

**INFANT DEVELOPMENT
AND
ANTITHETIC DIAMETERS**

ARLENE ROBBINS WOLBERG

Infant Development and Antithetic Diameters

Arlene Robbins Wolberg

e-Book 2017 International Psychotherapy Institute

From *Psychoanalytic Psychotherapy of the Borderline Patient* by Arlene Robbins Wolberg

All Rights Reserved

Created in the United States of America

Copyright © 1982 by Arlene Robbins Wolberg

Table of Contents

Infant Development and Antithetic Diameters

Investigation of the Environment

Learning in Interpersonal Relations

Aggression

Rehabilitation

Communication

References

Infant Development and Antithetic Diameters

For many years certain psychoanalysts have been doubting the validity of some of the major tenets of psychoanalytic theory and suggesting that revision of the theory is necessary. For example, Freud's ideas of aggression were questioned by Rapaport (1967), and the instinct theory itself has been criticized by Lashley (1957) and Holt (1962), the latter having written a paper on "free and bound cathexis." In the last ten years those who have studied infant behavior have stated flatly that Freud's developmental theory is inaccurate.

In my 1952 and 1960 papers I suggested that the reality system is intact in all patients in spite of the symptoms and the distortions they may evince. This idea was based not only on my own observations but on certain of Freud's ideas expressed in the "Outline of Psychoanalysis" (1938, 23:201-202, 203-204) and on the work of some of the psychologists who were using psychological tests with patients. I felt that distortions were to be looked upon as *defenses* rather than as an indication of some mysterious kind of infantile mental functioning due to the infant's inability to perceive his environment as it really exists, and thus a function of a mystical id/ego

undifferentiated state. Psychoanalytic concepts of development are applied currently by theorists who describe borderline patients both in the area of the genesis of the borderline's basic conflict and in the milieu of treatment. As matters stand today, it looks as if theorists are superimposing upon a social theory (object relations theory) a developmental scheme that does not in fact depict what actually happens in infant development. This confuses the picture and prevents an understanding of the dynamics of borderline conditions interfering with development of a rational therapeutic endeavor.

In this chapter, we shall review some of the literature in the field of infant development that appears to negate the current psychoanalytic concepts regarding the early phases of infant life. These recent studies have important implications for the understanding of the borderline patient. Some case shadows of doubt over traditionally accepted concepts such as the "narcissistic phase of development" and assumptions about the "objectless period," "undifferentiated state," and "self-object." Information that is available today leads to the conclusion that the infant is an organized entity, with perceptual and memory systems intact, with learning and communicating facilities available, and thus with interpersonal capabilities operative, shortly after birth. We previously mentioned Anthony J. De Casper's (1979) result that infants 24 to 36 hours after birth learned and could remember what they had learned to the extent that they could repeat a pattern associated with the sound of the mother's voice, which they could

distinguish from the voices of other people. There have been many other studies demonstrating that infants can perceive stimuli quite effectively (for example, Caplan, 1973), and all investigators have come to the conclusion that perceptive systems are highly developed at birth and that perceptions and learning may even be operative before birth.

De Casper's thesis was that infants have well-organized perceptual systems, including auditory capabilities at birth, and that learning begins almost immediately. It has been postulated that these functions are activated around the seventh month of gestation. There is in all normal infants a *synchronization of systems*, such as perception, memory, discriminative capacities, and other neurophysiological mechanisms, which are all intact and functionally ready. There is no data to show that this is not true even of infants who when they become adults have emotional problems. In fact, the data show that in these adults such systems are still synchronous and operative.

The infant is not a "closed system" with the mother or with any other person, and what has been interpreted as normal "autism" is apparently the infant's preoccupation with learning about the environment. There seems to be no time that the infant is exclusively occupied with himself such as is hypothesized in some psychoanalytic theories. It is true that in the first three months the infant is asleep more than he is awake, but when he is awake, he

is continuously interacting with the environment, right from birth. There is a great deal of evidence to indicate that normally the infant is an autonomous functioning individual who is *actively concerned with learning* about his environment. Under normal circumstances, the learning is *pleasurable*, but under the impact of neurotic and/or psychotic parents the learning in interpersonal relations with them is often painful or *unpleasurable*. The pleasure-unpleasure principle is a conditioning element in the infant's mental world. The vast amount of learning that the infant must accomplish in spite of existing circumstances is apparently taken into account by nature, or rather by the genes, since recent studies show that humans appear to have 50 percent more brain cell interconnections, or synapses, when they are infants than when they grow to adulthood, (*Science News*, 1979 b, p. 89). In line with this fact, it is interesting to note that some of the activity of the infant concerns experimentation with space and time and with the alerting system, thus with learning about his place in the environment through interaction with people and things, particularly with how to manipulate objects and communicate with people.

