to touch them when he was not in the playroom. He threatened me, "Fee fie foe fumb. I smell the blood of Miller . . . I am the king. I will give you a punishment," during the games.

One may well ask what the therapist's role of dramatic intensification of these rapprochement behaviors might be, beyond the stance of holding on and hoping for better times in the future. What seemed important at this time was to keep alive in the sessions through my responses to Orlando his awareness of the strong mutual affection we shared toward each other. In my role as "queen," I emphasized my pleasure in being his consort and in taking good care of our babies, who sat around the table waiting to be fed. I also indicated a degree of respect and admiration for his great powers over this family, which were used in a very nurturant way toward the "children." I also gave Orlando fairly accurate, although toned down, feedback about how overwhelmed I sometimes felt at the extent of his fury, released during the checker games. He would then usually reciprocate by "letting me" win a game, through the use of his magic.

A strong suite in the therapist's hand remained the ability to talk to Orlando and be heard by him. I spoke of all he was suffering, and how the pain and uncertainty made him feel helpless and angry. At one point, he replied that he was deeply worried because he "couldn't remember his lessons" in school, and he was afraid that if he got a bad report card, which was due any day, his mother would leave him behind. He was so frightened about this that he could not tell his

mother about it. When I responded that his mother would never leave him behind, because he was really her favorite child, and that was why they had so much trouble together, he did not seem surprised.

The termination phase was marked by a reascendance of Orlando's positive feelings toward the therapist and toward himself, as he became resigned to the great change so near at hand in his life. In a tape he recorded to take to Puerto Rico with him, he gave his name, address, and zip code, and asked the therapist for hers. Spontaneously he added, "That's all, folks. I enjoyed being here while it lasted." He seemed to gain immense moral support from the fact that he could share with the therapist all his feelings about leaving and going to the new country, and that she understood them. With this support, he was able to use the therapist in whatever level of subphase relation he momentarily felt the need of. Differentiation and practicing subphase phenomena appeared and disappeared for brief periods in the predominant climate of rapprochement, as he preoccupied himself primarily with integrating the "good" and "bad" aspects of the representations of the mother and of himself.

Matt

We know that Matt's therapy during the first months was characterized by a discrepancy and oscillation between his need to perform on a "sophisticated" level of competence (nothing less, he believed, would be worthy of the admiration he desperately sought) and his surreptitious use of nonverbal infantile behaviors such as clinging to or leaning against the therapist while we worked together. During the first month of therapy, he "found" a private storage place for the things he made in

therapy, in the womb-like kneehole space under my desk. A week later, he brought his "outside" possessions into the therapy room with him for the first time, including his small violin. He took it out of its case to show to the therapist, and then "tucked it up" with a polishing cloth, as if it were his baby. Such nonverbal behaviors reverberative to the earliest subphase betrayed momentarily the intensity of his infantile needs in a mode that he could disown with alacrity when the therapist approached them in verbal discussion. The appearance of these behaviors, like the tie-line relation that accompanied them, was often indirect, disjointed, characteristically ambitendent, and contradicted by verbal process. Moreover, Matt appeared as suspicious of the therapeutic undertaking as he was ruthless with his peers. At any noticed chink in his armor of competent invulnerability, he became extremely defensive, and resorted to massive denial.

The stalemate between Matt's infantile neediness and that which prevented him from acknowledging it, that Matt had described so well in his comments about his action drawings of the battles between the Martians and the police, was interrupted by a crisis that arrived in early December, two months after therapy had begun. At his school, there was an epidemic of head lice. During a routine check, it was Matt's misfortune to be discovered infested, and abruptly banished from school, to remain at home for the duration of the delousing process. He was initially overwhelmed with anxiety at what he experienced as a severe threat to his bodily integrity. He reportedly lost much of his usual ego control at home, as he shifted to a more infantile, impulsive, and clinging level of functioning.

In therapy the next day, he initially denied that having lice bothered him, saying only that he had not wanted to come to his session, and in fact had never wanted to come, since the beginning. It seemed that in his overwhelmed state of anxiety, helplessness, and rage, the therapist was the safest person upon whom to blame his troubles. Matt's sister had previously been infested, and apparently still carried the lice, so she was sent home too. Connecting his sister's prior infestation, and his mother's failure to delouse her to protect him from infestation, he was yet unable to acknowledge his blaming of his mother for this new violation. Instead, he blamed his difficulties on the therapist as mother-representative.

This was the closest Matt had come to making use of the therapist as an important object. As a subphase re-creation, it placed him in the midst of a rapprochement crisis. The therapist was someone who had omnipotent powers, and refused to use them to protect him. Her failure to use her powers was the "cause" of the bad things that happened to him in the world outside. An important function of this use of the therapist was to help Matt to live more peaceably with his mother.

