INFORMATION TO USERS

This reproduction was made from a copy of a document sent to us for microfilming. While the most advanced technology has been used to photograph and reproduce this document, the quality of the reproduction is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help clarify markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure complete continuity.

2. When an image on the film is obliterated with a round black mark, it is an indication of either blurred copy because of movement during exposure, duplicate copy, or copyrighted materials that should not have been filmed. For blurred pages, a good image of the page can be found in the adjacent frame. If copyrighted materials were deleted, a target note will appear listing the pages in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed, a definite method of "sectioning" the material has been followed. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For illustrations that cannot be satisfactorily reproduced by xerographic means, photographic prints can be purchased at additional cost and inserted into your xerographic copy. These prints are available upon request from the Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases the best available copy has been filmed.

University Microfilms International
300 N. Zeeb Road
Ann Arbor, MI 48106

Sowley, Christopher Augustus

A THEORETICAL STUDY AND EMPIRICAL REVIEW OF BORDERLINE CHILDREN: DELINEATION OF CHARACTERISTICS WITH SPECIAL REFERENCE TO THE EFFECTS OF EARLY STRESS AND MATERNAL EMOTIONAL UNAVAILABILITY ON OBJECT RELATIONS AND ON EGO AND DEFENSIVE STRUCTURE AND FUNCTION

City University of New York PH.D. 1983

A THEORETICAL STUDY AND EMPIRICAL REVIEW OF BORDERLINE CHILDREN: DELINEATION OF CHARACTERISTICS WITH SPECIAL REFERENCE TO THE EFFECTS OF EARLY STRESS AND MATERNAL EMOTIONAL UNAVAILABILITY ON OBJECT RELATIONS AND ON EGO AND DEFENSIVE STRUCTURE AND FUNCTION

by

CHRISTOPHER A. SOWLEY

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.

January 1983

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.

January 10, 1983
date

Steven J. Ellman

Steven J. Ellman, Ph.D.
Chairman of Examining Committee

January 14, 1983
date

Herbert D. Salzstein

Herbert D. Salzstein, Ph.D.
Executive Officer

Supervisory Committee:

Lawrence Gould, Ph.D.

Gilbert Voyat, Ph. D.

Goldie Alfasi-Siffert, Ph.D.

Arieta Slade, Ph.D.

The City University of New York

Abstract

A THEORETICAL STUDY AND EMPIRICAL REVIEW OF BORDERLINE CHILDREN: DELINEATION OF CHARACTERISTICS WITH SPECIAL REFERENCE TO THE EFFECTS OF EARLY STRESS AND MATERNAL EMOTIONAL UNAVAILABILITY ON OBJECT RELATIONS AND ON EGO AND DEFENSIVE STRUCTURE AND FUNCTION

by

CHRISTOPHER A. SOWLEY

Adviser: Professor Steven J. Ellman

This study attempted to clarify the borderline child's characteristics and argued that experiential disturbances in infancy can account for those characteristics. A literature review found that though much diagnostic and theoretical disagreement exists, most of the positions advocated can be seen to share common elements: that the borderline child (a) experiences a markedly disturbed symbiotic phase, (b) achieves some awareness of the object's separateness and of his own helplessness, but (c) is so unprepared for these discoveries that he cannot resolve the issues central to the rapprochement subphase (the establishment of discrete and "whole" self and object representations which normally eventuates in a stable

libidinal object constancy and a coherent identity formation) and (d) chronically undergoes episodic and severe regression, during which self and object representations become further fused or confused. Consideration of this view prompted speculation that experiential factors might at least strongly contribute to the borderline child's essential difficulties. A review of the wider child literature found that many effects that have been attributed to early experiences of excessive stress and maternal failure are consistent with the borderline child's presenting difficulties, including a shallowness of libidinal attachments with unstable and poorly formed object representations, tendencies for withdrawal, excessive ambivalence and rage, an inconsistent and atypical relation to reality with the persistence of infantile omnipotence, a proneness to regression and to extremes of affective expression, and excessive anxiety and feelings of vulnerability. An analysis of 51 published case histories of borderline children found some general features that seemed to distinguish them from other clinical entities. By partitioning these cases according to the experiential factors they seemed to have been exposed to, evidence was found indicating that the particular nature of early experience has differential implications for the borderline child's presenting picture. Specifically, early stress appeared to provoke elevated symptomatology, experienced vulnerability, and compulsivity, while maternal

emotional unavailability--in the absence of stress-provoking factors--appeared to be associated with minimal presenting disturbance but also with features suggestive of affective and motoric constriction.

ACKNOWLEDGMENTS

I would like to thank the many who have made the successful completion of this dissertation possible. To Dr. Steven Ellman, who supported me through the many setbacks and frustrations of this ordeal, who challanged me to clear my confusions, and who tolerated my hardheadedness, I owe special thanks. To Drs. Gould, Voyat, Alfasi-Siffert and Slade, the other members of my committee, I wish to express my appreciation for their criticisms, advice, and willingness to wade through my ramblings. I want my friends, especially Horace Batson and Kamala Mottl, to know that their material and moral support will never be forgotton, nor will the long years of growth and work with my analyst, Dr. Sally Severino. Most of all, I want to thank my mother, Pauline Sowley: I hope that my getting to where I am today is some repayment for the many sacrifices you've made, some consolation for your disappointments and losses, and some source of pride and joy for you.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Within the past 30 years, the child psychoanalytic literature has reflected an increasing need to identify and understand a group of children who present a wide array of disturbances that are so severe and so lacking in stable patterning that they seem to defy classification under the rubric of childhood neurosis. Despite this, their ego functioning, whether evident at first or that which sometimes quickly comes to light after a therapeutic intervention is instituted, is of an order higher than that usually associated with the forms of childhood psychosis that have been described thus far, and few of these children present symptoms of childhood psychosis.

These have been called "borderline children." Besides presenting multiple disturbances of ego functioning, borderline children exhibit severe disturbances of object relationship, yet they present a capacity to relate that is distinguishable from what is found in the psychotic child. However, like their ego functioning, this is often inconsistent and may not become apparent until they receive "better handling" (Pine, 1974, Frijling-Schreuder, 1969).

At present, the literature on the borderline child has not achieved a consensus on how to differentially diagnose these children. Nor, to this writer's knowledge, has any

empirical study of these children been undertaken to clarify what commonalities, distinguishing features, or etiological factors they may share, nor what factors distinguish borderline children from each other. Some clinicians have offered their impressions on what developmental deficits these children seem to have, and some have speculated on possible etiological factors, but none have yet formulated this thinking so as to fully integrate it with Mahler's developmental framework (Mahler, 1968a, Mahler, Pine and Bergman, 1975), which is among those at the forefront of psychoanalytic theory regarding the normal and disturbed child's development of object relations.

This dissertation will first review the literature to examine various developmental consequences that have been suggested to arise when the infant is subjected to early experiences of maternal failure and overstimulation (the latter refers to factors that give rise to physiological and psychological stress). A major argument that will be advanced in this dissertation is that these experiential factors play at least important roles in the clinical picture presented by borderline children, if they are not, indeed, central to the child's etiology. Hence, the initial discussion of the literature will attempt to explain how these factors give rise to effects on development which will be shown to be highly relevant to the borderline child.

Following this, the literature on the borderline child

will be described, and here it will be shown how many of the ideas that have been suggested regarding the borderline child can be formulated in terms of these experiential factors, and how they can be integrated within Mahler's frameowrk. As to the latter, it will be argued that most of the theoretical positions offered in the literature share important common elements. They seem to agree that the borderline child (a) experiences a disturbed symbiotic phase, (b) achieves an awareness of the separateness of the mother and of his own helplessness (for which he is not prepared to adapt to appropriately), (c) fails to establish self and object representations that are wholly discrete and "durable," and (d) chronically undergoes defensive regression to functioning that is in certain respects characteristics of the symbiotic child (this in reaction to the phase-specific threats associated with the separation-individuation phase and particularly with the rapprochement crisis). The special relevance of maternal emotional unavailability and early overstimulation to the borderline child's difficulties in the rapprochement subphase will be highlighted, and material from the literature on ego psychology and studies of very early individual differences will be drawn on to support these arguments.

A theoretical framework will then be proposed to account for some unique aspects of the borderline child's functional, affective and phenomenological characteristics.

This will be based on a model Ekstein suggested to describe the borderline child's ego structure (Ekstein, 1955,1966; Ekstein and Wallerstein, 1954, 1957), will draw on Frijling-Schreuder's (1969) characterization of the borderline child's experience in regression, and will adapt concepts developed by Schur (1953, 1958, 1960) and James (1960) on general principles of ego development and structure, on the importance of the ego's "sense of safety" to the stability of its functioning and the quality of the anxiety experience, and on the structural and defensive consequences of premature ego development.

Following this, the results of an empirical review of 51 published case histories of purportedly borderline children will be reported on, these based on an extensive but relatively informal checklist that was developed for this analysis. Though these case histories comprised a heterogenous group, owing to the facts that they were drawn from a variety of sources, and that, thus far, there is no consensus on the diagnosis of such children, certain common and highly prevalent features found among them will be described, as will some apparent sex differences in presenting features.

To investigate the possible differential effects of overstimulation and maternal emotional unavailability, the cases will be partitioned according to whether either, both, or neither of these kinds of potential influences were evident in the case histories. The resulting groups

will be compared as wholes and by sex for overall symptomatology, onset, presenting vulnerability (anxiety and fearfulness), and for certain indications of "quasi-defensive" functioning that seemed relevant to this analysis.

The implications of these findings will then be discussed, particularly as they relate to the "hatching" process Mahler described, and to the apparent consequences of variations in the timing and quality of the hatching experience as suggested by cases of relatively normal children that Mahler documented (Mahler, 1968a; Mahler, Pine and Bergman, 1975). The sex differences found in the case history analysis will also be considered in this context. Finally, a discussion of what may well distinguish the borderline child from the normal and psychotic child will be presented in descriptive, theoretical and structural terms.

Briefly, the findings suggested that early overstimulation and maternal emotional unavailability had specific and differential effects on the symptomatology, defensive proclivities, and other features presented by the children studied. In addition, the defensive adjustment itself appeared to influence the nature and course of presenting disturbance, but apparently only among the boys studied. However, certain constitutional and developmental sex differences also seemed to be implicated in the findings obtained. The results further indicated that the degree of sensed ego vulnerability (as suggested by presenting

anxiety and fearfulness) is a critical variable in the etiology, structure formation, and quality of later functioning of borderline children.

CHAPTER II

LITERATURE REVIEW AND THEORETICAL FORMULATION

Overview

This review will attempt to survey the literature on the borderline child and fit together certain selected theoretical concerns regarding this child with other theoretical issues that have been raised in the wider child psychoanalytic and developmental literatures. Also, Mahler's developmental formulation (Mahler, 1968a; Mahler, Pine and Bergman, 1975) has provided a comprehensive framework with which to consider the spectrum of normal to pathological child development. This study will attempt to integrate thinking about the borderline child within that framework.

In attempting to explain the pathology of the borderline child, the psychoanalytic literature has focused on a variety of issues that are presumed to be critical to the normal child's development up to and including the period Mahler termed the "rapprochement subphase." At this time, the child begins to become aware of the threatening reality that he and his mother are separate. It has been argued that the impact of this discovery and the child's subsequent adjustment to that reality to a large extent depend on how well the development of ego functions has proceeded, on how well the child has negotiated the early phases of development leading to attachment and the initial relation

to reality, and on all the factors that influence these processes (Mahler, 1971; Mahler and Gosliner, 1955; Frijling-Schreuder, 1969; Fintzey, 1971; Hortacollis, 1977; Weil in Harley, 1973).

This is not to say that there is clear agreement in the literature that the borderline child's pathology stems from disturbances in the rapprochement subphase, but only that the psychoanalytic thinking on the borderline child has concentrated on the the issues involved in that point in development and in those that precede it. Many of the theorists who will be discussed made no attempt to reconcile their thinking in a clear way with Mahler's formulation. Among them is Ekstein, who has been a dominant force in the literature on the borderline child. For the most part, Mahler herself has been only obliquely concerned with the borderline child. To this writer's knowledge, only in Mahler (1971) and Mahler and Kaplan (1977) did Mahler discuss the borderline child in any detail, but even then, Mahler did not attempt to integrate her thoughts about the borderline child with her broader developmental framework in a comprehensive way.

It will be argued that when the infant undergoes excessive experiences of overstimulation (physiological and, somewhat later, psychological stress) or when the mother is particularly unavailable to the infant either physically or emotionally, this (a) provokes early and significant disturbances of the attachment process and the establish-

ment of object relationship and (b) disrupts early psychic organizing trends that lead to normal ego development. Material from the general child psychoanalytic and child development literatures will be drawn on to support this argument, and the literature on the borderline child will be examined to clarify the special relevance of these effects to the characteristics borderline children present.

In particular, this dissertation will attempt to establish that the environmental influences described and the developmental disorders that stem from them have a strong bearing on the borderline child's critical difficulties in resolving the rapprochement crisis and in going on to establish libidinal object constancy and a stable identity.

Ekstein's model to characterize the borderline child's ego functioning and structure (Ekstein, 1955, 1966a; Ekstein and Wallerstein, 1954,1957) will also be examined and criticized. It will be shown how Ekstein's model needs to be and can be refined and improved by adapting concepts developed by, among others, Schur (1953, 1958, 1960), Sandler and Joffe (1965, 1966, 1967; Sandler, 1960), Frijling-Schreuder (1969) and James (1960). A discussion of these various viewpoints will be used to attempt to distinguish the borderline child from normal children and from other clinical entities in structural and functional terms.

Throughout these considerations and arguments, the issue of ego vulnerability will be underscored and

explored. Though this aspect of emotional experience has been acknowledged (largely implicitly) in the literature on the borderline child and in the wider psychoanalytic literature, it will be shown to merit closer scrutiny when studying, diagnosing and treating the borderline child.

In the following, the effects of maternal failure in infancy and early childhood will be examined. This will be followed by a discussion of the effects of overstimulation (as defined above). As will become clear, some of the effects of maternal failure that have been suggested are quite similar to some of those that have been attributed to early overstimulation. Certain deviations in mothering in themselves directly or indirectly cause the child to undergo excessive experiences of stress. Further, as Khan (1963) argued, when the child has constitutional deficiencies or physical ailments, or when it is subjected to undue environmental stresses (due to hypersensitivities or turmoil in the home, for example), because of which it requires extraordinary maternal ministration (or even when no mother could compensate for such conditions), the mother's failure to protect the child still constitutes maternal failure.

Where appropriate, the effects of maternal failure will be related to the difficulties that have been ascribed to borderline children, but a more focused discussion of these interrelationships will be reserved for a subsequent section, in which the major areas of disturbance presented

by borderline children will be outlined. Before that is dealt with, a discussion of possible constitutional contributions (as suggested by the findings of infant studies) will be offered. Finally, the essential theoretical propositions of this dissertation will be described.

Early Consequences of Maternal Failure

Excessive tension states in infancy

Bergman and Escalona's (1949) comments on the relationship between "unusual sensitivities" they saw in some children and the predisposition to severe childhood pathology represented a milestone in the child psychoanalytic literature. To this writer's knowledge, they first recognized a possible connection between early disorders of perceptual sensitivity and early forms of serious mental disturbance. Following on Freud's (1920/1955) concept of a constitutional "instinct barrier," they suggested that children are born with an innate "stimulus barrier," and that in some children this may be inadequate or excessive. They stated (p. 349):

> "We may regard an infant as protected from the onslaught of stimuli in two different ways, on the one hand by the constitutional factor of the protective barrier, on the other hand by the mother who both keeps stimuli from him, and provides them in the right dosage."

Similarly, James (1960) suggested that part of normal maternal functioning is to complement this innate protection through appropriate ministrations to the infant, and that, without the mother's protection, the infant can

be subjected to excessive stimulation from both external and internal sources. Khan (1963) was likewise concerned with the possible pathological effects of chronic early traumata, but asserted that the infant's protection from stimuli is solely the mother's responsibility.

Both James and Khan were strongly influenced by Winnicott (1958), who stressed the mother's role in protecting the infant from the destabilizing effects of excessive and/or phase-inappropriate stimulations. Quite a few of Winnicott's concepts are central to many of the ideas that will be presented in this dissertation, particularly those relating to the effects of early traumata on the child's sense of safety (Winnicott's "confidence in integration"), the role of such experiences in premature ego formation and disorders of object relationship (Winnicott's "false self"), and the borderline child's "annihilation anxiety."

Several of those who have contributed to the literature on the borderline child have commented on the possible traumatic impact of maternal failure. Maenchen (1953) suggested that when the mother is aloof, the child may, as a result, be "flooded with excitation." Rosenfeld (1975), considering "irregularities" she noted in the mother-child relationships of some borderline children, came to conclude that "some of these disturbances are not necessarily innate, but may result from poor mothering which constitutes ongoing trauma." Rosenfeld did not elaborate on the nature of this "poor mothering," but Schneider (1974a, '.

1974b) suggested that the borderline child's difficulties arise from the mother's extreme ambivalence, which provokes in him hypersensitivity, "Angstbereitschaft" (anxiety-readiness), annihilation fears, and panic states.

Mahler (1971) remarked that when a mother who is "lacking in tender emotion" characteristically overstimulates the child, this instills in the child a "narcissistic hypercathexis of the body ego." In this, Mahler seemed to imply at least a resulting tactile hypersensitivity, if not also trauma. Earlier, Mahler and Elkish (1953) described a symbiotic boy who, because of his "diffuse oversensitivities," could not experience his mother's ministrations "as real and efficient rescuing from the traumatic experiences" he was undergoing. Thus, in principle, his mother's failure to compensate for his excessive sensitivities was tantamount to maternal failure, despite her efforts.

Disturbances of very early organizing trends

Yorke and Wiseberg (1976) emphasized that the successful management of the infant's distress is critical to the progression of organizing trends that form the bases for the normal unfolding of the ego, the secondary process, and of object relationship. They described the mother and infant as "a functional unit with the task of reducing tension and alleviating distress," and suggested that failures of this collaboration can be instrumental in a child's later inability to achieve a normally functioning signal

anxiety.

Somewhat similarly, Weil (1970) postulated that in earliest development, even before the inception of the symbiotic phase, the mother and infant together establish an "early regulatory stability." Disturbances of this mutual adaptation, she asserted, whether because the mother is unempathic or is empathic but unable to compensate when the child's constitution is deviant, can create a defective early "fundamental layer." This, she said, can eventuate in gross deficiencies of object relationship and ego structure such as those presented by severely disturbed children, including borderline children (as her comments in Harley, 1973, made clear).

Mahler (1971), after Spitz (1945), likewise postulated the existence of an early "coenesthetic period" during which the mother and infant normally share "behavioral sequences and affective reactions." These shared responses promote the attachment process and normally achieve progressively greater differentiation as the mother-infant relationship develops, this leading to the inception of what Spitz termed the period of "diacritic organization" (analogous to Mahler's symbiotic phase).

Similarly, Bonnard (1967) suggested that the mother serves as a "polarity" that mobilizes and organizes the infant's perceptions, thus becoming a "cathectic organizer" for the infant. As will be described, Bonnard argued that disturbances of this interrelationship between maternal

functioning and the infant's emerging ego organization are central to the borderline child's difficulties.

Among the most important factors that promote the attainment of early organization is the infant's first awareness of the rhythmicity of experience (which is itself a significant maturational achievement). Weil (1970) suggested that the early "synchronization" within the infant of rhythms associated with "feeding, elimination, sleeping and waking" contribute importantly to a "basic core of fundamental trends" and depend heavily on an adequate mother-infant adjustment. Mahler, Ross and DeFries (1949) argued that a broad range of child psychopathology can be traced to disorders of "the earliest rhythm of alternation between instinctual-need expressions (affecto-motor discharge phenomena) and the states of saturation which are expressed by the infant's quiescence and sleep." These ideas clearly indicated the potential for resulting disorder when the mother is unreliable in her care of the infant, or when the infant has constitutional defects that either prevent the easy flow of these rhythms or prevent the infant from perceiving these rhythms.

Further, Mahler and Gosliner (1955) remarked that while the infant at first cannot discriminate its mother's efforts at relieving its tension from its own efforts, eventually a tension-relief rhythmicity is established through which the infant gradually becomes aware of the mother. This, they argued, promotes the beginning of self-

object differentiation. Mahler and Elkish (1953) said of the symbiotic boy described earlier that, because of his hypersensitivities, he not only failed to perceive his mother but could not "establish his individual identity separate from his mother's self."

Thus, adequate maternal functioning has been seen as necessary to the infant's early management of distress, which is a major component of very early internal organizational formation and critical to the development of object perception and object relations. It will be argued that each of these factors are crucial to the evolution of normal and stable ego functioning. If so, failures or major delays in the attainment of these integrations, whether or not they stem from maternal failure, would seem to have significant and far-reaching repercussions for early development. Brody and Axelrad (1966) commented that (p. 221):

> "...an infant who has experienced unusual stress, with hypercathexis of pain, sensory discomforts, or sensory confusion, may be expected to be left with a reduced readiness to perceive external stimuli and to organize perceptions. We should not be surprised to find an inverse relationship between cumulative physiological stress and the capacity for object perception leading to object cathexis."

Thus, a concern with internal mechanisms and maternal functioning that provide the infant with protection from excessive stimulation leads one to a complementary concern for environmental circumstances and organizing structures providing for optimal stimulus assimilation, and for

factors that may impair such assimilation. Weil (1970) cited Korner's (1974) comments relating to how "state-boundedness" (due to an overly strong influence of inner stimuli) can reduce the frequency of periods of "alert inactivity" in infancy, the state thought to be most conducive to optimal stimulus assimilation. According to Korner, such stimulus intrusions can delay achievements in reality testing, hinder the infant's development of relations with objects, and possibly reduce the intensity of the infant's emotional attachments.

More on the effects of overstimulation on stimulus assimilation and reality testing will be reserved for later. However, it should be added that, while the mother's acts of commission or omission may contribute to the circumstances of the infant who undergoes excessive stimulation and consequently experiences inordinate tension states, maternal functioning is also relevant to the infant's assimilation of stimuli and growing relation to reality in other ways: (a) the mother plays a crucial role in mediating the infant's first and subsequent encounters with the external world, and (b) the quality of the mother-infant relationship importantly influences the infant's emotional preparedness to adapt appropriately to the threats and frustrations such encounters normally entail.

Winnicott (1958) argued that the infants' adaptation to reality originates in its experiences of the environment which appear to it to coincide with its primitive fantasies.

He termed such conjunctions "moments of illusion," and suggested that it is through sharing these experiences with the mother that the infant comes to develop it first object ties. Such experiences are assimilable and not traumatic to the infant because it is free to take tham as it own hallucinatory creations. Winnicott saw it as the mother's role to give the infant these kinds of experiences by being "devoted" and by providing the infant a simple, uncomplicated, and hence "facilitating" environment.

Winnicott further suggested that when the infant is subjected to experiences that are substantially discrepant from its own fantasies (which are strongly tinged with infantile omnipotence), such experiences constitute traumata (what Winnicott termed "impingements") and also represent maternal failure. Because the infant is predisposed to relate to reality "objectively" only when it is a reality that provides real satisfactions and instills only a minimal level of inner confusion, the infant who experiences excessive impingements is forced to "react," and the nature of such reactions is always pathological, according to Winnicott.

Where in healthy circumstances, the infant willingly but gradually relinquishes its infantile omnipotence as it grows accustomed to external reality, owing in part to its ability to rely on its mother's power to "hold" it safely and securely (the infant, if effect, transferring its own omnipotence to its mother), the infant who "needs to react"

develops premature and immature ego defenses against reality, and may even be driven to erect a "false self," a split-off identity that facilely faces the world. If this occurs, the "true self" remains hidden and buffered from contact with reality, thereby retaining its infantile characteristics. To the extent that this pathological situation persists, the true self maintains a deep mistrust of the mother and a terror of the environment, and thus constantly needs to ward off persecutory and annihilation anxiety via the "protective" false self. All of this creates chronic disturbances of object relationship and of reality attunement.

Mahler (1971) adopted some of this thinking in suggesting that the infant develops "basic mistrust" when it experiences "a too sudden deflation in the own and the borrowed magic omnipotence" ("borrowed" from the omnipotent mother). In her view, this "sudden deflation" represents an abrupt disturbance of the symbiotic "dual unity." By suggesting that the "precocious differentiation of a 'false self'" is a "possible contributory" to "borderline features," Mahler seemed to imply that the impingements Winnicott described could be at the basis of the borderline child's disturbance, but she did not state this explicitly.

Fintzey (1971), however, (also influenced by Winnicott) argued that when the child experiences "the sudden breaking of the illusion of oneness" before it is adequately prepared for it, chronic disturbances in the child's relation

to reality ensue. Quoting Milner (1952), Fintzey suggested that when this occurs, "'necessity becomes a cage rather that something to be cooperated with for the freeing of further powers.'" Fintzey asserted that this fosters the core of the borderline child's disorder--a persistent maintenance of the transitional object (a chronic maintenance of the magical belief in the self's omnipotent control over the mother as represented by an inanimate object).

Similarly, Geleerd (1959) stressed the borderline child's inability to give up his omnipotent fantasies for more adequate reality testing, suggesting that (p. 288):

> "...because of the lack of differentiation between the self and the outside world, the latter is perceived as a dangerous outside force or person...the need for omnipotence, therefore, may be regarded as a measure of the utter helplessness and defenselessness of the ego."

Geleerd attributed this situation to the borderline child's poor object relationship with the mother, because of which "not enough instinctual energy is neutralized." She further suggested that, "this factor might account for so many deficient ego functions, such as the establishment of defenses, providing for the conflict-free sphere of the ego, ets." Weil (1953a) and Mahler (1968b) presented much the same positions, though they referred to childhood schizophrenia and similarly severe disorders in their discussions of this point (see also Rubinfine, 1958, 1962, whose position will be elaborated on later).

Others have pointed out that while the mother must pro-

tect the child from the onslaught of a frightening and unassimilable reality, she must also gently "nudge" the child to encounter that reality and gradually emerge from within the protective symbiotic orbit so as to begin the separation-individuation process and achieve relatively independent ego functioning. Mahler, Pine and Bergman (1975) highlighted this issue, while Chethik and Fast (1970) stressed the mother's role in helping the child to "recognize, deal with, and integrate into his experience, greater amounts of nonpleasure and pain without becoming disorganized."

Maenchen (1968) cited Spitz's comment that (1962, p. 295):

> "If object relations proper are to become effective, anaclitic gratifications of a narcissistic nature must be abandoned...There is no frustration and therefore neither incentive nor push to form different relations (without this)."

This points up the possibility of the child being delayed in achieving adequate reality testing, or in this attainment being distorted, when the mother is unavailable or is reluctant to give up the narcissistic gratifications she herself may derive from having an "infant in arms" (this being an issue that will be returned to).

While it has been argued that the infant may well have an innate apparatus for protection from overstimulation, the critical role of adequate maternal functioning in helping the infant achieve and maintain inner organization cannot be overlooked. Greenacre (1958) remarked that,

"From a biological point of view it is noteworthy that the first physiological defenses of the human infant, largely constitutionally determined, are practically secondary to the superior protective abilities of the mother..." (providing that such constitutional protections are adequate, one supposes). Mahler (1968a) referred to the mother-as-symbiotic-partner as the infant's "auxilliary ego," and Rapaport (1958) noted that the unfolding and maintenance of even relatively autonomous ego functions are still dependent on adequate maternal care and availability. Mahler, Pine and Bergman (1975) provided a concrete example of this when they described how children who had emotionally unavailable mothers displayed reduced sensorimotor explorations in the practicing subphase.

On another level, the mother-infant relationship represents a matrix through which all early experiences and emotional reactions are organized and assimilated by the infant, as the previous discussions of Yorke and Wiseberg (1976), Weil (1970), Bonnard (1967) and Mahler (1971) suggested. Hartmann (1939/1958) noted "the crucial role of affectivity in organizing and facilitating many ego functions," while Mahler (1968a) emphasized how the mother provides a "'mirroring frame of reference,' to which the primitive self of the infant automatically adjusts." Thus, the mother serves to activate and support organizing trends which culminate in mature ego formation, and her availability to the infant provides it with both continuity in

its experience of the world (Elkin, 1972) and a sense of security in facing the strangeness of new experiences.

When the mother is unavailable or overly anxious, however, this sense of security may be undermined or may even fail to develop. Because of the immature infant's natural tendency to primary identification, it is highly sensitive to the mother's unintegrated feelings, the more so when it is constitutionally hypersensitive. Greenacre (1941) remarked, "I believe that babies vary greatly in this obligatory capacity to reflect those around them, and that it is the tense, potentially anxious infant that is the most sensitive reflector" (see also Hellersberg, 1957).

Great leaps in structural organization and ego autonomy occur when the child successfully achieves the capacity to form a stable and integrated mental representation of the mother. As will be shown, this is dependent on (but also reflexively influences) the degree of ego organization the child achieves, on the success of the synthetic function in fusing the "good" and "bad" object images, and on the degree to which the capacity for neutralization has been established, among other things. A frustrating, ambivalent or unavailable mother may greatly hinder these achievements.

Disturbances of the preconditions and precursors of object relationship and ego functions

Summary of some implications of maternal failure for the early attachment process. In the preceding discussions,

some specific potential effects of maternal failure on the infant's development of object relationship were described. It was suggested how, when maternal failure results in the infant becoming overstimulated, this can impede the infant's achievement of an awareness of the mother as a provider of relief from distress, where this awareness has been thought to be a major precursor of specificity in the infant's response to the mother (which, in turn, ushers in the normal mother-infant symbiosis).

It was also shown how the early mother-infant attachment has been thought to be a critical aspect and coordinator of other early organizing trends that evolve within the infant. Winnicott (1958) and others suggested that pathology of this early relationship results when the infant experiences "impingements," such impingements fostering premature ego formation and both "persecutory" and "annihilation" anxieties in the infant. Mahler (1971) further suggested that a sudden "deflation" of infantile omnipotence may result from maternal failure, which may also provoke the formation of "basic mistrust" in the infant and (as Winnicott also suggested) a "false self." Each of these pathological developments would strongly impede, and could even preclude, the establishment of normal object relationship in the infant.

Finally, Mahler, Pine and Bergman (1975), Chethik and Fast (1970) and Maenchen (1968) stressed that the mother must help the child to move smoothely beyond the symbiotic

union towards more mature ego functioning and reality testing, but also towards more differentiated object relations.

Thus, a major thrust of these discussions related to the mother's protective and facilitating roles in helping the child to achieve age-adequacy in the development of object relationship. In the following, this issue will be further elaborated on by focusing on the effects of maternal failure on primary and secondary narcissism, on the infant's attainment of an appropriate anticipation of relief from distress, and on the early awareness of separateness and helplessness.

Primary and secondary narcissism: further effects of maternal failure on the early object attachment and the separation-individuation process. As was touched on earlier, Maenchen (1953) suggested that when the mother is aloof, the infant may be flooded with excitation. She also suggested, however, that such aloofness may weaken the object tie and thus provoke imbalances in self- versus object-directed cathexes, giving rise to excessive primary narcissism in the infant. When the infant is "too often and for too long periods left alone," she stated, it is left in an "objectless world with no object but the self." Maenchen added, moreover, that because of this and because the infant's "primary aggression" likewise has no object but the self (and, thus, the aggressive drive is "turned back" upon the self; see Rubinfine, 1962) an "insufficiency

of self-esteem" may be instilled in the infant. Further, Maenchen suggested that the infant who experiences maternal failure may undergo a "painful experience of self-depreciation," this resulting in narcissistic damage. Hence, Maenchen posited that both excessive primary narcissism (which must detract from the mother-infant attachment) and insufficient secondary narcissism may result from maternal failure.

Mahler (1971) suggested that a mother who characteristically overstimulates her infant might instill in it a "narcissistic hypercathexis of the body ego." This also seemed to imply that maternal failure can result in imbalances of self- versus object-directed cathexis, as did Mahler and Gosliner's (1955) comment that, "when body tension or mothering manipulations are a source of pain and displeasure, the infant deals with it as it does with noxious stimulation in general: he draws away from it, tries to expel it, to eliminate it."

Further, Mahler and Kaplan (1977) argues that the quality of mothering importantly contributes to how well the child builds up "narcissistic reserves" during the symbiotic phase and during the differentiation and practicing subphases of the separation-individuation phase. Mahler (1972) pointed out that the degree of confidence the mother "exudes" about her child's capacity to function independently is "an important trigger for the child's own feeling in safety" in the practicing period, during which

the child normally acquires experiences that instill feelings of "autonomy and self-esteem." Since Mahler (1971) also stressed that the child's "confident expectation" of the mother's availability provides it the "carrying power" it needs to help it withstand the stresses of the separation-individuation process (this seeming to parallel Winnicott's, 1958, discussion of "confidence in integration," to some extent), it was clear that she believed that both the mother's confidence in the child and the child's confidence in the mother are critical ego supports throughout post-"objectless" early development, where "strength" in the ego is a precondition for optimal progress in the separation-individuation phase.

Hence, both Maenchen and Mahler addressed the issue of narcissism in two different ways. On the one hand, they were concerned with the child's moves beyond primary narcissism (which characterizes Mahler's, 1968a, phase of "normal autism") towards the incipient object awareness of the symbiotic phase and, finally, towards the more mature and integrated object relation that is achieved at the end of the separation-individuation process (when the "real" mother comes to be fully recognized as being separate and "out there"). On the other hand, both Maenchen and Mahler referred to the child's development of love of and confidence in the self as deriving from its experiences of and with the mother, and from its experiences of mastery, this being the realm of secondary narcissism.

While Maenchen and Mahler suggested that deficiencies in secondary narcissism may result from maternal failure, the earlier discussions of Fintzey (1971) and Geleerd (1958) suggested that the borderline child has difficulties in giving up infantile omnipotence because of a poor mother-infant relationship. Though this latter viewpoint would seem to be contradictory to the idea of narcissistic deficit, it should be understood that this narcissistic over-valuation of the self is in reaction to narcissistic trauma, and is thus compensatory in nature.

Reich (1960) described "compensatory narcissistic self-inflation" as being "among the most conspicuous forms of pathological self-esteem regulation," and suggested that:

> "The need for narcissistic inflation arises from a striving to overcome threats to one's body intactness ...(when) a traumatic situation occurs too early and is too overwhelming, at a time when the ego will not succeed in binding the anxiety...States of panic in themselves represent grave disturbances in the balance of cathexis, That is to say, during intense anxiety there often occurs a passing withdrawal of psychic interest from objects to the self. Under the conditions of too frequently repeated early traumatizations, the narcissistic withdrawal of libido for the objects to the endangered self tends to remain permanent."

Thus, Reich not only pointed out a possible dynamic interrelationship between disturbances of primary and secondary narcissism, (and how such disturbances may both stem from very early traumata), but also described consequences of such disturbances for the development of both the ego and object relations that may become chronic. That is, Reich

argued that early traumata (which, as has been suggested, may stem from various factors, including maternal failure) may cause such gross disturbances of the child's secondary narcissism that a pathological pattern of regressive withdrawal from the object relationship may eventuate, such that the child in regression reverts to reality-dystonic fantasies that derive from infantile omnipotence, not from mature and well-integrated secondary narcissism.