Investigation of the Environment

The infant's investigation of the environment has often been seen through the screen of the experimenter's theoretical convictions. For example, the period of autism was considered a period of narcissism where

there was no distinction between self and environment (Piaget, 1937, 1952). Schaffer (1958) wrote a paper to the effect that infants hospitalized do not “attach” to human beings (objects) before 7 months of age. At that age children do begin to be “attached” to the mother, and shortly after this they react untowardly to strangers. Schaffer noted that a child prior to 7 months who had been hospitalized after returning home showed an “extreme preoccupation with the environment . . . for hours on end the child would crane his neck, scanning his surroundings without apparently focusing on any particular feature.” This behavior continued for the first day home. Other children under 7 months in similar circumstances reacted the same way (some of these children were 3 weeks of age). With a few the scanning period lasted only twenty or thirty minutes, but for some it lasted as long as four days. Schaffer interpreted this to mean that children of this age have a “global, undifferentiated, syncretic stage of development.” Children who were older than 7 months (none of the children observed were more than 51 weeks of age) had a different kind of reaction. Schaffer noted that “the central feature was overdependence on the mother . . . of the same order as described by Prugh et al. (1953).” The overdependence was shown by such behavior as excessive crying when left alone, continual clinging, and a fear of strangers. Schaffer concluded that the first group demonstrated Piaget’s theory of cognitive structure, i.e., the way in which perceptions are organized, and the second reaction was interpreted in terms of Mahler’s theory of the

“omnipotent symbiotic dual unity” (Mahler et al, 1959, p. 822).

The same data presented by Schaffer might be evaluated in a different way. One might argue that the described “scanning period” is a function of the infant’s synchronizing ability to explore and size up the situation in which he finds himself in a short period of time. The second reaction might be accounted for by the phylogenetically determined fear reaction that makes its appearance between the ages of 4 to 12 months and is perhaps a self-preservative reaction.

The characteristics that make possible the “organized mind” are functions of the “innate schedule” that evokes the appearance of behaviors at certain age level in all infants regardless of culture or environment, such as the ability to focus (to isolate one object from another, i.e., to discriminate), to gesture and communicate (see Trevarthan, 1974), to emote with pleasure when learning (activating the pleasure center in the brain), to prefer *people* rather than objects when people are present in the environment (at 3 months), to “attach” to people at 7 months of age, to demonstrate a fear reaction that is activated between 7 and 12 months, and to imitate at 10 months (perhaps this begins at the 2-month period with the ability to imitate gestures), which may have a relation to the capacity to “identify” at later stages. Thus, we might have a different idea about the 7-month stage than what is described by Mahler as symbiosis. Signs of distress appear at 7

months. It is at this stage that the *fear reaction* occurs in all children; it may have been hastened in the children Schaffer was observing by the hospital experience.

It is at the 8-month period that a child can retrieve a toy that has been hidden; thus he has developed the capacity to “retrieve structures for events not in the immediate field” (Kagan, 1979a). In reference to this principle, the comments of Muller and Richardson (1979) concerning Freud’s report of the “Fort! Da.” game recorded in “Beyond the Pleasure Principle” (Freud, S.E., 1920) are of interest. The theory these authors expound has a relation to the development of language, which is an important factor in development. The theory, in brief, follows: The world of *meaning* concerning things and people becomes viable through the *presence* and *absence* of the same object—two opposites. (There would be other opposites as well, I suppose, e.g., *pleasure* and *unpleasure*; *yes* and *no*; *hard* and *soft*; and so on.) In this bipolar experience the child attains the rudiments of language, attaching sounds and later words, phrases, and sentences to the experiences connected with ideas that are integrated along the lines of either selection or combination—two principles that permeate the entire structure of language. Based on the presence and then the absence of something, selection would be represented by the nonpresence of a mutually complementary (opposite) effect, and combination would be represented by *two presences* even though they would be opposites. Muller and Richardson presented this concept in relation to