The splitting in the transference continued for the month of December. He continued to blame therapy and the therapist for all that was wrong in his life, including that "his friends had all turned against him." Having "decided" that the therapist and therapy were the cause of his ills, he wanted to discontinue coming to his sessions. He "hated" the therapist. He came to his sessions and sat inactive and often defiantly silent. If he happened to forget himself and talk for a while, his face assumed the aspect of a thundercloud, and he

remonstrated that he was not going to talk; that there was nothing to talk about.

For the first time, Matt sat during this period in the adult chair next to my desk, where he could intermittently gaze into my eyes from a preserved distance, rather than using the small work table and chairs where he used to busily play and make things. Sometimes, he came to therapy capable of nothing more than huddling in the chair and gazing at the therapist mutely. During this period, while returning his gaze, I verbally offered him my sympathy, and tried to affirm his feelings of sadness, helplessness, and violation. At these times, I was aware of speaking in a soft, soothing tone. It seemed that only in this way could we sustain contact. One day, I told him a story, which is recounted below:

> I tell Matt the story of a boy and a fish. The boy was deep sea fishing for the first time, out in a boat with his father. He hooked a big swordfish, a fighting fish who did not want to be caught. A long struggle ensued, lasting all day and all night. The father bathed the boy's forehead and massaged his wrists so that he could go on with the struggle. The boy and the fish pitted all their strength against each other. The boy felt he had to learn to think like the fish, so he could anticipate his next move. In the end, the fish got away when the line broke. The father was worried that the boy would feel his fight had been for nothing. The boy said that he was disappointed in the outcome, but that in a way he was glad, because the fish had got away, and was still free. He felt he had got to know the fish very well, and that the fish was a worthy adversary, who helped him to be more of a man.[1]
>
> I tell Matt that his course of treatment with me is much like the story of the boy and the fish; that he may come and fight me as hard as he can, and that in this struggle, we will get to know each other very well. In the end, we would both go free, but we would both be changed by the experience of our time together.

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[1]With grateful acknowledgment to Ernest Hemingway (1970) for the adaptation of his original story from Islands in the Stream.

> Matt says that if he were the fish and he got hooked, he would use his flippers to pull the hook out, so he wouldn't have that wound. I say that sometimes that's not possible, sometimes the wound must heal over with the hook still there, and a scar forms around it. Matt had suffered some very hard blows in his life, and some of them could not be undone; he just had to live through them and come out the other side. I would help him to do this.

In telling Matt this story, I wanted to convey that fighting to get what one wants with a worthy opponent can constitute an intimate and rewarding relationship that may be necessarily apart from who wins or loses. I was also describing in metaphor the intimate tie-line relation upon which the effectiveness of sustained illusory subphase reparations seems to depend. In referring to the boy's "learning to think like the fish," I suppose that I was hoping to implant as well an interest in the psychotherapeutic process. The third aspect of the story, the importance of the father's role in nurturing the boy to manhood, was probably a reverberation to the importance of Matt's father in his life. This was seen not only in Matt's early symptoms mirroring his father's depression, but also in the breakdown of the horse's fragile raft as a vehicle of protection and flotation, and the subsequent shift to Matt's autoscale "survivor," referred to in Chapter V, which occurred at the time when Matt's father's visitation rights were rescinded by his mother during parental squabbles over money. Matt's father, whom I had yet to meet, was an obese man, a theatrical producer. I had wondered how much the making of the paper balloons, which later became "pillows," was a reference to the father. The balloons, like the airplanes, tended to appear in "family" clusters; that is, there were little ones and big ones, and the little ones nestled for support inside the boundaries of the larger ones when they were being put away, at the close of

therapy sessions.