Confident expectation of relief from distress: implications for the ego and object relations. Implicit in these discussions of narcissism is the idea that the infant builds up feelings of trustful dependency in the mother when she is consistently and empathically available in her ministrations to the infant. Such feelings of trust help to prevent minor disequilibria arising within the child from escalating to panic proportions (what Mahler, 1968a, called "organismic distress"), and instill in the child experiences of the "mothering principle as good" (again, Mahler, 1968a), these being the bases of the "good" object representations that are laid down when the capacity for internalization is achieved. Inherent in this formation of trust is the infant's attainment of an anticipation of relief from distress (which may be regarded as an ego precursor, at least), this attainment presupposing the setting up of memory traces of past experiences of timely and adequate relief from distress.

Maenchen (1953) suggested that a mother's aloofness

may cause an infant not only to suffer narcissistic damage, but also to fail to achieve an anticipation of relief from tension states, this said in her discussion of a borderline boy. Somewhat similarly, Schneider suggested that a highly ambivalent mother inflicts "narcissistic injury" on the infant's "archaic ego" (1974a), and that the infant who experiences excessive "uncertainty and unreliability of its first love object" subsequently reacts "with mistrust and anxiety towards all 'objects' because it always feels threatened by their loss" (1974b).

Schneider suggested that these factors are at the core of the borderline child's chronic disturbances of ego function and object relationship. Unfortunately, she did not elaborate on her conceptualization of "injuries" to the "archaic ego," but her suggestion that they lead to "Angstbereitschaft" (anxiety-readiness), hypersensitivities, annihilation fears and panic states indicated that she saw the "archaic ego" as an ego (or ego defensive) precursor much like the "active" stimulus barrier others (Benjamin, 1965; Tennes et al., 1972, etc.) have described.

Although some did not assert as explicitly as Maenchen and Schneider did a relationship between maternal failure and a child's fear of object loss or inability to confidently await a timely relief from distress, many others in the literature on the borderline child have noted that such children have these kinds of difficulties. For example, Singer (1960) described a borderline boy whose

"fixation" at the stage of primary narcissism stemmed from his excessive fear of object loss, which instilled an additional fear that "the self he loved would also be separated from him, i.e., that he would disintegrate." Geleerd (1958) stressed that borderline children can neither "maintain the mother as an object in her absence" nor "maintain a posture of expectation of gratification." Weil (1960) suggested that in borderline cases "less close to psychosis one recognizes anxiety derived from the 'derangement of the anticipatory function'...also from the inability actively to master outside experiences."

Weil's comments clearly suggested that the capacity for anticipation is an important early ego function. Rosenfeld (1975, p. 61) explicitly related this capacity to the development of signal anxiety:

> "...a signal function of the ego is developed on the basis of enough happy experiences which will build up and contribute to the expectation and hope that its signal will serve the purpose to alert the object to attend to his needs. It can be assumed that signal functions develop only when the relationship centers around will-dosed frustrations and gratifications which are within the child's current capacity to master. Through the resultant internalizations the ego is enabled gradually to bring anxiety experiences under control and to develop its vital function of signal anxiety. Traumatic experiences in early life can interfere with the development of this function."

Mahler's (1971) emphasis of the "carrying power" of the child's "confident expectation" was mentioned earlier. This, she said, is critical to the child's successful completion of the tasks of the separation-individuation pro-

cess. Given this and the viewpoints Rosenfeld and others have presented, one sees that when maternal failure (or other factors) leads to the child's failure to develop an adequate capacity for anticipation of relief from distress, this has an effect on both the ego and object relations. These two areas can be seen to be interdependent: on the one hand, a well-established anticipatory function serves as an ego support by "assuring" the ego in distress of the future availability of the caretaking love object. This helps the child to maintain the continuity of the object relationship in the face of stress and separation. On the other hand, the security instilled by consistent maternal availability serves as a foundation for the development of the anticipatory function and thus fosters in the ego a greater tolerance of stress. This interrelationship will be shown to have central significance for the borderline child in the rapprochement crisis, for whom regression as it relates both to the ego and to the object representation has been seen as a decisive factor.

Premature awareness of separateness and helplessness

In the preceding discussions of the effects of maternal failure on the early development of ego functions and object relationship, a consistent underlying idea was that when the mother, for various reasons, is not consistently available to the infant either physically or emotionally, disturbances of the very early attachment process and, in particular, of the symbiotic phase may result. Further,

the examination of the possible repercussions of such maternal failure led to a focus not only on the infant's experiences of early tension and anxiety, but also on its attempt to compensate for these early distresses. As to the latter, Winnicott's (1958) and Mahler's (1971) discussions of the emergence of the "false self," and Fintzey's (1971) discussion of the borderline child's persistent maintenance of the transitional object, suggested that, in lieu of adequate maternal protection, the child subjected to excessive early trauma is prematurely forced to turn to his own resources for the protection and comfort he needs. Singer (1960), Geleerd (1958), Maenchen (1953), and Schneider (1974a, 1974b) specifically referred to the borderline child's fear of object loss, which necessarily implied that the child had an awareness of the possibility of object loss, and thus an awareness of the object's separateness. Clearly, the child's awareness of helplessness is implicit in these fears and attempts at compensation, as it is when the child needs to turn to "narcissistic self-inflation" (Reich, 1960) and to persistently maintain infantile omnipotence.

Hence, these considerations of possible effects of maternal failure led to concerns for the child's early and subsequent feelings of security, and for how early trauma may disrupt and even bring to an abrupt halt to the symbiotic phase, thus bringing about a precocious awareness of the realities that make the separation-individuation pro-

cess a stressful one. These include the inevitable facts that the child is almost completely helpless to deal with the environment on his own, and that he depends on a separate being for the satisfaction of his essential needs. In normal circumstances, the symbiotic phase and the "devoted" mother provide the infant and toddler with a buffer from the sudden onslaught of these realities, and the mother that provides phase-appropriate "dosages" of frustration sees to it that the child's transition into the separation-individuation process is within the child's capacities and so does not constitute trauma.

It will be argued that when the symbiotic phase is highly disturbed or abruptly curtailed for the reasons described, and the child, as a result, emerges from the symbiosis with feelings of helplessness and powerlessness which are unusually intense and which cannot be compensated for (as they usually are) by the phase-appropriate experiences of the initial subphases of the separation-individuation process (love of the self and of the world as derived from the rapid maturation of the motoric, language and cognitive functions in the differentiation and practicing subphases, as Mahler and Kaplan, 1977, suggested), severe disturbances in the development of the ego and of object relations ensue which are of critical importance in the rapprochement subphase. These disturbances will be related to the presenting difficulties and underlying structural deficiencies of the borderline child. Before

turning to those discussions, certain consequences of early overstimulation for ego development and object relations will be described.

Consequences of Early Overstimulation

Early trauma, "anxiety-readiness," and the stimulus barrier

Various references have been made to how early experiences of overstimulation may lead to stress for the infant, whether in the form of physiological tension states or anxiety. Winnicott (1958) described the infant's reactions to unassimilable "impingements," suggesting that such experiences instill in the infant "persecutory" and "annihilation" anxieties. Schneider (1974a, 1974b) suggested that early narcissistic injuries give rise to "Angstbereitschaft" in the infant--anxiety readiness (though, probably prematurely, she attributed this result solely to maternal ambivalence). Similarly, Reich (1960) suggested that early traumatic situations may give rise to chronic states of panic and other severe disturbances. Rosenfeld's (1975) suggestions that "poor mothering... constitutes ongoing trauma" and that signal anxiety arises from the child's experiences of timely relief from distress seemed to imply that if the signal function fails to develop (because of trauma) the child will be prone to gross anxiety reactions. James (1960), Khan (1963) and Bergman and Escalona (1949) saw it to be the mother's role to complement the child's innate protection from stimuli

and, like Winnicott, suggested repercussions for early anxiety resulting from the trauma of maternal failure. Fintzey (1971), Mahler (1971) and others were concerned with the traumatic effects of maternal failure on the child in the symbiotic phase, Fintzey suggesting that, "The sudden breaking of the illusion of oneness...leads to a premature need to distinguish between external and internal reality, with anxiety the price paid."

Thus, these discussions not only focused on the effects of trauma on various factors in very early development, but also suggested that such trauma can have ongoing effects on the quality of the anxiety experience and on the child's proneness to anxiety experiences. These matters will now be explored further.

Greenacre (1941) revived a controversy stimulated earlier in the century by Rank (1929) by asserting that trauma in the peri-, post- and even pre-natal periods could leave residua influencing the quality of later experiences of anxiety. She suggested that early forms of anxiety responses have no psychic content, but instead consist of reflex-like startle patterns which are experienced as undifferentiated "preanxiety" tension states. Repeated and excessive experiences of such states deepen this response, she argued, and in time this promotes changes in the organism, among which are an enduring heightening of "anxiety potential"--an "organic stamp"--and, as a consequence of this, both increased primary narcissism and excessive

sensitivity.

Seeming to clarify and elaborate on her earlier "organic stamp" idea, Greenacre (1952) hypothesized particular consequences which result when stimuli impinge on the infant for which the inner apparatuses for "appropriate response" have not yet matured. First, an "agglutination between phases" occurs--a disruption of maturational sequencing in which immature components of more advanced reaction tendencies are inappropriately activated (see Carmichael's, 1951, discussion of the "law of anticipatory function"). Second, when such stimulations are especially strong and repetitive, a pattern of heightened tension states and response tendencies is established. Lastly, these stimulations may so flood the organism with excitations that "all channels of discharge" are simultaneously utilized, resulting in "a state of confusion, with loss of specificity of response to stimulus which is repeated later in life in states of stress, notable panic." Greenacre attributed this possibility of a chronicity in such stress responses to a "somatization of reaction." In some respects, this scenario is strikingly similar to Reich's (1960) depiction of extreme structural defects arising from infantile narcissistic trauma, but Reich focused on the effects of such trauma on the object relationship more so than on the ego.

Whether or not she intended to do so, Greenacre's thinking clearly employed the stimulus barrier concept--

the notion that the infant has a set of apparatuses for protection from and assimilation of sensory stimulation which normally mature in step with development. That Greenacre (1941) did have the stimulus barrier concept in mind was suggested by her quoting of Canon (1929), who wrote, "...any high degree of excitement in the central nervous system--whether felt as anger, terror, pain, anxiety, joy, grief or deep disgust--is likely to break over the threshold of the sympathetic division, and disturb the function of all organs which that division innervates."

Benjamin has been a major proponent of the stimulus barrier concept, and much of what he and others who have contributed to the literature on the stimulus barrier have had to say seems to have considerable relevance to the question of the effects of overstimulation on early and subsequent ego formation.

Benjamin (1965) suggested that the infant is protected from excessive stimuli by two different types of stimulus barriers. The first arises from the fact that in the first few weeks of life, the infant's neurophysiological development is quite immature. Because of this, its threshold for stimulus registration is quite high. Benjamin suggested that this relative insessitivity to stimuli constitutes a "passive" stimulus barrier.

When the infant reaches three to four weeks of age, however, a marked change takes place, Benjamin asserted.

Because of rapid developments in neural myelinization and in other aspects of neurophysiology, a substantial decrease in the stimulus threshold occurs at this time. This event provokes a "maturational crisis" in the infant, who is then much more at the mercy of the stimulating environment, since it lacks "equipment" to process adequately the stimuli it is then capable of experiencing. Benjamin (1965) cited behavioral and electroencephalographic evidence for this development (a phenomenon acknowledged by Mahler, Pine and Bergman, 1975), his arguments also being supported by the findings of Tennes et al. (1972), who also reviewed this evidence (also, see Yorke and Wiseberg, 1976).

Benjamin argued that this "period of vulnerability" normally draws to a close at around the eighth to tenth week of development. At this time, he suggested, the infant attains the capacity not only to select and inhibit incoming stimuli, but also to process them. Benjamin believed that the infant's improved organization at this time derives from the establishment of an "active" stimulus barrier, which marks the beginning of true ego functioning. The evidence for these assertions has not been entirely convincing, however (again, see Tennes et al., 1972).

Whether or not Benjamin was entirely correct in his speculations, certain possible consequences of failures of the stimulus barrier have been suggested which should be considered. Greenacre (1958) suggested that the earliest reaction to overstimulation is withdrawal into sleep, but

by the end of the first and especially by the second year of life, "such intense and prolonged stimulation may spread and produce a state of near disorganization at a fatigue level." She called this reaction a "diffusion of stimulation" and characterized it as one of "dispersion and haziness," but also suggested that sometimes "such confusion might lead to feelings of explosiveness." Similarly, Benjamin (1965) noted that the overstimulated child will be prone to undifferentiated affect expressions.

Bak (as reported by Rubinfine, 1958) suggested that massive overstimulation interferes with the ego's capacity to make use of its perceptual apparatuses, and that this results in a persistence of cathexis of these functions with unneutralized energy. Rubinfine himself (1962) added that overly intense enteroceptive stimuli find representation as frustration and lead to the premature differentiation of aggression, a hypercathexis of the perceptual apparatus with aggression (seeming to imply that the child's perceptions become tinged with hostility), and premature self-object differentiation. Rubinfine also suggested that these outcomes represent "a failure of mothering" and are "responsible for the reduction in the effectiveness of the stimulus barrier."

Without being very specific, Waelder (1967) suggested that when the stimulus barrier is overtaxed by stimulation, personality breakdown may result, this because the child has no means of adjusting to that circumstance. A more

common consequence that has been suggested is that of pathological withdrawal.

In his description of marasmus, Spitz referred to infants in their third month who had neither mothers nor adequate mother substitutes (1950, p. 139):

> "At the stages of this condition where anxiety was still present, it was manifested as a response to every stimulus and impresses the observer as a defense of the organism serving to husband the ever-vanishing energies. In this function it seems to be a regression to the state of the neonate who reacts with displeasure to any stimulus perceived. Perhaps the apathy which develops later in these children represents a further regression to the neonate's high threshold against stimuli which acts as a stimulus barrier."

Interestingly, Spitz's description of two types of reaction presented in the same children--marked over-responsiveness followed by marked unresponsiveness--were much the same as those described by Engel (1962), who suggested that "the central nervous system is organized to mediate two opposite patterns of response to a mounting need," these being (a) an "active pattern," characterized by crying and motor activity, its purpose seeming to be to help the infant achieve gratification from the external environment and (b) a "conservative pattern" marked by reduced activity, a heightened "barrier against stimulation," and the conservation of energy.

While the "conservative pattern" Engel described was nearly identical to Spitz's "apathy," the difference between Engel's "active pattern" and Spitz's pan-responsivity was marked. This difference would seem to stem from

the fact that where Engel referred to "mounting need" as the motivator of the "active pattern," Spitz's hyperreactivity stemmed instead from massive and traumatic maternal failure. However, it may be that what Spitz described were only two gradients of a single kind of reaction to overwhelming trauma--a gross intolerance of stimuli, much as Bak described (see above).

Suggestive of this possibility was a case described by Ribble (1943). This was a girl for whom sleep "became exaggerated as the child's means of escape from discomfort and frustration." It seemed to Ribble that this reaction stemmed from her markedly poor interaction with her mother and her feeding problem. Ribble reported (1943, p. 48):

> "There was actually a slowing up of all sensory reaction, with a pronounced diminution of reflex excitability and a consequent depression of all body function. This child became extremely pale and lethargic, and at the age of six months was retarded in many aspects of her development. Apparently the thing which disturbed her most was to be awakened, in response to which she would get into a panic of screaming and restlessness."

The description of this girl seemed to suggest that her reaction reflected more than merely a withdrawal for the purpose of conservation of energies, as Engel might have argued, but rather a withdrawal from the traumatic environment, and perhaps even an avoidance of anticipated trauma. It would also seem that by retreating to within the safer periphery of the self, this girl had achieved some awareness of the self's boundaries (implying, as has been suggested, some degree of self-object differentiation had

been attained through traumatic experience).

While some have suggested that withdrawal such as this represents an innate "automatic" reaction (Emde et al., 1971; Spitz et al., 1970, for example), others have argued that, particularly after several months of development, the infant's stimulus barrier--with it protective and receptive functions--represents not a functional limitation, but a functional integration. This was the position taken by Brody and Axelrad (1966) and Goldfarb (1961). Still others have suggested that the ego takes over the functions served by the stimulus barrier. Holt (1948), as reported by Gediman (1971), suggested that the infant's capacities for sensitivity, receptivity and perceptivity constitute an "ego equivalent" of the earlier stimulus barrier (which has merely a threshold character).

It has even been suggested that the quality of the stimulus barrier may be an important shaping force influencing the qualities of all subsequent ego and defensive development. Benjamin (1965) argued that, "the variability in the degree of success with which the infant masters external stimulation may turn out to have some demonstrative predictive value as a co-determinant with other organismic and experiential variables of defensive and adaptive ego functioning as a whole." Gediman (1971) suggested that the stimulus barrier "falls into the total picture of ego functioning," including "reality testing; judgement; sense of reality; regulation and control of

drives, affects and impulses; object relations; thought processes; adaptive regression in the service of the ego; defensive functioning; synthetic-integrative functioning; and mastery competence." Spitz (1961) remarked that, "the prototype for regression lies in the infantile phenomenon of the stimulus barrier," which Rubinfine (1962) suggested that, "the earliest operation of denial is a function of apparatus, i.e., the organism has a screening apparatus reducing a percept to a signal. This signal, if it evokes 'pain and anxiety,' or rather 'unpleasure'...is not allowed to achieve conscious registration..."

These considerations suggest that the quality of early experience is not only mediated by an "active" stimulus barrier but also affects the quality of function of the stimulus barrier and so may, in turn, shape later functional tendencies. Murphy (1962) stated that, "...the average expectable amount of stimulation is more than some infants and children can handle, while it is insufficient for others. Thus, the area of management of stimulation ...is not only a basic coping task...but is central for shaping coping style." If as Benjamin (1965) suggested, the stimulus barrier is a "prototype homologue...or perhaps even a true precursor" of some functions of the ego, one must be concerned with the fate of the stimulus barrier when it is subjected to traumatic experience.

As to the relevance of the stimulus barrier concept to borderline children, such children have been noted by some

to have severe difficulties in dealing with stimulation. Geleerd (1958) remarked that the reactions of borderline children to even minor trauma are abnormal. Rosenfeld and Sprince (1963) described the borderline child's incapacity to "select and inhibit" physical and emotional stimuli. More explicitly, Maenchen (1968, p. 439) stated:

> "The borderline children are ill in a different way: for instance, something is wrong with their stimulus barrier...; they are more sensitive to light, noise and smell; some experiences are more traumatic to them than to other children; ther seem to be affected not by a single trauma but by many traumata or simply ordinary events as traumatic... because of their inadequate defenses early in life."

Greenacre's (1941, 1952) comments on the effects of premature stimulation (described earlier) also apply to the borderline child. Greenacre (1941) indicated that she meant these remarks to refer to "severe neurotic and borderline states." More than likely, she was at that point addressing the infantile experiences of borderline adults. However, these concerns were reiterated in Greenacre (1952), and in Kris (1954), Greenacre indicated that she was intent on relating these remarks to the borderline child--and not to the neurotic child, whose regressive manifestations, she said, relate to relatively late fixations and thus differ in both quality and degree from those of the borderline child's, which stem from very early trauma.

Moreover, if, as Khan (1963) and Mahler (1968a) have asserted, the mother acts as the infant's "auxilliary ego," one must be concerned with the effects of maternal failure on the infant's management of distress, as was suggested

earlier. Schneider's (1974a, 1974b) argument that the borderline child's pathology stems from its mother's extreme ambivalence would then seem to have direct implications for the stimulus barrier and for the borderline child's experiences of early trauma. A mother whose conflicts foster an "ever changing emotional link" between mother and child (1974b) must be considered to be capable of provoking the same disturbances that a faulty stimulus barrier might.

Many of the consequences that have been attributed to stimulus barrier failures have also been counted among the borderline child's difficulties. The list is impressive: tendencies for withdrawal from contact, shallowness of libidinal attachments, faulty boundary formation, premature self-object differentiation, impaired reality testing and sense of reality, "anxiety-readiness" and facile regression, failures of neutralization, perceptual and emotional confusion and diffusion, explosiveness of affect expression, and, in general, pervasive ego impairment. In the following, certain of these disturbances will be further considered.

Effects of overstimulation on the capacity for stimulus assimilation, boundary formation, and neutralization: implications for object relationship and reality testing

The earlier discussion of consequences of maternal failure raised concern for the possible detrimental effects early overstimulation might have on the infant's attainment of an awareness of the mother and of the external world.

The point was made that factors that affect how well the child is protected from excessive stimulation will also affect the child's capacity for stimulus assimilation.

As Weil (1970) and Korner (1964) stressed, excessive stimulation can impair the infant's readiness to absorb stimuli from the environment. Not only can this reduce periods of "alert inactivity," but, as Brody and Axelrad (1966) suggested, there is an "optimal degree of tension" each infant needs to spur it to initiate sensorimotor explorations of the environment. Thus, an infant subjected to excessive stress will be hindered from assimilating stimuli in these active and passive ways, and so will be less capable of organizing perceptions.

As this relates to object perception, Bonnard (1967) suggested that the mother can be perceived as a facilitator of the infant's growing relation to reality only when stimulation impinging on the child remains within certain limits: "insofar as the external source of excitation... is beyond the polarity alinement of (the infant)...to his 'cathectic organizer'...that agent fails to be (causally) recognized."

These concerns clearly relate to the infant's establishment of boundary formation as well. The comments of Mahler and Elkish (1953) and Mahler and Gosliner (1955) were cited earlier, these suggesting that overstimulation can interfere with the infant's recognition of the mother as a "need-satisfying object" and can therefore impede self-

object differentiation. Besides suggesting that overstimulation can increase primary narcissism, Greenacre (1952) added that excessive early trauma "prolongs the introjective and projective mechanisms in which the incomplete differentiation of the infant from mother and surroundings must blur the identity perception..,"

Difficulties with object recognition and hence the absence of an "other" to interact with were implicit in Maenchen's (1953) concern for the possibility that the infant in an "objectless" world will turn its aggressive impulses back upon the self. Spitz (1953) remarked, "It is the relationship with the love object which gives the infant the opportunity to release its aggressive drives... If the infant is deprived of the libidinal object, both drives are deprived of their target." Here Spitz was referring to the infant who has already established some degree of object relationship and boundary formation, which, in Spitz's view, are attained via the expression of the aggressive drive through motor activities. Even for that infant, however, "...when circumstances of suffering arise, in which it cannot vent its aggression on the outer world, then the boundaries again become fluid and the aggressive action is directed against the only object available, i.e., its own body." Moreover, much like Winnicott's (1958) view, Spitz's impression was that "the aggressive drive is the carrier, as it were, not only for itself, but also for the libidinal drive."

These issues underscore the significance of both adequate maternal availability and stimulus protection for the infant's formation of the incipient object relationship and relation to reality (as personified by the dimly perceived mother), but the infant's relation to the mother has been seen to be critical to the relation to reality in another way--a way that relates to a much greater time span in development. This has to do with the child's erection of the object image.

The earlier discussion of the importance of a normal mother-infant interaction to the infant's attainment of regulatory stability (e.g. Weil, 1970) dealt with earliest infancy, with the "objectless" period. Later in development, provided that things proceed well, the infant develops a more differentiated object relationship and establishes its first (though primitive) mental representation of the object. Zilboorg (1941) suggested that the infant accomplishes this by investing that representation with libido, and that it is then "able to feel and act in relation to the object." Things in the world, Zilboorg argued, "do not produce representations; they remain images and are taken for objects themselves." That is, with the infant's "animistic" view of the world, things in the environment are perceived as living aspects of the mother.

Seeming to suggest that overstimulation (or other factors that might provoke the breakthrough of large quantities of unneutralized aggression) disrupts the infant's

libidinal attachment with the mother (and with the environment as mother-derivative), Zilboorg remarked:

> "Any destructive drive which cannot be mastered because of outside circumstances or inner disability reduces the contact with reality and leads to the reassertion of the animistic reactions, impoverishment of the ego and sometimes a nihilistic attitude toward the world or to one's self."

Somewhat later in development, when the establishment of libidinal object constancy becomes a pressing developmental task, the child's capacity for neutralization is again a critical factor (McDevitt, 1975). Hence, if these presumptions are correct, gross failures of neutralization will lead to disturbances of reality testing as it relates to the environment, the object, and the self, but will also lead to disturbances in the stability of internalized self and object representations, as will be elaborated further below.

The capacity for neutralization has itself been seen to be dependent on the child's establishment of a satisfying relationship with the object, the precondition for stability of an integrated object cathexis. Rank and MacNaughton (1950) asserted that, "...without the central core built from the introjection of a stable internal image, conceived as a whole, it does not acquire the synthetic function capable of controlling instinctual drives, both sexual and aggressive." Kris (1951) likewise suggested that "the early identification with the love object leads to the cathexis of the ego with energy, neutralized, or at least in part neutralized. As a consequence...the permanent

cathexis of the ego with neutralized energy...is dependent on the quality of the precedind object relation."

Thus, given the interdependence of the stability of object cathexis, the capacity for neutralization, and the quality of ego functioning in general (and of reality testing in particular), one becomes concerned with the possible impact of overstimulation on any of these areas. Rubinfine's (1962) suggestion that overstimulation may provoke an early predominance of aggressive impulses has already been mentioned. Mahler and Gosliner (1955) stated, "It is obvious that such factors as early and prolonged illnesses or pain interfere with the fusion and blending of good and bad images of objects and self. Instead, fused and confused faulty couplings of part images of self and object occur. These hinder reality orientation." Weil (1973, pp. 289-290) remarked:

> "With regard to the libido-aggression balance, we have become aware that in some children aggressive drive expressions outweigh the libidinous ones, often it seems from an early age on. This happens when early tensions cannot be successfully relieved; hence, the first libidinal interaction with mother and the turning of libido to the outside world are interfered with."

In the following, further effects of overstimulation will be examined. Given the interdependency described above, the influence of overstimulation on the quality of ego structure and ego integrity are of central importance.

Effects on psychic structuralization, "ego strength," and the role of affects in the resistence to severe regression

The preceding discussions explored many issues involved in the infant's attainment of early organizational trends which have been presumed to set the stage for the ascendancy of the ego. These included the attainment of an early regulatory stability, a capacity for stimulus integration and assimilation, a tolerance of unpleasure and frustration, a capacity for anticipation of relief from distress, a "turning outwards" of attention cathexis, and a stable boundary formation. These achievements, it was argued, depend heavily on an adequacy of maternal functioning and availability, and on whether environmental conditions are otherwise favorable. It was also asserted that the infant's attainment of an "active" stimulus barrier should be regarded as an important precursor of the early ego, if indeed its functioning does not itself represent the "birth" of the ego.

The most recent discussion dealt with the ego's development of control over the drives, its mediation of the infant's and young child's relationship with reality, and its role in the maintenance and synthesis of early object representations. It has been argued that the ego's success in these tasks is significantly hindered by overstimulation. It will be argued, moreover, that these and other consequences of overstimulation militate against the ego's ability to resist destabilizing regression and other patho-

logical developments and, in turn, interfere with the infant's attainment of well-integrated structural development.

Nunberg's (1937) thinking about the causes and signs of "ego weakness" coincides well with much of the thinking described thus far. In his discussion of what leads to failures of the ego to "resist" the id appropriately, to cope with the demands of the superego, or to bring components within itself into synthesis, Nunberg suggested that the following should be considered: (a) "excessive instinct strength and, connected with this, increased narcissism," (b) "oversensitivity to unpleasure, increased readiness for anxiety, disturbed synthesis, feelings of guilt, etc.," (c) "physical factors..., exhaustion or organic illness," and (d) most importantly, "arrest of development of the ego," by which Nunberg meant ego fixation.

Nunberg suggested that ego fixations result from the "defusion of the instincts," which leads to the release of unneutralized aggression that threatens the narcissistic libido and, hence, the ego, this much in agreement with Spitz's (1953) and Maenchen's (1953) views. Moreover, his identification of "physical factors" and "readiness for anxiety" as factors leading to ego weakness was consistent with effects that have been attributed to early overstimulation. Further, Nunberg suggested that it is the ego's task to "modify and assimilate" both inner and outer stimuli (this being his definition of the synthetic func-

tion), and that the ego's readiness to give up reality testing under the stress of intense or painful stimuli is a measure of its strength, much as Zilboorg (1941) suggested.

If, as Nunberg asserted, intense stimuli can grossly impair the ego's strength, it would follow that overstimulation can interfere with factors involved in the formation and maintenance of psychic structuralization and syntheses. Rubinfine (in Mahler, 1958) explicitly suggested this, while Khan (1974) asserted that "passivity of the ego" serves to maintain "inherently contradictory and conflictual contents--affective as well as psychic--in a benign ego-syntonic state." Rapaport (1958) argued that the ego's "guarantees" of autonomy "require external and/or drive stimulation of a specific intensity and quality for maintenance and effectiveness." Hence, when traumatic overstimulation fosters a decrement in ego autonomy and a concomitant increase in ego passivity, this can both reduce structural differentiation and reduce integration within structures, where the former refers to the ego's differentiation from and capacity to mediate between the other psychic agencies, while the latter refers to the ego's capacity to resist splitting tendencies. Indeed, as will be discussed later, one possible consequence that could be attributed to traumatic overstimulation is the ego's active use of splitting defenses.

Reference was made earlier to Rosenfeld's (1975) dis-

cussion of the roles of adequate maternal functioning and the ego's management of early distresses in the evolution of signal anxiety. Yorke and Wiseberg (1976) pointed out that, for signal anxiety to "work," "affects must serve as a sample of a traumatic danger situation" (emphasis added). Rapaport (1953) suggested that affects act as a "safety valve" against direct drive discharge. Similarly, Odier (1953) described the process of sublimation as one of transformation of the instinctual drives into "affective energy," which is "easier for the ego to control and channel off toward different goals and to focus on new objects," and is thus "an important constituent of the functional system of the ego." Likewise, Sandler and Joffe (1966) characterized sublimation as a change in mode of discharge and "involves the inevitable alteration of the feeling accompaniments of drive discharge," with a consequent reduction in "demand for work" on the ego's part.

Moreover, Pine (1970) suggested that drive and ego states achieve structuralization through the ego's development of the capacity to generate affects, and that this gives rise to the dominance of thought (i.e., of the secondary process) in psychic functioning. This, Pine said, "helps to structure the ego as well," since, "physiological tension-states presumable achieve psychological status in part through memories of images associated with the tension states."

Certain other relationships between traumatic over-

stimulation, affective development, and structuralization processes were described earlier. Benjamin (1965) suggested that traumatic overstimulation could give rise to tendencies for undifferentiated affective expression, while Rubinfine (1962) argued that if fosters a predominance of unneutralized aggressive drive expressions in the anxiety response. Greenacre (1952) suggested that early overstimulation can lend to a flooding of the organism with excitations, evoking the simultaneous activation of "all channels of discharge" with a resulting "dispersion," "haziness," and even "explosiveness" in the infant's responses to stimuli. Greenacre further suggested that this tends to instill a "somatization of reaction" and an "agglutination between phases" of development. Such consequences would seem to portend, if not constitute, structural disturbances.

Finally, Reich (1960) suggested that if traumatic situations occur too early, the ego cannot succeed in binding anxiety. This and the chronic disturbances of primary and secondary narcissism that Reich envisioned could result from such disturbances implied the evolution of chronic disturbances of affective and structural development.

Given these views, it seems clear that when the ego fails to achieve an adequate capacity for signal anxiety, which is itself a sign of "ego weakness," the ego will be subject to more profound trauma in a continuing way. This

must, as many have suggested, entail its disfigurement and failure of function in a chronic and even permanent way. That is, one must consider the possibility that early overstimulation may give rise to "ego fixation," to a proneness to deep and destabilizing regression with the re-infusion of the primary process, to chronic structural defects, to disturbances in the relation to reality, to gross affective disturbances, and to recurrent experiences of anxiety of the most "primal" sort.

Possible Contributions of Constitutional Factors

In both the child development and child psychoanalytic literatures, the question of what individual differences exist at birth and in very early development has been a subject of considerable interest, but not much definite knowledge. Thus far, there have been a number of studies which have provided factual input on this issue, and the preliminary indications have been that the longitudinal effects of constitutional variations along behavioral and physiological continua will be a fruitful and enlightening area of inquiry for years to come. Such factors as sensitivity to stimulus, activity level, emotional and behavioral reactivity, coping styles, and capacity for discrete and consistent "cuing" have all been of particular interest in this connection, and the mother's role in minimizing or exacerbating developmental difficulties arising from such factors, as well as how the infant who experiences such difficulties influences the mother (and the quality of

mothering), would seem to be of special relevance to the study of the early roots of the borderline child's pathology, as will be argued (and as some already have). These matters will be discussed in the following.

Hartmann (1939/1958) suggested that in the course of human evolution, through "a process of progressive 'internalization,'" an innate "central regulating factor" has arisen, which is "interpolated between the receptors and the effectors." Hartmann further suggested that, "The breadth of the subjective world, the degree of sensitivity to experience, etc., reflect individual differences in this factor. Here, however, we are not concerned with the inner world as such, but rather with its role in objective functional relationships." Hartmann's meaning in this appeared to be clarified in his comment (1950, pp. 125-126):

> "It might well be that the ways in which infants deal with stimuli--also...functions of delaying, of postponing discharge...--are later used by the ego in an active way. We consider this active use for its own purposes of primordial forms of reaction a rather general characteristic of the developed ego. This hypothesis of a genetic correlation between individual differences in primary factors of this kind and the later defense mechanism...will be accessible to direct verification or refutation."

The previous discussion of the stimulus barrier concept and its relevance to the borderline child presumed, much as Hartmann did, that constitutional differences are probably at leas partly responsible for deviations in both the "passive" and "active" stimulus barriers, and that such deviations have diverse effects on both psychic function-

ing and experience in an ongoing way. Before these discussions, Weil's (1970) and others' hypotheses regarding the early formation of regulatory functions and their disturbance were described, and these brought focus to Korner's (1964) infant studies. This work merits further elaboration.

Korner's emphasis on the importance of the infant's states of "alert inactivity" was mentioned. While this concerned the infant's readiness to receive external stimuli and implied that excessive external stimulation has a debilitating impact on that readiness, Korner suggested that the frequency of these most receptive states also correlates negatively with the degree to which the infant is "bound" by the press of internal stimuli. High levels of "state boundedness," she asserted, are associated with delays in the smiling response, in the appearance of stranger anxiety, in the acquisition of causal thinking (as it relates to the mother's appearances and reappearances), and in the formation of internal representations of the mother.