their discussion of the ideas of Lecan, a French psychiatrist who believes, as do many of us, that Freud's greatest accomplishment was his work "The Interpretation of Dreams." The central message in this opus, according to Lecan, is that "the unconscious is structured like a language." This idea is not so unusual if one believes as fact that dreaming is a form of thinking and the unconscious is a reservoir of thoughts and feelings that were once conscious but are now repressed or temporarily forgotten. In our work with the emotional disorders we are interested in the repressed thoughts and feelings since we believe these to be related to the unconscious conflicts that are unsatisfactorily resolved by the neuroses and psychoses. The dream is a form of communication to tell us of these unsatisfactorily resolved conflicts. The acceptance of this interpretation of a dream leads us to presume with Breuer and Freud that to complete the reactions that were inhibited in the dream might produce relief or cure and resolve the conflicts. The impetus to complete incompleting tasks would thus be a motivation to resolve emotional conflicts (Wolberg, A., 1973, p. 4); in other words, the Zeigarnik effect would be the evoking principle, and the chronic condition of frustration in relations with parents would lay the groundwork for the development of the neurotic condition.

Freud's "game" that Muller and Richardson recalled was that of a little boy who had a wooden reel with a piece of string tied around it. Freud said of this boy that it did not occur to the child to pull the toy along the floor as a

wagon or carriage; instead he held the reel by the string and threw it over his cot (bed) so that it *disappeared* at the same time that he uttered “o-o-o.” He then pulled the reel out again, and when it reappeared, he said joyfully “da,” demonstrating a “cultural achievement” (said Freud), i.e., the renunciation of “instinctual satisfaction” which the boy had made by allowing the object to disappear as his mother could leave without his protesting words—thus overcoming separation anxiety.

If I were to evaluate this particular game, I might think that the child was discovering some of the laws of physics or learning about space relations. Of course, this could apply to the mother’s disappearing and appearing, just like the reel was appearing and disappearing, but I would not think of the process as related to “separation anxiety” or “object loss,” for example. Since the child was enjoying himself, I might think that he was experimenting with space and time. From birth the child must get used to people appearing and disappearing, the mother and other people as well. When he is 7 or 8 months of age, he is anxious, he has a fear reaction when something unusual occurs. But it is at this same period that he can retrieve a toy, and it is at this same age that he begins to integrate his learning in a way that gives him a sense of peace or danger. He has “representations” in his mind of the realities of his experience; his meaning system has developed. When frustration or forced isolation prevents the child from receiving an adequate amount of stimulation from people, then he cries for the presence of people—perhaps not a

particular person but a family member with whom he is familiar and who is not frightening to him. It is the quality of the interpersonal encounter that makes the difference between the experience of pleasure or displeasure. The game that Freud described may have nothing at all to do with people per se; it may be an exercise of individual autonomy related to the principle of memorizing a situation and then remembering it long enough to reproduce it. The principle is applied in many different kinds of situations with people and with objects.

Learning in Interpersonal Relations

There are several studies that refer specifically to interpersonal relations and to what has been called in psychoanalytic parlance “the internalization of objects,” a phrase that means, as far as I can fathom, learning in interpersonal relations. For example, based on some of the experiments and ideas of Harlow, James Prescott, a developmental neuropsychologist, postulated a relationship between violence and early infant care practices. He points out that “mother” does not mean purely the behavior of the mother—it means the behavior of *anyone* who performs the child-rearing practices, (this can mean mother and father, father, or anyone who serves the child-rearing role). The mothering process, as a matter of fact, is usually carried on by several people. The Harlows’ experience (1962) was that monkeys that had been isolated in infancy and childhood as adults were

withdrawn, self-mutilating, and aggressive toward other monkeys who might try to come close to them. When they themselves had young, the isolated females became unstable and brutal. Apparently bodily contact and immediate comfort are important in forming the early trusting interpersonal relationship, and these females had been deprived of this and were then, in turn, depriving of their own children. The borderline patient has some of these characteristics but not in as severe a form as the patterns of Harlow's monkeys. The borderline patient is hostile, withdrawn, and self-destructive. So are other types of patients. The difference between a borderline patient and a schizophrenic in relation to these traits may be a matter of degree. In my experience the aggression toward others is more intense in the schizophrenic, and the chances of the patient being homicidal are much greater in the schizophrenic than in the borderline.