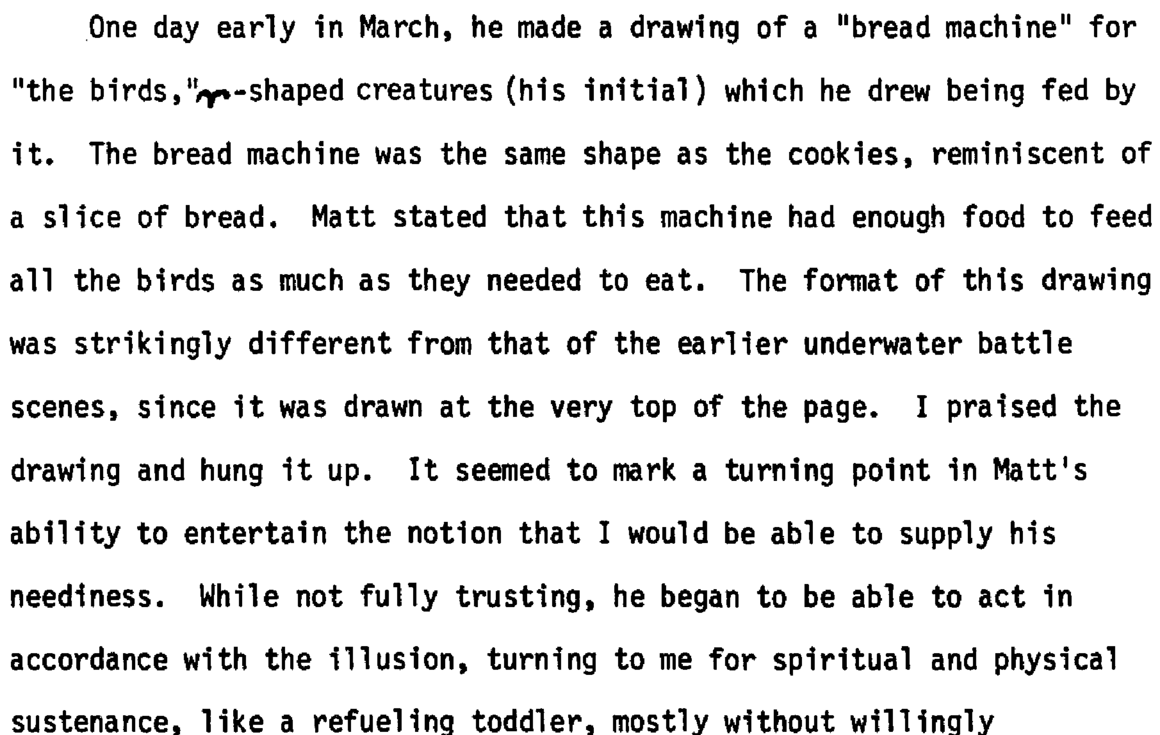
Matt's response to the story was revealing but hardly surprising: he identified very much with the fish who was "hooked," not as a fighting fish, but as one who wants to get away, and to magically undo the damage. While I had thought of the "Survivor" of previous material as one who would endure, Matt at that time clearly thought that the "battle" was hopeless. Nevertheless, I gave Matt a Christmas gift around that time of a whistle carved in the shape of twin fishes. Five weeks later, on Matt's 8th birthday, his father gave him a fishing rod with reel, in which he delighted. He boasted that no one was strong enough to break the line.

A major change in therapy came when Matt could use the therapist as a person to win things from. During January, he began to engage in innumerable contests, first against himself, with the therapist as spectator-judge, and later, against the therapist. Usually, Matt won food in these contests; originally, he made play money and then worked it out that the play money was redeemable for Dynamints, favors which he furnished himself. Toward the end of February, he set up various targets, first on the therapist's desk, then at a greater distance from me, to "win" cookies that were freely available in the therapy room. He hoarded most of the cookies he won, but also enjoyed eating some during the therapy sessions, with gazing behavior appropriate to the early nursing experience, which was mirrored back by the therapist without comment. After the therapist became a participant in the contests, the stakes of cookies got bigger, and Matt won most contests by hook or crook. For a while, he kept his winnings in the room, and

then on two occasions, took enough cookies home with him to have one a day until he returned for his next session.

In the various ruthless games that he played, it became understood by the therapist that Matt was trying to generate the illusion of omnipotence over the mothering part-object representation which could give all. That is, if he won often enough, he would win "the riches," that which he needed, by coercion.

It was no coincidence that the original targets were placed so close to the therapist that a target "miss" could easily become a therapist "hit." This expression of Matt's rage toward the depriving, omnipotent mother was managed by the therapist. I said plainly that I did not want to be hit, and that the target was too close for my safety. Matt then moved the targets to the play table, afterward including me as a protagonist in the game, rather than a "sitting duck."

One day early in March, he made a drawing of a "bread machine" for "the birds,"  -shaped creatures (his initial) which he drew being fed by it. The bread machine was the same shape as the cookies, reminiscent of a slice of bread. Matt stated that this machine had enough food to feed all the birds as much as they needed to eat. The format of this drawing was strikingly different from that of the earlier underwater battle scenes, since it was drawn at the very top of the page. I praised the drawing and hung it up. It seemed to mark a turning point in Matt's ability to entertain the notion that I would be able to supply his neediness. While not fully trusting, he began to be able to act in accordance with the illusion, turning to me for spiritual and physical sustenance, like a refueling toddler, mostly without willingly

revealing his needs and weaknesses. Thus was created an objective correlative, a concrete symbolization of Matt's deepest feelings and needs: that the therapist would provide for him as no one else had provided. He began to look toward the sessions as a time when he could experiment with the principles of reciprocity and mutuality in an intimate and dependent relationship. How he went about this will be discussed in Chapter VII.

