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Thinking about Thinking: Some Clinical and Theoretical Considerations in the Treatment of a Borderline Patient

Peter Fonagy

INTRODUCTION

The borderline concept

Psychoanalysis and modern psychiatry take opposing approaches to the definition of borderline patients. In the North American clinical literature borderline pathology is seen as a distinct *clinical syndrome* characterized by impulsivity, pattern of unstable but intense relationships, inappropriate and intense anger, identity disturbance, affective instability, frantic efforts to avoid abandonment, suicidal threats, self-mutilating behaviour and chronic feelings of emptiness and boredom (APA, 1987); (Gunderson, 1984); (Gunderson et al., 1981). Clinicians, working within various psychoanalytic and psychotherapeutic frameworks, who are frequently confronted by pathology typical of borderline patients in so-called neurotic individuals are understandably reluctant to draw sharp distinctions on the basis of concepts and categories which are primarily descriptive (Bion, 1957); (Guntrip, 1968); (Klein, 1946); (Knight, 1953)(Rosenfeld, 1978). Kernberg (1967), (1975), (1985)(1988) takes an intermediate position between a purely phenomenological and a classical psychoanalytic position, preferring to conceive of borderline as a *level of psychic functioning* characterized by non-specific manifestations of ego weakness, shift towards primary-process thinking, identity diffusion and specific defence operations. Within this framework, borderline denotes a particular type of psychic organization which may be found in quite a broad range of personality disorders and may be associated with very heterogeneous symptomatology and diagnosable mental disorders.

Among the most frequently noted shared characteristics of individuals considered to be borderline is an impairment of object relations, internal as well as external, identified within and outside the transference. The relationships they describe appear to be short-lived, sound chaotic yet

extremely intense. They manifest an interpersonal hypersensitivity which leads to dramatic alterations in their relationships, a fragmentation of their sense of identity, an overwhelming affective response and mental disorganization. These features are particularly evident in the transference. Their submissiveness can suddenly turn to disparagement and rage of remarkable intensity. The trigger may be the mildest criticism or the slightest rebuff in the face of what appear to be unreasonable demands for understanding or gratification.

The unpredictability of interpersonal responsiveness must contribute to what authors frequently note as the temporally variable nature of their pathology. This very 'instability' appears to be a stable and central characteristic of borderline functioning. A number of authors have attempted to elaborate upon this paradoxical constellation of permanence and impermanence,

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what may be called a stable lability. Most successful have been those attempts which set out to describe the pathological organization that underpins psychic functioning in these individuals (Bion, 1962); (Rey, 1979); (Steiner, 1979), (1987). Others, working in a developmental ego psychology framework, have developed curiously similar descriptions in terms of 'the stable instability of ego functions' (Ekstein & Wallerstein, 1954); (Rosenfeld & Sprince, 1963)(1965); (Shapiro, 1983).

It is the intention of the present paper to elaborate upon one aspect of psychic functioning concerning mental representations of objects which may go some way to account for these aspects of borderline functioning and to illustrate this in the psychoanalytic treatment of an individual with severe borderline personality disorder. Some recent advances in our understanding of the development of mental representation of psychic processes may help to both clarify the nature of some aspects of the pathological organization of borderline personality and to offer us some clues as to common causes of this form of disturbance.

The theory of mind

One of the capacities which defines the human mind is the ability to take account of one's own and others' mental states in understanding and predicting behaviour. This capacity is referred to by Premack and Woodruff (1978) as '*a theory of mind*'. It denotes the collection of intuitive ideas that all of us possess concerning mental functioning and the nature of perceptual experience, memory, beliefs, attributions, intentions, emotions and desires. Understanding and correctly anticipating the other's expectations and ideas is far more important than appreciating the physical circumstances and mechanical aspects of human interaction.

In philosophy of the mind, the characteristic of the *mental* state which distinguishes it from other internal states is its intentionality (Dennett, 1978), (1983). Beliefs and desires can be described as mental states; other constructs such as perception and physiological states cannot. The term 'intentional stance' is used by Dennett and others to denote the individual's ability to appreciate mental states with content such as beliefs, thoughts, desires, expectations, etc. Language marks the separateness of the mental world with unique syntactic and semantic rules.[1] For example, mental states are *about* something, which is expressed in language by the use of a relative pronoun, or the 'that' complement of mental verbs, e.g. 'He feels *that* the paper is too long'.

A qualitative change occurs in the child's understanding and awareness of psychological events during the third year of life when they begin more fully to appreciate, in themselves and others, mental states such as knowing, feeling, forgetting or thinking. Understanding of others crucially depends upon self-awareness, the capacity for pretence (i.e. imagining that one is the other person) and the capacity to distinguish reality from pretence.

When do children begin to conceive of human action in terms of mental states, beliefs and desires? It seems that an understanding of the mental world of intentionality is more complex than an understanding of the world of physical causality.[2] It has become evident that the capacity

[1] *The foundations of this concept in the philosophy of mind lie with Brentano (1924). A recent summary of developmental work in this area may be found in Astington, Harris & Olson (1988).*

[2] *In one psychological study concerned with the development of a theory of mind (Wimmer & Perner, 1983) 4-year-old children heard a story about a child who helped his mother put some chocolate in a cupboard. While the child was outside, the story went on, the mother used all of the chocolate to bake a cake. When asked where the child in the story would look for the chocolate when he returned, the majority of 4-year-olds predicted that the child would look in the cupboard. That is, they understood that the child's belief would differ from reality. Younger children failed at this task.*

In a further demonstration, Perner et al. (1987) showed children a cardboard 'Smarties' (M & M's) tube and asked them what they thought the tube contained. They all replied: 'Smarties', as would be expected. The lid was then removed and the children saw that the tube contained a pencil. The tube was then closed again. All the 3-year-olds were now able to say correctly that the tube contained a pencil. When asked to predict what their friend, who was waiting outside, would predict was in the tube, all the children under 3½ replied: 'A pencil'. 4-year-olds could correctly anticipate that their friend outside would expect Smarties in the tube. Thus they could work out not just the nature of another person's mistaken belief but also the effect this was likely to have upon that person's behaviour.