Prescott felt that the idea of movement in the mothering activities is important. For example, the brain pleasure pathways are stimulated by rocking, caressing, and other forms of normal interpersonal stimulation; thus the role of environment is important in the development of normal brain activity. The "pleasure center" must have a "memory bank," so to speak, of pleasant stimulation in order for the individual to have a favorable outlook on other people and "self." In my opinion Kohut and Winnicott have a similar view. For example, "mother" and "holding," and the like, have a similar connotation except that Prescott is making a connection between

interpersonal behavior and the neurological system, while Kohut and Winnicott are making a connection between early interpersonal relations and a later capacity to withstand anxiety or frustration, and the presence or absence of emotional problems.

Prescott theorized that *any* movement, including holding and sucking, results in a train of impulses that travel to a specific part of the brain, the cerebellum. When an infant is held or rocked, there are impulses in response that go to the pleasure center. The cerebellum is the area of the brain that coordinates movement. Prescott thought that in the case of disturbed children perhaps both touch and movement receptors and their connections with other brain structures have not received sufficient sensory stimulation for normal development and function to occur. Prescott reasoned that first it had to be demonstrated whether or not the cerebellum is connected with “emotional control centers of the limbic system,” and he took some of Harlow’s monkeys to Robert G. Heath at Tulane University to test his hypothesis. Heath (1972) found the connection. Prescott believes that when there has been insufficient experiences of pleasure, good feelings cannot be transmitted to the appropriate parts of the brain because there are fewer cell connections; thus the pleasure centers are blocked. Prescott concludes, therefore, that there must be a physiological condition of fewer cells involved in the pleasure tracts under certain circumstances.

It is likely, it seems to me, that the pleasure centers can be stimulated by the individual himself, i.e., by his own activity. The “need” or the “instinct” for pleasure will find expression. The pain centers are also stimulated when the child has untoward experiences with parents. When pain outweighs pleasure, the individual is thrown into conflict, and the pain centers are stimulated. The borderline eventually becomes sadomasochistic since he has been conditioned to pain through frustration; this kind of conditioning has occurred in the parent-child relations. The patterns of the parents tend to cut off many pleasures that the child begins to experience. The sadomasochistic behavior of the parents toward the child stimulates the “unpleasure center” more often or as often as the pleasure center. The child who later becomes borderline has been conditioned to have guilt if he himself does not cut off the pleasure as the parents do. He must internalize this pattern, so to speak, as an aspect of his identifications that his parents demand of him. This is the normal impulse of the child for new learning and new experience that is pleasurable but that is thwarted by parental control when the parent is neurotic, anxious, and defensive. In the case of neurosis or psychosis, after the experience of having been thwarted and frustrated by sadomasochistic parents, the child through “identification with the aggressor” turns off his pleasure himself and then admits only the pain of the frustration, *even though he may have felt the pleasure as well*. This was the case, for example, of my patient Harriet, who had sex, was aroused (pleasurably) and lubricated, but

when she began to feel pleasure, she had to cut it off. Of course, pleasure was eventually cut off as well by the activity of her partner in addition to her own efforts, but this was after her partner had had many difficult experiences with her.

Evoking frustration and consequent pain that has values for the person that outweigh pleasure might then be the reason why we see the phenomenon of the “help-rejecting complainer,” a characteristic or trait of many borderline patients. When guilt is evoked in the presence of receiving pleasure, the individual must put a stop to the pleasure—an “undoing” takes place to reduce the anxiety associated with guilt. This might account for the phenomenon described by Dince (1977) and Green (1977).