Chapter VII

SYMBOLIC CONCRETIZATION

This mode features concretization in an object, personage such as doll or puppet, or in imaginative role play between the therapist and child, of the child's previously unformulated or disavowed wish or conflict. It is a symbolizing activity, like naming or describing, which allows the child to develop a certain distance or observing capacity with regard to conflictual themes. It may be on a higher level of ego development than the mode of dramatic intensification of subphase experiences discussed in the previous chapter. The specific concretization may develop into a more sustained communication, with greater duration over time and a more developed narrative.

Orlando

In the case of Orlando we saw how he started out his course of therapy with the narrative play in microsphere about the "boy stealer." This play was on a dissociated level, and went along with acting out in life-scale the taking of something tangible from the therapist without her permission. Once the verbal connection was made for Orlando between his need to take things from his mother, and his taking the markers home from the therapy session, the dissociated narrative play decompensated. The story was invaded by wild animals, the characters were caught in a fire and lost their place, their home, and everyone

became a stealer. In later dollhouse play, the same story was not resumed. This course of events may be attributed to the circumstances that the material occurred in introductory sessions, when the therapist, although watching and listening to the play, was not utilized as a participant. When, in her absence, she inadvertantly became a participant in the theme (i.e., when Orlando took the markers home), the scale of activity (life-scale) was markedly different. In other words, the actual miniaturized narrative took place without the ego support that the child might have gained, had he been able to utilize the therapist by engaging her directly in the play. As a result, when the content of the narrative threatened to reach full consciousness through discussion about Orlando's taking the markers home, it could not be allowed by the child to do so.

This is an example of a situation where symbolic concretization would have been a useful mode, and where the child may be said to have attempted it. What seems to have made the difference between sustainment and fragmentation of the theme, and what distinguishes this example from a true symbolic concretiziation, is that the participation of the therapist is minimal; the therapeutic relationship is not yet well enough established to improve the ego functioning of the child.

The fragment of narrative is of special interest because this borderline child was able to go so far on his own in the beginning of therapy, expressing himself through narrative play which crystallized with clarity what may be said to be his dominant conflictual theme: that he has lost something important from his mother, and that he is determined to get it back. In fact, the identification of the particular doll that

he used as the "boy stealer" with Orlando himself remained intact through the doll's subsequent changes of identity, for the remainder of the year's course of therapy. In this capacity for creative resources of self-expression in a symbolic mode in therapy, Orlando showed himself the strongest of the three children.

Since Orlando was a child who tended to withdraw and isolate himself for fantasy activities, an important skill he had to learn in therapy was how to use the therapist to help him, by letting her into this aspect of his life. Since he had defenses that were not as available to Fabienne, this "letting the therapist in" involved more conscious intention on his part. He showed his intentions along this line during the second session, when, in arranging the dollhouse, he set up the small round table in the kitchen with two chairs, unlike the arrangement of the rest of the furniture because it stood in open space, as a place where the mother and her "assistant" could work together. The arrangement in microscale mirrored the arrangement of table and chairs in the therapy room where he and the therapist sat for the session. It was within this conceptualization of relationship that the creative work with clay occurred, as Orlando made food and dishes. These creative by-products could be seen as a way of furnishing the nurturant climate that Orlando felt lacking in his life and which he wanted from the therapy.

The "boy stealer" weathered the tumult of many changes in that his special quality as Orlando's self-representation was preserved, but he became known as the "boy" rather than the "boy stealer." When the therapist took a week's vacation in January, Orlando reported that he

suffered major catastrophes in her absence. He then tried to take home the "boy" doll in his pocket, thus communicating to the therapist that she was not taking proper care of Orlando, and that he would do it for himself. This was a "secret" communication, since he attempted to take the "boy" without permission, by slipping him into his pocket.

When symbolic concretization recurred during the termination process, it was imbedded in the therapeutic relation, and was used in the service of helping Orlando to move toward consolidation of the split representations of the good and bad mother, to help him to work toward stabilization and maintenance of a separate, coherent identity of his own.

I have chosen to illustrate this therapeutic event with a vignette from Session 41. Although plans for the projected move had been communicated by the family to Orlando during the Christmas holidays, the reality of the uprooting represented by the move and the terrors it held for Orlando did not dawn on him fully until a period of time had elapsed. At that time, it was expressed in the therapy in a reliving of the rapprochement crisis. This has been discussed elsewhere in the essay.

Now, during termination, those acquisitions which Mahler (1975) cites as helping the child to overcome and resolve the rapprochement crisis conflicts, such as increased mastery of language, strengthened internalization processes, and the development of expressive symbolic play, entered the therapy in a new way. We see the child "finding" a way to bring together the love and hate aspects of the conflict simultaneously, in unified, coherent imaginative play, although not in a unified protagonist. He used a recent addition to the playroom, a large stuffed

Raggedy Ann doll. Under her clothing she had a heart printed on her chest in red ink, with the words "I love you" printed inside.