Korner was also concerned with individual differences in the quality of the infant's responses to stimuli and with how that quality might change with different kends of stimuli. She suggested that infants differ in the extent to which their responses to stimuli are "singular" (discrete), "global" (diffuse), or "multiple" (discrete and conplex), suspecting that, "This variable may...relate

to later diversification of ego mechanism and to qualitative aspects of the synthetic function of the ego." Korner further argued that infants differ in their responses to multiple or competing stimuli, and that, for infants who tend to avoid stimuli to reduce tensions, such tendencies "may foreshadow the need of warding-off mechanisms or propensities toward flooding of the ego apparatuses in the face of massive stimulation."

These tendencies may also influence the infant's capacity to communicate its internal states, Korner added. If the infant's responses to stimuli tend to be global rather than discrete, this "Indistinctness of state may delay discrimination between external and internal reality and may predispose to later regression in this discrimination."

Very similarly, Wolff (1959) suggested differentiating children according to their "capacity for discrete communication," this being important if the ordinary devoted mother is to be able to respond easily to the child's needs. Coleman, Kris and Provence (1953) also emphasized this point, and Weil (1970) suggested that an infant with a low stimulus threshold--a tense hyperreactor who is hyperactive --has a "self-perpetuating startle" and few and indistinct states (making the mother's task of reading his cues more difficult). The hypoactive underreactor will also have difficulty communicating, Weil added, since he or she sleeps much of the time and is happiest when left alone (Weil associated this pattern with neurological immaturity).

Since, many have suggested that the mother serves as an "organizer" of the capacities acquired by the infant through maturation (or, as Korner argues, those "made potential" through maturation), the mother's reactions to the infant's signals, reactions and activity patterns become critical to early development. Coleman, Kris and Provence (1953) popularized this issue in the literature, and both Geleerd (1958) and Marcus (1963) raised this point in their discussions of the borderline child. Grinker (1953) suggested that a hyperreactor is "destined to remain hungry and dependent on the mother whose integrative capacity becomes strained, resulting in her 'feeding back' rejection or hostility to the child."

How well the infant fulfills the mother's emotional needs by being socially responsive has also been seen to be important, and differences in this quality have been found. Escalona (1963) suggested distinguishing "active" from "inactive" infants, reporting that her observations indicated that, "in the active children the threshold for the release of strong and pleasureable social responses was much lower than for the relatively inactive ones, who responded strongly only when strongly stimulated."

Further, Escalona's observations suggested that only the less active infants needed social stimulation to spur "the emergence of relatively mature behavior." Thus, if Escalona was correct, the less active infant will be less able to evoke a positive response and social stimulation

from the mother, when it needs more of such stimulation to achieve optimal development. On the other hand, the active infant will tend to get more social stimulation even when it needs it less. This would seem to bode ill for passive, hypoactive infants. As Escalona remarked, "The child deficient in the capacity to respond (to a normally responsive mother) is just as motherless as is the normally equipped child without a mother."

However, Escalona also found that the more active infants were more behaviorally "vulnerable" to overly strong stimulation (this presumably evidenced by a tendency to motor excitability when stimulated), while the less active infants under such conditions "ceased responding, as though they were able to erect a 'stimulus barrier.'" Hence, what might be regarded as maternal overstimulation may be just what the hypoactive infant needs (and may not get), whereas this may foster additional behavioral and cognitive disorganization in the hyperactive infant.

This consideration touches on the issue of coping style as affected by both environmental and constitutional factors. Murphy's (1962) and Korner's (1974) comments in this regard were referred to earlier. Murphy also suggested that individual differences with respect to "strength of drive" also enters into this issue. Murphy observed that children with average drive but unusual sensitivities showed a lesser capacity to tolerate deprivations than those who had such sensitivities but high drive. Where

high drive was absent, high sensitivity fostered withdrawing tendencies and passivity. This recalls Spitz's (1950) descriptions of marasmus, which seemed to suggest that the mother's availability also helps to maintain the infant's capacity for active expressions of its instinctual needs.

Although they will not be discussed in great detail, the actual infant studies in this area of early individual differences have tended to support much of the thinking that has been described. Escalona's (1963) observations and speculations were based on a study of just four 28-week old infants. Fries and Woolf (1953), however, conducted a study of 200 infants ranging from five days to three months old. Their findings indicated that a spectrum of responsiveness to stimuli exists at birth and in early infancy, and that infants can be reliably categorized along this factor. They also found that differences along this factor have differential implications for coping style: "While the active infant re-establishes homeostatic equilibrium by motor discharge, the quiet infant does so with withdrawal and sleep." From this work, Fries and Woolf formulated a "congenital activity type" concept, suggesting that the infant's behavioral type may be found to correspond to the later "psychological personality type" and to influence factors such as symptom choice and "modes of defensive behavior."

Richmond and Lustman (1955) reported two studies of neonates, the first being a study of reflex vasodilation

in 31 three to four day old infants, the second being one of reflex pupillary dilation in 29 one to eight day old infants. In each study a sound stimulus was used. Finding that "there are qualitative and quantitative individual differences in autonomic function apparent within the first days of life," Richmond and Lustman suggested that there is normally an early "balance between adrenergic and cholinergic factors," but that (p. 274):

> "It is conceivable that spontaneous symptomatology may be present at the extremes of imbalance. However, autonomic imbalance can not alone explain psychosomatic disease. We must also consider the effect of autonomic imbalance on personality, and the effects of personality and stress on autonomic imbalance."

From this study, Lustman (1958) arrived at his thesis that, "inherent autonomic endowment, with its clearly demarcated individual differences, is one of the basic, inborn, autonomous precursors of ego function" (p. 92) which "participates in and markedly influences subsequent ego development" (p. 97).

A final example of these infant studies is that of Chess, Thomas and Birch (1959), who conducted a longitudinal study of 85 children, 78 of whom were followed from the first months after birth for several years. Each was judged on scales relating to nine behavioral continua, including "activity-passivity," "intense reactor-mild reactor," "approacher-withdrawer," "high threshold-low threshold," and "selective-nonselective." They found that over a 24 month period there was a high degree of consis-

tency in the ratings, and so concluded that, "specific, stable reaction patterns in each child is reported, with the evidence thus far available indicating a nonexperiential origin."

Disturbances Attributed to Borderline Children

The preceding discussion of the early effects that have been attributed to maternal failure and overstimulation was presented so that the reader can now consider the difficulties ascribed to borderline children and see how these difficulties parallel those effects. It seemed that these correspondences might not be merely coincidental, but instead suggested experiential influences in the borderline child's disturbance. This is not to say that a purely experiential explanation of the borderline child's difficulties will be argued for. The most recent discussions were intended to show how constitutional factors could well contribute to an infant's being at risk for the experiential disturbances that have been described, and to demonstrate how a child might come to experience even an "average expectable environment" in a traumatic way.

What will be argued, however, is that what borderline children may have in common is a very early traumatic experience of the environment and of the mother, and that it is the quality of this subjective experience that underlies the specific developmental obstacles the borderline child encounters, and the particular characteristics the child presents in later development.

The following delineation of the variety of disturbances that have been attributed to borderline children will begin with a description of those characteristics that constitute failures of development and integration. They involve some of the more general characteristizations of the borderline child's ego functioning and object relationship, but include some more specific issues, such as defects in the child's synthetic and cognitive functions.

After this, the issues to be discussed will be presented in an order that roughly approximates the normal sequence of developmental attainments and focal points. These include assertions about the borderline child's purported fixation at the stage of primary narcissism and its developmental repercussions, about the child's difficulties in establishing durable and discrete self and object representations, and about how these internal representations are vulnerable to regressive fusion or confusion when the child undergoes stress. Ekstein's hypotheses regarding the borderline child's ego state fluctuations will then be described. Finally, the child's purported difficulties in the rapprochement subphase will be discussed in the context of many of the issues raised up until that point of discussion. These discussions will provide a basis for the syntheses and hypotheses that will be offered in the final section of this chapter.

Failures of development and integration

Some of the most abstruse characterizations of the

borderline child's difficulties to be found in the literature are those that suggest that the child suffers from a primary "developmental failure" or from an early "deviational anlage" (tendency to deviation). Sometimes it was not obvious whether proponents of these concepts were entirely clear in their thinking, or whether their obscurity was intended to reflect the incomplete state of knowledge regarding these issues.

Pine's (1974) discussion of the borderline child is a case in point. Pine suggested that the borderline child is distinguished by marked disturbances of ego function and object relationship. He attributed these disturbances to the early formation of a "pathological structure" which gives rise to "developmental failure" or aberrations in these areas. Although he suggested that deficient mothering or parental psychopathology, environmental trauma or disorganization, and constitutional factors could all be responsible, Pine emphasized that the borderline child's symptomatology does not derive from dynamic factors, as it does in neurotic symptom formation. How he thought the "pathological structure" to eventuate was not made clear, however, nor was his concept of developmental failure clearly explicated, despite Pine's identification of possible areas of etiology.

However, Pine did offer a typology of borderline children which suggested that they may be distinguished by functional capacity and the degree to which their distur-

bance is reactive to enviornmental factors. For some, he suggested, environmental stress is much more significant to the presenting symptomatic picture than for others, who seem more to "carry their pathology within." Still, Pine proposed no structural distinctions between such children, nor did he see the types he identified as being mutually exclusive categories. In his discussion of children characterized by "chronic ego deviance," Pine suggested that such children have the "parent phenomena" common to all borderline children, among which was counted a failure to "bind together the whole ('good' and 'bad') object into one tempered whole." This and other comments Pine made suggested he believed that a central feature of borderline children is a persistence of splitting mechanisms due to a failure of the synthetic function, but he did not state this explicitly.

Geleerd believed that the borderline child's grossly immature object and social relationships derive from a fundamental "deviational anlage." Her explanation of this deficit was only somewhat less ambiguous than Pine's discussion of the "pathological structure" (Geleerd, 1958, p. 289):

> "It is suggested that due to a poor object relationship to the mother not enough instinctual energy is neutralized and that this factor might account for so many deficient ego functions, such as the establishment of defenses, providing for the conflict-free sphere of the ego, etc."

Because Geleerd did not elaborate on the possible causes or

the specifics of the consequences of the "poor object relationship," the reader was left to surmise on his own these interactions. However, Geleerd's suggestions that a "poor patterning in development and make-up," an "inability to maintain a posture of expectation of gratification" or to give up omnipotence, and a "lack of differentiation between the self and the outside world" are common among borderline children suggested that she believed that many of the effects of maternal failure described earlier operate in these children. Moreover, Geleerd described how borderline children have stimulus barrier defects (due to inadequate neutralization), how their "reactions to even minor trauma are abnormal," and how a "helplessness of the ego" is "pathognomonic" in them, and this suggested that the effects of early overstimulation outlined earlier may well be central to their difficulties.

As was suggested earlier, Weil seemed intent on relating her "basic core" concept (Weil, 1970) to the borderline child, this being indicated by her comments in Harley (1973). In the latter, Weil described how borderline children present pervasive "inter and intrasystemic imbalances" between (a) "the ego and drives," (b) "libido and aggression with aggression prevailing," (c) "hostile and non-hostile aggression" and (d) "imbalances within the ego." Weil attributed these imbalances to a "defective integrative function," which she suggested may derive from "minor, innate neurophysiological imbalances." In

this she seemed to be offering a constitutional explanation, just as Geleerd's "deviational anlage" concept may have suggested a constitutional predisposition. However, Weil suggested that these physiological imbalances, "which could possibly be alleviated by especially empathic skillful mothering, become aggravated when an empathic mutual adaptation has not been achieved." Thus, it seemed clear that the experiential factor was the primary one to Weil, and that the same integrative difficulties she described could result from especially unampathic mothering as well. As will be shown later, Weil related disturbances of the basic core with the borderline child's difficulties in the rapprochement subphase, thus again emphasizing the psychological repercussions of physiological disequilibria.

Although the work of Rosenfeld and Sprince (1963, 1965; Rosenfeld, 1975) stressed the difficulties borderline children have in maintaining intact self and object representations (as will be discussed below), they also noted their disturbances of the synthetic function and defective capacities for neutralization (Rosenfeld and Sprince, 1963). Elaborating on these issues, Rosenfeld (1975) suggested (after Mahler, 1971) that disturbances of the separation-individuation process prevent the establishment of the "modulating, negotiating functions of the ego" and the integration of the self and object representations, and that these difficulties lead to the disrupting effects of a chronic instability of the self and object representa-

tions. Further, Rosenfeld and Sprince (1963) remarked on the borderline child's "lack of phase dominance," "faulty relationship between drive and ego," and "faulty barrier between conscious and preconscious thinking." These structural difficulties would seem to stem from integrative difficulties arising at least in part from the child's incapacity (which Rosenfeld and Sprince, 1963, noted) "to select and inhibit stimuli."

Mahler's (1971) formulation (just referred to) was that failures of the synthetic function lead to deficiencies of integration and internalization which leave "residua" that "may manifest themselves in borderline mechanisms," especially splitting tendencies. Earlier, Mahler (1968b) suggested that the "core deficiency" in childhood schizophrenia is an inability to utilize the "need satisfying object," which she suggested "impairs the ego's integrating, synthesizing and organizing functions." Logically, the "borderline mechanisms" Mahler described would provoke analogous impairments.

Others represented in the literature on the borderline child have identified similar ego integrative difficulties in such children. Maenchen (1953) tied the borderline child's poor regulation of self-esteem to defects in ego synthesis. Brask (1959) suggested that the child's symptoms "may be regarded as expressions of a defective and fragmented ego-development, manifesting itself in the frailty of relationships with reality, flimsy, narcissistic

contacts with other people, subtle disorders of thought and language, deficient body image, marked discrepancies between capacities and intellectual performance, and the break-through of primitive impulses in behavior or imagination." Schneider (1974a) argued that a narcissistic injury to the child's "archaic ego" (arising from extreme maternal ambivalence) provokes the formation of splitting defenses which hinder ego syntheses and instills "an entirely specific ego weakness." Finally, Bonnard (1967) argued that the borderline child experiences chronic "dysjunctions" between its "perceptual/cognitive activations and the emotions by which they should be complemented," and that this appears to result from "faults...in the nature of their 'stimulus barrier' to both inner and outer perceptual excitations." Since Bonnard stressed the mother's role as a "cathectic organizer" for the child, integrative difficulties of this kind would have to be attributed to maternal failure (as well as conceivable constitutional deficits), in her view.

Hence, while the borderline child's failures of development and integration have been presumed by many to arise from an innate predisposition, the role of disturbing experiential factors has been considered to be an almost necessary contributory. Maenchen (1968) states the widely accepted position that, "...we are faced with the recurrent problem of the interplay between constitution and environment."

The disturbance of primary narcissism and its relation to reality testing and the regulation of self-esteem

The preceding discussion of the borderline child's difficulties with integration has clear implications for the child's attainment of reality testing and for its consistency. This relationship will be elaborated on in the following, as will the roles of early overstimulation and maternal failure in provoking a premature awareness of separateness and helplessness and, consequently, a disturbance of primary narcissism, a persistent clinging to infantile omnipotence, and a poor regulation of self-esteem. These relationships were dealt with earlier in varying degrees, but the foregoing discussion will relate these matters more directly to the borderline child's presenting difficulties.

The earlier discussions of the effects of maternal failure and overstimulation in infancy on the vicissitudes of primary narcissism began with a focus on the effects of these factors on the infant's shift of "attention cathexis" from interceptive sensation to the surroundings (Mahler, 1968a; Mahler, Pine and Bergman, 1975), whereby it begins to become aware of the object and of the frustrations and gratifications reality offers. Providing that the mother is adequately available to the infant, this process is somewhat frightening but not traumatic to the infant, but if she is not, the infant may experience narcissistic injury and develop a premature and destabilizing awareness

of its separateness and helplessness. These consequences, it will be argued, stress the child's relation to reality, fosters difficulties in the giving up of infantile omnipotence, and may have pervasive effects on its future regulation of self-esteem.

This thinking is well represented in the literature on the borderline child. Maenchen's (1953) suggestion that narcissistic injury may result when the mother fails to foster an anticipation of relief from tension states was already discussed, as were Mahler's (1971) comments that maternal overstimulation may provoke a "narcisstic hypercathexis of the body ego" and that a "possible contributory to borderline features" is the "precocious differentiation of the false self." Singer (1960) suggested that excess narcissism due to a fear of object loss leads to a "fixation at the stage of primary narcissism" in the borderline child, whose persistent omnipotence, she thought, represents a means of controlling the object and so forestalling both its loss and related fears of disintegration. Geleerd (1958) described the borderline child's "inability to maintain a posture of expectation of gratification," and saw the child's need for omnipotence as "a measure of the utter helplessness and defenselessness of the ego." This explained the child's "inability to give up omnipotent fantasies for more adequate reality testing," Geleerd maintained. Similarly, Frijling-Schreuder (1969) suggested that the borderline child's omnipotence wards off feelings

of separateness and helplessness, and Fintzey (1971) argued that the borderline child's anxiety due to its premature sense of separateness and helplessness causes a "fixation at the stage of the transitional object."

Fintzey's position did not argue for a developmental arrest at the stage of primary narcissism, not did Singer's (1960). Rather, they suggested the borderline child is reluctant to give up the vestiges of that period of development. This position was more clearly stated by Chethik and Fast (1970) and Fast and Chethik (1972). In the former, they stressed the mother's role in helping the infant to move beyond the "narcissistic pleasure ego" towards the establishment of coherent self and object representations and the acceptance of the reality principle. In the latter, they described the borderline child's difficulties in making this transition and in establishing "a firm commitment to external reality," suggesting that even when higher levels of object relationship have been achieved, aspects of infantile omnipotence may still intrude on the child's functioning.

The work of Chethik and Fast will be returned to. Here, the reader is reminded of Reich's (1960) discussion of "compensatory narcissistic self-inflation" and its relationship to disturbances of both primary and secondary narcissism. Geleerd (1958), who saw the borderline child's attempts at omnipotent control over the object as a defense against the helplessness of the ego, also remarked on

their hostile and withdrawn reactions when borderline children feel even slightly neglected. Ekstein and Wallerstein (1954) noted the same phenomenon, and added that the borderline child tends to regress following a sensed rebuke. Maenchen (1968) remarked on a borderline boy's "glaring insufficiency in self-regard" and how it derived, she believed, from his "unsuccessful attempts at self-esteem regulation," suggesting that this contributed to his "annihilation anxiety." Finally, Mahler and Kaplan (1977) and Hortacollis (1977) emphasized the role of the mother-child relationship for the child negotiating the rapprochement subphase. In particular, Mahler and Kaplan suggested that disturbances of that relationship can foster a faulty libidinization of the self and especially of the "autonomous ego sphere," which can significantly hinder the resolution of the separation-individuation process and, subsequently, of the Oedipus complex. They felt this to be particularly relevant to "narcissistic and so-called borderline personalities."

Thus, many of the developmental consequences that have been attributed to early overstimulation and maternal failure have been recognized as having great relevance to the borderline child's purported faulty relation to reality. These include the effect of overstimulation on the ego's achievement of the synthetic function, on the capacity for neutralization and stimulus assimilation, on the quality of libidinal attachments and the stability of self and

object representations, on the "strength" of the ego, and on the fate of infantile omnipotence. These effects also have implications for the quality and stability of the ego and the identity formation, which will be the subject of the succeeding discussions.

Failure to establish discrete self and object representations

In the course of discussing the borderline child's difficulties in relinquishing its infantile omnipotence for more adequate reality testing, the work of Singer (1960), Fintzey (1971) and Chethik and Fast (1970; Fast and Chethik, 1972) were mentioned. Singer's position regarding the borderline child's fixation at the stage of primary narcissism was in some respects unique. As was noted earlier, she did not mean to say that the child characteristically functions at that level (as the autistic child is thought to), since she also stated, as several others have, that a problem with maintaining libidinal object constancy is at the center of the child's difficulties. As a result, the child requires continual object contact to maintain the object relationship. Still, her position was distinguished from others because she implied that in the absence of the real object, the borderline child reverts entirely to narcissistic cathexis.

Fintzey (1971) drew on Modell's (1963) views on borderline adults, which asserted that they maintain a transitional object longer than is developmentally normal,

because of which the object is perceived as "outside of the self, yet as someone who is not fully recognized as existing as a separate individual, but invested almose entirely with qualities emanating from the patient." This formulation thus referred to the stage in development when the infant first becomes dimly aware of the object's separateness.

This focus was also apparent in Fast and Chethik's (1972) discussion of the borderline child who, they argued, erects and rigidly maintains a "myriad of self-other bonds" composed of part-self and part-object representations. Earlier, Chethik and Fast (1970) discussed the "fantasy formations" of the borderline child which, they suggested, are dynamically related to the child's "transitional fixation." That is, they proposed that such fantasies serve the defensive function of warding off fears relating to the developmental tasks especially relevant to the move out of primary narcissism, which include "the establishment of an integrated and coherent self, relations to others recognized as independent of one's self, the acceptance of the world as pleasureable rather than entirely painful, and the integration of libido and aggression." Similarly, Fintzey (1971) suggested that the "covertly" maintained transitional object is used by the borderline child "to magically undo the child's separation from his mother."

These formulations tend to contradict Pine's (1974)

insistence that the borderline child's disturbances of object relationship do not arise from dynamic factors (unless Pine was referring strictly to their not deriving from intrapsychic conflict, as he may have been). They also present some difficulty when one attempts to locate the period of fixation they described within Mahler's framework, especially when Fast and Chethik (1972) maintained that the borderline child uses objects as merely "props" for his projected object images. That characterization left questionable whether the quality of the borderline child's relation to the object (as they described it) can really be called object-directed, and whether this was distinguishable from the autistic child's use of the object purely for need-satisfaction.

However, since Fintzey and Chethik and Fast described defensive maneuvers the borderline child employs to ward off his frightening awareness of the mother's separateness, one would have to say that they saw the borderline child to have encountered the central conflict of the rapprochement crisis, but argued that the child retreats from that threat to the confusion of self and object representations characteristic of the symbiotic phase. Chethik and Fast's descriptions are remarkably similar to Zilboorg's (1941) characterization of the infant's tendency to withdraw libidinal cathexis from the periphery under the impact of an uncontrolled destructive drive, but here the impetus is instead the danger of separation.

Regressive merging of self and object representations under stress

The formulations of Fintzey and Fast and Chethik characterized the borderline child's internal representations as confused but essentially static in quality. The more dominant view in the literature has been that the borderline child's self and object representations are somewhat differentiated but markedly unstable, and that it is this instability that is at the basis of many of the child's major difficulties.

Like Fast and Chethik (1972), Rosenfeld and Sprince (1963) suggested that the borderline child has "a disturbance in the distinction between self- and object-representation," and attributed this to a "reluctance, and even ...inability, to separate successfully the self- from the object representation." Unlike Fast and Chethik, however, they suggested that because of this impairment, the borderline child's part-self and part-object representations are vulnerable to further merger when the child undergoes regression in response to stress, and that the child fears this merger "since it leads to an obliteration of the child's individuality."

Hence, by suggesting that the borderline child has a "reluctance" to separate the self and object representations, Rosenfeld and Sprince, like Fast and Chethik, seemed to associate the borderline child's essential difficulties with his fears of separation and individuation.

However, they also stressed the child's fears of merger as contributory to his anxieties. Moreover, much as Fast and Chethik (1972) emphasized the borderline child's "need" for the real object, because, without it, the connection with the outside world is threatened (and fears of annihilation and self-dissolution ensue), Rosenfeld and Sprince suggested that the child fears the loss of the object because that would constitute the "loss of personal characteristics which are merged with those of the love object."

Thus, Rosenfeld and Sprince's formulation had much in common with that of Fast and Chethik but differed by emphasizing that the representational world of the child undergoes transient qualitative shifts. During states of relative equilibrium, self and object representations are relatively differentiated, such that the child might appear to have established a semblence of an individual identity, but this is vulnerable to the effects of stress. Rosenfeld and Sprince stated that, "These children sway between object cathexis and primary identification which leads to a merging with the object." and so the child's maintenance of the object cathexis is "precarious."

A further commonality between Rosenfeld and Sprince's formulation and that of Fast and Chethik was the notion that the lesser the differentiation between the self and the object representations, the greater the tenuousness of the object cathexis (and the self cathexis, both seemed to add). The actual presence of the real object is needed

to counteract that tenuousness--it serves as an anchor to help the child maintain a cathexis of the self and of the external world, although only in Rosenfeld and Sprince's formulation is a "true" object cathexis maintained.

This thinking was also reflected in Geleerd's (1958) discussion of the borderline child. Geleerd's position was that, in contrast to the symbiotic child, whose self representation is entirely fused with that of the object, the borderline child has achieved some degree of--but still incomplete--differentiation from the object. Due to his lack of "emotional differentiation from the mother," she said, the borderline child persistently resorts to omnipotence to counteract feelings of vulnerability arising form this lack of differentiation brought her ideas into line with those of Fintzey, Chethik and Fast, and Rosenfeld and Sprince on the borderline child's use of defensive maneuvers to avoid feelings of vulnerability arising from deficiencies in the object relationship.

Frijling-Schreuder (1969) argued that both childhood psychoses and borderline states stem from arrests in the symbiotic phase (p. 323), and suggested that differences between such children and among borderline children arise from the extent of development, cognitive, defensive and otherwise, that takes place before the fixation occurs. In that same paper, however, Frijling-Schreuder stated that the child's difficulties relate to an arrest in the separation-individuation phase (cf. pp. 309 and 322). If

Frijling-Schreuder meant to consider the symbiotic phase as part of the separation-individuation phase, this was clearly inconsistent with Mahler's formulation, wherein the symbiotic phase precedes the separation-individuation phase. Since Frijling-Schreuder, like others mentioned, asserted that the borderline child develops some object constancy, it would seem that she conceived the borderline child to be arrested near the beginning of the rapprochement subphase. Moreover, she described how the threat of "re-engulfment" by the object is a critical issue to the borderline child, an issue which Mahler associated with the repprochement crisis, as will be discussed.

Both Weil's and Ekstein's positions has similar ambiguity. Weil's (1960) reading of Geleerd's (1958) position was that the borderline child is arrested in the symbiotic phase. Weil contested this, arguing that instead only those borderline children who are "rather close to psychosis" are arrested in the symbiotic phase. Other, less severe cases, she suggested, have a "derangement of the anticipatory function," this recalling, perhaps, Maenchen's (1953) and Geleerd's (1958) comments on the borderline child's inability to maintain a posture of expectation of relief from distress. However, Weil's own position on when the borderline child is arrested was not made entirely clear. It appeared, though, that she supposed that the child's arrest could occur in the symbiotic phase but also in the initial stages of the separation-individuation

phase (a position not unlike Geleerd's, ironically).

Ekstein never explicitly stated his view on the borderline child's stage of arrest or fixation, and his comments that seemed to relate to this issue appeared confused, if not somewhat contradictory. In Ekstein (1955), he asserted that the borderline child's "insufficiently consolidated early introjects...are of an autistic or symbiotic nature." This appeared to suggest two possible points of fixation--in the phase of "normal autism" or in the symbiotic phase--the latter possibility also being reflected in Ekstein's (1966a) comment that the borderline child's regressive form of object relationship "falls within primitive 'either/or' bounds suggesting a predominantly hostile symbiosis." However, Ekstein never explained what he meant by "'either/or' bounds," nor how he understood the "hostile symbiosis" to arise, so his position on how the borderline child might be formulated within Mahler's framework remained blurred. However, his remarks in Ekstein (1955) on how the borderline child's difficulty with maintaining object cathexis can stem from his having had vacuous, unstable and unreliable parents and thus "poor objects of introjection and identification" seemed consistent with the prevalent view in the literature that the borderline child experiences a disturbed symbiosis and later difficulties in the rapprochement subphase.

Whether the borderline child's arrest in development stems form a fixation at the stage of primary narcissism,

at the stage of the transitional object, or in the symbiotic phase, as these various theorists have maintained, several elements can be seen to be common to virtually all of their positions: (a) the borderline child experiences a disturbed symbiotic phase but (b) achieves some awareness of the object's separateness and of his own helplessness, and (c) is so unprepared for that discovery that he cannot resolve the central issues of the rapprochement crisis (the establishiment of discrete and "whole" self and object representations which eventuates in a stable libidinal object constancy and a coherent identity formation), and (d) undergoes regression in response to the threats posed by these various issues due to his awareness of his vulnerability--an awareness that is phase-appropriate to the rapprochement subphase but is apparently overwhelming to the borderline child. The effect of this regression, all but Singer (1960) seemed to suggest, is that the child's object relationship then approximates that of the symbiotic child.

Thus, a summary of these various positions might conclude that the borderline child is arrested in the rapprochement subphase but has a fixation in the symbiotic phase. A critical feature of the borderline child's regression is that it is reversible, since otherwise the child would experience complete (psychotic) regression and would then be indistinguishable from the symbiotic child. A fuller discussion of those who have focused on the borderline

child's development of internalized representations and his crisis in the rapprochement subphase will clarify this position.

Failure to resolve the rapprochement crisis

Earlier, mention was made of Frijling-Schreuder's suggestion that differences between borderline children relate to the degree of development the child has achieved before arrest occurs. Rosenfeld (1975), elaborating on a point briefly noted in Rosenfeld and Sprince (1963), used similar reasoning in suggesting that borderline children should be distinguished in terms of the degree to which they achieve relatively intact and coherent self and object representations. Rosenfeld's discussion suggested that the degree of success the child achieves is dependent on how well the "bad" part object representation has been "assimilated" with the "good." Rosenfeld cited Mahler (1971, p. 412) for an explanation of her thinking:

> "The less gradually the intrapsychic separation-individuation process takes place, and the less the modulating, negotiating function of the ego gains ascendancy, the greater the extent to which the object remains an unassimilated foreign body, a 'bad' introject, derivatives of the aggressive drive come into play and there seems to develop an increased proclivity to identify with, or to confuse, the self representation with the 'bad" introject. If this situation prevails during the rapprochement subphase, then aggression may be unleashed in such a was as to inundate or sweep away the 'good' object, and with it the 'good' self representation."

Mahler's comment recalls her earlier reference (Mahler and Gosliner, 1955) to primitive defense mechanisms by which the infant deals with noxious stimuli: "To 'bad'

stimuli coming from the inside or outside, the infant reacts with impetuous aggression, by ridding and ejective mechanisms..." One wonders whether infants who later become borderline children are so beset with noxious stimuli (for the various possible reasons described earlier) that such "ridding" mechanisms are strengthened, and whether these mechanisms persist in later development moreso in such infants, perhaps in modified form.

Thus, Rosenfeld's view of the borderline child's difficulties in the rapprochement subphase suggested that they derive from a resurgence of the anxieties and disturbances the child experienced in the early mother-infant relationship. Fintzey (1971), citing Sander (1962), suggested that "unless a satisfactory level of certainty of mother's availability" is established during the 9 to 15 month period (a period thus spanning the height of the symbiotic phase to the beginning stages of the separation-individuation phase under normal circumstances), when the child begins to enter the period of "self-assertion" relating to the separation-individuation phase, "the child is faced with an important asynchrony in respect to his mother; he is still seeking to assure himself of her while he already must begin to assert himself against her." Similarly, Weil (in Harley, 1973) stated that the "child with the brittle core who has not had a satisfying symbiotic phase does not 'weather well' the rapprochement crisis."

Mahler also related the child's experience in the rapprochement phase to the quality of the symbiotic phase. She described the "low-keyed" response as a hallmark of the rapprochement subphase, interpreting this subdued response as a reflection of the child's awareness that the "still symbiotic mothering half is missed." In a comment not specifically referring to the borderline child, Mahler noted (1971, p. 409):

> "This longing for the state of well-being and unity was found peculiarly lacking in children whose symbiotic relationship had been unduly prolonged or a disturbed one...It seemed diminished and irregular in children in whom the symbiotic relationship was marred by the unpredictability and impulsivity of a partly engulfing and partly rejecting mother."

The type of mother Mahler described here bears a striking resemblence to the highly ambivalent mother Schneider (1974a, 1974b) described. The implication of Mahler's comment would seem to be that children lacking this response had had no blissful symbiosis to long for. Moreover, this "low-keyed" response presumes the child's capacity to "call up" an image of the loving mother, which is precisely what the borderline child's major difficulty has been thought to be--particularly when the mother-child relationship is fraught with ambivalence.

Sander's (1962) remark (noted earlier) clearly acknowledged the importance of the borderline child's ambivalence in the rapprochement subphase. In a comment not referring to the borderline child, per se, Parens (1979, p. 413) noted:

> "Observation reveals that the libidinal object (as auxilliary ego), by her reactions, plays a significant collaborative part in allaying or intensifying rapprochement-derived anxiety in the child, thereby reducing or increasing the mobilization of hate feelings and the experience of ambivalence. Another important factor is the pattern of the rapprochement crisis in a particular child, that is, the quality, intensity and frequency of intrapsychic tension created by the ambitendent wishes."

Parens' comment thus suggested the importance of ambivalence from both sides of the mother-child relationship for the child's experience in the rapprochement subphase.

Besides having to cope with the renewed stresses of separation, the "brittle" child in the rapprochement subphase must also cope with the fear that his inchoate and poorly consolidated identity formation will be "re-engulfed" by the threatening mother-of-separation (Mahler, 1968a). Moreover, Mahler and Gosliner (1955) suggested that the earliest differentiation process is characterized by a negativism that is intensified when the earlier symbiosis is unsatisfactory or "parasitic." Again, the seed of a disturbed rapprochement subphase seems to be planted when the symbiotic phase is highly disturbed.

Finally, the reader is reminded of the earlier discussionsions of the effects of overstimulation and maternal failure on the child's secondary narcissism, and particularly of Mahler and Kaplan's (1977) comments on the continuing role of the mother-child relationship in helping the child to maintain narcissistic equilibrium under the stresses of the rapprochement crisis. The child's major

task in the rapprochement subphase is to establish autonomy with regard to the identity, the ego, and the mother, and this requires the successful internalization of the mother's ego-supportive functions (see Tolpin, 1971, on the concept of "transmuting internalization"), including her capacity to comfort, reassure, and instill confidence and self-love.

In sum, the successful resolution of the rapprochement subphase--the establishment of a durable libidinal object constancy and identity formation--has been seen to depend on a multiplicity of maturational achievements which are normally accomplished over the entire course of early development. These include the formation of a trusting mother-infant attachment and a "satisfactory" symbiosis, the gradual attainment of an adequate relation to reality and a boundary formation, the ascendance of the synthetic function, a capacity for neutralization, and of the secondary process, and the internalization of stable and "whole" self and object representations.

It has been shown how these achievements can be hampered or even prevented by maternal failure and by early experiences of stress caused by overstimulation, and how the characteristics borderline children are purported to present suggest just such adverse influences. In the following, the focus will be on the borderline child's ego functional and structural characteristics, and on the quality of the child's anxiety experience.

Defects of ego function and structure and the quality of anxiety

Ekstein's thinking about the borderline child came to center on the relationship between the stability of the object introject and the integrity of the ego and its defenses. He was impressed with how many of these children appeared to shift from one ego state to another, and with how they could plunge into deep regression with only minor provocation, yet just as quickly return to higher-level functioning. Ekstein considered several explanations for these phenomena, and these will be described in the following.