The theory of masochism and sadism was never satisfactorily elucidated in psychoanalytic theory. Could this have been due to Freud’s hesitancy in implicating parents and therefore the family system as a “cause”? He ultimately turned to the instinct theory as the source of both masochism and sadism, and later he conceived of these in terms of his developmental theory, namely, that the aggressive instincts appear automatically at various stages (i.e., in the “oral” stage in biting and in the anal stage by “expelling,” and the like). The concept of interpersonal relations was missing in these ideas since the behavior was considered separate from behavior based on the pleasure-pain principle. Freud (1921) invoked the concept of the repetition-

compulsion to explain these phenomena, which he said seemed to be unregulated by the pleasure-pain principle. These he thought were mental operations that are more primitive in a biological evolutionary sense than those regulated by the pleasure-pain principle. Freud connected the “fate neurosis,” the enactment of childhood conflicts (acting out), and self-defeating behavior in the character disorders to the repetition compulsion, and it was on this basis that he postulated the life and death instincts, two opposites. From the observations of such individuals as Szurek and Johnson (1942), Szurek (1952), Jackson (1957, Lidz et al (1965), and others we postulate the idea that masochism (the tendency to repeat painful behavior) is a consequence of training and learning in the family and is thus a result of the pleasure-pain principle in interpersonal relations with parents. It is very interesting that the experiments of Heath with the Harlow monkeys suggest a connection between experience with “objects,” neurophysiological processes in the cerebellum, pleasure-pain centers, and emotional reactions.

While neurophysiological systems are not a part of psychoanalytic theory per se, it is, nevertheless, of interest that these systems are interconnected, and interpersonal behavior has a relation, as Freud suspected, to the brain and undoubtedly, as he suspected, to bodily chemical reactions as well. We shall probably learn more of the connections between chemical systems, anxiety, and interpersonal behavior and between biological systems and interpersonal behavior in the future. What current studies do

indicate is the relation between anxiety, stress, pleasure, and unpleasure, and interpersonal behavior and brain function. It has been quipped that some behavior therapists do not accept the brain as an intervening variable. Of course, most behavior therapists do acknowledge the central role of the brain in learning, and I suspect that these investigators are well on the way to accepting some of the more rational findings of psychoanalysts.

Aggression

Some of the current theories about the borderline patient, and particularly regarding aggression and its vicissitudes, are refuted by many studies of infants, including some of animal young. The concept that automatically the infant must defend against his own aggression shortly after he is born, that defenses against this instinct must be put into operation early, that there is a period of autism when the infant is unrelated to objects, that there is a time when the perceptive apparatus is so primitive that the infant cannot integrate his images, and so on. and so on—all of these ideas are under challenge by modern investigators.

The Harlows (1962), as we already noted, found that female monkey infants “raised in total isolation exhibited a level of self-aggression that was nearly suicidal.” When these isolates became mothers, they exhibited two different behaviors toward their newborn: (1) “they either totally ignored

them or (2) they violently abused them.” Sometimes the abuse was fatal. Harlow believes this finding can be applied to human mothers who engage in child abuse. He has not explained the father in child abuse, but one could assume that fathers too have been used in untoward ways by their own parents. In the human family the father's role is important, and his influence is felt even shortly after birth. We find that in actual child-abuse cases it is often the father who is abusive, but when the mothers separate from the fathers, they (the mothers) eventually carry on the abusing patterns. In the human family there is an interlocking defensive relationship between father and mother.

Harlow said that the “loyalty” of the battered infants to their mothers was intense. The little monkeys showed “clinging fearfulness” and “prominent displays of hostility.” I think that “loyalty” is probably the wrong word. A few of the “motherless mothers” who were unsuccessful in either killing their children or ignoring them finally succumbed to their babies *persistent efforts to nuzzle and cuddle*—and they accepted their offspring.