The context of the session was the game of "playing store," with Orlando as shopkeeper managing the cash register and selling off to the therapist the contents of the therapy room. In this way, he acquired riches in exchange for what he had to give up; he also mirrored in the therapy room what was going on at home, as his parents sold the contents of their apartment.

During the play, in response to the therapist's comment about his generosity in making special prices for her, he also took the role of robber, instructing the therapist as customer to call out to the police for help, but telling her they would not come. He took all the play money and "deposited" it in the cash register bank.

> Orlando: "I'm older and richer than you. Write EMPTY, okay? I'm rich!" He picks up the Raggedy Ann doll which was earlier purchased by the therapist at a "special price," and begins to talk in a soft, childish way: "Oh, I love you, my mother. Ohhh." He laughs softly, then says in his usual voice: "She says she loves you, and she gave you a card. Here." Now in the childish voice again, "It comes with me, Mother. Here, Mother, I love you. It wrote, Dear Mother, I love you, I love you, I love you forever and ever." I reply, "She's a good girl." Orlando reverts to his usual voice: "I hope when I grow up I'm gonna be a rich girl and give you a thousand million, million base of rocks. Money and rocks." I ask, "<u>You're</u> going to give it to me?" He replies, "Not me, her. . . She's rich." I respond, "Oh, <u>she's</u> going to give it. I thought <u>you</u> were." Orlando: "Okay, in the money department, I don't trust you. You changed the things in the room last night, right?" I speak to Raggedy: "Okay, babe, you're growing up to be a good girl." Orlando replies in the childish voice, "I want to record my voice, please." (Session 41)

In this vignette, Orlando created the character of the doll and kept her feelings and utterances separate from those of his own which he was prepared to acknowledge. He used a special voice for when the doll spoke.

When he made a slip on this and confused the therapist about who was speaking, he was quick to set her straight. In this excerpt, Orlando was able to express through the persona of the doll the loving feelings he had for the therapist as transference-mother, which were too painful to acknowledge directly, partly because of the threat they raised of reengulfment, and partly because of the proximity of the final termination. The therapist merely accepted the situation and played along with it.

Three days later, Orlando came to his session badly upset because his maternal "grandmother," who was his primary caretaker during his early years, had a bad fall and was seriously ill. (This woman still lived in the neighborhood, and provided a willing alternate home for Orlando when things got too rocky between himself and his biological mother. The unconscious fantasy that this woman could "save" him from moving to Puerto Rico with her had been refuted logically by him in the previous session. He told the therapist that the grandmother was moving to Puerto Rico too.)

> Orlando uses the first part of the session to build a toll bridge to a city on an island like Puerto Rico. The water in between he describes as a "deep, tall hole." The toll booth is closed "because" the bridge is a drawbridge. In the play, and in reality, the car and truck that are trying to cross the bridge to the island can't get through; their progress is blocked because the openings of the toll booth are too narrow. Orlando takes up a plane to fly to the island, but rejects it because its tail is broken.
>
> Orlando says, "Now here's my <u>second</u> idea," and turning his attention to the "river" under the bridge, begins to build a boat. While he is doing so, the therapist asks him about his grandma's fall. He replies that "they never tell me anything." Then he tells the therapist in Spanish to "Shut up! Tell me! Leave me alone!" He begins to quiz her on naming objects around the room in Spanish, starting with "muneca" [doll], a reference to Raggedy Ann. Becoming

> confused, he asks, "Whose idea was this?" referring to the bridge or the boat. He cuts off my response by telling me to leave him alone, or he will "blast" me from my job. My job is "building the bridge."

The following dialogue ensues:

O: "Feya. What does this mean? Tu es feya, ha ha, tu es feya."
T: "You're telling me I am ugly."
O: "Linda? Linda means ugly and feya means nice, pretty."
T: "You're trying to fool me, but you can't."
O: "Tu es feya. I'm talking to the microphone."
T: "You say mean things about me?"
O: "Because you treat me bad. Tu es feya."
T: "Because I won't let you stay here forever?"
O: "Tu me molesta. Tu jove tanto. Why do you not stay in your world? I I I I . . ."
T: "The words are stuck in your throat. Raggedy Ann, can you say the words?" [pause] "Guess what she said?"
O: "I know, but she doesn't want to tell you." [He turns doll's back to me.]
T: "Tell her I want her."
O: "Her heart doesn't show."
T: "It's still there, though. . . . So, is that what Orlando says? I believe it, Raggedy." [I reach for the doll.]
O: "No! Police, police!"
T: "Calm down, Raggedy. I will rock you."
O: "She doesn't love you anymore.
T: [To Raggedy] "You can tell me how much."
O: [Speaking as Raggedy] "Why don't you go to your own place?"
T: This _is_ my place. I'm still your mother, even though you're mad at me."
O: "No, you're not married with Orlando."
T: "Why do you say that?"
O: "If married, we do everything at the Center together. I come from my father's body. I'm going to tell my father on you."
T: "That's all right, Raggedy. Words can never hurt me." [Rocking doll] "Raggedy, Raggedy, you're getting to be such a big child. I love you, and I'm going to miss you very much."
O: "I didn't hear it pretty well."
T: "Remember, I said it. Thanks, Raggedy Ann."
O: "I want her, or else I going to take you to jail."
T: "She's going to give you a kiss."