Ekstein developed a model of an ego that is composed of multiple but hierarchically interconnected organizations, each of which has associated with it a set of functional systems, self and object representations, defense mechanisms, etc. (Ekstein and Wallerstein, 1954, 1957; Ekstein, 1966b). One of Ekstein's early hypotheses was that there is in all children an "ego mechanism of control" which regulates the frequency and degree of shifts from one ego organization to another, and that this function fails to operate consistently in borderline and psychotic children (Ekstein and Wallerstein, 1954). This, he argued, would account for the abnormally gross and seemingly unpredictable fluctuations of ego state observed in such children.

In that same paper, Ekstein offered an alternative to this somewhat mechanistic view (which admitted to the

possibility that purely spontaneous shifts of state could occur) by suggesting that the shifts may instead convey and reflect a psychological meaning, and may even serve an adaptive (though pathological) purpose. Noting that the child's regressive episode was often "preceded by an inadvertent rebuke or lack of comprehension by the therapist of the child's message," Ekstein speculated that the functional shift might be interpreted as an "attempt to maintain contact with the transference object and inability to do so, except where the dangerous emotional charge can be reduced by flight into regression."

This view was elaborated in Ekstein and Wallerstein (1957). They described "distancing defenses" peculiar to borderline and psychotic children, which serve to "constrict the range of relationships tolerable to them lest their tenuous defenses be threatened to the point of panic and loss of their personal identity." In Ekstein (1955), this defensive maneuver was even given a volitional quality. A borderline boy was described who "summons up ...(the) archaic ego organization and thus copes with the transference threat by wiping out the capacity for self, as well as the capacity for object experience."

Hence, this alternative explanation held that the borderline child's shifts in ego state relate to the child's reactions to intolerable feelings arising in the object relationship. Ekstein (1966b) further asserted that the borderline child's severe reactions relate to how limi-

ted the complement of "neurotic" defenses the child has at his disposal. According to Ekstein, "neurotic" defenses are those that operate without the necessity of deep regression or the dissolution of self and object representations. If these "neurotic" defenses fail to bind transference feelings, he suggested, psychotic regression results, with a "collapse of ego boundaries and the ensuing invasion of the ego by primary process material."

Another (and related) possibility Ekstein considered was that the child's strong feelings may stimulate an alteration in the identity formation and defensive functioning as the child attempts to achieve "distance" (Ekstein and Wallerstein, 1957; Ekstein and Meyer, 1961; Ekstein, 1966b). Ekstein (1955) also suggested that the object image may tend to "break down" in the borderline child, perhaps because of a deficiency in "introjective capacity," or because "the introjected objects were unreliable and elusive."

Regardless of whether the borderline child's purported difficulty in maintaining a stable object introject stems from a defective "ego mechanism of control," from the inability to bind powerful feelings with "neurotic" defenses, from an inherent deficiency in "introjective capacity," or from deficiencies of the parental figures, Ekstein stressed not only a correspondence between the capacity to maintain a stable object representation and the stability of the ego and all of its facits, but moreover a necessary

mutual interdependency between the two. Ekstein (1955, p. 91) discussed how a stable introject is a critical support of ego functioning:

> "...introjects provide the basis for reality testing and judgement...it is perhaps in this regard that the therapist becomes introjected into the ego of the borderline patient and serves as an ever-present mentor and guide to the patient when he becomes anxious and perplexed."

Evidently, Ekstein conceived of the process by which the therapist is introjected as a correction of the borderline child's earlier failure to achieve well-consolidated introjection of the original parental object. In that same paper, Ekstein suggested that ego mastery promoted through the therapeutic process serves to strengthen defenses so that retreats from contact and the more extreme effects of psychotic dissolution of the internal image can be more frequently and successfully averted in situations of stress. Ekstein (1955) stated, "as the ego becomes strengthened in the treatment process, there is a carry-over into all areas of the ego."

This formulation appeared to imply not a defective "introjective capacity" in the child, but an inadequacy in the parents' availability to the child, as did Ekstein's (1955) suggestion (discussed earlier) that the borderline child may have experienced a "hostile symbiosis," but Ekstein never made an explicit statement of the borderline child's probable etiology (to this writer's knowledge). However, his remarks regarding parental unreliability were

rather similar to Schneider's (1974a, 1974b) emphasis on the pathological effects of maternal ambivalence, and his defective "ego mechanism of control" idea was analogous to Hartmann's (1939/1958) "central regulating factor" when Hartmann's concept is taken with his suggestion (Hartmann, 1950) that the ego uses "primordial forms of reaction" in its later functioning. As was suggested previously, this early regulatory function may be susceptible to intrusion by both maternal failure and early stress.

While it may have some usefulness, Ekstain's "ego mechanism of control" concept seems to deserve considerable criticism, when it is considered in light of some of his other assertions. To account ofr the borderline child's capacity to reintegrate quickly after severe regression, Ekstein suggested that after the child deals with the "transference threat" with "psychotic" defenses, ego functioning returns to a more mature level. However, he never adequately explained how this could occur. If, as he also suggested, the child's most severe regression entails complete psychotic dissolution, how does the ego mechanism of control "survive," and survive so well that, despite its purported defectiveness, it rather efficiently returns ego functioning to an optimal level? Can this function be both defective and yet an intact part of the autonomous sphere of the ego? An alternative to this formulation will be offered below.

A further criticism of Ekstein's thinking relates to

his failure to recognize the significance of what appears to be a major component of the borderline child's phenomenological experience. Ekstein and Wallerstein identified themes of distress in the regressive fantasies of borderline children (1954, p. 352):

> "Their fantasies...in their regressed ego state are... pronouncedly oral in character, having as their themes: fear of separation and abandonment, of bodily disintegration, distortion of body image, fantasies of devouring giants and their victims, and primitive rage outbursts."

Unaccountably, Ekstein focused on the "oral" quality but neglected the vulnerability so apparent in this clinical material. It will be argued that a focus on affective and phenomenological factors provides a clearer insight into the persistence of the borderline child's developmental difficulties throughout the spearation-individuation phase and particularly in the rapprochement subphase than theories that concentrate mainly on the child's inability to establish stable introjects without considering these factors, and that indeed the emotional component has much to do with the continued instability of the child's introjects.

Moreover, while Ekstein suggested that the borderline child's ego functional shifts may relate to "the changing dominance of different ego organizations" associated with each of the part-object representations (Ekstein, 1966a), and that the child's "distancing" defenses seemed to reflect the child's efforts to maintain the integrity of

the object relationship in the face of "dangerous" feelings arising in the object relationship, he somehow failed to recognize that the child's structural and functional deficiencies might derive from a pathological adaptation to an early disturbance of the object relationship and its phenomenological repercussions.

Mahler (1971) suggested just this possibility. By splitting the object world into the "good" and the "bad," she explained, "the 'good' object is defended against the derivatives of the aggressive drive." Hence, Mahler suggested that where normally the capacity for neutralization evolves to bring the aggressive drive under control, the borderline child (or at least the child who, according to Mahler, develops a "borderline transference") maintains a pathologically split object representation and attempts to compensate for failures of neutralization with "active" splitting defenses, this because of an early disturbance of the symbiotic relationship and its consequences. This protective function of splitting would seem to serve the same purpose as the "distancing" defenses Ekstein described --to protect the valued object relationship and (if the thinking that has been discussed is correct) to protect the ego as well.

Frijling-Schreuder's (1969) view would seem to be helpful in correcting some of the inadequacies in Ekstein's thinking regarding the role of the ego and phenomenology in the borderline child's experience in regression. She

asserted that both childhood psychoses and "borderline states in children" are rooted in arrests in the symbiotic phase, but that the borderline child has a wider range of available defenses, because of which the child achieves greater structuralization within the ego than the psychotic child does. Frijling-Schreuder added, "The more structured ego is more aware of the threat to its integrity, and this gives rise to the pananxiety of the borderline states." She suggested, moreover, that because of this increased structuralization, the borderline child is capable of "the inner experience of a tenuousness in the object relationship" and experiences his "abnormal tendency toward sudden and severe regression" as a "basic insecurity." Like Ekstein, Frijling-Schreuder noted in the borderline child the capacity to "reintegrate" quickly after such regression.

These characterizations of the borderline child suggested an interplay between the child's anxiety experiences and his evolving deficiencies of structural and defensive development. In particular, they suggested that the child's "pananxiety" can be seen to both stem from and promote the child's lack of structural integrity, his failures to achieve stable libidinal object constancy and more mature ego functioning, his sudden regressive reactions, and especially his conscious feelings of vulnerability.

Most of the other major authors in the literature on the borderline child have referred to the child's "panic states," "annihilation anxiety," or like phenomena (Maen-

chen, 1953, 1958; Geleerd, 1958; Weil, 1960; Rosenfeld and Sprince, 1963; Rosenfeld, 1975; Pine, 1974; and Schneider, 1974a, 1974b, for example). In the following, it will be argued, much as Frijling-Schreuder did, that these phenomena are major consequences of the borderline child's structural deficits and yet results of the strengths the child has that distinguish it from the pyschotic child. It will also be shown how the view of Frijling-Schreuder and others can be used to refine Ekstein's model for the borderline child's ego apparatus, so as to provide an improved explanation of the reintegration phenomenon and the affective and phenomenological characteristics borderline children have been seen to present.

Further, it will be shown that these phenomena may explain the major difficulties the borderline child has in resolving the issues of the rapprochement subphase, and how they may reflect the persistence of a regressive structure that could be the key to the structural differentiation of the borderline child from other diagnostic entities.

Proposed Syntheses and Hypotheses

Suggested reformulation of Ekstein's model for the borderline child's ego structure and function

The previous discussion described Ekstein's efforts to characterize and account for the borderline child's ego organization and function. His model of a hierarchically structured ego seemed useful because it helped to explain how the child might be able to function (as it appeared to)

on drastically different levels of organization. However, his formulation of an "ego mechanism of control" did not seem adequate as a means of explaining the "reintegration" phenomenon many of these children appear to present--a capacity to shift to higher-level functioning from a severely regressed state with remarkable rapidity. Ekstein was also criticized for failing to recognize the significance of the extreme forms of anxiety and manifestations of vulnerability frequently seen in borderline children. It seemed that Frijling-Schreuder offered useful insights into these phenomena, but her views were never subsumed within Ekstein's model. The following will attempt this integration.

In some respects, Frijling-Schreuder's and Ekstein's formulations are in agreement. Ekstein suggested that the borderline child's ego should be characterized as a hierarchy of organizations which provide for defense to occur at multiple levels, and that, because of an "ego mechanism of control," the child can return from deep regression in a very brief period. Frijling-Schreuder (1969) likewise acknowledged the reintegration phenomenon, and emphasized the ego's continued mediation in regressive defensive processes, so that "disintegration anxiety remains a function of the ego" and that not only is "the borderline patient...more aware of his anxiety," but that "in coping with anxiety his ego can resort to the whole scale of

defensive mechanisms" (here distinguishing the borderline from the psychotic child).

However, Frijling-Schreuder appeared to differ with Ekstein in her description of the borderline child's most severe regression. Whereas Ekstein argued that this entails an "invasion of the ego by primary process material," Frijling-Schreuder suggested that the observing and negotiating functions of the ego are to some degree retained, while only the psychotic child is "permanently flooded by outer and inner stimuli" which leaves it in a "continuous state of excitation."

It would seem that Sandler and Joffe's (1965, 1966, 1967) hypotheses regarding the nature of the ego's structural and functional characteristics provided both a helpful way of clarifying Frijling-Schreuder's distinction and a convincing alternative to Ekstein's "ego mechanism of control." Like Ekstein, Sandler and Joffe (1967) conceived of a hierarchical model of ego structure, suggesting that while previously established structures are normally not lost, "new and auxilliary structures of increasing complexity are created, the newer structures becoming superimposed on the old in the course of development."

Sandler and Joffe further suggested that the autonomy of the structure of a psychic apparatus should be distinguished from its autonomy of function. They stated (Sandler and Joffe, 1966, p. 343):

> "...once an ego apparatus has been created, it can lose its structural autonomy only by virtue of pathological ego destructive processes such as occur in psychoses and in organic brain conditions...Loss of functional autonomy, on the other hand, involves the regressive contamination of the function or apparatus with primitive drive discharge characteristics."

They added (Sandler and Joffe, 1967) that the re-employment of a previously established structure (in regression) implies no necessary loss of structural autonomy, even though functional autonomy may be temporarily lost.

Both Frijling-Schreuder and Ekstein suggested that the borderline child's severe regression involves some degree of structural dissolution. Ekstein (1966a) characterized the child's "psychotic" regression as entailing a "collapse of ego boundaries," a "breaking down" of the object image, and an invasion of the ego by primary process material, while Frijling-Schreuder stated that the "disintegration" anxiety the borderline child experiences stems not from "a conflict within the (ego) structure; rather, anxiety is raised by virtue of the fact that the structure is dissolving." Sandler and Joffe's perspective would instead hold that only in the psychotic child is the ego structure likely to "dissolve" in regression (with the loss of both structural and functional autonomy), but that for the borderline child, only functional autonomy is lost in regression (given the peremptory quality of the factors spurring the regressive defensive mechanisms), while structural autonomy remains intact, and that this would account for the child's capacity for reintegration. This formula-

tion would be consistent with Frijling-Schreuder's emphasis of the borderline child's capacity for conscious experience in the process of regression, but the child's disintegration anxiety would not derive from the dissolution of structure, but instead from the experience of the decline in functional autonomy.

Sandler and Joffe (1967) further hypothesized that necessary to higher-level ego functioning is the formation of "a whole hierarchy of inhibiting structures" which prevent primitive structures from interfering with the ego's higher-level functioning. They suggested that "primitive modes of functioning tend to persist actively in the present in the form of 'trials' which are normally inhibited," and that regression is "a process of release and disinhibition of past modes of functioning." This formulation would seem to be a more viable alternative to Ekstein's "ego mechanism of control" (criticisms of which were described earlier) as an explanation of the borderline child's fluctuations of ego state and particularly of the reintegration phenomenon. Rather than stemming from a defectiveness in Ekstein's "ego mechanism," the child's regression would depend instead on the degree to which stress provokes a "disinhibition" of more primitive defensive structures and reaction tendencies, while the speed of restoration of higher-level functioning would be determined by the efficiency of the defense hierarchy and (as Ekstein suggested) on environmental influences.

Schur also focused on the importance of the evolution of inhibiting structures in the development and maintenance of mature and efficient ego functioning. Schur (1953) cited Kubie's (1941, p. 266) statement that:

> "...Pavlov showed that in normal functioning every area of cortical excitation is physiologically circumscribed and delimited by processes of cortical inhibition... that without this coordinated function of excitatory and inhibitory processes only diffuse and random responses can occur to incoming stimuli. In other words, the evolution of central nervous functions out of a primitive foetal stage depends on the gradual development of inhibitory processes which circumscribe, restrict, and direct excitatory processes."

This focus on the physiological substrate of excitatory and inhibitory processes led Schur to a consideration of the importance of normal maturational trends towards a "desomatization," differentiation, and integration of the child's responses to excessive excitation. He noted that while the earliest reactions to strong stimuli are marked by "a tendency to diffuse discharge phenomena and lack of coordination in motor response," eventually (1953, pp.69-70):

> "There is a parallel development and mutual interdependence between the secondary processes, the maturation of the motor apparatus, the development of the central nervous system and the stabilization of homeostatic processes. This results in a increasing desomatization of reactions to certain excitations...(and) replacement of action by thought and reduction of vegetative discharge phenomena."

Schur accordingly characterized ego regression as "physiological regression," and suggested that the degree to which regression entails a re-infusion of "vegetative discharge phenomena" determines how closely the anxiety experience resembles the earliest "primary anxiety" experience. Simi-

larly, Yorke and Wiseberg (1976) remarked that, "in some ways, somatic discharge pathways are never lost...the capacity for reversion along developmental lines leaves open the possibility of backwards moves from psychic anxiety to vegetative excitation."

Likewise, Sandler and Joffe (1966) argued that the successful achievement of neutralization entails a reduction or elimination of "somatic discharge characteristics and accompanying discharge pleasure" from "mental discharge characteristics," but suggested, moreover, that there is "a whole hierarchy of feeling tones within the ego, associated with the hierarchy of ego functions and apparatuses," and that these feeling tones are of all gradations of intensity.

These viewpoints therefore suggested that the quality of affective experience in the defense process changes in the course of maturation, and that when primitive ego apparatuses are brought into play, there is a concomitant deneutralization and re-somatization of response tendencies which influences the quality of experienced affect and thus the quality of conscious experience during severe regression.

Both Schur and Sandler and Joffe proposed that these influences have specific effects on the quality of anxiety, on the ego's "appraisal" of its own "well-being," and on tendencies for severe regression. Sandler and Joffe (1966) stated that, "If we take the view that the ego functions

to maintain a positive feeling of well-being in the self, then the experinecing of any degree of unpleasure will set in motion the adaptive and defensive functioning of the ego apparatuses." Sandler (1960) further suggested that each time the ego succeeds in reducing anxiety, this heightens the ego's "safety feeling," while the influx of initially unassimilable and unpleasurable affects constitutes "a momentary trauma."

Similarly, Schur (1953) described a "type of ego experience" which "belongs genetically to the affect of anxiety yet has assumed the characteristics of a thought process." Terming this the ego's "regressive attitude in the appraisal" of danger, Schur suggested that this appraisal, "potentially...unconscious...(in) the absence of obvious discharge phenomena," determines the ego's level of defensive vigilance and (as in Sandler and Joffe's formulation) may trigger regressive defensive maneuvers of an "automatic" kind. Much as Sandler and Joffe distinguished functional from structural autonomy, Schur (1958) suggested that the ego's appraisal of danger should be distinguished from the actual danger to the ego that somatic discharge phenomena pose, and that the appraisal itself may instigate regressive defensive processes.

Further, Sandler and Joffe's proposition that there is a hierarchy of feeling tones associated with the hierarchy of ego apparatuses would suggest that there is a hierarchy of anxiety experiences which have corresponding

phenomenological manifestations. Thus, disintegration anxiety might correspond to the affective extreme of a qualitative continuum of anxiety experiences, the less extreme anxiety derivatives composing with it a spectrum of degrees of experienced vulnerability.

Schur (1953) seemed to anticipate this in his comment that, "We can recognize how many words which language offers for different shades of anxiety correspond to various stages of ego regression." He also remarked that the inner "danger situation," usually treated by the ego as coming from "outside," may become "reinternalized" and take new forms. The perceived danger situation may then become, according to Schur, the loss of love or self-esteem, the threat of castration or the fear of the father, or perhaps the fear of the "upsurge of sexuality." Whatever the eventual manifestation of the danger situation, Schur maintained (1953, p. 94):

> "...every state of anxiety...has a genetic link to old dangers and traumatic situations...(and) each recurrence of anxiety is a danger or a traumatic situation of and by itself. This anxiety is constantly self-perpetuating. Genetically, it is always the same anxiety. Yet it acquires not only new contents but new shades of psychic reality."

Formulation of a persistent regressive defensive structure within the borderline child's ego

This leads to the possibility that the borderline child's annihilation anxiety and associated regressive maneuvers may reasonably be regarded as persistent and self-perpetuating structures. If one defines a structure

as an established and persistent mode of functioning, the functional transformations which appear to characterize the borderline child's most severe regressive episodes can be conceived as constituting the "base" of the organizational hierarchy Ekstein formulated. This primitive organization would be characterized by a fusion or confusion of self and object representations, a de-neutralization of aggressive impluses, a gross intrusion on reality testing, and both ego "helplessness" and annihilation anxiety. That is, this most primal ego state would resemble in its essentials Mahler's (1968a) "organismic distress."

Schur (1958) remarked that, "the anxiety reaction, especially its discharge characteristics, are (sic) instinctually rooted...It has therefore a tendency for stereotyped rigidity and for return to a more primitive type of reaction, if ego control is lessened or eliminated." Here, Schur seemed to suggest just this kind of persistent reaction tendency, and his comments elsewhere suggested that excessive stress could precipitate such a lessening of "ego control," or, to put it in Sandler and Joffe's terms, a "disinhibition" of primitive structures. As to the latter, Schur (1958) suggested that, "the simultaneous availability of learned and instinctually patterned responses represents a strain on the availability of ego functioning in anxiety."

If indeed such a pathological structure exists in

borderline children, it would provide a means of distinguishing such children from both the psychotic child and from children closer to normality. It may be that psychotic children also develop this regressive structure, but do not achieve either neurotic defenses as alternatives to it or inhibitory structures to prevent it from gaining ascendence, so that such children do not present the lability of ego functioning that borderline children do. For the less disturbed child, there may be qualitative differences in early experience such that the tendency for the return of the primitive structure is not "strengthened" by early traumata as it may be in the borderline child, so that, for them, inhibitory structures and neurotic defenses have a better chance of achieving dominance within the ego. Hence, the borderline child would be seen to be somewhere in between these more and less disturbed children, but would have the potential for improvement when the stress of the child's circumstances are reduced, when more adequate objects of identification are made available to him (who would provide the child an improved "auxilliary ego"), or when the ego is strengthened by a later consolidation of "neurotic" defenses (in Ekstein's sense). Constitutional contributions to the evolving situation and pathological defensive overlays (which would restrict the ego and its relation to reality) would have to be considered, however, since they may be delimiting factors.

James' (1960) hypotheses seem applicable to these

considerations. He proposed that premature stimulation that causes "chronic tension" in the first three months of infancy may result in a "more or less irreversible" "neural patterning" of reaction tendencies, here employing a conditioning model much as Greenacre (1941) did in suggesting that "simple organic tension...diffusely discharged...might deepen reflex response reactions," leading to "a preliminary channelization of discharge."

James suggested that this "neural patterning" may come to take the form of "motor expressions" or "magic perceptual and thought techniques," but that its eventual manifestation will depend on evolving dynamic and structural vicissitudes (1960, p. 289):

> "The fate of early ego nuclei to some extent depends upon subsequent experience, and so the question of whether such a reaction-potential disappears in a split-off uncathected ego-remainder or enters fatefully in all subsequent ego sonsiderations depends upon our well-established principles of psycho-analytic child development."

James also remarked that this patterning of response may be associated with an otherwise intact-appearing ego, "showing only transitorily in moments of stress and regression," and yet so persist in the ego structure that it may appear to be virtually "a part of the constitution."

Hence, James anticipated the possibility that early trauma could result in the persistence of a regressive structure much like that proposed herein, a structure which would always have the potential for re-expression when the child is under stress, but which might be difficult to

decipher otherwise. Moreover, he suggested that the early "neural patterning" might stem from a defect in the infant's stimulus barrier, but also from maternal failure, since he, like others, saw the mother to be an important complement to the infant's stimulus protection.

Also like others described earlier, James was concerned with whether early overstimulation might foster premature and traumatic object recognition. The "bewildered baby," he suggested, may be forced to turn to "defensive need systems" which, because of their narcissistic derivation, would lead to a lack of specificity in the infant's object attachment and, in turn, to facile and fluid identificatory tendencies (much as in Winnicott's, 1958, formulations, which strongly influenced James). This thinking would predict the kind of disturbed object relations that has been observed in borderline children, and would also anticipate deviational defensive development in such children (James' references to "motor expressions" and "magic perceptual and thought techniques were mentioned earlier; he also envisioned arising predispositions to "obsessional tendencies" or an "intellectual lopsidedness").

Finally, James suggested that the traumatic overstimulation that might give rise to "neural patterning" might also lead to "an economic flooding and hypercathexis of the perceptual and memory-storing end of the mental apparatus" and a consequent "traumatic access of images threatening to organize into thoughts...at a time when

secondary process is not, certainly phase adequate nor... probably even possible." In this James seemed to suggest that early overstimulation may prematurely activate the capacity for forming mental representations (in Greenacre's, 1952, sense), and that because of the traumatic circumstances of this activation, these representations would necessarily have traumatic qualities--i.e., that they would represent the dangers the child experiences on a pre-verbal level (recall Rubinfine's, 1962, comment that overstimulation may lead to the hypercathexis of the perceptual apparatus with aggressive impulses). James did not speculate on the later consequences of this premature ego formation in any detail, but it is an intriguing possibility that this might underlie the borderline child's regressive apprehensions of dread and vulnerability, this also being in keeping with Schur's (1953) comments on the mental representation of the "danger situation." If this thinking is accurate, one might anticipate that the fears the borderline child presents will be found to be reliable indicators of the child's ego state and of his level of ego integrity in general.

Relationship between the experience of vulnerability and the borderline child's difficulties in the rapprochement crisis

The previous discussion of the borderline child's difficulties in the rapprochement subphase suggested that the anxieties the child experiences in that later phase of development may only be echoes of the anxieties experienced

in the symbiotic phase and in the early stages of the separation-individuation phase. It was also suggested that the primary difficulties the borderline child has been seen to have in establishing libidinal object constancy and a coherent and stable identity formation may well derive from those earlier disturbances and, in particular, from the child's deficient capacity for neutralization, from its failure to develop a confident anticipation of relief from distress (and thus a tolerance of stress), and from its resulting inability to form a stable and well-integrated mental representation of the mother.

As a further consideration, it is suggested that the child's pervasive experience of vulnerability, and perhaps that also contributed by the insidious persistence of a regressive primitive structure, accounts for the child's chronic difficulties in resolving the rapprochement crisis. These factors would seem to constitute a continuing hindrance to the child's efforts at establishing ego autonomy (and may make the child fear that autonomy) and both object and reality constancy, since the stresses inherent in living, and particularly the heightened dangers of the rapprochement crisis, would appear to pose special difficulties for the already vulnerable borderline child--and especialy if the child has a tendency to undergo massive stress reactions with only minor provocation.

The role of experiential and constitutional factors in the borderline child's difficulties

The various effects of early overstimulation and maternal failure that have been outlined, when compared with the actual characteristics borderline children have been seen to present, seemed to indicate convincingly that experiential factors may well be at least stong influences in the evolution and continuing manifestations of the borderline child's difficulties, if indeed thay are not central to the etiology of those difficulties. To recount some of the difficulties that have been conceived to result from early experiences of overstimulation and maternal failure which have also veen attributed to the borderline child: on the side of object relations, a shallow, narcissistic quality in the child's libidinal attachments with facile, unstable and poorly formed object representations, tendencies for withdrawal from contact, and excessive ambivalence and rage towards the object; on the side of the ego, an inconsistent, delayed, or atypical relation to reality with a persistence of infantile omnipotence, a proneness to regression, to extremes of affective expression, to perceptual and emotional confusion, and to self-esteem difficulties, a faulty capacity for neutralization with a tendency for unmitigated aggressive manifestations, and a tendency to ego vulnerability and excessive anxiety with a failure in the development of signal anxiety.

The consideration of possible constitutional influences

seemed to suggest that even when they are fundamentally physiological in nature, their most salient effect may be to predispose the infant to many of the same difficulties that the experiential factors discussed are thought to give rise to. That is, it may well be found that when constitutional factors are clearly identified, they will be seen to give rise to psychological effects, and that, as they relate to the borderline child, the psychological effects of constitutional factors will be seen to be of the greatest significance. On the other hand, it is to be expected that physiological correlates to the borderline child's disturbances will be found, and it may never be possible to determine whether experiential factors alone or constitutional factors alone can provoke this kind of child's pathology.

CHAPTER III

METHOD

Rationale and Criteria for Case History Selection

Since there appeared to be no general consensus in the literature regarding the diagnosis of the borderline child, it seemed that the most conservative initial approach to the empirical study of these children would be to draw case illustrations from the literature of children purported to be of this diagnostic category. In a sense, this approach did presume that there is some degree of agreement about what a borderline child looks like. It seemed safe to assume that clinicians in the field had at least a strong sense of what the children they described were not (i.e., that they could not comfortably assign the children in question within one of the more established diagnostic categories), and that even if borderline children do not share a unitary syndrome, they at least share certain common general traits. The results confirmed these presumptions to some extent, as will be described.

Fifty-one case histories were selected from a variety of sources in the literature (see Appendix A). The criteria for selection were relatively informal. There had to be a reasonable adequate description of the child (but there was still great variation in the extent of detail the histories provided). There was no strict age criterion for selection, and the cases ranged in age from

3 to 18 years old. However, for an older child to have been chosen (and for the younger children as well), there had to be an adequate report of the child's early history and an identification of the child as having been earlier a borderline child, or at least some strong indication by the author that this was the sort of child that was being described. For these older children, data relating to the late teen history of the child was omitted from the profiles compiled, so as not to contaminate the "childhood" characteristics of these children with features that evolved in those later years. In a few cases, this entailed the exclusion of psychotic symptomatology that appeared in late adolescence.

Checklist Formation and Scoring

Each of the case histories was examined for the presence of characteristics on a checklist that was developed for this review (see Appendix B). Most items on the checklist were determined through a perusal of the case histories for features that recurred often enough to suggest that they might be relevant, if not important, for one to consider when looking at the borderline child. Some items were developed when a preliminary examination of the pattern of features checked off suggested the presence of a symptom cluster. In such cases, an overarching item was formed to represent the collapsing of two or more other items. Usually, the resulting item pointed to a

concept unifying the items it subsumed. An example of this is item 55: "feelings of despair, deprivation or depression."

The author alone scored the checklist for each case, and with considerable liberality. These were obvious drawbacks, but an effort was made to limit the degree of error through double-checks of the scoring. Still, a good deal of individual judgement was involved because the scoring of many of the checklist items required clinical inference and interpretation. However, it seemed that much might have been lost if the item formation and scoring were confined only to what was obvious and objective. Another drawback of the approach taken was that because the case descriptions varied so much in depth, those that were shorter may well have omitted mention of characteristics the child, in fact, presented. This would not necessarily invalidate the results obtained, however, since it did not appear to introduce a systematic bias.

A major shortcoming of the approach taken was that the case histories often described characteristics the children studied presented over a long period in development. No provision was made to account for this, and often this would have been useless anyway because the descriptions were most often not explicit about when in development a particular characteristic arose, or when it "disappeared." Clearly, a formal longitudinal study will be needed to clarify fully the course of disturbance of the borderline

child. However, some inferences could be drawn regarding this question by comparing groups of children who had different mean onset ages (see "Onset Age," below).

Case Partitioning Methods

Experiential subtypes

In order to investigate the possible differential effects of experiential factors on the children whose case histories were examined, the cases were partitioned into four "experiential subtypes," these groupings representing the four possible conditions regarding the presence or absence of two classes of experiential factors: (a) overstimulating factors (factors that would seem to give rise to physiological and/or psychological stress) and (b) maternal emotional unavailability. The groups were as follows:

factor (a) present	factor (b) present	experiential subtype	
no	yes	P	(only Parenting factor present)
yes	yes	B	(Both factors present)
yes	no	O	(only Overstimulating factor present)
no	no	N	(Neither factor present)

The following were the checklist items that were used to determine whether factor (a) and/or factor (b) were present (the factor was considered to be present if one or more items were present):

factor (a) (overstimulating factors)

item number

86. chaotic home environment
87. overstimulating parent
88. abusive parent
89. other environmental or somatic stressors

factor (b) (maternal emotional unavailability)

item number

90. maternal rejection or neglect
91. separation from mother or both parents
92. mother emotionally unavailable
93. mother highly ambivalent

The only exception to this scheme was that children whose histories indicated the presence of item 88 (abusive parent) were automatically assigned to experiential subtype B, since these children were presumed to have experienced both of the types of disturbing experiential factors focused on.

The theoretical speculations developed in this dissertation led to the proposition that each of these types of experiential factors have at least pervasive influences on the functioning and development of borderline children, and that their influences are especially instrumental in the critical first years of development. While the presence or absence of these factors in the experiences of the children whose case histories were examined was judged from material that related primarily to the environmental conditions in effect in their later development, the presumption was that, all things being equal, the conditions present in later development are probably similar to what

existed earlier. That is, it seemed reasonable to assume that environmental conditions tend to have continuity over time, and that children who experience overstimulating factors in later development, for example, are more likely to have experienced such factors earlier than are other children who, in later development, do not appear to be experiencing overstimulating factors.

Another assumption made related to the cases of experiential subtype N, cases for which neither of the identified types of experiential factors appeared to be present. It seemed that, if indeed constitutional factors influence borderline children, children of this subtype would be more likely than the others to be disturbed due to such influences. However, it is clearly possible that children of the other experiential subtypes were also subjected to such influences.

Defensive subgroups

The examination of the checklist data led to a focus on two classes of factors that seemed to suggest the presence of two kinds of "quasi-defensive" features. The first was "compulsive features," features that seemed to suggest the evolution of forerunners of the obsessive-compulsive defense. It was found that the boys were those who primarily presented these features, and that the presence of these features corresponded closely with the measure of "vulnerability" that was developed for this review (which will be described below). The same applied

to the second type of "quasi-defensive" feature, "inhibitory features," these being features suggesting the evolution of inhibitory tendencies, except that the presence of these features seemed to be inversely related to the vulnerability measure, especially for subtype P boys (as will also be described below).

The checklist items used to determine whether either, neither, or both of these "quasi-defensive" features were present were:

compulsive features

item number

7. elaborate, stereotyped play
8. preoccupied with "making order"
9. compulsive (generally)

inhibitory features

item number

18. presents "glassy stare" or "frozen" facial expression
19. slow or "mechanical" body movements
52. bland or constricted affect

Based on the combination of these types of features being evidently present or absent, four "defensive subgroups" were formed as follows:

compulsive features present	inhibitory features present	defensive subgroup	
yes	yes	IC	(both Inhibitory and Compulsive features)
no	yes	I	(Inhibitory features only)
yes	no	C	(Compulsive features only)
no	no	N	(Neither feature present)

Scales and Measures

Overall symptomatology measure

Since, to this writer's knowledge, these is no widely accepted set of diagnostic criteria by which the severity of disturbance borderline children present may be assessed, the overall symptomatology presented by each of the experiential subtypes was measured by assessing the relative prevalence of indications of disturbance in each of these subtypes. That is, for each of the checklist items that suggested the presence of disturbance (and some items related to indications of health and so were excluded from these analyses), the relative prevalence of the item was measured among each of the experiential subtypes. This permitted pair-wise comparisons of the prevalence of the item for each possible pair of experiential subtypes. Totals were drawn up for (a) the number of items for which the first experiential subtype's prevalence exceeded the second's and (b) the number of items for which the second's prevalence exceeded the first's. These totals could then be compared statistically using two tailed sign tests, which provided measures of the relative "overall symptomatology" presented by each of the experiential subtypes.