I propose that the child is a “group person” right from the start. This is not to say that “individual development” is not a fact, but we must take another look at what is “innate.” Innate patterns that appear at stated intervals in development, regardless of the culture of the child, appear to support self-preservative functions. It is the group that provides the stimulus

for many of the individual's experiences, however, and it is on the basis of these experiences (good or bad) that conflicting thoughts, hopes, and fears are based. Each individual in the family group has a unique experience and thus a unique history. Communication is the medium through which the group survives. When the pleasure system is disturbed by the behavior of the parents in early life, the infants try to wrest what they need for their own growth and development, just as Harlow's monkeys did and as that child Roxanne Felumaro attempted to do (Wolberg, A., 1973, p. 12). The child will try and try to save himself from the hostility of the parent. Anna Freud found that children from concentration camps tried to get what they needed from adults. Sometimes children do succeed in changing the behavior of the parent. In the case of the borderline this has not been the case, and when self-assertion fails, aggression comes to the fore. I have noticed in the reports of criminals who have maimed or murdered people they did not know that prior to the incident of their murdering they have often had an altercation or an experience with a person whom they do know which they have taken to be self-demeaning. The aggression is in retaliation—but with an unknown object. A young couple have had a "blow up," the man has been rejected, for example, and he goes out and attacks some girl sexually, maiming or killing her. The same can be true of a woman. We have learned that women often instigate fights so that they will be attacked, and, as we have said, battered wives who leave their husbands and take their battered children with them

usually begin battering the children themselves when the husbands are not around to do so. The rage reactions of those who will become borderline patients are seen in temper tantrums by the age of 2 or 3 (Geleered, 1945). Hate, revenge, and envy are later developments. There is a paranoidlike flavor to the transference in the borderline when he perceives the analyst as a sadistic person; thus a paranoid trend seems to serve as a defense against admitting the person's own sadistic impulses and wishes which are aspects of the revenge motif, and his identification with the aggressor. Severe frustration brings aggression to the fore.

Harlow (1976) indicated in a lecture at the New York Academy of Medicine describing the results of 40 years of research with primates that mother love and *peer love* are important in teaching a child control of those "innate learned emotions, hostility and aggression, *which are not apparent at birth* but mature late in the mother-infant system of love" (present author's italics). Harlow believes that *peer love*, or love of child for child, manifested in playful interactions is the major determinant of subsequent social and sexual development. While we cannot compare directly work with primates and work with humans, the dynamics of aggression in relation to frustration can be seen in both. It seems evident that the frustration-aggression hypothesis has more of a bearing on the kind of aggression we see in the neuroses and psychoses than a theory that purports that aggression emerges at birth and the infant must defend immediately through projections. In the human

aggression is a defense against threat. It is not an imagined threat but a real threat, which is the aggression of the parent who is forcing the child to act out a role that he must accept through identification while at the same time he must deny that this is so. The individual's conflict rests upon several antithetical propositions: see—do not see; do—do not do; accept—do not accept. We may hypothesize several formulations from our work:

1. Children will try to obtain what they need from parents even though the parents are rejecting due to their own problems.
2. Children make an adjustment to parents when they cannot change them, if they are to survive.
3. When the parents are neurotic, the child is forced to play a sadomasochistic identification role, but first he fights against the identification and actually tries to change the parent. When he cannot do this, *he succumbs to identification as a means of survival.*
4. Peer relationships are essential in the development of the child and at a certain point are more important than parental relationships.

In this discussion of infant development we are obviously touching upon the need for multidisciplinary thinking in the field of psychoanalysis, recognizing that the psychoanalyst needs to have information from several disciplines and must be able to utilize the knowledge to understand his own role better, to adapt knowledge from other sources when this is relevant, and

to know when the other discipline has only peripheral relevance to the psychoanalyst's work. In this present illustration pertaining to infant development we can learn, for example, what to discard in our psychoanalytic theory. The work of McCarley and Hobson (1977) tells us how the neurophysiological mechanisms aid in the operation of certain mental capacities. In discovering the mechanisms that set off dreaming, they have also told us something about thinking, for dreaming and thinking are related processes. Their work tends to explain how the human individual is able to concentrate, i.e., how we "tune out" and "tune in." Also, it tells us how the defenses of repression, denial, and dissociation can be evoked as well as some of the abilities of the individual to engage in hypnosis and to have the capacity to observe one's own behavior, thus to engage in psychotherapy through self observation.