[3] *A fuller account of this developmental sequence is presented in Fonagy (1989).*

is not present in the infant. Rather it is part of a line of development which starts from elementary modes of social understanding, from the affective resonance of the first months described by Stern (1985), going through the empathic sensing and responding to the mood of another as observed in infants of eight months, to the understanding of others' intentions demonstrated, for example, in co-operative play, which begins at fourteen months (Freud & Burlingham, 1944). Full knowledge (rather than 'knowledge of acquaintance', William James, 1890) of one's own and others' mental states which permits reflection develops in the second and third year and represents

an important boost along the line of development from egocentrism to socialization (Anna Freud, 1965). Consistent with this reasoning, some developmentalists have argued that a theory of mind has its origins in normal children at the end of their first year of life (Leslie, 1987); (Bretherton et al., 1981).[3]

The capacity to attribute a belief to another person, what Johnson-Laird (1983) and others term second order (or meta-) representation, is acquired around the age of 3½ to 4. 3-year-olds, tested in a situation where they knew a secret from which another person was ostensibly excluded, ignore the other person's information deprivation and attribute knowledge of the secret to everyone (Marvin et al., 1976); (Mossler et al., 1976). A more advanced level of a theory of mind which entails the ability to think about another person's thoughts about a third person's thoughts (beliefs about another person's beliefs about beliefs), what Flavell et al. (1968) term 'Level 2 perspective taking', is probably not acquired fully until 6 years of age.[4]

Implications for psychoanalysis

At this point I may well be accurate in attributing to the reader the mental content 'What may be going on in this man's mind to cause him to tell me about advances in philosophy and developmental psychology in the context of a psychoanalytic case study?' The notion of 'understanding of mental states' has several important implications for the psychoanalytic theory of normal development and severe personality disturbance. I shall now briefly consider these areas in turn. A fuller account of these suppositions may be found in Fonagy & Higgitt (1990).

Firstly, the acquisition of a theory of mind entails the ability mentally to denote beliefs and desires, as if these were in quotation marks, without the need for the belief to be shared or the desire to be experienced. The achievement of a representation of mental events, whether conscious or unconscious, is frequently referred to in the psychoanalytic literature in the context of the capacity for symbolization (Segal, 1957); (McDougall, 1974); (Edgcumbe, 1984). The term symbolization is over-burdened with meanings, particularly in psychoanalysis. It is certainly not possible to restrict it to the notion of the secondary representation of mental states. For the sake of brevity I would like to label the capacity to conceive of conscious and unconscious mental states in oneself and others as the capacity to *mentalize*.

Secondly, with the evolution of the capacity to represent the other as psychically functioning, the internal representations of primary objects must be assumed to undergo a profound change. It could be argued that 'psychological part objects' as envisaged by modern Kleinian theory of early development (Spillius, 1988) are the inescapable products of internalization, in the first year of life, which precedes even a rudimentary theory of mind. 'Wholeness' is given to objects only through an understanding of the mental processes that provide an account of the object's actions in the physical world. Before mental states are conceived of, the mental representation of the object will be, by definition, partial, tied to specific situations by the need to limit explanation to physical causality and

[4]*This relatively sophisticated ability at perspective taking is frequently inadvertently assumed by certain types of analytic interpretation. For example, 'You think that people will be angry with you if they find out what you really feel about them'. Extra-transference interpretations in particular frequently tax the capacity of the patients to make belief attributions.*

probably confusing and distorted since the vital attribute of mental functioning is absent.

Thirdly, the distortion of mental representations of objects through projection is unavoidable at this early stage. Mental capacity in the other must develop through the projection of one's own state on to the internal representation of the other. Until the point is reached when mental states may be confidently attributed to the object there can be no capacity to limit this projection. Thus the absence of a theory of mind must constantly threaten the complete mental separation of self and object.

Fourthly, the development of the capacity for mental representation of the mental world of the other is closely related to the regulation and control of affect. The ability to represent the idea of an affect is crucial in the achievement of control over overwhelming affect. In the absence of this capacity, affect in others can be appreciated only through direct experiencing via emotional resonance. The absence of the capacity to represent affect mentally has also been noted by authors concerned with psychosomatic disorders (e.g. Sifneos, 1977); (McDougall, 1974); (De M'Uzan, 1974).

Fifthly, the emergence of the capacity to mentalize, to represent ideas and desires, has important consequences for the development of mechanisms of

defence from primitive to more sophisticated forms. To exclude an idea from consciousness presupposes the specific identification of the idea, which must involve the capacity for second-order representation. It is therefore to be expected that repression proper should be a relatively 'mature' defence. Other mechanisms available for the protection of consciousness from painful affect, which do not presuppose second-order representations of ideas and desires, can occur from a developmentally earlier stage. For example, primitive denial entails the removal of primary representations *in toto* from the conscious mind.

Sixthly, whereas academic psychologists account for the acquisition of the capacity for mentalization with reference to genetically preprogrammed cognitive development, I would like to argue that fundamental to the acquisition of these capacities is a degree of consistency and safety in early object relationships and 'good-enough' psychic functioning in the parents to empower the process of internalization. The consistency and safety of object relations permits the child to experience the manifestations of the benign objects' feelings, and the range of their intentions, in other words permits the emergence of theory of mind.

Before considering the implications of failures of second-order representation for borderline functioning, I would like to offer some case material which illustrates the importance of bearing in mind limitations upon this psychic capacity when treating such patients psychoanalytically. I would like to use material from the analysis of a man with borderline mental structure to illustrate how the defensive inhibition of the capacity to mentalize may be brought about by psychic trauma, how particular aspects of the analytic relationship may be understood in terms of this dysfunction and how this difficulty may be remedied by bringing understanding of these matters to bear upon the interpretation of the transference.

CASE PRESENTATION

Mr S was referred for psychoanalysis at age 27 by a psychotherapist colleague with whom he had been in treatment intermittently since the age of 21. She felt it necessary to refer him after an incident in which he threatened her physically. Despite the relatively long period of non-intensive therapy, she believed that he needed more intensive help and felt that his threats of violence called for a male therapist. She described him as narcissistic and schizoid, with a marked tendency to obstruct therapy with intellectualization. Mr S has been in five times weekly treatment with me for over four years.

He is a fair-haired, weedy looking man who gives the impression of being cold and distant. His clothes, generally a size too big, compound the impression of formlessness and frailty.

From the outset, he reported what appeared to be transient psychotic-like episodes, marked by minor visual illusions, and complained of overwhelming anxieties and profound depressions. He presented as a deeply lonely but extremely 'needy' man, whose social relationships were limited to people he met at the pub. He poignantly described his life as a 'disposable

existence'. He changed his job (he specialized in short-term contract work as a computer systems analyst), his flat and his relationships haphazardly. His uncertainty about his identity and his defensive use of projection, splitting and denial were evident from the outset. He complained constantly about his life. Yet his claims were vague and contained little of substance.