Vulnerability scale

Initially, two separate measures were developed, one to measure the degree of anxiety each child appeared to present, the other to measure the extent of fearfulness. Certain of the checklist items were selected for each of these

measures, and rating points were assigned for each of them. This was done as follows:

anxiety scale

rating point	item number	
1	31.	disorganized by changes in the environment or in routines
1	32.	sleep disturbances
1	33.	evinces a "sense of panic"
1	34.	moderately anxious
1	35.	uncontrollably anxious, at times
1	36.	panic states (short-lived)

fearfulness scale

rating point	item number	
1	37.	feelings of vulnerability, in general
1	38.	excessive somatic concerns
1	39.	shifting fears; phobic-like concerns
1	40.	fear of death
1	41.	fear of destruction in environment
1	42.	fear of separation/abandonment
1	43.	fear of inner disintegration

So as to reflect the qualitative differences between "moderately anxious," "uncontrollable anxious" and "panic state" children" in quantitative terms, children who were judged to be "uncontrollably anxious" were also given the "moderately anxious" rating point, and those who presented "panic states" were also given the rating points for both "moderately anxious" and "uncontrollably anxious." Similarly, so as to reflect the qualitative difference between children who presented only "feelings of vulnerability, in general" (these children presenting assorted features suggesting relatively mild levels of fearfulness, on the whole) and children who presented more severe indications

of fearfulness, the latter children were always given the rating point for item 37 as well.

It was found that the anxiety and fearfulness scale ratings corresponded very closely for most of the cases. For all cases, the Pearson correlation factor was .74 ($p<.001$); for boys alone, the factor was .75 ($p<.001$); and for girls alone, it was .71 ($p<.001$). Because of this, it seemed logical to merge these two scales into a single "vulnerability rating" scale, the rating for each child being the sum of the rating points each child accumulated on each of the original scales. For each of the experiential subtypes and defensive subgroups, the average "vulnerability rating" could then be computed and compared with the others. Henceforth, these average ratings will be referred to as "mean vulnerability ratings," or sometimes "MVRs," for short.

Onset age

An attempt was made to compare the apparent age at onset for each of the children whose case histories were examined. This was made difficult by the fact that the descriptions were not very often explicit about this point. When they were, the onset age used for computations was simply that reported. When the onset age was not stated, the age at which the child was said to have been referred for psychological help was used. When even this was not reported, the stated age of the child was used. All this made the "onset age" factor a relativly rough measure in

many instances, but it seemed useful to use this measure anyway, since, all things being equal, there seemed to be no systematic bias involved in using the stated criteria. For the most part, the onset age factor was used to compare the experiential subtypes and defensive subgroups as wholes. A "mean onset age" was computed for each of these groupings for the purpose of comparison.

CHAPTER IV

RESULTS OF CASE HISTORY ANALYSIS

The findings of the analyses of the case histories will be presented in sections representing the different levels at which the case histories were analyzed. The first section describes what appeared to be common to the children studied. Only two of the four common features described were taken directly from the checklist. The other two were derived by conceptually grouping certain of the checklist items to form larger categories which encompassed some aspect of the picture presented by nearly every child studied. The second section describes "highly prevalent features," characteristics which were frequently found but did not appear to be broadly common to the children studied. The third describes features which seemed to represnet sex differences because they were substantially more prevalent among one sex than among the other. The reader may refer to Appendix B for the distributions of the breakdown by sex for each checklist item. The last presents the findings that emerged when the cases were partitioned and compared in the ways outlined in the "method" description.

Common Features

1) a capacity to relate

In only one of the 51 case histories was there any question as to whether the child was able to establish a relationship with a significant other in at least some

discernable way. In many cases this capacity did not become apparent until some time after a therapeutic intervention was instituted.

2) intact but inconsistent reality testing

All of the children studied seemed to display an adequate capacity to distinguish fantasy from reality, but in a preponderence of cases this function appeared to break down sporadically. There were substantial differences in how frequently this occurred and how severe these breakdowns appeared.

3) marked disturbances of object relationship

Only about a third of the children displayed a capacity to relate to significant others in a well differentiated way and with appropriate affect expression, and relatively rarely was this at first apparent. All of the children displayed significant disturbances of object relationship at least some of the time, and this took the form of marked limitations in their interactions with others. Frequently they sought out others only for the satisfaction of their often intense neediness, while at other times they remained aloof and isolated. Many of them were seen to display antagonistic, provocative and destructive behaviors, hence seeming to have poor internal controls and evincing little regard for the impact of their behaviors on others.

Most of these children showed a changeable quality in the way they related to others. At times, many of them "disappeared from contact," or displayed a lack of depth

of feeling or even an indifference towards others. Some children appeared to regard others only as "interchangeable" agents of need satisfaction, these children thus appearing unable to make a specific libidinal attachment, at least at first.

4) poorly modulated affect expression and/or affective constriction

The children studied all displayed disturbances of affect expression. Sometimes this took the form of extreme depression, despair or feelings of intense deprivation. Other (and often the same) children presented quite evident rage, many displaying fluctuations of attitudes and behavior that indicated extremely ambivalent feelings. Many could simply be described as "very emotional." A particular segment of the children studies--nearly all boys--presented bland or markedly constricted affect. In many such cases, this affective constriction was seen alongside explosive or depressive affective manifestations, this again reflecting the changeability so often seen in these children.

Highly Prevalent Features

1) vulnerable or excessively anxious feelings

Only seven of the 51 cases failed to display indications of vulnerable or anxious feelings. Oddly enough, six of these seven were among the 11 cases drawn from Pine (1974), this strongly suggesting that Pine's notion of the borderline child departs from the rough consensus of the

literature, or at least that Pine's published descriptions of these children are different from those that were found elsewhere. Although fears and anxieties are common in child development, the children studied appeared to differ from normal children because of the variety, degree and quality of the fears and anxieties they experienced. Their fears were more peculiar, pervasive and shifting in quality, and their anxieties were sometimes so intense that they took on "panic" proportions. Although the children studied sometimes had fears resembling phobias common among neurotic children, other manifestations of feelings of vulnerability prevalent among the cases examined had a quality quite distinct from that found in more intact children. In particular, the excessive somatic concerns and persistent fears of death, disaster and especially inner disintegration many of these children presented seemed to be of an order not normally encountered in the neurotic child.

2) peculiarities in reasoning and/or verbalizations

While it is difficult to define what a "peculiarity" is, many of the children had an "odd" appearance, and nearly 80% of them displayed peculiarities in their reasoning and/orverbalizations. These peculiarities did not seem to reflect, necessarily, the presence of a thought disorder. Only a few children in the entire sample were reported to have had a thought disorder, and neologisms common among psychotic children were extremely rare. It seemed instead that these peculiarities stemmed from the isolation and

self-containment that seemed to be so much a part of these children's experiences, the impact of which must be considered along with that of their inconsistent hold on reality and their often odd and vivid fantasying (which is to be discussed next).

3) bizarre or primitive fantasy content

Most of the children studied had unusually active and vivide fantasy lives. Their fantasies were often bizarre in quality, frequently involving themes of death and destruction (hence seeming to relate to the fears many of them presented), and sometimes they had unusually sexualized themes. The "rawness" of these fantasies seemed to reflect a lack of adequate defenses which might normally have "censored" such material, while their often elaborate quality seemed to attest to the degree of the child's absorbtion in fantasy.

4) impaired sense of reality

While the concept of an impairment of one's sense of reality seems to be closely related to that of reality testing, a distinction between the two can be made, in that the former refers to whether the person's apprehension of his environment (or of the people in it) appears distorted in some idiosyncratic way. As was noted earlier, reality testing can be defined more narrowly in terms of whether fantasy-reality distinctions are being maintained. For an example of this distinction, when a child seems not to appreciate the gravity of a dangerous situation he has

placed himself in, his reality testing may or may not be intact, but his sense of reality (and judgement, certainly) definitely seems impaired.

5) disturbances of social adaptation

The volatile, peculiar and anxious qualities commonly found among these children were touched on earlier, as were their disturbances of object relations, and these characteristics contributed to the child's difficulties in adjusting to conventional social situations. Besides these factors, however, the social adjustment of these children was disturbed for other reasons, whether it was because of poor academic performance, delays or failures in the acquisition of conventional cleanliness habits, toilet training, etc., or because they would not accept limits set by authority figures and were thus "hard to manage." All of these factors influenced whether the child could function in a normal school setting, and this was used as another indication of the adequacy of the child's social adaptation. Some of the children studied did not present undue management or socialization difficulties even when they shared with other borderline children the common characteristics described earlier.

6) shifting levels of organization

The changeability of the picture many of these children often presented was noted earlier. While many of these children underwent significant clinical improvement in the

course of long-term treatment, the shifting quality referred to here relates to repetitive alterations in the child's feeling states, affects and/or attitudes towards the self and significant others, and to perceptible shifts in the child's mode of functioning (these being not necessarily regressive in nature). These phenomena seemed to indicate that many of these children characteristically functioned on more than one level of organization, and while some who seemed to have this shifting quality also presented transient panic states and severe regressive episodes, children with these features were not considered to have had shifting levels of organization unless they presented relatively stable functioning in more than one mode. Thirty-two of the 51 cases displayed this feature.

7) severe regressive episodes

A major proportion of the children studied presented episodes of primitive functioning that arose quickly and often ended just as suddenly. Although panic states sometimes seemed to be associated with these regressive episodes, some children displayed the sense of pervasive fearfulness and apprehension that is characteristic of panic states, but without exhibiting behavior that suggested regressive disorganization. Thirty-two of the 51 cases displayed severe regressive episodes at some time or other.

Sex Differences

Since the cases of 33 boys and 18 girls were examined, a boy-girl ratio of slightly less than 2 to 1 was expected in the distribution of any given checklist item. What follows is a description of those characteristics for which the obtained distributions departed markedly from those expected.

Predominently male characteristics

1) language abnormalities

Twenty-three children in the sample of 51 were found to present language abnormalities of various kinds. These included babbling or otherwise infantile speech, speech that was unintelligible, and monotonous speech. Only two of these 23 children were girls. The nine children whose language had an affectively flat, monotonous quality were all boys, and 13 of the 15 children whose language seemed (at times) unintelligible were boys.

2) affective and motoric constriction

Seventeen children in the sample presented bland and/or constricted affect, 15 of whom were boys. Ten children presented "glassy stares" and/or "frozen" facial expressions (at least at times), and only one of them was a girl. Ten children displayed slow or "mechanical" body movements; again, only one was a girl. Fifteen children were, at least at times, unusually passive or "lifeless"; only two were girls.

3) peculiar interests

Twenty-three children developed unusual interests. For example, they collected odds and ends, or immersed themselves in reading books about dinosaurs or insects with an instensity not usually encountered. Others fastidiously studied subway maps or memorized street names. Only four of these 23 children were girls.

4) concrete thinking

Nine children were described as presenting concrete thinking. The majority of the children studied were not formally tested (at least by report), but it still seemed significant that only one girl was among the nine children so described.

5) stereotyped play and compulsive traits

The often elaborate stereotyped play observed in many of these children did not resemble the simple motoric mannerisms associated with autism. The play referred to here had a repetitive and often compulsive quality that differed also from the attempts to achieve mastery that is characteristic of the normal child's play, this because of its rigidity and apparant lack of accompanying pleasure. Of the 17 children who displayed such stereotyped play, only 4 were girls.

Fourteen of the children in the entire sample were, at least at some time, "preoccupied with making order," and only two of them were girls. These children engaged in seemingly pointless yet directed activity. For example,

some of these children sorted nails or insisted on arranging their rooms in a particular way (and became disturbed when these activities were interfered with). Some of these behaviors were also classified as "stereotyped play," but some did not have the repetitive and elaborate quality of those of that category, and the act of "making order" seemed to have a more specific psychological meaning.

Sixteen of the children displayed behaviors that had such pressured rigidity as to indicate a need on the child's part, and these children were classified as "compulsive." Only three of the 16 compulsive children were girls.

Looking at a condensation of these items, 25 of the 51 children had one or more of the above traits. Only six of these 25 children were girls. Hence, 24% of the girls had these traits, while girls made up over 35% of the sample. This suggested that borderline boys have a somewhat stronger tendency to present these general characteristics.

6) hyperactivity (hypermotility)

The term "hyperactivity" was used loosely to describe children who had been formally diagnosed as hyperactive at one time or another, but also those who seemed (at least at times) "overactive" or were described as such. This was done with the intent of looking at the hypermotility often seen in many of the children studied without entering into the controversy regarding hyperactivity and its etiology.

However, regarding the question of an organic contribution to the observed hypermotility, the following may be considered: Only 14 of the children studied were given neurological and/or EEG examinations. One of these children was diagnosed as an MBD child, but this child was not judged "hyperactive" in this study. Five other children had questionable organic findings, four of whom were considered "hyperactive" in this study, and three of these four were boys. Since 19 children were considered to be "hyperactive," and nine of them were examined for organicity, that four of them had questionable neurological or EEG findings, while only one non-"hyperactive" child had questionable findings, suggested a possible organic substrate to the hypermotility observed, at least in some cases. However, it is probable that the hypermotile children were more likely to have been given examinations for organicity than those not displaying this feature, so the incidence of neurological and EEG irregularities could have been just as high in the non-hypermotile children (only five of whom were examined for organicity, by report; recall that one of these children was the only one in the entire sample that had positive findings and that the findings for one other such child were inconclusive). Regardless of these issues, what was clear was that hypermotility was a predominently male characteristic, since only four girls were among the 19 children judged to be "hyperactive."

7) severe anxiety and fears

While only seven of the 18 girls were found to be "uncontrollably anxious, at times," nearly twice that proportion of the boys--24 of the 33-- had this characteristic. With more extreme manifestations of anxiety--"panic states" --there was a somewhat lesser but still impressive disproportionate representation of boys: of 20 children displaying such panic states, only five were girls. Looking at the quality of the fears these children presented rather than the instensity of affect involved, again boys were disproportionately prevalent in the extreme of the continuum, this being "disintegration fear," where boys presenting this fear outnumbered girls 21 to 3.

Predominently Female Characteristics

1) tantrums

Of the 19 children in the sample of 51 who displayed tantrums, only eight of them were boys (where 12 might have been expected). Since 24% of the boys but 61% of the girls displayed tantrums, this indicated a sizable sex difference.

2) separation anxiety/abandonment fears

Many borderline children tended to persist in their fears of separation and/or abandonment for a much longer period that is usual in more intact children, and with much more intensity. A greater proportion of borderline girls appeared to present this age-inappropriate fear than did borderline boys. Twenty-two children in the sample of 51

had such fears, and 11 of them were girls, this indicating a loading on the side of the girls.

3) excessive expressed ambivalence

Many of the children studied presented overt manifestations of ambivalence that appeared to be more excessive than is normally encountered in children. This was evident in 10 boys and 10 girls, so that only 33% of the boys but almost 56% of the girls displayed this characteristic--a substantial difference.

Results Derived From Partitioning of Cases

Regular but not always statistically significant differences in overall symptomatology and vulnerability were found between the children of the four experiential subtypes formulated, these suggesting that experiential factors did influence the degree of disturbance they presented. As was anticipated, factors that would seem to give rise to excessive experiences of stress appeared to promote increased disturbance in the children studied, but, unexpectedly, maternal emotional unavailability seemed to have an opposite effect. It was also found that correspondences tended to occur between the child's experiential subtype and his defensive subgroup, and this suggested that the type or types of experiential factors the child was exposed to influenced the pattern of defensive development. Since the level of presenting vulnerability was also found to be related to the defensive subgroup, the implication of these findings seemed to be that the degree

and pattern of disturbance the child presents depends on both the impinging experiential factors and the defensive adjustment, the former appearing to influence the latter, but this was more clearly the case for the boys studied than it was for the girls, for whom the defensive adjustment seemed less influential. Sex differences were also found regarding the effects of maternal emotional unavailability and constitutional factors on onset age, and defensive development in boys seemed to be different both because interactions between inhibitory and compulsive features not found among the girls appeared to operate in many of the boys studied.

Relationships between experiential subtype and presenting disturbance

Table 1 shows the breakdown of Ns that resulted when the sample as a whole and the boys and girls separately were partitioned by experiential subtype. The Ns involved became very small when each sex was considered separately, particularly for the girls studied. Tables 2 through 5 show the results of comparisons made between each of these experiential subtypes, both irrespective of sex and by sex, along the two measures developed (overall symptomatology and vulnerability ratings). An orderly set of relationships was found between these subtypes along each of these measures and for each sex that could be summarized:

O > B > N > P

The only exception to this relationship was minor:

TABLE 1

Ns OF EACH EXPERIENTIAL SUBTYPE: TOTAL CASES AND BY SEX

Experiential Subtype	Total Cases	Boys	Girls
O	6	4	2
B	20	15	5
P	12	8	4
N	13	6	7

TABLE 2

TWO TAILED SIGN TEST COMPARISONS OF OVERALL SYMPTOMATOLOGY PRESENTED BY CHILDREN OF EACH EXPERIENTIAL SUBTYPE: TOTAL SAMPLE

Experiential Subtypes Compared	# of Symptoms for which Subtypes Were Equally Represented	# of Symptoms for which 1st Subtype's Representation Exceeded 2nd's	# of Symptoms for which 2nd Subtype's Representation Exceeded 1st's	Relation	Z-score
O vs. B	0	42	36	O > B	.57
O vs. N	0	65	13	O > N	5.77[a]
O vs. P	7	53	18	O > P	4.04[a]
B vs. N	0	64	14	B > N	5.54[a]
B vs. P	1	61	16	B > P	5.01[a]
N vs. P	11	37	30	N > P	.73

[a] $p < .0001$

TABLE 3

TWO TAILED SIGN TEST COMPARISONS OF OVERALL SYMPTOMATOLOGY PRESENTED BY CHILDREN OF EACH EXPERIENTIAL SUBTYPE: BREAKDOWN BY SEX

	Experiential Subtypes Compared	# of Symptoms for which Subtypes Were Equally Represented	# of Symptoms for which 1st Subtype's Representation Exceeded 2nd's	# of Symptoms for which 2nd Subtype's Representation Exceeded 1st's	Relation	Z-score
BOYS	O vs. B	1	46	29	O > B	1.85[a]
	O vs. N	8	57	11	O > N	5.46[c]
	O vs. P	15	53	10	O > P	4.03[c]
	B vs. N	0	65	11	B > N	6.08[c]
	B vs. P	0	64	12	B > P	5.85[c]
	N vs. P	3	36	37	N ≅ P	.00
GIRLS	O vs. B	4	45	27	O > B	4.24[b]
	O vs. N	6	45	25	O > N	2.27[b]
	O vs. P	20	38	20	O > P	2.23[b]
	B vs. N	4	43	29	B > N	1.53
	B vs. P	5	38	33	B > P	.48
	N vs. P	6	37	33	N > P	.36

[a] $p < .10$ [b] $p < .05$ [c] $p < .0001$

TABLE 4

TWO TAILED F TEST COMPARISONS OF MEAN VULNERABILITY RATINGS OF EACH EXPERIENTIAL SUBTYPE: TOTAL CASES

Experiential Subtypes Compared	Respective Mean Vulnerability Ratings	Relation	F
O vs. B	6.50 vs. 5.65	O > B	1.05
O vs. N	6.50 vs. 3.77	O > N	4.49[a]
O vs. P	6.50 vs. 3.00	O > P	8.39[b]
B vs. N	5.65 vs. 3.77	B > N	2.80
B vs. P	5.65 vs. 3.77	B > P	5.51[a]
N vs. P	3.77 vs. 3.00	N > P	.47

[a] $p < .05$ [b] $p < .025$

TABLE 5

TWO TAILED F TEST COMPARISONS OF MEAN VULNERABILITY RATINGS OF EACH EXPERIENTIAL SUBTYPE: BREAKDOWN BY SEX

	Experiential Subtypes Compared	Respective Mean Vulnerability Ratings	Relation	F
BOYS	O vs. B	7.00 vs. 6.00	O > B	.36
	O vs. N	7.00 vs. 4.00	O > N	3.20
	O vs. P	7.00 vs. 3.13	O > P	5.65[a]
	B vs. N	6.00 vs. 4.00	B > N	1.79
	B vs. P	6.00 vs. 3.13	B > P	4.55[a]
	N vs. P	4.00 vs. 3.13	N > P	.30
GIRLS	O vs. B	5.50 vs. 4.60	O > B	.09
	O vs. N	5.50 vs. 3.57	O > N	.70
	O vs. P	5.50 vs. 2.75	O > P	2.10
	B vs. N	4.60 vs. 3.57	B > N	.26
	B vs. P	4.60 vs. 2.75	B > P	.67
	N vs. P	3.57 vs. 2.75	N > P	.20

[a] $p < .05$

boys of subtype N had overall symptomatology approximately equal to (not greater than) that of subtype P boys. Only a minority of the comparisons detailed in Tables 2 through 5 reached statistical significance, but those that did indicated that boys of subtypes O and B were significantly more symptomatic than boys of subtypes N and P, but were significantly more vulnerable than subtype P boys only; the two girls of subtype O were significantly more symptomatic than the girls of any other subtype, but none of the girls' subtypes presented vulnerability significantly different from any other.

Tables 6 and 7 show inter-sex comparisons of symptomatology and vulnerability for the total sample and by experiential subtype. As a group, boys were found to be significantly more symptomatic than the girls studied but not significantly more vulnerable. When the boys and girls of analogous experiential subtypes were compared, however, the sex difference in symptomatology held only for subtypes O and B. No sex differences in vulnerability were found for any of the experiential subtypes. However, it was noted that where subtype N boys with earlier onset presented somewhat higher vulnerability levels than those with later onset (though all had pre-pubertal onset), subtype N girls with post-pubertal onset presented substantially higher vulnerability levels than the corresponding pre-pubertal girls. In several instances the failure to find statistically significant differences between the

TABLE 6

SEX COMPARISONS OF OVERALL SYMPTOMATOLOGY
USING TWO TAILED SIGN TESTS:
ALL CASES AND BY EXPERIENTIAL SUBTYPE

Experiential Subtype	Number of Symptoms for which: Boys and Girls Were Equally Represented	Representation Exceeded Girls'	Representation Exceeded Boys'	Relation	Z-score
All Cases	4	50	24	B > G	2.91[b]
O	14	41	23	B > G	2.13[a]
B	10	51	17	B > G	4.00[c]
P	17	25	36	G > B	-1.28
N	14	29	35	G > B	-.88

[a] $p < .05$ [b] $p < .01$ [c] $p < .0001$

TABLE 7

SEX COMPARISONS OF MEAN VULNERABILITY RATINGS USING TWO TAILED F TESTS: ALL CASES AND BY EXPERIENTIAL SUBTYPE

Experiential Subtype	Mean Vulnerability Ratings: Boys' vs. Girls'	Relation	F
All Cases	5.06 vs. 3.89	B > G	.05[a]
O	7.00 vs. 5.50	B > G	1.14[a]
B	6.00 vs. 4.60	B > G	.66[a]
P	3.13 vs. 2.75	B > G	.05[a]
N	4.00 vs. 3.57	B > G	.06[a]

[a] ns

groups compared appeared to be due to the very small sample sizes that were often involved.

The differences in vulnerability and symptomatology between the boys of subtypes O and P were small in comparison to the much greater differences in symptomatology found between each of these subtypes and boy of suptypes P and (to a lesser extent) N. Because boys of subtypes O and B were all subjected to overstimulating factors, it appeared that this commonality may have accounted for the greater disturbance boys of these subtypes presented. Since the girls of subtype O were found to be significantly more symptomatic than any other girls subtype, overstimulation seemed to be a powerful "symptom-inducer" for the girls also, but to a lesser degree than it was for boys, judging from the results of the inter-sex comparisons of symptomatology by subtype.

Even though the differences were often not statistically significant, certain regularities in the interrelationships between subtypes were intriguing. Contrary to the expectation one might have that children who experience greater environmental disturbance would present greater behavioral disturbance, (a) subtype O children consistently appeared more disturbed than those of subtype B, and (b) subtype P children were generally less disturbed than those of subtype N. These unexpected findings suggested that maternal emotional unavailability might have a "symptom-attenuating" effect, an effect that the

defensive style analysis seemed to clarify. Before turning to that analysis, the relationships between experiential subtype and onset will be described.

Relationships between experiential subtype and onset

Since regular correspondences were found between experiential subtype and relative levels of both overall symptomatology and vulnerability, this applying even to each sex when analyzed separately, it was surprising that large sex differences were found in the mean onset ages associated with subtypes P and N. Table 8 shows the mean onset age found for each experiential subtype by sex, while Table 9 shows intra- and inter-sex comparisons of these means. No significant differences were found between the boys' experiential subtypes with respect to onset age, but girls of subtypes P and B were significantly younger at onset than girls of subtype N. Comparisons of boys and girls of like experiential subtype yielded only one significant difference: subtype N boys were significantly younger at onset than the corresponding girls. However, a substantial but non-significant difference in onset age was found between boys and girls of subtype P, the means of which were 10.1 and 6.8 years, respectively.

The onset ages associated with each experiential subtype were much less variable for the girls than they were for the boys, this being particularly so for children of subtypes B and N. Even though the mean onset ages for

TABLE 8

MEAN ONSET AGE FOR EACH EXPERIENTIAL SUBTYPE, BY SEX

BOYS			GIRLS		
Experiential Subtype	N	Mean Onset Age (yrs.)	Experiential Subtype	N	Mean Onset Age (yrs.)
P	8	10.1	P	4	6.8
B	15	9.2	B	5	9.1
O	4	8.6	O	2	9.5
N	6	8.0	N	7	13.9

TABLE 9

TWO TAILED F TEST COMPARISONS OF MEAN ONSET AGES OF EACH EXPERIENTIAL SUBTYPE: WITHIN-SEX AND BETWEEN-SEX COMPARISONS

	Experiential Subtypes Compared	Respective Mean Onset Ages (yrs.)	Relation	F
BOYS	P vs. B	10.1 vs. 9.2	P > B	.38
	P vs. O	10.1 vs. 8.6	P > O	.68
	P vs. N	10.1 vs. 8.0	P > N	2.19
	B vs. O	9.2 vs. 8.6	B > O	.11
	B vs. N	9.2 vs. 8.0	B > N	.71
	O vs. N	8.6 vs. 8.0	O > N	.24
GIRLS	P vs. B	6.8 vs. 9.1	P < B	1.05
	P vs. O	6.8 vs. 9.5	P < O	.47
	P vs. N	6.8 vs. 13.9	P < N	8.09[a]
	B vs. O	9.1 vs. 9.5	B < O	.02
	B vs. N	9.1 vs. 13.9	B < N	6.39[a]
	O vs. N	9.5 vs. 13.9	O < N	1.95
BOYS vs. GIRLS	B vs. G			
	P vs. P	10.1 vs. 6.8	B > G	2.32
	B vs. B	9.2 vs. 9.1	B ≅ G	.00
	O vs. O	8.6 vs. 9.5	B < G	.10
	N vs. N	8.0 vs. 13.9	B < G	12.51[b]

[a] $p < .05$ [b] $p < .01$

subtype B boys and girls were nearly identical, four of the five subtype B girls had onset at age 10, while subtype B boys had onset ranging from ages 3 to 15. Boys of subtype N were, on the whole, among the youngest boys, but ranged in age from 6 to 10 years at onset. The seven corresponding girls ranges in age from 8 to 18 years at onset, but six of those seven were among the eight latest onset girls (girls aged 11 and older at onset) and four of them were the oldest girls studied. Only among subtype P boys was there a correspondence butween subtype and onset that approached the consistency found among most of the girls' subtypes. Six of the eight subtype P boys were between 9 and 13 years old at onset; among the four subtype P girls, three had onset at age 7 or younger, this being the only girls' subtype for which onset occurred primarily at or prior to early latency ages. The boys and girls of subtype O were so few and so variable in onset that the evidence did not support any general characterization of their onset.

Thus, the clearest of these findings suggested that when overstimulating factors were absent, maternal emotional unavailability was associated with primarily post-latency onset in boys, but with onset at or prior to early latency in girls. However, when constitutional factors were primarily involved (as was presumed to be the case when disturbing experiential factors were not evident), onset in girls seemed to be associated with the onset of puberty, but among boys onset occurred during latency.

Although there was generally a poor correspondence between experiential subtype and onset age among the boys, evidence will be described later that suggested that the defensive features developed by the boys influence onset in a way that was not found among the girls. This additional influence appeared to contribute to the greater variability of onset observed within the boys' experiential subtypes.

Relationships between defensive subgroup and presenting vulnerability

When the sample was partitioned according to the constellation of defensive features presented (or lack thereof), relationships emerged that were in some ways analogous to those found when the sample was partitioned by experiential subtype. Table 10 shows the by-sex breakdown of vulnerability rating and onset age means associated with each defensive subgroup formulated. Although there was only one girl in each of girls' subgroups IC and I, the relative vulnerability rating means associated with each defensive subgroup was identical for each sex:

IC > C > N > I

As with the analysis by experiential subtype, there were considerable sex differences in the onset ages associated with each defensive subgroup, but the relationships between the means were:

Boys: C > I > N > IC

Girls: IC > N > C > I

TABLE 10

SAMPLE DISTRIBUTION, MEAN VULNERABILITY RATING (MVR) AND MEAN ONSET AGE FOR EACH DEFENSIVE SUBGROUP, BY SEX

	BOYS			GIRLS		
Defensive Subgroup	N	MVR	Mean Onset Age (yrs.)	N	MVR	Mean Onset Age (yrs.)
IC	14	6,6	8.2	1	6.0	13.0
C	5	5.2	10.8	5	4.8	8.5
N	9	4.4	9.1	11	3.6	11.5
I	5	1,8	10.0	1	.0	7.0

Within-sex statistical comparisons of the vulnerability rating means associated with each defensive subgroup (see Table 11) yielded no significant differences among the girls' defensive subgroups, but boys of subgroup I had a significantly lower mean vulnerability rating than did boys of both subgroups IC and C, and tended to present lower vulnerability ratings than boys of Subgroup N. These findings suggested that, particularly among the boys, compulsivity was associated with elevated vulnerability ratings even when inhibitory features were present, but that when inhibitory features were presented exclusively, vulnerability ratings were very minimal.

Correspondences between experiential subtype and defensive subgroup

Tables 12 and 13 show breakdowns for each sex of the number of cases of each defensive subgroup by experiential subtype, the mean vulnerability rating found for the cases of each cell (shown in parentheses), and the percentage of the Ns of each experiential subtype associated with each defensive subgroup. It was found that children of experiential subtype O had (relative to their numbers) the largest proportion of subgroup IC cases, that subtype P children had the largest proportion of subgroup I cases, and that subtype N children had the largest proportion of subgroup N cases, these tendencies being identical for both sexes. Only subgroup C cases did not fit a regular experience-related pattern across sex, in that boys of subtype N had

TABLE 11

TWO TAILED F TEST COMPARISONS OF MEAN VULNERABILITY RATINGS (MVRs) OF EACH DEFENSIVE SUBGROUP: WITHIN-SEX COMPARISONS FOR EACH SEX

	Defensive Subgroups Compared	Respective MVRs	Relation	F
BOYS	IC vs. C	6.6 vs. 5.2	IC > C	.8
	IC vs. N	6.6 vs. 4.4	IC > N	2.8
	IC vs. I	6.6 vs. 1.8	IC > I	9.0[c]
	C vs. N	5.2 vs. 4.4	C > N	.3
	C vs. I	5.2 vs. 1.8	C > I	5.3[b]
	N vs. I	4.4 vs. 1.8	N > I	3.2[a]
GIRLS	IC vs. C	6.0 vs. 4.8	IC > C	.1
	IC vs. N	6.0 vs. 3.6	IC > N	.6
	IC vs. I	6.0 vs. .0	IC > I	*
	C vs. N	4.8 vs. 3.6	C > N	.5
	C vs. I	4.8 vs. 3.6	C > I	1.6
	N vs. I	3.6 vs. .0	N > I	1.5

[a] $p < .10$ [b] $p < .05$ [c] $p < .01$

*F undefined because N=1 for each subgroup

TABLE 12

BREAKDOWN OF BOYS OF EACH EXPERIENTIAL SUBTYPE BY DEFENSIVE SUBGROUP: Ns, SUBTYPE PERCENTAGES AND ASSOCIATED MEAN VULNERABILITY RATINGS (MVRs)

Defensive Subgroup		Experiential Subtype P	B	O	N
IC	N	4	6	3	1
	% Subtype	50%	40%	75%	17%
	(MVR)	(4.5)	(7.0)	(7.7)	(9.0)
I	N	3	2	0	0
	% Subtype	38%	13%	0%	0%
	(MVR)	(1.0)	(3.0)	(-)	(-)
C	N	0	3	0	2
	% Subtype	0%	20%	0%	33%
	(MVR)	(-)	(6.0)	(-)	(4.0)
N	N	1	4	1	3
	% Subtype	13%	27%	25%	50%
	(MVR)	(4.0)	(6.0)	(5.0)	(2.3)
	TOTAL N	8	15	4	6

TABLE 13

BREAKDOWN OF GIRLS OF EACH EXPERIENTIAL SUBTYPE BY DEFENSIVE SUBGROUP: Ns, SUBTYPE PERCENTAGES AND ASSOCIATED MEAN VULNERABILITY RATINGS (MVRs)

Defensive Subgroup		Experiential Subtype P	B	O	N
IC	N	0	0	1	0
	% Subtype	0%	0%	50%	0%
	(MVR)	(-)	(-)	(6.0)	(-)
I	N	1	0	0	0
	% Subtype	25%	0%	0%	0%
	(MVR)	(.0)	(-)	(-)	(-)
C	N	2	2	0	1
	% Subtype	50%	40%	0%	14%
	(MVR)	(4.5)	(7.0)	(-)	(1.0)
N	N	1	3	1	6
	% Subtype	25%	60%	50%	86%
	(MVR)	(2.0)	(3.0)	(5.0)	(4.0)
	TOTAL N	4	5	2	7

the largest proportion of cases of that defensive subgroup, while this was so for girls of subtype P, However, when the single-defense children were considered as a group, experiential subtype P children of both sexes tended most to contain children of that sort, especially among the girls. These relationships may be seen more clearly in Table 14.

The mean vulnerability ratings shown in parentheses in Tables 12 and 13 were remarkable. With great regularity, (a) the cases of any given sex and experiential subtype presented mean vulnerability ratings that corresponded to the defensive subgroup they fell into, preserving for the most part the general vulnerability interrelationships between defensive subgroups described earlier (i.e., IC>C>N>I) and (b), on the whole, cases of any given sex and defensive subgroup presented mean vulnerability ratings corresponding to their experiential subtype, preserving the general vulnerability interrelationships between experiential subtypes described (i.e., O>B>P>N).