Orlando demands to hear the tape played back, saying, "I want to hear myself." He mutters, "Tu ne chiero y Nadie si joven. Otro mundo dell Clinic." The therapist asks, "Is

> that Raggedy Ann talking?" Orlando bangs the xylophone and states, "That's enough!" His mood becomes subdued and stays that way as I take him home. He has forgotten where he belongs; whether that day he goes to his mother's house or his grandmother's house, so we try each in turn.

In discussion of this second vignette featuring Raggedy Ann, I want to focus upon the use the therapist made of the doll in order to maintain the positive aspects of the transference mother-representation in the face of Orlando's extreme panic, engendered by fears of abandonment (on several levels), to which he reacted with escalating rage. His subjective experience began to fragment, and he lapsed into Spanish, his mother tongue. Orlando told the therapist that her "job" was to "build the bridge," inferentially to link New York and Puerto Rico, and in more depth, to make a bridge to heal the split between the good and bad aspects of the still omnipotently endowed mother of rapprochement.

The therapist asked Raggedy Ann to speak for Orlando in his rage, meanwhile dramatizing toward the doll (as stand-in for Orlando) her soothing, motherly caring and her confident expectation that good and bad feelings, hate and love, could be contained in the same persona or object representation or interpersonal experience. The therapist maintained that Raggedy's "heart," symbolizing Orlando's feelings of love toward the therapist, still existed even when seemingly swept away by Orlando's angry feelings. She also concretely performed soothing operations upon the doll, speaking softly and fondly to her, and rocking her on her lap. When she relinquished the doll to her "father," she emphasized the doll's loving feelings toward Orlando by saying that Raggedy would give him a kiss.

Orlando participated in the symbolizing play when he said of Raggedy Ann that her heart did not show. He seemed able to respond to the therapist's intervention in a positive way by expressing his uncertainties, his needs and feelings about where he belonged, in relation to the therapist, in the English language; by wanting to hear a replay of the exchange in order to "listen to himself," and by regaining self-control, as the affective state of panicky urgency and confusion gave way to an appropriately subdued and ego-integrated mood at the end of the session.

Matt

We left Matt in the last chapter having identified the therapist as one with whom he might explore the notion that his early needs for protection and nurturance, and for a context out of which he could individuate, might be fulfillable. He was said to begin to look toward the therapy sessions as a time when he could experiment with the principles of reciprocity and mutuality in an intimate and dependent relationship. Gradually, he invented or discovered a different type of relational game, which required us to work as a reciprocal pair, taking turns in the alternate roles of the game. This was a marksmanship game, based on principles Matt had absorbed from his violin lessons at a school which used the "Suzuki Zen" method of learning. The apprentice and his master practice together in a mutually interdependent dyad where the master relies upon the apprentice to make the music, and the apprentice relies upon the master for instruction and correction, subordinating his will and critical acumen to that of the master. In this method, the

apprentice never practices alone. (Matt's mother had been his practicing partner with the violin, which predictably created another opportunity for rivalry, coercion, and rage between them.)

Matt made a life-sized target with my help, which adorned the wall of the therapy room. It was shaped like the typical bullseye and had scaled numbers written in for points won, growing higher as they reached the center. Each of us took turns shooting at the target with rubber bands, using the other as "marksman," to mark down the hits on the target with map pins, and to call out the score of the hit for the partner. In the role of the "archer," we took turns sitting in the therapist's swivel chair facing the large, body-scale target, and, aligning the whole body with concentration of aim, and then with eyes closed, but concentrating, snapped the rubber band over a finger toward the bullseye. Matt loved this game.

The marksman game had a hitch, in that it required trust and reciprocity to play it. When Matt took the role of the archer, he often cheated, pretending his eyes were shut when they were not. He also frequently disputed his score. When he took the role of the marksman, he cheerfully called out all the numbers and put in map pins, not alluding to the fact that he sometimes departed from accuracy in his scoring, usually to the therapist's disadvantage, but sometimes to her advantage. It was less stressful for him to take the role of the marksman, and over time, he became more supportive, even on occasion nurturant, in this role, to the therapist's archer.