He drank a great deal and found himself in numerous first fights. His rage, depression and anxiety soon became focused in relation to me. He began to stagger drunkenly into his sessions and to threaten me in sinister and intimidating ways. In one early session, when I knew almost nothing about Mr S, he began yelling and shouting at me. He screamed reproachful abuse in ill-constructed sentences. The words were pronounced clearly enough to be meaningful, but his sentences somehow made no sense. The gist was clear, but more from the impact of the words on me than the language in which the communication was couched. I vividly recall feeling frightened, frustrated and bewildered, as well as sorry for him. I attempted to communicate to Mr S my sense that he felt under attack from within and without, as he was trying to communicate his need for help. Whilst my intervention appeared to calm him, I was left with the feeling that it was the sound of my voice or the concern it conveyed or simply my presence which helped rather than the content of what I said. Following such incidents, Mr S would have no memory of the emotional outburst or the fact that he was drunk or abusive.

Only grudgingly and sparingly did he tell me about his life and all of his accounts were characterized by intense psychic pain. I understood soon enough that his mother was deeply depressed throughout his childhood, but learned only later that she was intermittently given to thoughts of suicide and suicidal impulses. He has a sister three years his senior and a brother two years younger. His father, a Ministry of Works inspector, was an extremely violent man who was frequently away from home. Mr S remembers him as humourless and brutal and as regularly subjecting him to violent beatings.

Mr S was developmentally delayed in speaking and learned to read and write late. At school he came to be adept at subjects which required the extraction of information from facts and which demanded little by way of affect-laden responses and personal embellishments. He reported how the first novel he read, at the age of 10, disturbed him so much that he had not been able to read another since. He read books on science and music books, but disliked fiction in novels, at the theatre and even on television. As a child he had especially great difficulty in learning prose composition. He was wary of being in a position of having to write letters to people. He avoided learning to write, fearing that he would betray himself by it, and recalled how he deliberately distorted his handwriting to a barely legible, ridiculously elongated script which enabled him to fill a maximum amount of space with a minimum number of words, foreshadowing the manner in which he would attempt to fill the analytic hours. He was, however, talented in science and he attended a prestigious university, obtaining a good degree in crystallography.

In adolescence he failed to make friends with boys of his own age but managed to form a relationship with a girl and achieved genital sexuality. When his girlfriend left him, his rages and anxiety were intense and his attempt to control these with alcohol led to even more marked violent outbursts. He experienced the accompanying loss of control as a breakdown. He was briefly hospitalized and following this he sought therapeutic help for the first time. In his early twenties, he irrevocably severed all contact with his family, took up contract work abroad and led a lonely existence punctuated by periods of great emotional turmoil, usually associated with abortive attempts to form relationships.

The traumatic conditions of Mr S's infancy and early childhood, as these emerged in the analysis, are heartbreaking. To give me a picture of the cruelty of his father, he told me that on one of the few Christmases when he received any presents at all, his father gave him a small pair of boxing gloves. In the 'play' boxing that followed, father put on his sheepskin gloves and hit the 6-year-old so hard that he knocked his son unconscious. Even more horrifying was our recent realization that the scars on Mr S's back, which he incidentally knew nothing about until their discovery by his current girlfriend, were probably the result of early abuse. Medical examination of the scars revealed that repeated beatings, in the first years of his life, with a thin,

sharp object, such as a cane, was the most likely cause. But Mr S remains without conscious memory of these events. It is likely that his fear of any

emotional reaction in the transference may *in part* be explained by the frequent, brutal punishment he *can* now recall having received for crying. He remembers his mother screaming at him 'If you don't stop crying, I'll give you something to cry about!'

From the earliest sessions, one of the most remarkable aspects of listening to Mr S was what his words revealed about his thought processes. His associations lacked the qualities of depth, resonance and evocativeness. Often I felt that I might as well be listening to computer-generated speech, an impression he confirmed when his associations led him to a childhood identification with powerful but destructive alien robots from a children's television programme. It was not just his expressionless voice and matter-of-fact, harsh way of speaking but also the content of his utterances that left me with a sense of emptiness which I gradually realized was an echo of something that Mr S experienced.

Two months into his analysis, he brought his first dream, which illustrates well my experience of him. He started the session by describing in detail his journey from the underground station. He mentioned the houses, he commented on the railings, the cracks in the pavement, even the cars. But noticeably he made no mention of people. I put to him that he wanted me to know that it was an effort for him to come and see me. He responded that he was not aware of making any effort but said that he had had a 'bad' dream the previous night.

> *The dream was of a bureau with many drawers. He spent a long time finding the key. He knew that the drawers should be full, yet when he opened each in turn they were empty.*

In association to the dream, he told me that at work he kept his ideas locked away in a filing cabinet rather than the more accessible desk drawers.

After a brief silence, he began again to talk about the architecture of the building we were in. He said that the spaciousness of the building and its numerous rooms impressed him most. I began to appreciate the strength of the force rallied against a true dialogue. I interpreted his dread of a painful search for his thoughts and feelings in terms of his fear of finding only emptiness in himself and me. He replied that there were so many people trying to get out of the underground station that evening that he thought he might never be able to get to his session. This encouraged me to say that he felt frightened that his closeness to me might replace his emptiness in a way that threatened to make him feel entrapped and suffocated.[5]

He appeared to be untouched by what I said, but the material which followed made greater reference to people and had an altogether more human quality. I did not at this stage understand that in the absence of an ability to conceive of feelings as particular feelings and thoughts as specific thoughts, analytic self-reflection could only yield to him a nameless dread of mental emptiness.

What did become clear at this stage in Mr S's analysis was that he experienced himself as non-human. He expressed this in various ways, talking of himself as being dead inside, being from outer space, existing as a tiny molecule, being a cut-off limb, feeling unreal—as if he had turned himself inside-out. These experiences appeared to be linked to his sense of inner emptiness which, rather than being a peremptory response to anxiety, appeared to constitute a background against which the rest of the analysis took place. Because I came to appreciate his experience of his mental self as inanimate, non-human, I began to think about his problem of identity in terms of a structural anomaly.