Rehabilitation

The rehabilitation efforts in Harlow's experiments are geared at helping the isolates who exhibited "abnormal" levels of withdrawal, depression, and/or aggression *to join with a group* of younger, "normal monkeys, who acted as corrective peers." The influence of *the group*, even in animals, is, therefore, an "experimentally demonstrated fact." We have in human society, however, groups in organized crime and certain political groups whose goal is to be destructive or to undo forward moves that have been made to safeguard

the welfare of all the people in society. There are also economic groups whose purpose is to control and maintain power at whatever cost, devastation of the environment and hostility to people being techniques that are used. To paraphrase the thinking of such individuals, “I have to have money in order to maintain a certain standard, a position. How the money is obtained is my affair and any means is permissible, as long as I am not caught.” There are thus antithetical subgroups in the society. Harlow, however, was speaking of a *constructive group* as a rehabilitative vehicle, one where the security of the members is maintained. In psychoanalytic terms this would be a psychoanalytically oriented therapy group. Group therapy for the borderline is important. There are, as we have said, subgroups also in the therapy group that have antithetical goals at times.

Irenaus Eibl-Eibesfeldt, then director of the famous Max Planck Institute for Behavioral Physiology in Bavaria, at a conference held by the Kittay Foundation in March 1974, disagreed with the theories of Konrad Lorenz, the former director of the Max Plack Institute, who held that aggression is an inherited trait of the human race from its animal ancestors—the aggression being related to the animal characteristic of fighting for space and territory. Since aggression is so rampant in our society and creates such distress and havoc among people, and is a factor in all emotional disorders, it is interesting that Eibl-Eibesfeldt (1974) in refuting Lorenz’s idea referred to phenomena among animals and birds that are similar to the signaling systems used by

children isolated from ordinary forms of learning by being both blind and deaf. He spoke of the ritualistic behavior of cormorants, for example, in the Galapagos Islands. Lorenz said that “peaceful man” is yet to be born, and that modern man is a “link” between his animal ancestors and an ideal creature that has shed his inherited instinct of aggression. Eibl-Eibesfeldt reminds us that man is equipped with all of the restraints on violent behavior that prevent animals of a particular species from killing one another. Chimpanzees have signals for displaying friendships, for example. that are much like those of human beings. They press their lips together in what seems like a kiss, and they extend hands: One chimpanzee will offer his hand to another, and the other will cover the hand. The first hand, according to Eibl-Eibesfeldt, is extended palm upward while the other covers the first. Many examples from animal and bird life were presented to support the thesis, and George Serban, the medical director of the Kittay Scientific Foundation, at the time, said that this information may help toward reconciliation of the two views that have long divided psychologists into camps represented by the “nature” and “nurture” concepts relevant to the roots of human behavior. Eibl-Eibesfeldt remarked that it is the culture (society) and society’s development of weapons that permits killing and destruction. There are inborn signals of peace and friendships, such as smiling, crying, and there are many kinds of acts that are conciliatory in effect. In the modern world there are treaties of friendships, agreements, and concords. In essence these agreements and

concordances represent norms that the participants are expected to respect. Human survival depends on our cultural development rather than on the technology that we develop. We are beginning to understand that techniques can be used for the good of society or for its destruction.

We mentioned that in the human group there is the important dynamic—the development of norms—that is essential if the group is to survive. This dynamic is based on a consensus of opinion, on agreements after several solutions to a problem have been discussed and one solution is agreed upon. A norm is a description of the kind of behavior that the group deems appropriate for individuals in a given circumstance. The “norm” is a guide to the roles of individuals in groups, and the “role” is the connecting link between the group and the individual. In emotional problems the neurotic role is indicated by the parent who trains the child in the identification process, the vehicle for accepting the neurotic role.

The fact is, as Winnicott (1965) has pointed out, all children need adequate mothering in order to grow up with a minimum of neurotic traits. I would add that they cannot have “good enough mothering” without good enough “fathering.” Right from birth the father enters as an instrument in the rearing techniques as early as the mother, and the reciprocal relationship of the father and mother has an influence on their attitudes toward the child. There is a great deal of self-assertion in the infant at birth that helps the child

to be involved in a kind of self-feedback system in relation to objects. When the objects are human, responses are received that give him pleasure and unpleasure, thus lending impetus to the development of defenses.

Communication

The structure of the group is attained through communication. In fact, communication along with memory are fundamental elements not only in the survival of the species but of the individual as well. Learning involves the synchronization of the individual's various systems and is an important element in the survival chain.