Thus, the archery game became a vehicle for the expression of Matt's desperate desire to secure by any means that which was missing

for him, and had so far escaped him; any means including deception, trickery, cajolery and coercion. Matt had come to the point in treatment where he could act for the most part on the basis that he and the therapist had a common interest in his welfare. In the process of achieving this stance, he was gradually able to reach out to the therapist on the basis of the illusion that she would provide for him as no one else had done. His acting on the basis of this belief was construed as expressing an awakened hopefulness on his part.

The symbiotic overtones of the game seemed to function to recreate for Matt a sense of reliability in the holding situation, upon which the feeling of basic trust must be established. The awakened hopefulness and trust achieved through the reliability of the therapist's holding situation was intended to strengthen Matt's ability to deal with the "dangerous" ambivalence of his rapprochement arrest in the area of object relations.

The day came when I called Matt on his cheating. He stopped dead in his tracks. When denial was unsuccessful, he left the therapy room for a lengthy stay in the bathroom, returning to admit the possibility that he had been cheating, and to ask the therapist to call him on it if it happened again. I told him that cheating did not necessarily make him a bad character in my eyes; perhaps he was only making a stand on what he felt to be his own best interests. But perhaps cheating resulted in his feeling bad about himself, because, feeling himself to have alienated my affections, he then felt he had "lost" me, and had either to escalate the game and the winning, or, as in this case, turn away in disgust.

This was an interpretation that had to be made many times to Matt, and which took him time to digest. At first, in continuing the game, he made an effort to be more realistic in his scoring. This was easier than taking aim with his eyes truly shut. Usually when his need to "win" escalated beyond his desire to keep to the rules, or to please the therapist, he fell back into the old ways. The therapist then reminded him that with that kind of "winning" he still experienced himself as a loser. The important achievement in the therapy seemed to be that although angry disruptions did occur, as did Matt's reexperience of self-disgust, the game continued, and slowly transformed itself in tune with Matt's growth.

Fabienne

Little will be said in this chapter about the therapy of Fabienne. She made very little use of the mode of symbolic concretization, both because she did not seem to have developed an ego structure elaborated enough to make it possible, and because she preferred always to express herself in active interactions with people. However, I would like to include an excerpt from a session which took place about 9 months after the therapy had begun. During this session, Fabienne made a drawing which was later referred to by Anni Bergman, who supervised the case, as the commencement of Fabienne's psychological birth.

> I ask Fabienne what we are going to do today; she says: "*I'm going to draw.*" She selects the color paper she wants, and after telling me to make a drawing of a church, says she will copy my steeple. She makes a mark on her paper that doesn't please her, then scowls and throws the paper petulantly on the floor. I smile at her. She looks at me and says, "Don't laugh, it isn't funny," and starts to cry. I ask her why she is crying. She says, "You know, I already told you. You were laughing at me." I tell her that the reason I was smiling at

> her was because all at once, just because she didn't like the first mark on the paper, she gave up and threw the whole sheet away, when she had a lot of room left and the whole other side. (I was referring here to the all-or-nothing quality of her anger.) "But I can't copy you," she says. "You don't need to copy me. Make your own church, or your own drawing." She sets to work with a purpose. I ask what she is making. "A kite," she says, then rejecting that paper for a fresh one, "A girl. I'm making a girl." "Is she happy or sad?" "She's glad. Is that a smile?" showing me a down-turned mouth. "She's glad and she's mad. See, she's crying." So saying, she adds tears to the girl's face, and colors in her dress. "She's mad at her brother." I say that I thought she didn't have a brother. "He was in a dream." She draws, secretively, a little shape at the bottom of the paper, that could be a breast or the head of a phallus. I ask her what that is, and she circles it more forcefully. She says, "That's her ball. She lost her ball." I ask if I can write that story on the picture. She says that she will write it. She writes, "Oh, I'm so mad!" with a line pointing to the ball.

Fabienne was here using her anger to separate and identify herself. She was able to hold onto her feelings, and used them to produce a drawing that was an appropriate expression of them. In the text of the story, she seemed to recognize that although she did not have the power, and perhaps the phallus, of the grown-up person, and was angry about that, she could still be an intact and forceful person.

Chapter VIII

CONCLUSION

We have now completed a review of the place that the three interventive modes, spatial and spatial movement structuring, dramatic intensification of illusory subphase experience, and symbolic concretization have had in the process of psychotherapy of three borderline latency-age children. I have suggested that these interventive modes, and the viewpoint that informs them, are applicable and useful as generic precepts in the psychotherapy of borderline latency-age children. Ultimately, their utility will be determined by those clinicians whose exposure to the ideas here presented will influence them to try them out in discussion and in practice.