My insight into the nature of his disturbance came about by my efforts to clarify the quality of the transference. During the first year of his analysis, I regularly made the error of interpreting his reluctance to discuss sexual and aggressive transference phantasies in terms of transference resistance. About a year into his analysis, he met a Spanish au pair girl in a pub and a short-lived affair developed. After nights with his girlfriend, Mr S would speak through much of his session in a monotonous, repetitive

[5] *I realize that this phenomenon is well described in the Kleinian literature as a kind of claustra-agoraphobic shuttling.*

way which at times succeeded in bringing me close to sleep. When I spoke of his worry about my reaction to his sexual adventures, he felt persecuted, became abusive, and the content of his rage was telling:

> *Don't you understand anything? It doesn't matter a damn what you feel. As far as I am concerned you don't exist.*

He then referred to his need to have 'it' under control and spoke of 'short-circuiting the system'. I said that his words were aimed at paralysing me in order to stop anything uncontrollably real happening. But my comments only triggered further abuse.

> *You should be able to see all this!... Why can't you understand? It's so obvious!*

In response, I talked to him of his difficulty in making comprehensible what was going on in his mind and the terrible helplessness this caused him to feel. He reacted positively to this interpretation and said that he could understand that some things were blocking him. He said he felt helped and went on to talk about his sense of emptiness. It then dawned on me that the reason that he could not benefit from more than the simplest verbalization of affect at the moment he felt it was that he could not conceive of himself as a person with various feelings and thoughts in the past and present. It was because of this functional disturbance that he could not think of me as someone engaged in trying to understand his mental life. For Mr S, I either understood what he was feeling at *that* moment or I was unbearably incapable and out of touch. For just as he could not conceive of psychic processes of his own from which to draw in describing himself, he could not understand that his objects, or in this case his analyst in the transference, did not have an immediate knowledge of what went on in his mind. His desperate need for the capacity to mentalize was externalized and experienced as my, rather than his, problem; the relentlessness of his accusation gave clear intimation both of the dread of losing the capacity to comprehend and the value he placed upon my continued ability to do so.

Mr S's objects lacked independent psychological existence because he projected his own incapacity to represent himself as a thinking, feeling person on to them. On one occasion I was slightly late for Mr S's session. He reacted with vituperative rage, shouting at me 'What the fuck do you think you are doing, I am going to smash your face in, slit your throat, you cunt.' After he calmed down he accused me of unprofessional conduct, of a complete failure to understand him, or purposely trying to sabotage his treatment. He questioned my integrity as a human being and even my sanity. In the next session he reported

> *a dream in which he was in an art gallery. He thought in a vague way that I was there too. The striking thing to him about the dream was that people he knew were hanging as photographic exhibits.*

He linked the image of the gallery to something he had seen on television, a speaking cartoon drawing on the wall that was apparently frustrated because its position was fixed. I said that it seemed to me that his pictures of me and others were like photographs, incapable of reacting, and that, whilst this distressed him, it was somehow more desirable than finding me acting in unpredictable ways. In this way I gradually understood that the depictions of others who emerged in his phantasies as 'people without faces', corpses,

robots, men without heads, etc., possessed a crucial common characteristic: they lacked mental capacity.

Subsequently, when he fantasized that I was a corpse, or that I was hammering a chisel into his head, or that I was a mad doctor who ate human flesh, I became increasingly able to understand these images as reflecting his disavowal of my human experience. What was clear at this stage was that he could not tolerate me thinking about him. Beyond his obvious sadism, he was compelled also to rob me of my capacity to mentalize. His intolerance in me of the very mental state which he so painfully lacked was forced on him by the compelling need to conceive of his life as something which cannot be thought or felt about. His attempt at protecting himself from the traumas of his early life must have included a profound identification with the thoughtless state of the original abusers and this source of protection was threatened by the evolving analytic relationship. Conceived of in this way, his vehement attacks upon me, my mental capacities and the analytic process became understandable

reactions to the terror the capacity to mentalize presented him with.

In the transference, his striking lack of appreciation of his analyst as a fully functioning object was clearest in a dream he had at this stage. In a session that was slow, dry and repetitive, like many others, he reported

> *a dream in which he sat opposite a man who was 'a blank'.*

His association to the dream was a painting by a modern artist of a man with a bowler hat without features. At my prompting, he indicated that he was surprised, but not frightened, that the figure in the dream could walk straight through him. He recalled his childhood fantasy that he was H. G. Wells' Invisible Man, who could also walk through walls.[6] I interpreted that in order to feel safe he had to make himself plain, without features, so that I would not intrude into him or see through him. He accepted my account, but his blankness continued without alteration. I realized that the dream showed that it was I who was blank to him, that we could walk right through each other because there was no contact between us, no common understanding to form the basis of reciprocal human communication. He felt as though his comments, as well as my interpretations, were passing through air, not able to make contact with anything solid. Interpretations are predicted on the capacity of the patient to observe himself as having thoughts and phantasies which derive from the past, are re-experienced in the here and now, and which can be the subject of a shared therapeutic task. For Mr S at this stage there could be only one reality at

a time—either his or what he projected on to me. Thus we could pass from one to the other but genuine therapeutic communication between us could not occur.

At this stage, he clearly had difficulty in acquiring the ability to differentiate between an internal transference image of his analyst on the one hand and me as person on the other. There was no 'as if' character to this transference because—at times at least—he had no access to a sense of 'real yet not real'. It was only with the beginning of a development of an understanding of mental states that Mr S could bear separation from the object without the threat of narcissistic rage. The acquisition of a reliable capacity to mentalize coincided with his re-experiencing the events surrounding his mother's suicide attempt and his painful recognition of the independent mental existence of his analyst.

The turning-point in Mr S's treatment took place in the third year of his analysis. It was at a time when he was even more than usually troubled by interruptions to the analysis that memories of his mother began to emerge in the material and that he reported a series of dreams and images of corpses lying on slabs. The displacement of his anxiety about his mother on to his own body on the analytic couch was evident; and for a brief period he became fascinated with Druid rituals and particularly the idea of human sacrifice. At the same time his denigration of me in the transference grew more intense. I came to expect daily rebuke for imposing additional problems on him through the analysis and burdening him with breaks and weekends. Frequently I would be left wondering what I had done wrong and what I could do to make it right. Eventually I was able to appreciate that he forced me subtly into the role of the helpless child so that he, in the transference, could take on a far more sinister role. Despite my verbalization of this, the pattern continued for some weeks.