Tables 15 and 16 show these comparisons in detail. Some comparisons were not possible because there were not always cases of every defensive subgroup within every experiential subtype. As Table 15 shows, however, cases of each experiential subtype almost always presented mean vulnerability ratings corresponding to the relative levels expected given their defensive subgroup. The only exceptions were minor: subtype B boys of defensive subgroups C

TABLE 14

RELATIVE DEFENSIVE TENDENCIES OF EACH EXPERIENTIAL SUBTYPE AS INDICATED BY RELATIVE REPRESENTATIONS OF EACH DEFENSIVE SUBGROUP IN EACH EXPERIENTIAL SUBTYPE, BY SEX

Defensive Subgroup	Sex	Experiential Subtype P % cases	B % cases	O % cases	N % cases	Experiential Subtype Interrelationships
IC	B	50	40	75	17	O > P > B > N
	G	0	0	50	0	O > P = B = N
I	B	38	13	0	0	P > B > O = N
	G	25	0	0	0	P > B = O = N
C	B	0	20	0	33	N > B > P = O
	G	50	40	0	14	P > B > N > O
N	B	13	27	35	50	N > B > O > P
	G	25	60	50	86	N > B > O > P
*I or C	B	38	33	0	33	P > B > N > O
	G	75	40	0	14	P > B > N > O

*single-defense cases

TABLE 15

COMPARISONS OF MEAN VULNERABILITY RATINGS FOR CASES OF EACH DEFENSIVE SUBGROUP THAT ARE OF LIKE EXPERIENTIAL SUBTYPE AND SEX: RELATIONSHIPS IN AGREEMENT AND DISAGREEMENT WITH GENERAL MVR INTERRELATIONSHIPS BETWEEN DEFENSIVE SUBGROUPS

MVR Relationships Between Experiential Subtypes Obtained For General Sample	BOYS				GIRLS			
	Experiential Subtypes							
	P	B	O	N	P	B	O	N
IC>C	(-)	✓	(-)	✓	(-)	(-)	✓	(-)
IC>N	✓	✓	✓	✓	(-)	(-)	(-)	(-)
IC>I	✓	✓	(-)	(-)	(-)	(-)	(-)	(-)
C>N	(-)	=	(-)	✓	✓	✓	(-)	x
C>I	(-)	✓	(-)	(-)	✓	(-)	(-)	(-)
N>I	✓	✓	(-)	(-)	✓	(-)	(-)	(-)

✓ -- in agreement
x -- disagrees
= -- MVRs unexpectedly equal
(-) -- no cases in cell

TABLE 16

COMPARISONS OF MEAN VULNERABILITY RATINGS FOR CASES OF EACH EXPERIENTIAL SUBTYPE THAT ARE OF LIKE DEFENSIVE SUBGROUP AND SEX: RELATIONSHIPS IN AGREEMENT AND DISAGREEMENT WITH GENERAL MVR INTERRELATIONSHIPS BETWEEN EXPERIENTIAL SUBTYPES

MVR Relationships Between Experiential Subtypes Obtained For General Sample		BOYS				GIRLS			
		Defensive Subgroups							
		IC	I	C	N	IC	I	C	N
	O>B	✓	(-)	(-)	x	(-)	(-)	(-)	✓
	O>N	x	(-)	(-)	✓	(-)	(-)	(-)	✓
	O>P	✓	(-)	(-)	✓	(-)	(-)	(-)	✓
	B>N	x	(-)	✓	✓	(-)	(-)	✓	✓
	B>P	✓	✓	(-)	✓	(-)	(-)	✓	✓
	N>P	✓	(-)	(-)	✓	(-)	(-)	✓	✓

✓ -- in agreement
x -- disagrees
(-) -- no cases in cell

and N had equal mean vulnerability ratings, and subtype N girls who presented neither defensive feature (i.e., subtype N girls of subgroup N) had a higher mean vulnerability rating than the single subgroup C girl of subtype N. There was not quite this degree of regularity when cases of a given defensive subgroup were partitioned and compared by experiential subtype (Table 16), but again the exceptions were minor: the single subtype N boy who was of defensive subgroup IC had an exceptionally high vulnerability rating, while the subtype O boy who presented neither defensive feature had a slightly lower vulnerability rating than subtype B boys presenting neither defensive feature. Among the girls, those of subtype N presenting neither defensive feature had a slightly higher mean vulnerability rating than subtype B girls of that defensive subgroup, and the two subtype P girls of defensive subgroup C had a mean vulnerability rating higher than the one subtype N girl of that defensive subgroup.

To summarize what the breakdowns shown in Tables 12 and 13 suggested, when considered in light of the findings described earlier:

1) There seemed to be an associative tendency between experiential subtype and defensive subgroup. In other words, it appeared that the experiential factors a child was subjected to lent some degree of predisposition towards a certain defensive <u>style</u>. Specifically, children exposed exclusively to overstimulating factors tended most

to present both defensive features; children exposed exclusively to maternal emotional unavailability tended most to present inhibitory defensive features and, more generally, to present a single defensive feature; and children who seemed not to have been exposed to either experiential factor tended most to present neither defensive feature.

2) Even when a child of a particular experiential subtype did not present the defensive style most closely associated with that subtype, the level of vulnerability he presented still seemed to be influenced by the experiential factors he was subjected to. Thus, even when children of differing experiential subtypes were of the same defensive subgroup, their relative mean vulnerability ratings tended to be in accordance with the relative levels associated with their respective experiential subtypes. Hence, the vulnerability experienced by a given child appeared to be a function of both his experiential subtype and defensive subgroup, where the former appeared to influence the "choice" of the latter.

3) Finally, since it was established earlier that experiential subtype and sex were factors that appeared to influence age of onset and overall symptomatology, all of these findings suggested that for the children studied there was a complex interaction between environmental experience (or constitutional factors), "defensive choice," and sex that tended to influence the degree of disturbance

they presented and its onset.

Compulsive and inhibitory severity and their relationship to vulnerability in boys: Differences between experiential subtypes in defensive development

Thus far, compulsive and inhibitory features have been discussed only in terms of whether they were present or absent, but, since three features of each kind were identified, it seemed that how many of each of these a child presented could be used as measures of the intensity of presenting compulsive and inhibitory tendencies, and that this would permit comparisons of these tendencies. However, since only 2 of the 18 girls presented inhibitory features at all, and only 2 of the 5 girls who presented compulsive features evidenced more than one such feature, this analysis of defensive intensity had to be confined to the boys.

Table 17 shows the breakdown by experiential subtype of boys who presented two or all three inhibitory features ("severe" cases) versus those presenting one or none of them ("mild" cases), and the analogous breakdown for compulsive features. Subtype P boys, half of whom presented more than one inhibitory feature, were apparently far more likely to present what could be regarded as severe inhibitory tendencies than those of any other experiential subtype, yet subtype P boys least often of all presented severe compulsive tendencies. In contrast, boys of subtypes O and B, who generally presented mild inhibition (and all of whom shared overstimulating factors in their histories), most frequently presented severe compulsivity.

TABLE 17

COMPULSIVE AND INHIBITORY DEFENSE "SEVERITY" AMONG BOYS AS MEASURED BY THE NUMBER OF DEFENSIVE FEATURES OF EACH KIND PRESENTED: BREAKDOWN BY EXPERIENTIAL SUBTYPE WITH MEAN VULNERABILITY RATINGS (MVRs) FOR MILD AND SEVERE CASES

Number of Compulsive or Inhibitory Features Presented	Experiential Subtype: P			B			O			N		
	N	%P	MVR	N	%B	MVR	N	%O	MVR	N	%N	MVR
I ≥ 2	4	50	.8	3	20	8.3	1	25	6.0	0	0	-
I < 2	4	50	4.5	12	80	5.4	3	75	7.3	6	100	4.0
C ≥ 2	2	25	5.0	6	40	8.0	5	50	8.5	2	33	7.0
C < 2	6	75	2.5	9	60	5.1	2	50	5.5	4	67	2.5

The mean vulnerability ratings shown in Table 17 indicate that the severely compulsive boys of each experiential subtype presented substantially higher mean levels of vulnerability than boys of corresponding subtypes who presented mild or absent compulsivity, yet intensely inhibitory boys of subtypes O and P had lower vulnerability levels than boys of those subtypes who did not present severe inhibition, this difference being very marked among subtype P boys. Only subtype B boys presented higher levels of vulnerability when inhibitory features were severe (a point that will be returned to).

Where earlier it was shown that subtype P children had a particularly strong tendency to present inhibitory features exclusively, here it is seen that boys of this subtype were also by far the most likely to present intense inhibition, the contrast between subtype P and B boys being especially striking not only because of the difference between them in the prevalence of boys presenting severe inhibitory features, but also because of the great difference in presenting vulnerability found between the severely inhibitory boys of each subtype. These differences suggested that only when maternal emotional unavailability was present exclusive of overstimulating factors did it provoke the development of intense inhibition with concomitant diminished levels of vulnerability. The findings also indicated that, among the boys at least, intense compulsivity was associated with heightened vulnerability in any

given experiential subtype, but that those exposed to overstimulating factors (boys of subtypes O and B) were almost twice as likely to present such intense compulsivity.

When interrelationships between compulsive and inhibitory features in a single child were examined, the findings suggested that onset age is of considerable relevance. As the overall Ns in Table 18 show, boys with onset prior to 9 years of age almost always presented more compulsive than inhibitory features when differences were present, but among boys with later onset there was about an equal tendency for differences to go in either direction. However, when these comparisons were made considering each experiential subtype separately, a very different picture emerged. Early onset subtype B boys did not present a tendency towards a predominance of either compulsive or inhibitory features, but all early onset boys of subtypes P and O presented more compulsive than inhibitory features. Among later onset boys, in contrast, subtype B boys who presented differences in the number of compulsive and inhibitory features strongly tended to present a predominance of compulsive features, while all of the boys of subtypes O and P who presented such differences presented a predominance of inhibitory features. Subtype N boys, regardless of their onset age, presented more compulsive than inhibitory features when differences existed, but just as many subtype N boys presented neither compulsive nor

TABLE 18

RELATIVE PREDOMINANCE OF COMPULSIVE OR INHIBITORY FEATURES AS INDICATED BY THE NUMBER OF FEATURES OF EACH KIND PRESENTED: BREAKDOWNS FOR BOYS WITH RELATIVELY LATE VERSUS EARLY ONSET WITH ASSOCIATED EXPERIENTIAL SUBTYPE DISTRIBUTIONS

Onset Age	Relative Number of Inhibitory (I) Versus Compulsive (C) Features	N	Breakdown of N by Experiential Subtype P	B	O	N
Late Onset Boys (age ≥ 9 years)	C > I	6	0	5	0	1
	I > C	7	4	2	1	0
	I = C > O	1	1	0	0	0
	*I = C = O	5	1	2	1	1
Early Onset Boys (age < 9 years)	C > I	7	2	1	2	2
	I > C	1	0	1	0	0
	I = C > O	2	0	2	0	0
	*I = C = O	4	0	2	0	2

*Defensive Subgroup N Boys

inhibitory features at all.

As Table 19 shows, for the boys as a whole and for each experiential subtype considered separately (except for subtype N boys, who never presented a predominance of inhibitory features), boys who presented compulsive predominance regularly had higher vulnerability levels than boys presenting inhibitory predominance. It developed that the finding described earlier that only subtype B boys had higher vulnerability levels when inhibitory features were more severe was due to the fact that only subtype B boys tended to present severe compulsivity when inhibitory features were severe (and this occurred only when onset was relatively early) inhibitory features were always mild or entirely absent, and when inhibitory features were severe (and this occurred only when onset was relatively late) compulsive features were mild or absent. Even though subtype N boys never presented a predominance of inhibitory features (in fact, only one of the six subtype N boys presented an inhibitory feature at all, in contrast to 7 of the 8 subtype P boys, 3 of the 4 subtype O boys, and 8 of the 15 subtype B boys who did so), the only subtype N boys who presented severe compulsivity had early onset. Consequently, only subtype B boys presented severe compulsivity when onset was later, and yet severe compulsivity among early onset boys was rarest among subtype B boys.

These findings seemed to suggest that children who develop an excessive reliance on compulsivity tend to

TABLE 19

MEAN VULNERABILITY RATINGS ASSOCIATED WITH A PREDOMINANCE OF COMPULSIVE OR INHIBITORY FEATURES: ALL BOYS AND BY EXPERIENTIAL SUBTYPE

Relative Number of Compulsive (C) vs. Inhibitory (I) Features	All Boys	P	B	O	N
C>I	6.7(13)*	5.0(2)	7.2(6)	8.5(2)	5.7(3)
I>C	2.9(8)	.8(4)	4.7(3)	6.0(1)	- (0)
C=I>O	5.7(3)	8.0(1)	4.5(2)	- (0)	- (0)
C=I=O	4.4(9)	4.0(1)	6.0(4)	5.0(1)	2.3(3)

*(N)

present the most evident disturbance and are most likely to be identified at an early age as being in need of a therapeutic intervention. Why subtype B boys who presented a predominance of compulsive features were referred for treatment later than the corresponding subtype O and P boys is difficult to explain, but it is possible that their compulsivity was relatively successful in helping them to maintain integration during earlier development. Evidence to support this speculation was lacking. What seemed clear, however, was that boys who establish a predominance of inhibitory features least often present ideation or symptomatology suggestive of inner disorganization and escape identification as being disturbed until later in development. That this effect seemed much more marked among subtype P boys than it did among those of subtype O suggested that the presence of overstimulating factors militates against the effectiveness of inhibitory predominance in maintaining inner organization. This would not explain the rarity of compulsive predominance among early onset subtype B boys, but could account for the severe compulsivity and relatively high vulnerability levels found in late onset subtype B boys even when they presented severe inhibitory features.

Given the findings that the experiential subtype appeared to be a much better predictor of onset for the girls studied than it was for the boys, while relationships between the severity of each type of presenting

defensive feature seemed to be associated with onset only among the boys, it appeared that the pattern of defensive development was a factor of far more developmental significance for the boys studied than it was for the girls. Granted, correspondences were found between experiential subtype and defensive subgroup that were nearly identical for both boys and girls, and there were also parallels between boys and girls in the vulnerability ratings associated with each defensive subgroup. However, since there was only one girl in each of defensive subgroups IC and I, the evidence that the defensive features contributed to the characteristics presented by the girls was relatively thin in comparison to the strong correspondence between experiential subtype and onset age found in girls, a correspondence which seemed to be relatively unaffected by the defensive features a given girl presented. The much greater prevalence of inhibitory features among the boys studied seemed to suggest that these features in particular play a far more important role in the development of the borderline boy than they do in that of the borderline girl.

Summary of case partitioning findings

These analyses suggested that the effects of experiential factors on the children studied were complex, but within this complexity certain consistencies emerged, some of which held for the sample as a whole, others of which appeared to be specific to a single sex.

In general, the evidence indicated that children who were exposed to overstimulating factors (factors that one would presume would give rise to stress responses) tended to be more symptomatic and presented more manifestations of experienced vulnerability than children who were not exposed to such factors. Boys exposed to such factors tended to be highly compulsive substantially more often than boys not exposed to such factors, where, among the boys, there was a consistent association between relatively intense compulsivity and relatively intense vulnerability, even among boys not exposed to overstimulating factors.

Maternal emotional unavailability seemed to have a very different effect. It appeared to lend to a predisposition towards the evolution of features suggestive of inhibition, these manifested by affective or motoric constriction, or both. Such inhibitory features were presented in the absence of compulsive features most conspicuously among boys exposed exclusively to maternal emotional unavailability, to a lesser degree among boys exposed to both maternal emotional unavailability and overstimulating factors, and not at all among boys not exposed to maternal emotional unavailability. Among the girls, inhibitory features were strikingly less prevalent, but again seemed to be associated with maternal emotional unavailability, the evidence for this being very thin, however.

Inhibitory features were found to be associated with significantly lower levels of presenting vulnerability

among the boys studied, levels lower even than those presented by boys who appeared not to have been exposed to disturbing experiential factors at all, but only when presenting compulsive features were comparatively mild, or absent entirely. The same association appeared to apply to the girls studied, but, again, the evidence for this was limited because inhibitory features were so rare among the girls. Thus, it appeared that, if indeed inhibitory features promote increased structural stability (as the low vulnerability levels suggested), this effect is operative only when inhibition is the predominant defensive style and most pronounced when inhibitory features are present exclusive of compulsive features.

Just as the effects of inhibitory features seemed to be altered when compulsivity was present, maternal emotional unavailability and overstimulating factors appeared to have an interacting effect, but this effect was more dramatic and qualitatively different among the boys studied. When the relative intensities of compulsive and inhibitory features in a given child were compared, boys presenting with relatively early onset (in mid-latency or earlier) were characterized by a predominance of inhibitory features, and those with relatively late onset characteristically presented a predominance of inhibitory features, but this held only for boys exposed to maternal emotional unavailability or overstimulating factors. Boys exposed to both types of disturbing experiential factors established

"defensive predominance" for the most part only when their onset was relatively late, and then their tendency was to compulsive rather than inhibitory predominance. The reasons for the different pattern presented by subtype B boys was not clear, but there was some indication that the presence of overstimulating factors impairs the effectiveness of inhibitory features in maintaining inner organization.

These phenomena were not found among the girls studied. Among the girls, onset seemed most closely associated with the combination of experiential factors impinging on the child irrespective of the defensive features the child presented. Girls who were exposed exclusively to maternal emotional unavailability were disproportionately early in onset, most presenting in early latency ages or younger; girls who were exposed to both maternal emotional unavailablity and overstimulating factors almost always had onset at ages associated with pubertal onset or substantially thereafter. However, the two girls who were exposed exclusively to overstimulating factors presented no consistent onset pattern.

Although the onset patterns presented by boys of each experiential subtype were much more variable than they were for the girls and seemed to be influenced by defensive factors in ways not observed among the girls, there was a substantial difference between the mean onset ages of boys and girls exposed exclusively to maternal emotional

unavailability, and a statistically significant sex difference in onset age among those presumed disturbed due to constitutional influences (subtype N children). These findings indicated that maternal emotional unavailability provokes evident disturbance in borderline girls much earlier than it does in borderline boys, but apparently only when overstimulating factors are not also involved. They also suggested the existence of sex differences in either the nature of or the developmental effects of constitutional factors that influence borderline children. That subtype N girls were characteristically post-pubertal at onset, were most girls of other experiential subtypes had onset prior to puberty, suggested that hormonal changes may have caused structural disturbances in them, this being supported by the finding that post-pubertal subtype N girls presented substantially higher vulnerability levels than subtype N girls with earlier onset (who were in the minority in that experiential subtype). Subtype N boys characteristically had onset during latency and presented relatively lower vulnerability levels when onset was closer to puberty. The interpretation of this pattern in subtype N boys was unclear, but its contrast with that found among the corresponding girls convincingly indicated a sex difference in etiology and/or in dynamics.

CHAPTER V

DISCUSSION

Theoretical overview regarding Mahler's developmental framework

A major objective of this dissertation has been to construct a model of the borderline child's ego organization that is consistent with prevailing psychoanalytic conceptions of the normal child's development of ego functions and object relationship, but which also accounts for certain important characteristics that have been associated more specifically with the borderline child. The literature review attempted to establish that the thinking about the borderline child's core disturbance could best be formulated within Mahler's developmental framework (1968a; Mahler, Pine and Bergman, 1975), the focus centering in developmental issues and tasks associated with the symbiotic phase and with the rapprochement subphase of the separation-individuation phase.

The consensus in the literature appeared to be that the borderline child, because of early disturbances of the mother-infant attachment process, because of deficiencies in his capacity to assimilate and cope with impinging stimuli, and/or because of constitutional abnormalities yet to be deciphered clearly, experiences a pathologically disturbed symbiotic phase which leads almost inevitably to a grossly disturbed rapprochement subphase.

Mahler suggested that a number of critical developments

occur in the course of the normal symbiotic phase. During the normal autistic phase that precedes it, the infant's cathexes are thought to be entirely "turned inwards," all sensations being experienced as a part of a primordial, undifferentiated "self." Gradually, experience acquires increasing order and rhythmicity, this being a function of maturation processes affecting both physiological functions (lengthening and stabilization of sleep-wakefulness patterns, of hunger-satiation periodicity, for example) and cognitive capacity (the infant's increasing awareness of these patterns and ability to decipher the familiar from the strange). At the inception of the symbiotic phase, the mother and infant together begin to establish a "dual unity." During this phase, the mother-infant attachment is consolidated. The infant acquires an awareness of his mother, and his response to her acquires increased specificity. The mother reciprocates with growing investment in and preoccupation with the infant. As a consequence, the infant's perception of experience is increasingly "filtered through" the mother, who comes to serve as the infant's "symbiotic organizer." The success of this process and the child's experience during the symbiotic phase are thought to establish the bases for the child's growing relation to inner and outer reality, for his sense of security in integration, and for his capacity to establish object relationships. In particular, Mahler and others suggested that the ego begins to be established as

a differentiated agency when the child attains a capacity to await and confidently expect relief and gratification by utilizing memory traces of past gratifications. Through these developments, much dependent on the mother's consistent availability, the child is helped to maintain an inner homeostasis and avoid excessive experiences of "organismic distress" (Mahler, 1968a) in early development.

As the symbiotic phase draws to a close and the separation-individuation phase begins, the child, because of his growing cognitive and locomotor capacities (these markedly accelerated in the course of the "hatching process" and the practicing subphase), physically moves away from the mother more frequently. In time, he begins to become aware of his physical separateness from mother. Inevitably, his infantile omnipotence (partly derived from his lingering sense of "oneness" with mother) is challanged and gives way to an awareness of his helplessness, particularly when mother is absent. This constitutes the beginning of the rapprochement crisis. If development has proceeded well and the mother has been reasonably responsive to the child's growing distress, the rapprochement crisis does not reach traumatic proportions, and the child gradually comes to accept this threat without becoming disorganized excessively. Promoting this achievement and providing an internal source of comfort and reassurance to the child is the child's incipient capacity to form an internal image of the object in

its absence. This capacity develops as the major task of the rapprochement subphase is taken on, the sorting out of self and object representations that were (during the symbiotic phase) blended and fused. In time, the object image attains a degree of durability, and through this the child is enabled to tolerate temporary separations from the real object without experiencing undue stress or undergoing excessive regression.

Many of the theorists reviewed earlier made various assertions about the pathology of the borderline child which referred, explicitly or implicitly, to arrests in the symbiotic phase or in the rapprochement subphase. However, none of them made a concerted effort to formulate this thinking within Mahler's framework, not even Mahler herself (who, to this writer's knowledge, concerned herself only peripherally with the borderline child).

On the level of formal theory and in terms of the characteristics that have been ascribed to the borderline child, there seems to be a major advantage in doing so: It permits the formulation of the borderline child's pathology on a developmental continuum with certain other, more widely regonized, child pathology syndromes, namely infantile autism and symbiotic psychosis. Infantile autism and symbiotic psychosis have been thought to stem from developmental fixations in Mahler's normal autistic and symbiotic phases, respectively (Mahler, 1968a). The borderline child, whose level of object relationship and functional capaci-

ties are clearly more developed than those presented by autistic and symbiotic children, can be seen to have advanced to at least the initial subphases of the separation-individuation phase, but has not achieved a durable libidinal object constancy, the hallmark of the successful completion of the rapprochement subphase.

According to Mahler, it is during the rapprochement subphase that the child must establish an independent "selfhood" by relinquishing boundaries shared with the symbiotic partner and establishing separate and coherent self and object representations. He must give up reality distortions stemming from infantile omnipotence and the infantile investment in fantasy, and learn to tolerate frustration and the threat of separation from the real object. In short, he must learn to live with the vulnerability and deflation of self-esteem that attend the discoveries of the rapprochement subphase.

Those who have identified children whom they regarded as borderline children have described clinical impressions and symptomatology that fit extremely well with the notion that borderline children are arrested in the rapprochement subphase and episodically (but temporarily) regress to functioning more characteristic of the symbiotic child. Rosenfeld (1975) suggested that borderline children vary in the degree to which they achieve intact and separate self and object representations, but that even those who are relatively successful in achieving these differentia-

tions still seemed to undergo a regressive fusion and confusion of introjects when they underwent stress.

Fast and Chethik (1972) suggested that the representational world of the borderline child is characterized by constellations of part-self and part-object representations, but that the child nevertheless has some awareness of the object's separateness, an awareness he attempts to ward off with quasi-delusional mechanisms. Frijling-Schreuder (1969) described how the "threat of re-engulfment" seemed to be a critical issue to the borderline child, who has only newly established the rudiments of a separate identity, this being a situation Mahler associated with the midst of the rapprochement crisis. Frijling-Schreuder and others also emphasized the borderline child's reluctance to relinquish infantile fantasies of omnipotence and the tenuous quality of his hold on object constancy. Despite all this, most who have described borderline children have noted their capacity to maintain a differentiated object relationship under optimal circumstances or after a therapeutic intervention is instituted.

Restatement of general findings of case history analysis

This study's analysis of 51 published case histories of purportedly borderline children identified four features that appeared to be common to the children examined: (a) a capacity to establish a relationship with a significant other (which sometimes became apparant only after the

institution of a therapeutic intervention), (b) intact but, even considering the child's age, inconsistent reality testing, (c) marked disturbances of object relationship, and (d) poorly modulated affective expression and/or affective constriction. While very general in quality, these features seemed to be consistent with the ways the borderline child has been characterized in the literature and tended to differentiate the child from the child psychosis syndromes (on the bases of levels of achievement in ego functioning and object relationship). The common difficulty among these children in achieving a normal capacity to modulate affective expressions could be seen to derive from ego disturbances and from deficiencies of object relationship. The quality of affective expression has been thought to evolve out of the early mother-infant relationship (Mahler, 1971), and the speculations of this dissertation--to be elaborated further--suggested that gross and relatively uncontrolled affective responses accompany the anxiety and primitive regression the borderline child experiences.

It was also found that highly prevalent among (but not altogether common to) these children were excessively vulnerable and anxious feelings, these manifested in a variety of ways. The quality and extent of fear expressions in any given case were found to be related closely to the degree and variety of anxiety manifestations. This correspondence substantiated the idea that excessive

anxiety can give rise to mental representations of danger, and that both anxiety and fear manifestations might reasonably be regarded as coequal indicators of defensive vulnerability.

The findings also tended to support the notion that excessive tension in early development at least influences the form that the borderline child's pathology takes. When sex differences in presenting disturbances were taken into account (on the whole, boys presented significantly greater vulnerability than girls by the measures employed), the children studied who were most clearly subjected to factors that would seem to give rise to excessive tension presented substantially more symptomatology and manifestations of vulnerability than those not ostensibly exposed to such factors.

However, since disturbing environmental factors were not universally apparent in the case histories examined, it also seemed probable that endogenous factors could alone give rise to borderline pathology, though the often spotty information in the case histories regarding early infancy made this hypothesis very preliminary. Data suggesting a sex difference in onset age for those children lacking apparent adverse environmental influences seemed to support this contention and indicated that constitutional or developmental sex differences may be key contributories in at least some borderline children. Though the nature of these differences is, for now, a matter for speculation, the

onset age data indicated that puberty is a much more destabilizing influence for borderline girls than it is for borderline boys (particularly when adverse experiential factors are not ostensibly involved), while constitutional deficiencies influence borderline boys much earlier in development and may relate more to physiological immaturity (or, possibly, ego precocity). More thoughts on the sex differences found relating to presenting vulnerability and other matters will be offered below.

The other possible etiological factor explored was that of maternal emotional unavailability. Contrary to the expectation that this factor would give rise to excessive experiences of stress and, hence, effects similar to those of more purely environmental or somatic stressors, the children who seemed to have been subjected to this factor exclusively were found to be, on the whole, the least symptomatic and anxious of any of the children studied, less so even than children who had had no evident atypical experiences of any kind. A conspicuous portion of the children of this kind were boys who presented features suggestive of affective and/or motoric inhibition: bland, constricted affect, "glassy stares," and slor or "mechanical" body movements. The children who most heavily presented such features were also those presenting among the lowest levels of vulnerability measured. These relationships indicated that children of this kind were most successful in developing mechanisms for minimizing reaction

tendencies, but at the cost of failing to achieve appropriately modulated affective expression and, one suspected, a capacity to experience pleasure and intimacy in object relationships.

Just as the boys whose predominant early experience seemed to have centered in maternal emotional unavailability tended most to develop inhibitory features and presented very minimal indications of experienced vulnerability, those who underwent what appeared to be stress-promoting experiences tended to develop compulsive features. The most compulsive of these boys were also those who presented among the highest measured levels of experienced vulnerability, even when they also presented inhibitory features.

As a consequence of these correspondences, it appeared that the type of experiential factors the child was exposed to were predisposing forces influencing not only the degree of vulnerability the child experienced, but also the types of (presumably) quasi-defensive features the child developed, though the latter effect was much more clearly the case for the boys studied. For the girls, among whom the presenting level of vulnerability corresponded fairly closely with the experiential subtype (and for whom the experiential subtype seemed to be a much better predictor of onset age than it was for the boys), the defensive adjustment seemed to have less of an influence on the degree of disturbance presented.

Further, the findings indicated that the boys studied

were not only, on the whole, more symptomatic and vulnerable than the girls, but that the two types of experiential factors identified gave rise to more marked differences in presenting disturbance in the boys than they did among the girls. This suggested that the boys studied were more prone to feelings of vulnerability, but also that their feelings were more reactive to impinging environmental influences. This impression was also supported by the finding that the quasi-defensive features identified were far more prevalent among the boys studied, in that such features appeared to have arisen in reaction to experiential impingement. This interpretation was buttressed by the very low prevalence of defensive features of either kind among children of either sex who were subjected to neither of the experiential factors focused on.

Thus, it seemed conceivable that borderline boys place a much heavier reliance on premature defensive formation in early development than borderline girls do. The findings also suggested that the type of defensive predominance the child established has specific implications for onset age (as defined herein), but that the combination of experiential factors involved and the sex of the child were again intervening variables. Specifically, this relationship was found only among the boys studied, and while a predominance of compulsive features was found to be associated with relatively early onset and a predominance of inhibitory features with later onset, this applied only to

boys who had experienced only overstimulating factors or only maternal emotional unavailability.

Some boys subjected to neither experiential factor tended to compulsive predominance when onset was relatively early, but showed no tendency toward inhibitory predominance when onset was later, and just as often these boys developed neither of the defensive features identified.

Boys apparently subjected to both types of experiential factors showed no special tendency to either compulsive or inhibitory predominance when onset was early, but, intriguingly, most of those who had relatively late onset presented a predominance of compulsive features.

This apparently greater relevance of defensive predominance for the boys studied may explain why, among other things, boys who experienced maternal emotional unavailability exclusively (and, in many cases, developed a predominance of inhibitory features) were found to present with substantially (though not significantly) later onset than the corresponding girls did.

Discussion of the "hatching" process and its disturbance; Formulation of hypotheses regarding the effects of experiential and constitutional factors on the hatching process

Thus far, this dissertation's theoretical consideration of the borderline child's pathology has focused mainly on the repercussions of disorders of the maturation process, while leaving relatively vague just when in development the genesis of these disorders might be situated. While the

position that has been taken is that the borderline child is arrested because he cannot accomplish the critical tasks of the rapprochement subphase and regresses to functioning characteristic of the symbiotic phase when under stress, the underlying presumptions has been that events in very early development led to disturbances resulting in a much less than optimal symbiotic relationship between mother and infant.

Manhler (1968a) suggested that the first event that heralds the initiation of the separation-individuation process is a transition to "outward-directed perceptual activity" that constitutes a massive "shift of libidinal cathexis" from the inner-directed perception characteristic of the symbiotic phase proper. Mahler stressed the crucial necessity that this transition be gradual, that the child begin to experience the (other-than-mother) world while maintaining "safe anchorage within the symbiotic orbit." She referred to this as the "hatching process," and emphasized the mother's role in seeing to it that this process does not begin before the child is emotionally ready for it. Correspondingly, the mother herself must be emotionally prepared to give up the symbiotic union which, when optimal, serves her own emotional needs--but again, in gradual fashion.

Under the best of circumstances, just as the child turns from his primary involvement in the gratifications of the symbiotic union with mother to the pleasures and inter-

ests in the world beyond mother, the mother willingly gives up the gratifications of the symbiosis to share and encourage her child's pleasureful development of autonomy and new ego achievements, the latter being both cognitive and motoric in nature.

According to Mahler, the reasons that the hatching process should be gradual and that the mother must maintain an empathic availability to the child during this period are (a) the child's advance into the separation-individuation phase is normally neither rapid nor uni-directional, and he must feel free to retreat to within the symbiotic orbit should he need to, and (b) while the world beyond mother is interesting to the child, it can also be frightening.

Even under normal circumstances, the child experiences some extent of a "strangeness reaction" which culminates in the more differentiated "stranger anxiety," which usually occurs in the sixth to eighth month after birth. Though the child has begun the separation-individuation process during this period of hatching, he still is within the symbiotic orbit and has yet to become aware of his separateness from mother. It is the mother's task at this time to, in effect, support this illusion until the child is ready to advance to the beginning of the rapprochement subphase, still very far off under normal circumstances.

Mahler regarded the maturation of the perceptual and motoric apparatuses as driving forces throughout the separa-

tion-individuation process and from its very beginning, but, in addition, saw the mother as a "catalyzing" influence in mobilizing the child's "developmental energies" in the differentiation period (Mahler, Pine and Bergman, 1975). Given the factors surrounding the hatching process just described and these new considerations--constitutional and maternal influences which normally propel the child into the separation-individuation phase--any conceptualization of the separation-individuation process must allow for multiple determinants that, in particular, make every child's experience in the hatching process a unique one. Logically, such a conceptualization will also allow for multiple sources of disorder in this process.

Turning first to the unfolding of the child's relatively autonomous ego functions, and in particular to the emergence of ego mechanisms which provide for the integration of sensory stimuli, giving rise to "distance" perception, one deals with an area of child development that is far from fully clarified and extremely complex.

The literature review referred to evidence suggesting the existence of significant constitutional variations in sensory threshold, which has led to speculations concerning an innate "stimulus barrier" which in earliest development seems to have a passive, threshold characteristic, but later assumes an "active" quality and more resembles an ego precursor as the infant "learns" to ward off destabilizing sensory impingements (cf. Benjamin, 1965, and Tennes et al.,

1972, for findings and discussions regarding this issue). These considerations raised questions about whether innate hypo- or hypersensitivities, extraordinary environmental conditions, and/or failures of the mother to act adequately as the infant's "auxilliary ego" can lead to significant delays or disruptions of the normal course of early organizing trends, such that the infant's awareness of the "other-than-mother" world is either retarded or traumatically premature.

Mahler's description of "Wendy" (Mahler, Pine and Bergman, 1975, p. 153ff) seems instructive here. Despite Mahler's impression that she and her mother were "particularly well-attuned to each other," by her third to fourth month Wendy began to display a hyperalertness characterized by "very sudden fretful crying, intensive scanning and apparent recognition of different people." Regarding this as evidence of "very early...quasi-differentiation," Mahler remarked:

> "We feel in retrospect that her hyperalertness during her third and fourth months was due to a degree of hypersensitivity in Bergman and Escalona's sense (1949)... Along with the early signs of differentiation, Wendy did not seem to take advantage of the maturational growth of her own ego or of the resources of her environment. Because of her hyperalertness,...Wendy would have needed a particularly strong, protective shield of mothering for a protracted period during her earliest infancy."

Later, Wendy's locomotor development was "rather on the early side," but (p. 156):

> "she did not invest these abilities with any enthusiasm; she did not use them to explore the environment. Instead, it seemed that Wendy preferred to stay close to her mother...she did not seem to want to leave behind the familiar status quo of the symbiotic relationship; she apparently could not take any of the risks of separate functioning, with the inherent 'minimal threats of object loss.'"