As has been previously emphasized, the principal attraction of separation-individuation theory for the psychotherapist of the borderline child is its accuracy and specificity about the child's early object relations and ego development, from a psychoanalytic-developmental point of view. We may now turn to the question of how Mahler's framing of these processes of early development in language heavily influenced by physical and spatial metaphor enhances the psychotherapist's ability to integrate the principles conveyed by the theory and to work with them creatively.

The first point that comes to mind is the correspondence between the physical and spatial metaphor used in the theory to create images

in the mind of the reader, and the early assimilation of physical aspects of his mother and his environment in the child's process of self-regulation or homeostasis which leads into his earliest, rudimentary psychological development. According to Schafer (1972, pp. 429-30), "the basic language of experience"is formed from our earliest subjective, nonverbal experiences, which are organized around the anatomical foci of psychosexual development, with their openings and closings, and the passage of substances in and out. In this context, inside and outside, and me and not-me are distinctions weighted with the emotional aspects of significant activities. The child relies upon them as he learns to speak and to think in words.

Speaking now of the borderline child in therapy, the less psychologically differentiated he is, the greater is his tendency to rely upon those early aspects of organization of experience, that in this essay form the basis of the interventive modes, for self-expression and communication. Therefore, Mahler's quality of metaphor resonates in the therapist's mental processes to the ongoing communicative experience with these children during the process of therapy, and heightens her ability to understand.

A second point arises from the first: the psychotherapist of the borderline child is called upon to reach back into her own archaic experience in order to better empathize with and understand the communications of the child whose primary mode of self-expression may not be verbal. This seems to be so regardless of how much we learn second-hand about the shape of behavior. Again according to Schafer (1972, p. 431), the child grown to adulthood still finds those assumptions congenial

which match his physical sensuous, psychosexual matrix. "We know all too well the extent to which physical reference constitutes the core of understanding" (Schafer, 1972, p. 431). Therefore, an additional resonating impact of Mahler's physical and spatial metaphors is its connecting link with the therapist's own early experience.

The issue of the relative importance of nonverbal and verbal communication in the psychotherapy of children is scarcely a new one, but it is a field of enquiry which seems to have received greater attention in the last 10 years. James Anthony (1977) in a paper read at a panel on "Nonverbal Aspects of Child and Adult Analysis" of the American Psychoanalytic Association, puts some pertinent questions to his audience, which we may now consider in the light of the information and views presented in this essay. They are listed below in my own selection and order of presentation:

1. By drawing constant attention to the nonverbal system, are we likely to enhance or inhibit its production?
2. Is it possible to interpret nonverbal communications nonverbally in the mode of the child, or are such nonverbal interpretations open to misunderstanding?
3. How much of the nonverbal system should we attempt to include in our habitual therapeutic approach, or is this determined by the patient's own predilection?

Consideration of the content of this essay in the framework suggested by Anthony's questions should serve to put into broader perspective the considerations raised by the material here presented.

By drawing constant attention to the nonverbal system in the psychotherapy of the borderline latency age child, we would conclude

on the basis of the findings reported in this essay that indeed we do enhance its production. The therapist's mirroring or reciprocal response to the child's initial spatial or separation-individuation subphase-resonant behaviors fosters a process of dialoguing which may transform what were initially self-expressive behaviors into communicative ones, or may merely heighten the child's sense of his ability to communicate with immediacy to an attentive partner. I speak here primarily, but not exclusively, of the use of nonverbal communication to call attention to the child's nonverbal system.

In the therapy described here, it was clearly possible to interpret nonverbal communications nonverbally in the mode of the child; in fact, it was a relied-upon strategy. With these three borderline children, the chances of being misunderstood to a traumatic extent by the child seemed to be greater in the verbal mode than in the nonverbal mode, where misunderstandings did occur, but could be rectified. The misunderstandings in the nonverbal mode were at least as likely to be on the part of the therapist, as on the part of the child.

As to the question of how much of the nonverbal system we should attempt to include in our habitual therapeutic approach, it does seem to me that this is determined by the therapist's predilection as well as by the child's. My own experience in working with children has made me particularly sensitive to the nonverbal aspects of communication, and I believe that I would take that sensitivity with me into every beginning therapeutic encounter. On the other hand, I agree with Anthony when he says that what we need to know about each child patient is how far along he is in his development, and not only which system is predominant, but

which system reveals more of him as a person, and how well he uses and coordinates nonverbal and verbal communications (Anthony, 1977, p. 309). I believe that this information provided an important basis upon which to make strategic decisions in the therapy of the three children whom I have discussed.

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