After considerable analytic work, Mr S could see that he was trying to paralyse me in order to keep at bay the feelings that were most troublesome for him. In one session his fury focused on his lateness in getting to work which deprived him of an exciting contract and for which in some undefined way I was to blame. I said that I thought he was trying to make me feel bad. This was because he was feeling guilty at his intense anger about the starting and stopping of the sessions and the weekend breaks. I mentioned that his rage was not just with me but also with the possibility that we might be going to do productive work together. Although he listened to what I said, he remained silent. I added that in failing to get up early he enabled himself to feel that I had deprived him of something; that

[6] *I was fully aware at the time that the Invisible Man in reality lacked this capacity. The inaccuracy of his recollection or understanding underscored the relevance of the memory for the understanding of the transference.*

he wanted to provoke a row with me and thus experience me as someone who was attacking and criticizing him. He smiled ever so slightly at my words. But the change was momentary and his attack continued for another seven or more minutes. He retorted with fury which was mostly about the times of sessions. Eventually he asked 'When is all this going to finish? I think we have reached the end!' and, as if he had surprised himself, lapsed into silence. I said that he was just as frightened of mental aliveness in himself as in me; that the sadness inside him when he missed me was sometimes so unpleasant that it was easier to kill the thinking part of both of us than face the pain of experiencing the end of the session that he valued. He said in an almost sneering tone that I could not possibly know what a bleak experience it was to have no imagination.

He brought a painting to his next session which he tentatively presented to me. The focal point of the picture was a woman in a yellow dress lying horizontally, apparently in mid-air. I remembered his fascination with this colour and his illusion that the colour of the consulting-room had been changed from yellow to green at the point that had marked the onset of this phase of the analysis. He drew my attention to a 'black presence' in the top right-hand corner of his picture. I suggested tentatively that there might be a connexion between the woman in his painting and his 'dark' thoughts about human sacrifice and what I sensed was his confusion about the menace she faced. A number of recollections involving his mother's depression followed and, when I reminded him that his mother had attempted suicide, he was able to make the links between the memory of her unconscious body being carried away on a stretcher in a yellow dressing-gown and this painting. As his feelings surrounding these events were worked on in the analysis it became clear that part of his confusion arose out of his father's complete unwillingness to acknowledge his mother's suicide attempt: 'Next morning we just had breakfast as usual and nobody said anything'. It gradually became clear that beside the identification with an unconscious mother, externalized in the transference to a dead analyst, Mr S faced insurmountable difficulty in achieving a realistic perception of his mother's psychic life, the reality of her lack of love that apparently left him with no option but to deny her the capacity to think.

Over the next two years of his analysis, it became increasingly clear that his experience of his mental self as empty, his experience of me as non-human and

his apparent inability to conceive of my mental state to a degree that might permit communication could be understood as an inhibition of and defence against conceiving of his own or his objects' mental functioning. Having arrived at this understanding, I was able to empathize with Mr S's difficulties in taking any mental standpoint other than his own. Just how terrifying and painful thinking about mental states was for Mr S was illustrated to me in the following two sessions towards the end of the third year of his analysis. In one session he talked of his parents peering at him from the past, which he linked to an image of two sets of red eyes staring at him from the darkness like dogs. At the end of the session, I asked him to make two 'small' changes in the times of his sessions in a fortnight's time, to which he readily agreed.

In the next session, he refused to lie down on the couch. He gave no explanation but his discontent quickly emerged in his complaints about people who 'readily take a position of preferring not to know'. In contrast to these individuals, he claimed himself 'incapable of living in bad faith'. Most people could just ignore suffering by looking away and living a lie. He then told me that he had spent the previous day constructing a bed in anticipation of the arrival of a friend who it was planned would stay with him in a fortnight's time. I pointed out that he no longer knew how far he could have faith in me and felt it safer, for the moment, to construct his own couch rather than to feel reliant on my support. He seemed to take little notice of my comment and we sat in silence for a while. Then, looking intently at the foot of the couch, he recalled

> *two dream fragments. One was about a lion which, to his surprise, he kept at home; the other was a more disturbing one which concerned a man who was apparently being executed by someone who took two small red balls out of his pocket 'as if he was going to give change to someone' and hammered them into the other's head.*

In the dream

> *Mr S recalled being unable to*

> *look but nonetheless knowing that this would kill the man.*

The executioner reminded him of his father and the lion of a toy he had had as a child. He recalled that the lion was subjected to 'terrible abuse' and, as he remembered it, its mane had completely disappeared.

I said that he wished me to know that the changes which I called small felt devastating to him, and that if I, as the lion, was to suffer terrible abuse, then I would learn how he felt and this would help him to cope with his sense of not mattering. He acknowledged what I said but continued to stare at the foot of the couch. I sensed his shame and anger. Eventually he said that the lion had been a present from his father, to him or to his sister, he could not remember. He also told me that the lion's eyes had been red but were missing in the dream. Referring to the red eyes of the previous session I wondered if he felt one or other of us might be killed if we were forced to see things from the other's standpoint. He looked at me for the first time in the session and I noticed tears rolling down his face. He haltingly recounted that his father, on his return from a long tour of duty and upon seeing that the lion was dirty and damaged, had beaten Mr S. He recalled his father screaming at him: 'I'll beat some sense into your head! Now you can see how it feels!' I said that I understood that he was terrified that I would hammer my crazy ideas into him, that if he tried to see things from my point of view he would be driven crazy. He suddenly got up and lay down on the couch. There was a silence but also a sense that our minds had met. Eventually he said that he could not imagine that coming to analysis could ever make him feel happy but he did feel that he had more space.

Soon after this session he brought the following dream

> *He was going on a university field trip collecting rock samples. The expedition was led by an elderly professor. In digging for the rocks, they found human remains. In the skull of the skeleton, the professor found some rare and exceptional crystals.*

His associations linked the leader of the field trip to 'the only teacher on the course one could talk to'. He also made a link between rocks and my first name and acknowledged with sadness that perhaps the body he found was also mine too. I agreed with him but was able to point out that in becoming aware of his wish to kill me he also found valuable things inside my head.

As Mr S's analysis progressed it became clear that his inability to contemplate the mental states of others was linked not only to his identification with, and his reliance on, projection of his sadistic wishes but also to his own unconscious fear of revealing his aliveness. He had as a child a conscious fear of his father's death wishes towards him. He frequently felt in danger of being killed by me. When we talked about his father he looked at me with terrified eyes at the beginning of the sessions, slinking out of the room at the end. 'I have seen too much or know too much to have the right to feel human!'