While Wendy exhibited signs of premature differentiation and somewhat precocious motor development, her practicing period began very late (at 18 months), was of short duration, and lacked "subphase specific exhiliration." As Mahler noted (p. 160), "The usual progression from practicing to rapprochement was not observable in Wendy, since she never reached the point of enjoying the world without close proximity to mother." In her third year, Wendy seemed to have "a general inhibition in her motility," a peculiar lack of interest in other children, delayed use of language rather than gestures for self-expression and, in general, seemed to have an unusually protracted rapprochement subphase. Most interestingly, in mother's absence Wendy avoided visual exploration of the environment, this in sharp contrast to her earlier hyperalertness. Mahler remarked, "The reduction of sensory intake, as well as of activity in general, seemed to be one of Wendy's characteristic defenses."

By the end of her third year, Wendy showed signs of substantial improvement, displaying a spurt in language development and a capacity to manage on her own without experiencing acute separation anxiety. Like the other

cases presented in Mahler, Pine and Bergman (1975), Wendy was considered to be a normal child whose development was not felt to be especially atypical and certainly not pathological. Unfortunately, Mahler et al. decided not to describe with the same detail children who fail to negotiate the tasks of the rapprochement subphase or the few cases in that study who experienced more that "average expectable" experiential stresses.

However, Wendy's case illustrated certain principles which seem relevant to the borderline child's pathology: Firstly, it demonstrated how a specific constitutional deviation (early sensory hypersensitivity) can cause a phase-inappropriate evolution of ego precocity (early alertness to and "intense scanning" of the environment) and, in turn, a premature psychological event (precocious differentiation) which constituted "early hatching." Secondly, while Mahler implicated in Wendy's subsequent difficulties her mother's tendency to "disengage herself abruptly" when Wendy began to differentiate, it seemed clear that in the genesis of Wendy's troubles her mother "failed" her only in not being a more than usually protective and empathic mother. Thirdly, in Wendy's case the premature hatching fostered a continuing and reverberating disruption of the course of the entire separation-individuation process, reshaping it pattern and, in particular, provoking an unusually prolonged and difficult rapproche-

ment subphase. Fourthly, and most intriguingly, Wendy's reaction led not only to delayed ego achievements, but also to her active avoidance of making use of those she had attained, this being most clear in her motoric inhibition and avoidance of motor explorations (where earlier she walked somewhat precociously), and in the advent of what appeared to be precursors of the defense of denial: her avoidance of social interaction with peers and of visual stimuli in particular.

Thus, in Wendy's case one finds direct links between early hypersensitivity (due to a somewhat deviant constitution) and the quality of the separation-individuation process, of object relations difficulties, of social and ego development, and of defensive proclivities. A critical point in this was that though maturation pressure fostered premature cognitive development (and, indeed, precisely because it did so), the process of intrapsychic structuralization could not "keep up." Individuation not only greatly lagged separation but remained a heightened danger to Wendy's ego integration until quite late in development. Conceivably, more-than-expectable experiential impingements, constitutional deficiencies impairing the infant's capacity to assimilate or ward off "average expectable" environmental stimuli, and/or less-than-normally protective mothering could as easily have given rise to the hyperalertness and early distress seen in Wendy, but with more devastating repercussions and much less favorable

outcomes in children lacking the constitutional strengths Wendy had. Perhaps importantly, Wendy was able to develop means for limiting sensory intake and was able to use her mother to becalm her separation anxiety.

To take another of Mahler, Pine and Bergman's (1975) case illustrations, one finds that "Donna" too (p. 138ff) displayed signs of "early hatching," but apparently more because of "precocious cognitive-affective ego development" that stemmed from her "superior endowment." It was perhaps also because of her constitutional strengths and the nearly optimal quality of the early mother-infant relationship that Donna's precocious awareness of her mother's separateness (fully evident at 14 to 15 months of age) was not especially traumatic for her, but Donna did begin to develop assorted fears around this time. Probably because of the more advanced cognitive level Donna had attained when her feelings of vulnerability dawned on her, these fears were much more specific than Wendy's very early hyperalertness and "strangeness" reactions.

For Donna, more major trauma occurred during the 18 to 21 month period, soon after she had entered her rapprochement crisis. Where Wendy's experiences of trauma related more to her sensory hypersensitivity, Donna's related to somewhat more-than-expectable and multiple experiential events: an illness requiring a penicillin injection, scalp surgery, and a urinary infection. Compounding these narcissistic injuries to Donna's body ego was her discovery

of her anatomical "drawback," this being promoted by her having a brother readily available.

Donna's rapprochement behaviors intensified under the impact of these experiences, and still more fears and apprehensions began to appear. Like Wendy, Donna began to cling to her mother, but she soon clearly identified her mother with and blamed her for her "castrated" state. This made her using her mother for comforting purposes highly conflictual, and Donna began to turn to and imitate her father and her male peers, distancing herself from her mother and girl playmates. Despite this, when distressed, Donna turned to her mother in a markedly regressed way, and her mother would then respond to her as if she were an infant.

Thus, Donna began to display fluctuations of ego state and ego identifications. At her optimal level of functioning, when she had the least need for mother's reassurance, Donna opted for an identification with maleness, which served as a defense against her rejected identification with her "castrated" and castrating mother. Her play at such times reflected this attempt at conflict resolution: she enjoyed building tall structures and then breaking them down, and she counter-phobically engaged in the rocking and climbing activities she previously feared. But when her sense of vulnerability heightened, she attempted to return to symbiotic unity with her mother and to the safer self-representation of herself as baby.

In time, Donna's mother grew irritated with her alternating infantile symbiotic demands and independent behavior. Donna, sensing this, seemed to adapt her compulsive play with toys and began leave-taking rituals in which she minutely described items she had taken from home to a nursery observer.

Hence, when Donna could not comfortably regress to the infantile relationship with her mother, she turned to her own ego resources, developing compulsively-tinged methods for coping with her anxiety. Mahler's impression was that Donna's anxieties centered in the traumatic events that followed her eighteenth month, but her vulnerability manifestations really began earlier, at the beginning of her awareness of separateness from mother. It was clear in Donna's case how the initial vulnerability branched out and took new forms, and how Donna's regressive longing to recapture the symbiotic unity remained despite the various defensive maneuvers she came to employ, much as in Wendy's case. Donna, like Wendy, experienced a prolonged rapprochement subphase, but where Wendy's difficulties centered in her reluctance to pursue autonomous functioning, Donna's related more to the marked ambivalence that pervaded her identifications with her mother.

Where Wendy's and Donna's early "hatching" seemed to result from ego precocity due to constitutional factors, their mothers' handling of them seeming to be significant but secondary to their difficulties, Mahler also described

children whose early hatching stemmed from their having had highly ambivalent and unpredictable mothers or mothers who, because of their intense "symbiotic-parasitic" needs, were extremely intrusive and overstimulating. Such children appeared to differentiate early out of a need to achieve "distance" from their mothers.

Mahler, Pine and Bergman (1975, p. 59ff) described a boy ("Peter") whose mother was of the latter type. Peter "was easily overwhelmed by anxiety and distress because his autonomously developing ego capacities were precocious and, therefore, vulnerable," Mahler commented. He developed intense stranger anxiety which recurred much later in development "whenever Peter underwent some period of crisis."

On the other hand, some late hatchers Mahler described seemed not to develop intense strivings for autonomy when their mothers had powerful symbiotic needs, but instead remained in symbiosis for a prolonged period. However, their maturation inevitably brought their "infant in arms" status to an end, and their mothers, finding that their children no longer served their emotional needs, often tended to "drop" them abruptly. Such children were then left with their poorly consolidated identity formation and immature ego capacities, and were consigned to a depressive longing for the lost symbiotic relationship. Like "early hatchers," these children were suddenly forced to face a world that they were ill-prepared to negotiate, and their

anxiety was often severe as a consequence.

Still other mothers Mahler described were detached and emotionally uninvolved with their children, whether because of their narcissistic qualities or due to their preoccupation with depression (see Mahler, Pine and Bergman, 1975, for the cases of "Teddy," p. 169ff, and the little girl who rocked herself, p. 51ff.; see also "Charlie" in Mahler, 1968a, p. 27ff). Such children also displayed delayed hatching, but where those with mothers preoccupied with depression appeared to reflect their mothers' moods and seemed deficient in cognitive and affective "activation," those whose mothers were indifferent and narcissistic appeared to be schizoidal and "affectless," resembling Deutsch's (1942) "as-if" characters. Almost paradoxically, while these children were forced to "turn inwards" autoerotically for the mothering they required, they were often extremely sensitive to their mothers' feelings and needs and appeared to present a "false self" to the world outside. In more favorable situations, they were able to turn to their fathers or other available adults for nurturance and support, but the relationship with the primary love object was often still quite disturbed, this seeming to depend on the child's constitutional strengths.

While Mahler considered the children described above to be within the normal range of development (although she believed certain of them, particularly those who appeared to develop schizoidal features, were prone to develop

character traits), the influences of constitution, experiential factors and maternal characteristics on the course of the separation-individuation process, on the child's cognitive, motoric, affective and defensive development, and on his identity formation and relation to reality, seemed relevant to the consideration of the borderline child. Because of their extreme complexity, there did not appear to be any simple "cause and effect" relationships in these interactions, but certain regular tendencies did seem to occur which were in agreement with the findings of the case history analysis.

It was often difficult to assess what constituted early versus late "hatching." The children who appeared to have unusual sensitivities and those whose mothers were extremely ambivalent and inconsistent or highly intrusive seemed to be those most prone to hatch early. However, such children seemed to tend to attempt to avoid making active moves towards autonomy and had prolonged and conflictual experiences in the rapprochement subphase. True, they seemed to become aware of their mother's separateness early, but the quasi-defensive mechanisms they came to employ seemed to be attempts to ward off that awareness and the separation-individuation process in general.

On the other hand, the children whose mothers were depressed, preoccupied, or narcissistic, or who had excessive "symbiotic-parasitic" needs (and, one supposes, those with constitutional hyposensitivity or whose matura-

tional "push" is sluggish) tended to be late hatchers. Since these children were often forced to become "mothers to themselves" while remaining within the "symbiotic orbit" in a more or less attenuated way, they also seemed to become aware of their mothers early, if in a negative way (that is, they "knew" of their mothers' unavailability).

Taking the risk of overgeneralization, it appeared that the early hatchers were those who experienced the greatest anxiety and vulnerability in the separation-individuation phase, and that this stemmed from their experience of excessive tension at a time when they were ill-equipped to cope with that tension. As was apparent in Donna's case, the vulnerability these children experienced tended to provoke severe fluctuations of ego state and an exacerbation of the expectable anxieties of the separation-individuation phase (particularly separation anxiety). Some became early hatchers due to their constitutional strengths, and they seemed to be as some what less risk since, because of their superior endowment, they had the capacity to make adaptive use of their resources and of the environment. Others, however, seemed to emerge from their earlier traumatization with greatly diminished "confidence in integration" and sought to avoid the threat of separation through quasi-delusional retreats to the symbiosis, often ineffectively. When the path of this retreat was blocked by marked ambivalence in the mother-child relationship, the result seemed to be emotional

excitability (discharge) or, as was seen in Donna, a tendency to develop compulsive defenses.

The situation of the late hatchers seemed to be quite different in certain respects. For them, the maturation process had progressed a good deal further before they fully took on the tasks of the separation-individuation phase. Theose whose mothers were schizoidal or narcissistic seemed to develop, probably at an early time, means for warding off destabilizing reactions to their environment, while at the same time they remained within the symbiotic orbit, unsatisfying as it might have been. Some whose mothers abruptly "dropped" them may have had experiences similar to those of early hatchers, but the "fall" may not have been so great because of the attenuated quality of the symbiosis and because they had more time to consolidate defenses against reaction. However, because of the prolonged symbiosis and the fact that their mothers' handling of them was not conducive to either establishment of a cohesive identity or a capacity to form strong attachments, these aloof, "affectless" children seemed to be at a disadvantage in the long run when compared to the anxious early hatchers, who tended more to turn to their environments for nurturance and protection.

Mahler (1968a) cited Greene's (1958) research into "vascular-respiratory rhythmic interactions of the mother-fetus and mother-neonate dual unit" that suggested that rhythmic compatabilities between mother and infant "renders

the perceptual experience predictable" for the infant and enables the infant to "become aware of...the object." This recalls Weil's (1970) discussion of the early "synchronization" of internal rhythms that promotes the formation of "mutual cuing" between mother and infant. One might suppose that the early hatcher has increased difficulty in perceiving this rhythmicity, but the infant with an emotionally unavailable mother may have more difficulty in achieving this forerunner of the object tie (or analogues to it that may exist in later development).

The outcome for late hatchers due to maternal depression (or, perhaps, mother's physical absence) or because of constitutionally based hyposensitivity or sluggish maturation seems less determinate. For children whose mothers are depressed or for other reasons are emotionally unavailable, the availability of adequate substitute objects would seem to be an important variable (as Freud and Dann's, 1951, study of young orphaned children who successfully "mothered" each other graphically illustrated). Also, if indeed these children tend to lag in ego development and are delayed in their progress in the separation-individuation process, those who have had at least some experience of "the mothering principle as good" may be able to "wait" without significant damage until circumstances turn more favorable. However, it would seem that such children, particularly those who experience extremely deficient mothering, are at risk for recurrent depressive

symptomatology, for severe developmental delay with far-reaching effects on ego development, and, in the worst cases, for developmental arrest resembling that of the anaclitic variety. Still, it seems unlikely that such children would have the proneness to regression and anxiety of the early hatcher.

Similarly, unless their mothers respond with rejection, the constitutionally deficient late hatchers might tend to developmental delays without any necessarily dramatic disturbance of the separation-individuation process or of ego development, though they may develop attenuated object attachments and object identifications. In the worst cases, however, they may be at risk for psychosis-range psychopathology because their relation to reality would be so late in developing (as Bergman and Escalona, 1949, suggested).

Application of hatching outcome hypotheses to findings

The analysis of case histories of purportedly borderline children found that those who were subjected to factors that would seem to have overstimulating and hence tension-producing effects were those who tended to present the severest degree of anxiety and fearfulness as well as the most extensive symptomatology. These findings suggest that these children displayed, in exaggerated form, the effects of early hatching. Consistent with this hypotheses was that the most "vulnerable" of these children were those who seemed to rely heavily on compulsive mechanisms in their efforts to maintain or re-establish integration, and that,

symptomatology, for severe developmental delay with far-reaching effects on ego development, and, in the worst cases, for developmental arrest resembling that of the anaclitic variety. Still, it seems unlikely that such children would have the proneness to regression and anxiety of the early hatcher.

Similarly, unless their mothers respond with rejection, the constitutionally deficient late hatchers might tend to developmental delays without any necessarily dramatic disturbance of the separation-individuation process or of ego development, though they may develop attenuated object attachments and object identifications. In the worst cases, however, they may be at risk for psychosis-range psychopathology because their relation to reality would be so late in developing (as Bergman and Escalona, 1949, suggested).

Application of hatching outcome hypotheses to findings

The analysis of case histories of purportedly borderline children found that those who were subjected to factors that would seem to have overstimulating and hence tension-producing effects were those who tended to present the severest degree of anxiety and fearfulness as well as the most extensive symptomatology. These findings suggest that these children displayed, in exaggerated form, the effects of early hatching. Consistent with this hypotheses was that the most "vulnerable" of these children were those who seemed to rely heavily on compulsive mechanisms in their efforts to maintain or re-establish integration, and that,

for the most part, those who presented a predominance of compulsive features tended to be referred for treatment at a relatively early age (this suggested relationship between compulsivity and early hatching will be elaborated below).

The case history analysis also found that the children who were subjected exclusively to maternal emotional unavailability generally presented the fewest manifestations of vulnerability and symptomatology of the children studied, consistent with the notion that they were late hatchers. Further, much like late hatchers who have schizoidal or narcissistic mothers, most of the boys of this kind presented indications of affective and/or motoric constriction, where those who appeared the most constricted presented with relatively late onset and with among the lowest levels of measured vulnerability of any of the children studied. Some of these boys, however, presented with substantially higher vulnerability than seemed to be characteristic for this category of children, and they presented with both relatively early onset and with a predominance of compulsive features.

It is tempting to think that these more vulnerable and compulsive boys had an experience of hatching much like the early hatchers because they were "dropped abruptly" at the end of a prolonged symbiosis. If so, it is conceivable that early onset (as defined herein) is itself an indicator of heightened vulnerability at the point of hatching, regardless of whether hatching occurs early or late. How-

ever, it would seem that the vulnerability experience would be the greater when hatching occurs both abruptly and early (the findings support this hypothesis in a preliminary way).

Unfortunately, this study did not make fine distinctions regarding the quality of mothering within the category of maternal emotional unavailability, but the findings obtained seemed to suggest that this sort of focus would provide a clearer delineation of parenting effects.

For the boys who seemed not to have been subjected to either maternal emotional unavailability or stress-provoking factors, the findings reflected less clear patterning. A predominance of compulsive features was found in half of them, and most who manifested compulsive features presented with relatively early onset and relatively high levels of vulnerability. None of these boys displayed "intense" inhibitory features, much in contrast with the boys who were exposed exclusively to maternal emotional unavailability. However, the other half of all of these boys showed no tendency to either inhibitory or compulsive features, and they tended to present relatively low vulnerability but also relatively early onset.

It seemed that the early onset, compulsive and high vulnerability boys of this kind may have been early hatchers, while those with either early or late onset but low vulnerability might have been late hatchers. Still, whether marked vulnerability was present or not, most boys of this kind seemed to present with such atypical development

that they were identified as aberrant at an early age. Girls of this kind tended to present with relatively late onset and (for girls) high vulnerability. A discussion of them follows shortly.

The foregoing discussion of the apparent effects of early stress and maternal unavailability on the hatching process perhaps makes more understandable the more heterogenous quality of the group of children who were exposed to both kinds of experiential factors. Each of these factors, when present exclusively, seemed to give rise to emotional organizations that are somewhat at odds with each other. Whereas the "overstimulated" children tended to functioning characterized by fluidity and discharge, those subjected to maternal emotional unavailability tended towards inhibition of both affect and discharge. While it is still difficult to explain why children exposed to both factors were not more disorganized and vulnerable than those who were primarily overstimulated, these considerations may well account for the wide variation in onset found among the "dual factor" children, why they rarely established inhibitory predominance, and why those among them who established compulsive predominance tended to have the latest onset (perhaps the development of compulsive predominance was the optimal adaptation under their circumstances).

The evidence suggested that children of this kind

vary considerably in when they experience hatching and, consequently, how they experience hatching. Since these children constituted the largest grouping of the children studied, it seems that clarifying the interactive effects of maternal emotional unavailability and stress-promoting experiences will be a major task in the future study of the borderline child.

Discussion of sex differences as they may relate to the hatching process and to sex differences in development

Turning to the sex differences that the case history analysis revealed, Mahler, Pine and Bergman (1975) suggested two factors that tend to make a girl's experience in the separation-individuation phase somewhat different from a boy's. Firstly, girls tend to be less "motor-minded" than boys. If so, one might expect that they would be less prone to early hatching, and because mothers perhaps tend to be more overprotective of girls and may well identify more readily with the same-sex infant, it would seem that mothers might tend more to enter into an extended "symbiotic-parasitic" relationship with a female infant.

Secondly, Mahler suggested that the discovery of anatomical sex differences is far more traumatic for girls, who tend to rage at and attempt to "disidentify" with their mothers in their attempt to cope with their castration anxiety, which creates substantially more ambivalence in the mother-child relationship for the girl child. Mahler observed that girls usually make this discovery towards the

end of their second year, this often coinciding in development with the rapprochement subphase.

These considerations may explain why girls were found to be, on the whole, somewhat less anxious, fearful and symptomatic than the boys studied. If indeed thay are less prone than boys to early hatching, girls would have a lesser need to develop precocious, and hence vulnerable, ego defenses. However, if their mothers do tend to be more over protective, this would tend to instill in girls a greater insecurity about their competence in functioning autonomously, which would tend to delay hatching, attenuate the exhiliration and duration of the practicing period, but prolong the rapprochement subphase. Mahler (1968, p.255) remarked:

> "The most extreme separation reactions...seem to occur not in those children who have experienced actual physical separations, but in those in whom the symbiotic relationship was too exclusive and too parasitic, or in whom the mother did not accept the child's individuation and separation."

Moreover, if the stated presumptions are correct, the rapprochement subphase in girls would tend to be prolonged by heightened conflict regarding identification with the mother (where such identification would normally be expected to be stronger for girls than for boys given the greater similarities in appearance and in other gender-identified characteristics) and regarding the intactness of the body image, particularly when the mother is reluctant to "release" the girl's body (Mahler, Pine and Bergmen, 1975).

Parens' (1979) observations and formulations conform very well with these presumptions.

It would seem that in some girls there may be so much conflict surrounding the self-assertiveness needed to achieve separation and individuation that they develop deep unconscious inhibitions regarding aggressive expression and, consequently, drive-ego imbalances that would amount to virtual "time bombs" that might be set off by the structural upheavals of pubertal onset. It would also seem that the onset of menstruation would reactivate in such girls their conflicts regarding bodily integrity and feminine identification, since this would tend to resurrect their castration fantasies. Moreover, with pubertal onset comes the psychosocial crises of adolescent independence and dawning heterosexual interest, which would tend to renew the rapprochement struggles and thus aggravate the conflicts of this period of development, perhaps moreso for girls than for boys.

These factors may account for why girls were found to be highly ambivalent and fearful of separation or abandonment with twice the frequency that was found among boys, why onset appeared to occur at or subsequent to the usual time of pubertal onset for the girls more often than the boys, and why these late onset girls (unlike most of the late onset boys) seemed to be the most vulnerable of the girls studied.

Discussion of factors they may distinguish borderline children from normals

Judging from the case illustrations Mahler, Pine and Bergman (1975) presented as representative examples of children whose progress in the separation-individuation phase was within the normal range, distinguishing borderline children from normal children is a difficult task, especially when they are in the midst of the separation-individuation phase. It may be that this differentiation is virtually impossible until the child has reached an age when his failure to complete the tasks of the rapprochement subphase is clearly aberrant. However, as Rosenfeld (1975) suggested, a child may still be considered borderline even if he appears to have achieved relatively intact self and object representations and libidinal object constancy when these achievements tend to give way under stressful circumstances.

Mahler (1968a) discussed three aspects of the successful achievement of libidinal object constancy: (a) the availability of the object image regardless of the child's drive state, (b) the investment of the object image with libidinal and neutralized energy and (c) the relative unavailability of defensive splitting of the object images within the ego's defensive repertoire. The assessment of whether a given child has reached libidinal object constancy by these criteria is far from a cut-and-dried task. Much depends on inference drawn from clinical observation,

and considerable judgement is involved when one attempts to differentiate normally expectable from pathological regression in children. Given the current "state of the art," it seems that one can at best specify certain guidelines for evaluating whether or not a child's development has proceeded within normal limits. With this understood, one may wish to distinguish borderline from normal children by the following criteria:

1) age-appropriate consolidation of identity and of libidinal object constancy. One expects that by the end of the third year of development, the child should be at least well on his way to establishing an individual, gender-appropriate identity that is free from regressive intrusion or confusion. Indicative of pathology in this area would be evidence of "as-if" oscillations in identity, "mirroring" behaviors or excessive distancing in the service of ensuring the integrity of the personal identity and of the body schema. Libidinal object constancy should also be firmly established by this time unless untoward traumata have intervened, such as the unexpected absence or loss of significant objects during the course of the rapprochement subphase.

2) age-appropriate relation to reality with minimal residues of infantile omnipotence. While one does not expect the borderline child to lose touch with reality entirely, his apparent relation to reality will at times leave questions about the intactness of his reality testing,

particularly when he is under stress or under the sway of a strong affective response. He may appear to be excessively invested in fantasy of a very idiosyncratic, even bizarre, and especially omnipotent sort, or in autoeroticism. He may display emotional and behavioral responses that are highly discrepant from what he appears to understand intellectually, in particular by engaging in dangerous activities or evincing an excessive and unreasonable apprehension of danger, real or imagined.

3) even and age-appropriate attainment of ego functions. Borderline children can be expected to present substantial discrepancies in the attainment of ego achievements--either significant delay or surprising precocity, and sometimes both. This can involve the perceptual, cognitive and motoric spheres. Excessive investment in a peculiar interest or social sophistication (or unusual ignorance of same) can be indications of areas of particular anxiety. Heavy emphasis on intellectual pursuits to the exclusion of others can be a preferred defensive measure.

4) relative freedom from severe regression. The findings of this study suggested that some borderline children are relatively free from regression because of anxiety-delimiting defenses they have developed, but the bulk of them present more frequent and more severe regression than is usually encountered in the normal child. Moreover, borderline regression entails greater intrusions into reality testing, ego functions, impulse control, and the

tability of self and object representations.

5) development of appropriate affective expression and self-esteem regulation. The borderline children studied displayed as a general characteristic a proneness to gross and sometimes relatively uncontrolled affective expressions of rage, ambivalence and depression, but some presented unusually constricted affect, while still others seemed to alternate between such constriction and dramatic affective outbursts. These phenomena suggested that a major deficit among borderline children was in their faulty capacity for neutralization of aggressive impulses. This deficit seemed to be instrumental in the poor self-image and intolerance of separation many of these children manifested.

6) anxiety manifestations within reasonable limits. Taking into account that, as Mahler remarked, the separation-individuation process is inherently one of experienced vulnerability for even the normal child, for most borderline children the antecedents and sequelae of this phase differ in both quantity and quality. In early development many "pre-borderline" children will differ from normals in the degree and frequency of manifestations of tension: excessive startle reactions, hypersensitivities, hyperalertness, excessive expressions of distress, delay or deviance in the attainment of normal alternations between alertness and quiescence, "strangeness reactions" and excessive stranger anxiety. Later, multiple fears and apprehensions may appear along with excessive compulsivity, impulsivity,

and separation anxiety, or, on the other hand, evidence of severe inhibition. In the most extreme cases, qualitatively different anxiety manifestations may be seen, such as peculiar concerns regarding bodily integrity and so-called annihilation anxiety.

7) final remarks. As a rule, while normal children will often display characteristics common among borderline children, these will have a very transient character and will not represent lasting impediments to development. Borderline children may be considered to have pathology on a continuum with normal development, but, presumably because of the severity of their constitutional deviations or the traumata they experience, they lack the resiliency normals have. Mahler's comments seem appropriate here:

> "The consequences of organismic distress in the normal infant, and of psychotic panic in the infantile psychotic syndrome, may be vaguely similar, in that maturational and developmental acquisitions of both...may be temporarily lost in the junior toddler, even after the stage of being 'hatched,' but are more permanently disordered in the prepsychotic and psychotic child."
>
> (Mahler, 1968a, pp. 229-230)

Also, distinguishing the borderline from the psychotic child, further remarked:

> "In borderline and less severe pathology, there is serious interference with the maturation of ego functions, and especially with the establishment of stable self and object representations, but without a break with reality and the predominance of psychotic defenses."
>
> (Mahler, 1968a, p. 231)

Further theoretical discussion of possible structural factors specific to borderline children

In the following, certain theoretical considerations will be elaborated, with the aim of clarifying some possible structural differences between borderline, psychotic, and normal children.

This dissertation has argued for an adaptation of Ekstein's conception of the borderline child's ego functioning and structure (1955, 1966a; Ekstein and Meyer, 1961; Ekstein and Wallerstein, 1954, 1957) so as to take into account certain borderline phenomena even Ekstein observed but for which his model was inadequate in explaining. Ekstein's model of the ego as a hierarchically structured set of functional organizations, each of which may come into play depending on the degree of stress and the defensive requirements of the moment, seemed extremely helpful in understanding the rapid ego fluctuations he and others had observed in borderline children. However, his formulation of an "ego mechanism of control" that regulates which of the hierarchy of ego organizations predominates at a given time, and his suggestion that it is this that is defective in borderline children, seemed to have limited usefulness in explaining these ego fluctuations and particularly the "reintegration" phenomenon commonly found among borderline children (rapid returns to higher level functioning after deep regression), especially when Ekstein characterized severe borderline regression in

terms of structural and defensive dissolution. Ekstein's model also failed to account for the quality of the borderline child's affective and phenomenological experience, though Ekstein and others have noted the sense of vulnerability it frequently reflects.

Though they did not specifically relate their thinking to the borderline child, the viewpoints offered by Sandler and Joffe (1965, 1966, 1967; Sandler, 1960), Schur (1953, 1958, 1960) and James (1960) seemed to provide useful ways of revising Ekstein's model so as to schematize the borderline child's structural and functional organization while accounting for the quality of the affective, phenomenological and (to some extent) behavioral characteristics borderline children appear to present.

Like Ekstein, Sandler and Joffe hypothesized that the ego is a hierarchical organization of structures, each of which has the potential for gaining control of the psychic apparatus. To explain how a particular ego organization maintains predominance or gives way to a more or less mature ego organization, Sandler and Joffe suggested that, just as development entails the achievement of more mature ego organizations, the ego also successively acquires a "hierarchy of inhibiting structures" which serve to prevent more primitive modes of functioning from regaining dominance. Stressing that a distinction should be made between the autonomy of the structure and the autonomy of the function of a psychic apparatus, Sandler and Joffe argued that

only in psychotic regression is structural autonomy lost (i.e., is an ego organization even partially "dissolved"), but that in less catastrophic regression only functional autonomy is lost (and lost only temporarily). Hence, when stress causes a "disinhibition" of a more primitive functional mode resulting in its supplanting one more mature, the latter is still available to the ego once the inner homeostasis, via selective functional inhibition, is restored.

Schur (1960) similarly postulated the formation of inhibitory structures in the maturation process, but emphasized that ego development also entails a progressive "desomatization" of reaction patterns, by which he meant that increasingly mature defenses achieve their purpose with progressively diminishing motor, vegetative and affective concomitants. Schur suggested that as development proceeds and defense is accomplished with more mature mechanisms, the quality of anxiety and affect associated with defensive functioning less and less resembles the somatopsychic engrossment of the earliest "primary anxiety" experience. Likewise, Sandler and Joffe (1966) argued for a normal developmental trend towards a reduction in the "sensual accompaniments" of drive discharge phenomena, suggesting that each of the hierarchical ego organizations they formulated have associated with them a "whole hierarchy of feeling tones."

Thus, Schur and Sandler and Joffe offered a conception of ego structural organization much like Ekstein's, but which provided a more adequate explanation of the reversibility of the borderline child's regression, and also furnished a basis for understanding the affective component of the child's experience in regression. They also helped to explain certain possible phenomenological consequences of primitive regression that seemed to be especially relevant to the borderline child, whose pervasive experience of vulnerability has been noted by Schneider (1974a, 1974b), Maenchen (1968), Geleerd (1958), Frijling-Schreuder (1969) and others.

Arguing that since anxiety gives rise to affects and that affects tend to color cognition, Schur and Sandler and Joffe focused on the ego's "awareness" of threats to its integrity due to intense affects stemming from anxiety and from the regression anxiety can provoke. Sandler and Joffe (1966) suggested that the ego functions to maintain a sense of "well-being" in the self, Sandler (1960) referring specifically to the ego's "safety feeling," which is heightened when the ego successfully reduces anxiety but diminished when unpleasureable affects intrude on the ego, as occurs during severe regression. Similarly, Schur (1953) described "a type of ego experience" which "belongs genetically to the affect of anxiety yet has assumed the characteristics of a thought process," terming this the ego's "regressive attitude in the appraisal" of danger.

Schur further suggested that the inner danger situation may take new forms, these corresponding to various degrees of danger, but that they maintain "a genetic link to old dangers and traumatic situations," because of which defensive reactions retain "a tendency for stereotyped rigidity and for return to a more primitive type of reaction, if ego control is lessened or eliminated."

These viewpoints suggested that perceptions of vulnerability may not only foster a proneness to regression but may also influence the affective and phenomenological concomitants of the defense reaction. Schur's suggestion that all anxiety experiences and tendencies in regression are linked to early traumatic experiences and hence have the tendency of assuming the characteristics of early reaction tendencies, conforms with Sandler and Joffe's conception of ego structure, but moreover points the way to a possible explanation of why borderline children differ from normal children in not being able to establish a durable libidinal object constancy. The key proposition here arises from Schur's suggestion that defensive reactions retain "a tendency for stereotyped rigidity and for return to a more primitive type of reaction."

Greenacre (1941) suggested that constitutional sensitivities and early traumatic experiences may give rise to "excessive pre-anxiety tension states" which can foster a "pregenital patterning" of a heightened "anxiety potential" and, in turn, (Greenacre, 1952) the premature activation of

immature components of more advanced "reaction tendencies," such activations characterized by a "state of confusion, with loss of specificity of response to stimulus which is repeated later in life in response to stress." Greenacre's comments in Kris (1954) suggested that she believed these developments operate in "patients of (the) borderline type," but presumably she was referring more specifically to the borderline adult. Fintzey (1971), however, suggested that the borderline child's difficulties may stem from his failure to establish confidence in his mother's availability, which eventuates in a "premature need to distinguish between external and internal reality, with anxiety the price paid," this constituting a premature and phase-inappropriate integration.

James (1960) took this thinking several steps further. Like Fintzey, James focused on the mother's role in seeing to it that the infant does not need to react prematurely to environmental impingement, but emphasized the complementary functions of the mother and the infant's innate "instinct barrier" (after Bergman and Escalona, 1949) in this undertaking. This acknowledged the possibility of disturbance arising when the infant's constitutional protection is inadequate or when more than expectable environmental disturbances impinge on the infant. Like Greenacre, moreover, James suggested that early "chronic tension" states may lead to a "neural patterning" of reaction tendencies, adding that this development may so persist in an

otherwise stable ego, "showing only transitorily in moments of stress and regression," that it becomes, virtually, "a part of the constitution." Further, James supposed that such "neural patterning" may either "disappear in an uncathected ego remainder" or may enter more "fatefully in all subsequent ego considerations."

The upshot of this thinking is that very early and premature reaction patterns (that constitute chronic disorders stemming from pathological "hatching") may well be at the basis of the "more permanently disordered" "maturational and developmental acquisitions" (Mahler, 1968a) of the borderline child. Further, for borderline children who chronically present severe regressive episodes, their reactions may be reflective of the activity of what may be considered persistent and self-perpetuating primitive structures of these kinds.

James' thinking also allows for the possibility that such a structure may not evidence itself, yet still obstruct normal ego development. Thus, a child may carry along this pathological structure in a "quieter" way, presumably because (necessarily atypical) defensive development has been successful in inhibiting the active expression of the regressive reaction tendency (see Brierley's, 1942, discussion of "ego-dissociated systems"). It seems possible, then, that the persistence of such a structure, and its potential for reactivation, underlies the common failure found in the children studied to achieve an ade-

quate capacity for affective modulation or consistent reality testing, and accounts for their presumed difficulties in achieving durably intact self and object representations (because deep regression appears to entail a fusion or confusion of internal representations and an assault on reality constancy).