We are now in the process of coming to understand more about the experiences which lie behind Mr S's deeply rooted pathology. About four years into the analysis he came into his session visibly shaken. I had noticed that he had been feeling increasingly anxious for the past few days. He told me he could not lie down on the couch and sat uncomfortably in the chair opposite. I became aware that he was unable to look at me. He told me of a dream that terrified him.

> *He was on an island with just one palm tree like they have in cartoons, in the middle of the sea. He was wearing a white shirt. Suddenly a red stain, in the shape of a tear, appeared in the middle of his shirt, just around his heart. It must have dropped off the palm tree.*

In association to the dream, he told me that he was disturbed because he heard the day before of his sister, Pamela, indirectly through a friend of a friend. He had not seen his sister for over twelve years, having deliberately cut off all contact with his family. Apparently his sister wanted to get in touch with him. I wondered if the tree from which the red tear fell was related to Pamela and his feeling that she missed him. He appeared to ignore my comment and told me of the time he decided to give up on his family. He went to Los Angeles. It was at that time that a scandal broke about a residential primary school where children were sexually abused. It came out because a boy's mother found a red spot on the child's pants. Mr S could not understand why the children had stayed silent about the abuse for so long. I said that perhaps there were things between his sister and him that

he had remained silent about because he was afraid that I would punish him. He jumped off the chair and curled up in the corner of the room by the door, cowering. After crying uncontrollably, he said: 'They made them watch their pet rabbits being decapitated'. I said that he seemed to appreciate very well how terrified the children at the school must have felt. He calmed down a little, sat down again and said: 'You know, you were wrong (some months ago) when you said that you thought my father found my sister and me playing sexual games. It was I who saw my father doing it to my sister ... And afterwards, everybody pretended that nothing had happened. We just lived as if we were an ordinary family'. He then began to cry again.

Since that time, he has been able to tell me that bringing the material about his sister's sexual abuse was in some ways a trial, much like 'people who go to the doctor may say I've got a friend who has a problem'. It seems clear now that his father, probably on several occasions, anally assaulted him. Tragically it

occurred on one occasion when he went to seek refuge in father's bed following a terrifying nightmare.

By now both Mr S and I recognize that there remains a great deal of analytic work for us. He seems grateful, however, for the progress which he has already made. He feels perhaps no happier, but his panic attacks, his impulsive outbursts and his drinking bouts are greatly reduced in frequency and intensity. He is now in a permanent job and for the past eighteen months has had a somewhat turbulent but long-term relationship with a young woman with whom he has purchased a house. The analysis is still punctuated by periods of intense resistance marked by both sadness and rage. The predominantly non-human quality of the transference, however, is no longer a feature of my work with him.

One day recently he came in looking shifty and worried. He lay down on the couch and, although I was unaware of it at the time, he was hiding his right hand inside his jacket. He talked calmly and apparently without emotion about his plan to burn down his previous analyst's consulting-room. This would make her realize what she had forced him to go through. My head was suddenly filled with concern for my house and loved ones. Eventually I was able to interpret his need to frighten me in order to maintain his own terror within limits. He pulled his hand out from under his jacket saying: 'Look, I haven't got my knife!' This was Mr S's first 'joke' in the analysis. I believe that it was crucial in this interchange that the transference image created in him could be recognized by him as a product of his own mind which he could separate from other views of me which he entertained at different times. It was his experience of the transference, and its interpretation, which gradually enabled the development of his theory of mind which in turn helped him to use the transference in a genuine way as opposed to the way he had used it before. Mr S's recognition that he wished to frighten me, and to some extent succeeded in doing so, had much in common with the process of pretend, playful, safe, 'as if' interactions by which the child's capacity to impute mental states to others is normally acquired and enhanced and which his material clearly lacked, at least in the initial phases of his analysis.

DISCUSSION

In this paper I have described the extreme defensive stance adopted by Mr S. His means of coping through a disavowal of mental capacity in his objects and through his failure to mentalize his own feelings and thoughts appeared to be crucial aspects of a clinical picture frequently referred to in the analytic

literature as 'borderline'. Thus his initial transference indicated a poor differentiation between self and object which served to negate my existence. When faced with the terrifying possibility of fusion with his object, which served as the repository for his own destructive impulses, he defended against his phantasies by retreating from both my and his own mental existence. He evidenced an impoverished understanding of human relationships and sought comfort in the phantasies of being inaccessible to contact. His free association was hard to follow, the transference was filled with rage and any human communication involving having to conceive of the content of someone else's mind was resisted.

The capacity to conceive of the contents of one's own, as well as the object's mind, is an

important prerequisite for normal object relations. In its absence, the analytic patient, faced with the task of self-reflection, is prone to experiences of meaninglessness, chaos and nameless dread, as his own and others' feelings and intentions can only be represented at a primary (the immediately accessible) level and cannot be reflected upon or thought about. The development of the capacity to represent ideas qua ideas, phantasies qua phantasies, etc., in oneself and others depends on the availability of adult models throughout development whose mature egos can provide the framework on the basis of which these mental processes may be formed. Once evolved, these structures serve as part of the mental equipment needed to establish the boundaries of the self to provide protection against the terrifying threat of fusion, passive submission and loss of identity. Crucial developments take place in the second and the third year, but naturally, precursors (such as attunement to the feelings of the other) must lay the foundations for later development. The absence of parental figures endowed with adequate empathy to react appropriately to the child's growing social awareness may contribute to a permanent impairment of this development, leading to the child's poor comprehension of his own and others' mental states. The apparent absence of a mentalizing capacity is an adaptive strategy on the part of a child subjected to extreme deprivation. We may expect deficits of mentalizing capacity in cases where traumatic events concerning one or other of the parents compel the child defensively to disregard perceptions related to the thoughts and feelings of the primary object.

In his analytic relationship he projected his rage, and sadistic response to having been unloved and ill-treated, into his analyst and defended against his

fusion with me as the sadistic embodiment of his own cruel wishes, by denying my capacity to think or to have a mind. The profound mental consequences of early sexual trauma have recently been clearly stated by Shengold:

> *Too much neglect and too much torment and abuse (especially when these are too early) make for the blank state of devastated psychic structure... They may be able, by using massive and primitive defences, to contain the terrifying primarily murderous charge of affect that they have been forced to bear... (Shengold, 1985, p. 28).*

Without sufficient reality appraisal reliably to conceive of fantasies and feelings as mental rather than actual, Mr S's sense of worthlessness and guilt left him no recourse but a reliance on projection and externalization. As analysts, we are used to thinking of our disturbed patients' dependence on those defences as the cause of social alienation and fears of annihilation. What I would like to propose is that Mr S at least was forced to resort to these primitive defence mechanisms because his development of adequate social understanding was impaired by trauma. To the extent that the establishment of a theory of mind is predicated upon the contemplation of the mental state of one's primary object, it is imperative that the generally prevailing disposition of the primary object towards the self is sufficiently thoughtful and benign. Faced with profoundly cruel and mentally vacuous parenting, Mr S had no opportunity fully to acquire a theory of mind which was sufficiently robust and reliable to restrain his affects and mitigate his phantasies. Without a theory of mind, his responses to the thoughts and feelings of others were confusing and terrifying because they remained insufficiently differentiated. This theoretical understanding of the clinical phenomenon may thus add a new perspective, with reference to cognitive factors, to the contention that the borderline patient's personality structure is developmentally traceable to the stage of separation and individuation.

The parents' abuse undermines the child's theory of mind, so that it is no longer safe for the child, for example, to think about wishing, if this implies the contemplation of the all too real wishes of the parent to harm the child. The secondary representation of mental events may thus become permanently inhibited. Such inhibition may turn out to have substantial benefits for the individual because it enables him to circumvent intolerable psychic pain. Individuals whose primary objects are unloving and cruel may find the contemplation of the contents of the mind of the object unbearable. Overwhelmed by intolerable aggression from within and without, the individual desperately seeks comfort in

a regressive fusion with the object, 'a rescuing parent', who, however, is also, in reality or in phantasy, the mental vehicle of his sadistic wishes and all too often in reality the actual instigator of his torment (Shengold, 1985). The abandonment of the capacity for secondary representation thus becomes an adaptive, if extreme, measure, enforcing a vital separation.

Empirical studies of families indicate the presence of repeated trauma in the history of patients at a borderline level of functioning (Geleerd, 1958); (Gunderson, 1981); (Boyer, 1987). Physical abuse of a sexual or aggressive kind is also extremely common (Reich, 1925); (Horowitz, 1986a), (1986b); (Boyer, 1987); (Herman, 1986); (Herman et al., 1989). In more general terms the failure on the part of the parents to provide adequate support, attention, involvement and protection is a common pattern in patients with borderline level of functioning (Walsh, 1977); (Gunderson et al., 1980); (Frank & Paris, 1981); (Soloff & Millward, 1983).

It is not the intention of this paper to put forward a singular aetiology for certain types of borderline pathology based on childhood trauma. There may be many routes to borderline functioning, including important biological and genetic determinants (Kernberg, 1967), inaccessibility of a maternal object during the rapprochement sub-phase (Rinsley, 1980); (Masterson, 1981) or an even earlier maternal failure (Bion, 1962). The failure to achieve a reliable capacity to mentalize as part of normal development may however play a part in borderline functioning whatever its primary cause. To be more specific, I am not suggesting that a borderline level of functioning precludes second-order representations of mental processes. The remarkable work of Simon Baron-Cohen (Baron-Cohen, 1987), (1989); (Baron-Cohen et al., 1985), (1986) provides sound extra-clinical evidence that the ability to attribute beliefs to others, to postulate the existence of mental states and to use it to explain another person's behaviour may well be the primary deficit of autism (see also Tustin, 1988).

In the case of borderline functioning, I believe the deficit to be self-imposed and partial. It is brought about by a defensive disavowal of the mental existence (in terms of psychic functioning) of the object. Such disavowal is undertaken in the face of an anticipation of unbearable psychic pain and consists of the obliteration of the significance of things whilst retaining their perception (Freud, 1938); (Basch, 1983); (Grotstein, 1984a), (1984b). Whilst disavowal should not be confused with absence, it is tantamount to an inhibition, which is permitted by the incomplete development of the capacity in

the first place. The vulnerable theory of mind associated with borderline functioning is linked to the unsatisfactory nature of early object relationships. In effect, this aspect of borderline functioning may be conceived of as the expunging from the mental world of the capacity to think about mental experience whether this concerns wishes, beliefs, desires or phantasies.

Several aspects of pathological functioning characteristic of borderline organization may be understood in terms of such a deficit. Firstly, the commonly noted difficulty in following the associations of borderline patients (Bion, 1957), (1959); (Rosenfeld, 1978); (Segal, 1975) may be understood as an external manifestation of a flawed representation of the mental state of the other. The failure to take into consideration the listener's current mental state may account for some of the phenomena previously described in the psychoanalytic literature in terms of 'excessive projective identification' (Bion, 1957). Analysts may also find themselves internalizing the lack of mental functioning of their patients, involuntarily abandoning the capacity to attribute emotion through imagination and reverting to an understanding of affect through affective resonance.

Secondly, numerous authors have noted that abnormalities in the use of language represent a hallmark of borderline functioning. In particular, difficulty in communicating emotional experience or subtle differences between inner sensations has impressed many authors (Giovacchini, 1979); (Steiner, 1979); (Ekstein, 1981). Most of these observations seem consistent with the view that language functions which entail the capacity to represent mental processes are disturbed.

Thirdly, one aspect of the desperate dependence borderline patients manifest in the transference (Searles, 1987) may well concern their difficulty in maintaining analytic understanding as a functioning mental entity. They may be able to think about mental processes as long as their

primary representation of them is vivid, i.e. they are currently undergoing the experience referred to in the interpretation. Extra-transference interpretations, particularly during the early stages of their treatment, can thus be of only very limited value to these patients.

Fourthly, there is an often-noted absence of concern for the object which may manifest as remarkable cruelty (Rey, 1979); (Giovacchini, 1987). Although this may frequently be part of a disposition to excessive destructiveness (Kernberg, 1975), it may also, at least in part, be an indication that borderline functioning

contains no compelling theory of pain in the object's mind. A critical source of moderation of the affective response is therefore absent.

Fifthly, the representation of one's own ideas and desires must form the core of a coherent and mature identity. The relinquishing of the capacity to mentalize must thus inevitably bring with it a fear of disintegration. If the therapist's mentalizing capacity is used by the patient to support and maintain his identity, the patient's dependence upon the therapist for maintaining a relatively stable mental representation of himself will be absolute. Consequently, there will be an adhesive quality to the attachment to the therapist (Bick, 1968).