Turning to the defensive ramifications of neural patterning, James suggested that the resulting premature ego development could come to take the form of "motor expressions," "magic perceptual and thought techniques," "obsessional tendencies" or an "intellectual lopsidedness." It is tempting to suppose that the compulsive manifestations presented by the most anxious and fearful of the children studied reflect this sort of development. Since this compulsivity might be closely associated with the "motor expressions" James described, and seemed to correlate with relatively low-level borderline functioning, one wonders whether it represents not only a "last resort" effort to forestall primitive regression, but also a persistently clung-to primitive defense which retards the evolution of internalized defenses. If defense necessitates motor involvement, it would seem less possible for the anxiety response to serve as a "signal," and so the persistence of compulsivity as the major defense may entail a proneness to the sort of "disinhibition" Sandler and Joffe described. Yet some of the children studied (boys exposed to both overstimulating factors and maternal

emotional unavailability) seemed to have notably late onset, which suggests that sometimes compulsivity can successfully ward off excessive disorganization for quite some time in development.

James also suggested that neural patterning, in stimulating premature object recognition, "confers a capacity for anticipation wich also means the capacity for more psychologically significant disappointment." This premature awareness of the object may provoke the formation of compensatory "defensive need systems" (James presumably referring to the aforementioned "magic perceptual and thought techniques"), because of which the object may come to be recognized in atypical and attenuated ways, with the result that identifications that develop are facile and narcissistic in quality and are "as such, a substitute for true object relations."

This scenario may be particularly relevant to the children studied whose mothers were especially unavailable and whose functioning was characterized by affective inhibition and minimal vulnerability. If indeed these characteristics reflect the attainment of such "defensive need systems," it would seem that their relative self-sufficiency would remove any incentive for them to expand their involvement with the object or with other representatives of the world outside, or to respond to any but the most peremptory of maturational "pressors." To do so would be to threaten their maintenance of defense against

profound regression, which depends on at least subtle delusion. In a sense, these children maintain a "sense of safety" much more successfully than other borderline children do, but it seems that in warding off unpleasurable affects they also ward off the affects that promote normal development. For these reasons, these children, though they may seem to be the least dramatically disturbed of borderline children, may well have the worst prognosis of all.

Finally, James suggested that chronic tension states that arise from repetitive traumatic stimulation may cause "an economic flooding and hypercathexis of the perceptual and memory-storing end of the (psychic) apparatus," which can eventuate in "a traumatic access of images threatening to organize into thoughts...at a time when secondary process is not, certainly phase adequate not...probably even possible." While James' meaning in this was not entirely clear, he did seem to suggest that early overstimulation can result in a later perceptual hypervigilance and in a tendency for phenomenological experience that is overideational and derivative of the most primitive mental representations of the "danger situation," particularly when some capacity for secondary process and associational thinking does develop. This recalls Schur's suggestion that the inner denger situation may take new forms which nevertheless retain a "genetic link" with old dangers.

The children studied were found to present fearful

ideation whose extent seemed to correspond closely with the degree of anxiety that was manifest, and the implication of James' and Schur's thinking would seem to be that this observed phenomenology should be regarded as not only representing a regressive re-experiencing of old traumata, but the progressive infusion of real and fantasied dangers with the intense affects associated with old dangers. This further suggests that the phenomenology of the borderline child is a direct reflection of his current functional level and of the integrity of his defenses.

CHAPTER VI

SUMMARY AND CONCLUSIONS

While taking for granted the heterogeneity of the children studied (given the multitude of sources drawn from and the prevailing disagreement in the literature regarding the differential diagnosis of the borderline child), this empirical review of 51 published case histories of purportedly borderline children identified several commonalities among them that seemed to be of both clinical and theoretical significance.

Common to these children were severe disturbances of object relationship, these characterized by periodic withdrawal from contact, an "interchangeability" of objects as agents of need-satisfaction, an extreme antagonism or ambivalence towards the object, and/or indifference or shallowness of feelings towards the object. However, virtually all of the children displayed a discernable capacity to establish a differentiated object relationship under optimal circumstances. These children also presented an adequate capacity for reality testing, but this seemed to "break down" sporadically (particularly during stressful conditions), and frequently their sense of reality seemed chronically impaired. Finally, many of the children displayed marked disturbances of affective modulation, which were sometimes manifested as severe affective constriction, particularly among the boys studied. These

characteristics seemed to justify the consideration of the borderline child as having a distinct but not unitary syndrome that is distinguishable from both the child psychosis syndromes and from the less pathological neurotic and normal personality development.

Moreover, many of these children appeared to experience feelings of vulnerability that were manifested both by intense affective expression and multiple symptoms associated with anxiety, and by excessive fearful apprehensions. Often these features appeared in forms and degrees that seemed to be not only quantitatively but also qualitatively distinct from what is found in other clinical entities, and the apparent degree of anxiety was found to correspond closely with the extent of fears presented. The reasoning and verbalizations of these children were often peculiar and their fantasies frequently bizarre and primitive. Most presented marked disturbances of social adaptation, and many presented feeling states, affects and attitudes towards the self and others that tended to shift abruptly. Most seemed to undergo severe regressive shifts or rapid changes in their mode of functioning, but these phenomena were generally transient and subject to rapid reversal.

The theoretical speculations pursued in this dissertation suggested a focus on the differential effects on these children of two types of experiential factors: factors that would seem to give rise to early somatic and (later) psychological stress, and disturbances of maternal emotional

availability. The children studied were partitioned according to whether either, both or neither of these factors were evident in the case history descriptions, and the resulting groups were compared on measures of overall presenting symptomatology and vulnerability (evident anxieties and fears), both as a whole and by sex. They were also compared according to the apparent age at onset (age at referral for psychological help, usually).

The major finding was that the children studied who were exposed to stress-promoting experiences were substantially more vulnerable and symptomatic than those not ostensibly exposed to such experiences, while those who were subjected to maternal emotional unavailability exclusively were the least vulnerable and symptomatic of the children studied, somewhat (but not significantly) less so even than children who seemed not to have been exposed to either of the experiential factors focused on (and who thus seemed most likely to have been disturbed due to constitutional influences).

There was also evidence that the two types of experiential factors had differential predisposing influences on defensive development. In particular, stress-promoting experiences appeared to foster a tendency to compulsive defenses, while maternal emotional unavailability seemed to provoke the formation of inhibitory defenses against affective reactivity, but the boys seemed to be more prone to these influences than the girls studied. Further, the

defensive adjustment seemed to have an influence on onset age, but this appeared to depend on whether or not both experiential factors impinged on the child.

The theoretical consideration of these findings, as well as supportive evidence drawn from case illustrations of mainly normal children presented in Mahler (1968a) and Mahler, Pine and Bergman (1975), suggested that the functional differences found among the children studied may relate to the differential effects of early overstimulation and maternal emotional unavailability on the vicissitudes of the symbiotic and separation-individuation phases, and particularly on the timing and quality of the "hatching" process (Mahler, 1968; Mahler, Pine and Bergman, 1975). These effects appeared to constitute influences on the quality of early experience that have reverberating effects on many aspects of the separation-individuation process and particularly on the outcome of the rapprochement subphase. These considerations seemed to go far in explaining many of the affective, phenomenological, interpersonal and ego functional characteristics of the children studied, and even seemed to offer some general principle on the effects of specific types of early experience on relatively normal development.

On the whole, the boys studied were found to be more overtly disturbed than the girls, and there seemed to be some substantial sex differences in the effects of the experiential and (presumably) constitutional influences on

symptomatology, vulnerability, age of onset, and defensive development. Here too some of Mahler's thinking relating to sex differences in normal development and to some more general aspects of psychosexual development seemed to provide possible explanations. In particular, it appeared that boys may have a much greater tendency to develop early disturbances and, especially, premature defensive formation due to physiological immaturity, while girls might tend more to delayed "hatching," more intense struggles with object identification and the move towards individuation in the rapprochement subphase, and, later, to more intense upheavals at the time of pubertal onset and regarding the issues of adolescence.

Finally, concepts developed by Schur, Sandler and Joffe and James relating to the structure and formation of the ego, the importance of feelings of "safety" to the ego's functional characteristics, and the causes and effects of premature ego development, provided approaches for making a more satisfactory reformulation of a model for the borderline child's ego that Ekstein and his associated developed. This reformulation seemed to offer a way of explaining the borderline child's chronic disturbances of ego function and object relationship on the basis of the pathological persistence of a regressive reaction tendency (and the child's defense against same) that amounts to a persistently maintained structure. It appeared that this might eventually offer a means of differentiating the

borderline child from the normal and psychotic child in structural terms.

APPENDIX A

LIST OF CASES AND LITERATURE SOURCES

The following lists the names (where given), sex ("M" for male; "F" for female) and onset ages (as defined in the Method section) of the children whose case histories were used, as well as the literature source(s) from which each case was drawn:

case number	name	sex	onset age	literature source(s)
1	Alex	M	8	Pine (1974)
2	Kurt	M	10	" "
3	Junie	F	11	" "
4	Francesca	F	12	" "
5	Jayne	F	10	" "
6	Douglas	M	4	" "
7	Patti	F	10	Pine (1974); Pine (1979)
8	Russell	M	"teens"*	Pine (1974)
9	William	M	10	" "
10	Brian	M	9	" "
11	Essie	F	7	" "
12	Stanley	M	7½	Rosenfeld and Sprince (1963); Thomas (1966)
13	Derek	M	9½	Rosenfeld and Sprince (1963, 1965)
14	Brian	M	10	Rosenfeld and Sprince (1963)

*age 13 used in computations

case number	name	sex	onset age	literature source(s)
15	Kenneth	M	7½	Rosenfeld and Sprince (1963)
16	Albert	M	12	Rosenfeld and Sprince (1963); Singer (1960)
17	James	M	13	Rosenfeld and Sprince (1963)
18	Arun	M	15	" " "
19	Norma	F	10½	Rosenfeld and Sprince (1965); Thomas (1966); Yorke and Wiseberg (1976)
20	Basil	M	9½	Rosenfeld and Sprince (1965); Thomas (1966)
21	Pedro	M	6½	Rosenfeld and Sprince (1965)
22	John	M	9	Rosenfeld (1975)
23	Ted	M	7	Ekstein and Wallerstein (1954); Fuller, Escudero, Mandelbaum and Hirshberg (1954)
24	Tommy	M	11	Ekstein (1966b)
25	Elaine	F	13	" "
26	Robert	M	5½	Ekstein (1971)
27	Alan	M	7½	Geleerd (1958)
28	1st girl	F	18	" "
29	2nd girl	F	18	" "
30	Ben	M	6	Frijling-Schreuder (1969)
31	Paula	F	10	Weil (1953a)
32	Pat	F	8	Weil (1953b)
33	Kathrin	F	7	" "

case number	name	sex	onset age	literature source(s)
34	Gary	M	8	Fast and Chethik (1972)
35	"R. B."	F	12	Marcus (1963)
36	Moses	M	10	" "
37	"A."	M	13	Brask (1959)
38	Pat	M	12	Maenchen (1968)
39	Deborah	F	5	Knowlton and Burg (1955)
40	Alfred	M	5½	Fintzey (1971)
41	Bob	M	14	Aarkrog (1973)
42	Christie	F	16	" "
43	Shirley	F	6	Gilpin (1976)
44	Eddie	M	6	Wax (1973)
45	Danny	M	9½	Domash (1975)
46	Sy	M	3	Mahler and Kaplan (1977)
47	Cathy	F	1	" " " "
48	Tony	M	8½	Bonnard (1967)
49	Alexandra	F	14½	Yorke and Wiseberg (1976)
50	Harold	M	11	Bonnard (1958)
51	Paul	M	10	" "

APPENDIX B

CHECKLIST ITEMS WITH DISTRIBUTIONS BY SEX

The following details the checklist items used, grouped by area of disturbance. The final category lists the experiential factors focused on, these relating to over-stimulation and maternal emotional unavailability. Also shown are the distributions of these items (under "B" for boys and "G" for girls) among the cases of each sex (where there were a total of 33 boys and 18 girls). The superscript "a" indicates those items not counted in the overall symptomatology calculations because they involved "healthy" characteristics, while "b" indicates item not counted because they represent condensations of other items included in the checklist.

B	G	item number	
			Language Abnormalities
7	3	1.	delayed language development
4	1	2.	infantile speech; babbling
9	0	3.	monotonous speech
13	2	4.	unintelligible speech
21	2	5.	[b]any language abnormality (excluding delay)
			Preoccupations
19	4	6.	peculiar interests
13	4	7.	elaborate, stereotyped play
12	2	8.	preoccupied with "making order"

B	G	item number	
13	3	9.	compulsive (generally)
23	10	10.	intense fantasy preoccupation
11	8	11.	preoccupied with "merging fantasies"
			Fantasy Content
25	14	12.	bizarre fantasies; unrealistic ideation
20	5	13.	aggressive fantasies
8	5	14.	masochistic fantasies
11	3	15.	sexualized fantasies
20	7	16.	omnipotent fantasies
			Behavioral Inhibition
13	2	17.	lifelessness; marked passivity
9	1	18.	presents "glassy stare" or "frozen" facial expression
9	1	19.	slow or "mechanical" body movements
0	2	20.	presents "mock rage" (inhibition of rage expressions)
5	1	21.	"pseudo-imbecilic" behavior
			Impulsivity
15	4	22.	hyperactive; marked restlessness
7	4	23.	excessive auto-erotic behavior
16	6	24.	bizarre behavior
7	5	25.	self-destructive behavior
7	0	26.	impulsive sexual behavior
2	1	27.	makes suicidal threats
18	7	28.	aggressive outbursts (acted out)

B	G	item number	
15	5	29.	destructive behavior
11	5	30.	disregards danger; poor judgement
			Anxiety Indicators
16	7	31.	disorganized by changes in the environment or in routines
9	3	32.	sleep disturbances
6	3	33.	evinces a "sense of panic"
3	4	34.	moderately anxious
24	8	35.	uncontrollably anxious, at times
15	5	36.	panic states (short-lived)
			Fears and Indicators of Vulnerability
22	13	37.	feelings of vulnerability, in general
16	7	38.	excessive somatic concerns
18	8	39.	shifting fears' phobic-like concerns
14	4	40.	fear of death
6	1	41.	fear of destruction in environment
11	11	42.	fear of separation/abandonment
9	3	43.	fear of inner disintegration; "annihilation anxiety"
			Disturbances of Thought
26	13	44.	idiosyncratic reasoning/verbalizations
30	15	45.	reality testing intact, but inconsistent
25	15	46.	impaired sense of reality
17	8	47.	"fluidity" of thought content
8	1	48.	concreteness

B	G	item number	
0	3	49.	hallucinations
8	4	50.	[b]psychotic symptoms present (in general)
			Disturbances of Feeling State/ Affect/Self-Esteem
21	16	51.	displays extreme emotionality
15	2	52.	bland or constricted affect
22	14	53.	excessive feelings of rage
10	10	54.	excessive ambivalence
17	12	55.	feelings of despair, deprivation or depression
13	5	56.	presents intense neediness
8	11	57.	tantrums
13	7	58.	impaired self-esteem
4	3	59.	disparages self
11	6	60.	body image distortion
			Disturbances of Object Relationship/ Social Adaptation
29	11	61.	lacks depth of feeling; indifferent towards others
13	7	62.	avoids play with other children
26	8	63.	"disappears" from social contact
12	8	64.	has no friends
10	3	65.	suspicious
11	4	66.	overdependent
10	9	67.	"clings"
14	11	68.	excessively demanding

B	G	item number	
15	9	69.	attempts to "be in control" of others
17	8	70.	antagonistic
12	6	71.	defiant; unresponsive to instruction
25	14	72.	hard to manage
6	7	73.	presents difficulties with habit training (cleanliness, toilet training, etc.)
10	4	74.	has sloppy or filthy habits
18	5	75.	cannot function in a conventional school situation
17	6	76.	academically inadequate (seemingly due to emotional factors)
11	6	77.	uneven academically
32	18	78.	[a]displays a capacity to relate
9	7	79.	[a]displays a capacity to relate <u>well</u>
18	6	80.	[a]improves in capacity to relate with "better handling"
4	4	81.	[a]enjoys relationships
18	5	82.	[a]displays a <u>need</u> for relationships
			<u>Indications of Functional/ Structural Instability</u>
20	12	83.	shifting levels of organization
21	11	84.	severe regressive shifts
15	6	85.	boundary/identity confusions or shifts
			<u>Adverse Environmental Factors</u>
13	6	86.	chaotic home environment
5	1	87.	overstimulating parent

B	G	item number	
6	0	88.	abusive parent
9	1	89.	other environmental or somatic stressors
13	6	90.	maternal rejection or neglect
15	3	91.	separation from mother or both parents
16	6	92.	mother emotionally unavailable
7	5	93.	mother highly ambivalent

REFERENCES

Aarkrog, T. Conditions in adolescents who were borderline psychotics as children. Acta Psychiatrica Scandinavica, 1973, 49, 337-385.

Benjamin, J. D. Developmental biology and psychoanalysis. In N. Greenfield & W. Lewis (Eds.), Psychoanalysis and current biological thought. Madison, Wisc.: Univ. of Wisconsin Press, 1965.

Bergman, P. & Escalona, S. K. Unusual sensitivities in very young children. The Psychoanalytic Study of the Child, 1949, 3/4, 333-352.

Bonnard, A. Pre-body-ego types of (pathological) mental functioning. Journal of the American Psychoanalytic Association, 1958, 6, 581-611.

Bonnard, A. Primary process phenomena in the case of a borderline psychotic child. International Journal of Psychoanalysis, 1967, 48, 221-236.

Brask, B. H. Borderline schizophrenia in children. Acta Psychiatrica et Neurologica, Scandinavica, 1959, 34, 265-282.

Brierley, M. Notes on metapsychology as process theory. International Journal of Psychoanalysis, 1944, 25, 97-107.

Brody, S. & Axelrad, S. Anxiety, socialization, and ego formation in infancy. International Journal of Psychoanalysis, 1966, 47, 218-229.

Canon, W. Bodily changes in pain, hunger, fear and rage (2nd Ed.). New York: Appleton, 1929.

Carmichael, L. Ontogenic development. In S. S. Stevens (Ed.), Handbook of experimental psychology. New York: Wiley, 1951.

Chess, S., Thomas, A. & Birch, H. Characteristics of the individual child's behavioral response to the environment. American Journal of Orthopsychiatry, 1959, 29, 791-802.

Chethik, M. & Fast, I. A function of fantasy in the borderline child. American Journal of Orthopsychiatry, 1970, 40, 756-765.

Coleman, R. W., Kris, E. & Provence, S. The study of variations in early parental attitudes. The Psychoanalytic Study of the Child, 1953, 8, 20-47.

Deutsch, H. Some forms of emotional disturbances and their relationship to schizophrenia. Psychiatric Quarterly, 1942, 11, 301-321.

Domash, L. The use of wit and the comic by a borderline psychotic child in psychotherapy. American Journal of Psychotherapy, 1975, 29:2, 261-270.

Ekstein, R. Vicissitudes of the "internal image" during the recovery process of a borderline schizophrenic adolescent. Bulletin of the Menninger Clinic, 1955, 19, 86-92.

Ekstein, R. Observations on the psychotherapy of borderline and psychotic children. In Children of time and space of action and impulse. New York: Appleton Century Crofts, 1966a, pp. 114-122.

Ekstein, R. Children of time and space of action and impulse. New York: Appleton Century Crofts, 1966b, pp. 311-402.

Ekstein, R. The challange: Despair and hope in the conquest of inner space. New York: Brunner/Mazel, 1971.

Ekstein, R. & Meyer, M. M. Distancing devices in childhood schizophrenia and allied conditions: Quantitative and qualitative aspects of "distancing" in the psychotherapeutic process. Psychological Reports, 1961, 9, 145-146.

Ekstein, R. & Wallerstein, J. Observations on the psychology of borderline and psychotic children. Psychoanalytic Study of the Child, 1954, 9, 344-369.

Ekstein, R. & Wallerstein, J. Choice of interpretation in the treatment of borderline and psychotic children. Bulletin of the Menninger Clinics, 1957, 21, 199-207.

Elkin, H. On selfhood and the development of ego structures in infancy. Psychoanalytic Review, 1972, 59, 389-416.

Emde, R. N., Harmon, R. J. & Metcalf, D. R. Stress and neonatal sleep. Psychosomatic Medicine, 1971, 33, 491-497.

Engel, G. L. Anxiety and depression-withdrawal: The primary affects of unpleasure. International Journal of Psychoanalysis, 1962, 43, 89-97.

Escalona, S. K. Patterns of infantile experience and the developmental process. The Psychoanalytic Study of the Child, 1963, 18, 197-244.

Fast, I. & Chethik, M. Some aspects of object relationships in borderline children. International Journal of Psychoanalysis, 1972, 53:4, 479-485.

Fintzey, R. T. Vicissitudes of the transitional object in a borderline child. International Journal of Psychoanalysis, 1971, 52, 107-114.

Freud, A. & Dann, S. An experiment in group upbringing. The Psychoanalytic Study of the Child, 1951, 6, 127-169.

Freud, S. Beyond the pleasure principle. Standard Edition, XIV. London: Hogarth Press, 1955. (Originally published, 1920)

Fries, M. E. & Woolf, P. J. Some hypotheses on the role of the congenital activity type in personality development. The Psychoanalytic Study of the Child, 1953, 8, 48-62.

Frijling-Schreuder, E. C. M. Borderline states in children. The Psychoanalytic Study of the Child, 1969, 24, 307-327.

Fuller, D. S., Escudero, M. M., Mandelbaum, A. & Hirshberg, J. C. Some research implications in the evaluation of a borderline psychotic child. Bulletin of the Menninger Clinics, 1954, 18, 72-79.

Gediman, H. K. The concept of stimulus barrier: Its review and reformulation as an adaptive ego function. International Journal of Psychoanalysis, 1971, 52, 243-257.

Geleerd, E. Borderline states in childhood and adolescense. The Psychoanalytic Study of the Child, 1958, 13, 279-295.

Gilpin, D. Psychotherapy of borderline psychotic children. American Journal of Psychotherapy, 1976, 30:3, 483-496.

Goldfarb, W. Childhood schizophrenia. Cambridge, Mass.: Harvard Univ. Press.

Greenacre, P. The predisposition to anxiety. Parts I & II. Psychoanalytic Quarterly, 1941, 10, 66-94; 610-638.

Greenacre, P. Pregenital patterning. International Journal of Psychoanalysis, 1952, 33, 410-415.

Greenacre, P. Toward an understanding of the physical nucleus of some defense reactions. International Journal of Psychoanalysis, 1958, 39, 69-76.

Greene, W. A., Jr. Early object relations, somatic, affective and personal: An inquiry into the physiology of the mother-infant unit. Journal of Nervous and Mental Diseases, 1958, 126, 225-253.

Grinker, R. R. Psychosomatic research. New York: Norton, 1953.

Harley, M. (chairman) Indications and contraindications for child psychoanalysis. Journal of the American Psychoanalytic Association, 1973, 21:3, 603-616. (Abstract)

Hartman, H. Ego psychology and the problem of adaptation. New York: International Universities Press, 1958. (Originally published, 1939)

Hartmann, H. Comments on the psychoanalytic theory of the ego. In Essays on ego psychology. New York: International Universities Press, 1964, pp. 113-141. (Originally published, 1950)

Hellersberg, E. F. Unevenness of growth in its relation to vulnerability, anxiety, ego weakness, and the schizophrenic patterns. American Journal of Orthopsychiatry, 1957, 27, 577-586.

Holt, R. R. Some recent applications of Freud's concept of stimulus barrier to psychological research. (Unpublished paper; cf. Gediman, 1971)

Hortacollis, P. Affects in borderline disorders. In P. Hortacollis (Ed.), Borderline personality disorders: The concept, the syndrome, the patient. New York: International Universities Press, 1977, pp. 495-507.

James, M. Premature ego development. International Journal of Psychoanalysis, 1960, 41, 288-294.

Khan, M. M. R. The concept of cumulative trauma. The Psychoanalytic Study of the Child, 1963, 18, 286-306.

Khan, M. M. R. Clinical aspects of the schizoid personality: Affects and technique. In The privacy of the self. New York: International Universities Press, 1974, pp. 13-26.

Knowlton, P. & Burg, M. Treatment of a borderline psychotic five-year-old girl. In G. Caplan (Ed.), Emotional problems of early childhood. Proceedings of the International Institute of Child Psychiatry, Toronto, Aug. 1954. New York: Basic Books, 1955, pp. 451-488.

Korner, A. F. Some hypotheses regarding the significance of individual differences at birth for later development. The Psychoanalytic Study of the Child, 1964, 19, 58-72.

Kris, E. Opening remarks on psychoanalytic child psychology. The Psychoanalytic Study of the Child, 1951, 6, 9-17.

Kris, E. Problems of infantile neurosis: A discussion. The Psychoanalytic Study of the Child, 1954, 9, 16-71.

Kubie, L. A physiological approach to the concept of anxiety. Psychosomatic Medicine, 1941, 3, 263-276.

Lustman, S. L. Rudiments of the ego. The Psychoanalytic Study of the Child, 1956, 11, 89-98.

Maenchen, A. Notes on early ego disturbances. The Psychoanalytic Study of the Child, 1953, 8, 262-270.

Maenchen, A. Object cathexis in a borderline twin. The Psychoanalytic Study of the Child, 1968, 23, 438-456.

Mahler, M. S. On two crucial phases of integration of the sense of identity. Journal of the American Psychoanalytic Association, 1958, 6, 136-139.

Mahler, M. S. On human symbiosis and the vicissitudes of individuation, Vol. 1, Infantile psychosis. New York: International Universities Press, 1968a.

Mahler, M. S. The self-limitations of Lauretta Bender's biological theory. International Journal of Psychiatry, 1968b, 5:3, 230-233.

Mahler, M. S. A study of the separation-individuation process and its possible application to borderline phenomena in the psychoanalytic situation. The Psychoanalytic Study of the Child, 1971, 26, 403-424.

Mahler, M. S. On the first three subphases of the separation-individuation process. International Journal of Psychoanalysis, 1972, 53, 333-338.

Mahler, M. S. & Elkish, P. Some observations on disturbances of the ego in a case of infantile psychosis. The Psychoanalytic Study of the Child, 1953, 8, 252-261.

Mahler, M. S. & Gosliner, B. J. Symbiotic child psychosis: Genetic, dynamic, and restitutive aspects. The Psychoanalytic Study of the Child, 1955, 10, 195-212.

Mahler, M. S. & Kaplan, L. Developmental aspects in the assessment of narcissistic and so-called borderline personalities. In P. Hortacollos (Ed.), Borderline personality disorders: The concept, the syndrome, the patient. New York: International Universities Press, 1977, pp. 71-85.

Mahler, M. S., Pine, F. & Bergman, A. The psychological birth of the human infant. New York: Basic Books, 1975.

Mahler, M. S., Ross, J. R. & DeFries, Z. Clinical studies in benign and malignant cases of childhood psychosis. American Journal of Orthopsychiatry, 1949, 19, 295-304.

Marcus, J. Borderline states in children. Journal of Child Psychology and Psychiatry, 1963, 4:3 & 4, 207-218.

Milner, M. Aspects of symbolism in the comprehension of the not-self. International Journal of Psychoanalysis, 1952, 33, 181-195.

Modell, A. H. Primitive object relations and the predisposition to schizophrenia. International Journal of Psychoanalysis, 1963, 44, 282-292.

Murphy, L. B. The widening world of childhood. New York: Basic Books, 1962.

Nunberg, H. Ego strength and ego weakness. In Practice and theory of psychoanalysis, Vol. I, 2nd Ed. New York: International Universities Press, 1960, pp. 185-198.

Odier, C. Essay on sublimation. In R. M. Loewenstein (Ed.), Drives, affects, behavior. New York: International Universities Press, 1953, pp. 104-119.

Parens, H. Developmental considerations of ambivalence: Part 2 of the relations of instinctual drives and the symbiosis-separation-individuation process. The Psychoanalytic Study of the Child, 1979, 34, 385-420.

Pine, F. On the structuralization of drive-defense relationships. Psychoanalytic Quarterly, 1970, 39, 17-37.

Pine, F. On the concept "borderline" in children: A clinical essay. The Psychoanalytic Study of the Child, 1974, 29, 341-368.

Pine, F. On the pathology of the separation-individuation process as manifested in later clinical work: An attempt at delineation. International Journal of Psychoanalysis, 1979, 60, 225-242.

Rank, O. The trauma of birth. New York: Harcourt, Brace & Co., 1929.

Rank, B. & Mac Naughton, D. A clinical contribution to early ego development. The Psychoanalytic Study of the Child, 1950, 5, 53-65.

Rapaport, D. On the psycho-analytic theory of affects. International Journal of Psychoanalysis, 1953, 34, 177-198.

Rapaport, D. The theory of ego autonomy: A generalization. Bulletin of the Menninger Clinics, 1958, 22, 13-35.

Reich, A. Pathologic forms of self-esteem regulation. The Psychoanalytic Study of the Child, 1960, 15, 215-232.

Ribble, M. A. The rights of infants: Early psychological needs and their satisfaction. New York: Columbia Univ. Press, 1943.

Richmond, J. B. & Lustman, S. L. Autonomic function in the neonate: I. Implications for psychosomatic theory. Psychosomatic Medicine, 1955, 17, 269-275.

Rosen, V. H. Discussion of Geleerd, E. R.: Borderline states in childhood and adolescence. In J. Weinreb (Ed.), Recent developments in psychoanalytic child psychotherapy. New York: International Universities Press, 1960, pp. 174-178.

Rosenfeld, S. K. Some reflections arising from the treatment of a traumatized "borderline" child. The Psychoanalytic Study of the Child, 1975, monograph 5, 47-64.

Rosenfeld, S. K. & Sprince, M. P. An attempt to formulate the meaning of the concept "borderline." The Psychoanalytic Study of the Child, 1963, 18, 603-635.

Rosenfeld, S. K. & Sprince, M. P. Some thoughts on the technical handling of borderline children. The Psychoanalytic Study of the Child, 1965, 20, 495-517.

Rubinfine, D. L. Panel report: Problems of identity. Journal of the American Psychoanalytic Association, 1958, 6, 131-142.

Rubinfine, D. L. Maternal stimulation, psychic structure, and early object relations: With special reference to aggression and denial. The Psychoanalytic Study of the Child, 1962, 17, 265-282.

Sander, L. W. Issues in early mother-child interaction. Journal of the American Academy of Child Psychiatry, 1962, 1, 141-166.

Sandler, J. The background of safety. International Journal of Psychoanalysis, 1960, 41, 352-356.

Sandler, J. & Joffe, W. G. Notes on obsessional manifestations in children. The Psychoanalytic Study of the Child, 1965, 20, 425-438.

Sandler, J. & Joffe, W. G. On skill and sublimation. Journal of the American Psychoanalytic Association, 1966, 14, 335-355.

Sandler, J. & Joffe, W. G. The tendency to persistence in psychological function and development (with special reference to fixation and regression). Bulletin of the Menninger Clinics, 1967, 31, 257-271.

Schneider, R. Das Borderline-Syndrom des Kindes. Dynamische Psychiatrie, 1974a, 7:2, 109-126.

Schneider, R. Die Technik der Simultan-therapie beim Kindlichen Borderline-Syndrom. Dynamische Psychiatrie, 1974b, 7:6, 345-357. (Editor's translation)

Schur, M. The ego in anxiety. In R. M. Loewenstein (Ed.), Drives, affects, behavior. New York: International Universities Press, 1953, pp. 67-103.

Schur, M. The ego and the id in anxiety. The Psychoanalytic Study of the Child, 1958, 13, 190-220.

Schur, M. Phylogenesis and ontogenesis of affect- and structure-formation and the phenomenon of repetition compulsion. International Journal of Psychoanalysis, 1960, 41, 275-287.

Singer, M. B. Fantasies of a borderline patient. The Psychoanalytic Study of the Child, 1960, 15, 310-356.

Spitz, R. A. Diacritic and coenesthetic organizations. Psychoanalytic Review, 1945, 32, 146-162.

Spitz, R. A. Anxiety in infancy: A study of its manifestations in the first year of life. International Journal of Psychoanalysis, 1950, 31, 138-143.

Spitz, R. A. Aggression: Its role in the establishment of object relations. In R. M. Loewenstein (Ed.), Drives, affects, behavior. New York: International Universities Press, 1953.

Spitz, R. A. Some early prototypes of ego defenses. Journal of the American Psychoanalytic Association, 1961, 9, 626-651.

Spitz, R. A. Autoeroticism re-examined. The Psychoanalytic Study of the Child, 1962, 17, 283-315.

Spitz, R. A., Emde, R. N. & Metcalf, D. R. Further prototypes of ego formation: A working paper from a research project on early development. The Psychoanalytic Study of the Child, 1970, 25, 417-441.

Tennes, K., Emde, R., Kisley, A. & Metcalf, D. The stimulus barrier in early infancy: An exploration of some formulations of John Benjamin. Psychoanalysis and Contemporary Science, 1972, 1, 206-234.

Thomas, R. Comments on some aspects of self and object representation in a group of borderline children: The application of Anna Freud's Diagnostic Profile. The Psychoanalytic Study of the Child, 1966, 21, 527-580.

Tolpin, M. On the beginnings of a cohesive self: An application of the concept of transmuting internalization to the study of the transitional object and signal anxiety. The Psychoanalytic Study of the Child, 1971, 26, 316-352.

Waelder, R. Trauma and the variety of extraordinary challanges. In S. S. Furst (Ed.), Psychic trauma. New York: Basic Books, 1967.

Wax, D. E. Learning how to pretend: A distinction between intent and pretense observed in the treatment of a borderline psychotic boy. British Journal of Medical Psychology, 1973, 46:3, 297-302.

Weil, A. P. Certain severe disturbances of ego development in childhood. The Psychoanalytic Study of the Child, 1953a, 8, 271-287.

Weil, A. P. Clinical data and dynamic considerations in certain cases of childhood Schizophrenia. American Journal of Orthopsychiatry, 1953b, 23:3, 518-529.

Weil, A. P. Discussion of Geleerd, E. R.: Borderline states in childhood and adolescence. In J. Weinreb (Ed.), Recent developments in psychoanalytic child psychotherapy. New York: International Universities Press, 1960, pp. 171-174.

Weil, A. P. The basic core. The Psychoanalytic Study of the Child, 1970, 25, 442-460.

Weil, A. P. Ego strengthening prior to analysis. The Psychoanalytic Study of the Child, 1973, 28, 287-301.

Winnicott, D. W. Collected papers. London: Tavistock; 1958.

Wolff, P. H. Observations of newborn infants. Psychosomatic Medicine, 1959, 21, 110-118.

Yorke, C. & Wiseberg, S. A developmental view of anxiety. The Psychoanalytic Study of the Child, 1976, 31, 107-135.

Zilboorg, G. The sense of reality. Psychoanalytic Quarterly, 1941, 10, 183-210.