Sixthly, a poorly functioning set of mental representations of mental functioning must interfere with object constancy, the ability to hold an image in the object's absence. The inability to conceive reliably of the mental content of others leaves the individual with a borderline level of functioning particularly vulnerable when unstructured social situations call upon his deficient capacity to predict the behaviour of others on the basis of his model of their mental world. The borderline's mental image of the object remains at the immediate context-dependent level of primary representation. It should not surprise us therefore that he manifests little capacity to mourn for absent or lost objects (Searles, 1986).

Finally, those working with individuals with borderline level of functioning frequently note the absence of the 'as if' nature of the transference. The projection of the internal world on to the analyst is 'for real' (e.g. Masterson, 1981); (Giovacchini, 1979). Winnicott (1971) eloquently described the stage of child development when feelings, thoughts and objects may be played with, when pretend worlds may be created and inhabited. Pretence and the understanding of another's mental state have in common the need to be able to entertain a belief whilst at the same time knowing this to be false (Leslie, 1987).[7] Psychoanalysis is yet a further context which requires the entertaining of such dual realities. The absence of mentalizing function in borderline organization thus leads to a tendency to 'act out' the transference because the ability to decouple mental representation from reality is vulnerable or absent.

There is a growing consensus in the psychoanalytic literature that the successful treatment of borderline or near borderline patients depends on the clear understanding of the influences of pregenital experiences on character formation, the recapitulation or the partial recapitulation of these experiences in the transference, and in the context of the controlled holding environment provided by the analytic situation (Lang et al., 1987). To these I would add the need, with a number of patients, to overcome possible inhibitions of and

defences against mentalization prior to tackling other conflicts. In individuals where the capacity to mentalize is severely impaired, dealing with this aspect of the transference may be considered a precondition of analytic treatment. As was the case with Mr S, a failure to achieve this may lead patients to treat interpretations as assaults and analytic ideas as abusive intrusions. The patient's ability to regain a theory of mind is thus the first and most significant achievement of the analytic process. Fonagy & Moran (1991) contrast the therapeutic achievements of psychoanalysis based on the restoration to full functioning of previously inhibited mental processes such as the capacity to mentalize, with psychic change brought about through the lifting of repression and alterations to mental representations.

There is substantial disagreement in the literature as to whether this form of pathology is best

[7] *In the case of the Smarties experiment mentioned above: the child knew that his friend would believe that there are Smarties inside the tube (false), whilst he also knew that it contained a pencil (true).*

understood in the context of a developmental arrest or that of conflict, fixation and regression. I believe that this disagreement is based on a specific misunderstanding concerning the nature of regression clarified over two decades ago by Sandler and Joffe (1966), (1967). These authors pointed out that regression should not be understood as changes in the ego but rather as 'the re-employment of previous structures that have been inhibited in the course of development' (Sandler & Joffe, 1967, p. 260). The 'persistence' of a primary state of confusion between self and other is manifest in everyone (Sandler & Joffe, 1967). The ubiquity of projective identification testifies to this fact (Sandler, 1987). What may be construed as a developmental arrest may more accurately be viewed as a defensive inhibition of an emergent ego process which thus never succeeds in becoming fully superimposed upon obsolescent systems. Normally, archaic processes remain present but hidden by more efficient ego processes. It is only in response to pathological inhibition or breakdown of the higher order processes that such obsolescent aspects become manifest. And even then their products are filtered through the mechanisms which correspond to the 'present unconscious' (Sandler & Sandler, 1987). Although borderline patients' capacity to differentiate self and other is legitimately described as impaired and 'boundaries' between the two can be said to be blurred, those descriptions do not do justice to the complexity of the

mechanisms involved. Even frank psychotics know that the person they are talking to is a separate person (Yorke et al., 1989).

Kleinian analysts have for many years offered descriptions and models of the characteristic limitations of the mental functioning of borderline patients. In particular, Bion (1962) describes in *Learning from Experience* 'a breakdown in the patient's equipment for thinking' about emotional realities which leaves him living in a universe populated by emotionless objects which Bion calls 'inanimate'. Klein (1940) and Bion see the acquisition of experience in the outer world as possessing psychological qualities (solace and understanding) in addition to the physical gratification which emerges in infancy as a consequence of projective identification.[8]

In order to reconcile Kleinian descriptions with the formulation offered above, an additional distinction may be necessary. Introjects which are formed prior to the acquisition of a theory of mind contain the products of parental psychic functioning (e.g. the experiences of trust, confidence and security or persecution and insecurity), but not the processes which gave rise to them. Thus, early introjects, whether benevolent or persecutory, will be fixed entities, incapable of transformation through mental function. An internal experience of aliveness, of human experience, will arise only when the achievement of a theory of mind permits the child to internalize his objects, in all their psychic complexity, to internalize or absorb their states of mind, not simply in terms of the products of their mental function, but also in terms of the processes which gave rise to them.

SUMMARY

This paper addresses a specific aspect of pathological mental functioning in so-called borderline patients. Analytic work with a borderline man is presented to show that an inhibition of, and defences against, the contemplation of one's own and others' mental states may be a hallmark of the resistance encountered in a number of

such patients. It is claimed that the analysis of transference and countertransference is a crucial therapeutic factor in tackling this source of resistance. In doing this, the paper draws upon a topical notion from philosophy of mind and recent ideas from child development studies which help to clarify psychoanalytic ideas concerning the nature of the pathology of

internal object relations underlying feelings of emptiness and social alienation in borderline functioning.

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[8]*In many respects Bion's model is analogous to the suppositions presented here, although the developmental framework is drastically different. It may be that infantile experiences of borderline individuals are necessarily different from those of normals or neurotics but I date the crucial developmental anomaly to the second and third years of life, when second order representations underlying social understanding appear to develop rapidly in normal children. A pervasive incapacity to convert 'sense data' into a mental representation, as Bion suggests, would, in my view, lead to a confusional state such as might be seen in delirium tremens, toxic confusional states or dementia. The 'concreteness' of experience associated with borderline functioning is not a failure of primary representation as Bion's theory seems to imply. Rather, I believe, Bion is describing the failure of specific forms of secondary representation (meta-representation), forms specific and restricted to social understanding. Even in this case the dysfunction becomes apparent only when the individual is under threat, internally or externally, within a context that involves an emotional exchange between individuals.*

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