As communication operates, the family structure emerges, and it is partly the stuff out of which individual personality develops. There are those theorists who propose that communication in the form of language is the binding force in group life and that there are natural laws that apply to all communications in the group, regardless of the culture. Communication means any kind of language: sign language, guttural sounds and words, phrases, sentences, any form of signaling that indicates meaning. Possibility for communication is inherent in the child at birth. Cooing, sucking, spitting, looking, the startle response, the manifestations associated with the alerting tendencies and other activities of the limbic system all play a role in the infant's ability to communicate. The genetic base for communication is

embedded in various behaviors. Trevarthen (1974) has suggested that the child's ability to communicate with gestures is already developed at birth. The child is prepared genetically for group life. The world of meaning is established through communication. It is the communication system on both its conscious and unconscious or repressed levels that we meet in dreams and fantasies with their associations. We need several types of communication to understand the language (the preconscious material as well as the unconscious or repressed material) that is directed to us in distorted form in dreams. The distortions are a disguised kind of communication that we learn to decipher through the associations. We have learned a great deal about this communication system from "The Interpretation of Dreams" (Freud, S.E., 1900). Dreams reveal aspects of the memory system and the meaning of a particular memory in relation to events in the here-and-now. This point has been discussed by Lewis R. Wolberg (1962) in his book *Psychotherapy and the Behavioral Sciences*.

Apparently the principle of polarity or contrasts is important in language and communication. It is indeed a principle in interpretation in psychoanalysis and psychotherapy. The polarity of pleasant and unpleasant begins in infancy and is a primary factor in learning and in interpersonal relations. Interpretations to the borderline contain many polarities. There are the polarities of sadism and masochism, anger and love, good and bad, aggression and appeasement, self and object, distortion and reality

perception, self and environment, and on and on.

The psychoanalytic therapeutic relationship is in itself a form of various types of communication. There has been much in the psychoanalytic and psychotherapeutic literature as well as in sociological writing concerning communication. Many therapists feel that nonverbal communication is important in the treatment of borderline patients. There comes a time in the treatment when it is necessary to work through the detachment and the patient's pattern of cutting off pleasure. This is related to the struggle that the patient had in trying to communicate with a detached parent and the ambivalence and hostility of the parent and finally the identification with the parent. This working through is a most delicate and arduous task, requiring the therapist to make use of polarities or opposite attitudes on the part of the parent. The detached parent usually makes feeble attempts to be friendly, but the patient cannot appreciate these attempts and will either withdraw from the parent or attack—whichever way the sadomasochistic pattern has evolved between them. The communications from the therapist must point to the opposites in the parents' behavior as well as in the patient's.

In the treatment of any patient, including the borderline patient, the help seeker and the therapist are opposites in a sense, the therapist being the more healthy of the two. Nevertheless, areas of cooperation must be found. Inevitably the patient's parents and the therapist are opposites in the sense

that the parents had a definite role in promoting the patient's illness, while the therapist (hopefully! has no such role—quite the opposite—the therapist promotes the nonneurotic side of the patient's personality. The defensive structures are opposed to the interpretations of the therapist. The interpretations upset the equilibrium of the patient—they throw him out of balance and so forth. If we think of Harlow's work, we may understand why love, compassion, and closeness are important as opposed to isolation, hate, greed, or unreasonable "control" of one person over another or one group over another. There are some opposites that create not only dissension but also aggression and war if no compromises or agreements exist. As a matter of fact the child's neurosis or psychosis is a compromise that went against the well-being of the child. The child makes the compromise by becoming either neurotic or psychotic, the basic defense being identification with the aggressor.

References

- Aichorn A: (1925) *Wayward Youth*. New York, Viking, 1945
- Alexander F: The neurotic character. *Int J Psychoanal* 11:292-311, 1930
- Alexander F: Psychoanalysis revised. *Psychoanal Q* 9:1-36, 1940
- Alexander F: *Fundamentals of Psychoanalysis*. New York, Norton, 1948
- Alexander F, French TM. et al: *Psychoanalytic Therapy*. New York, Ronald, 1946
- Allport GW: The historical background of modern social psychology, in Lindzey G (ed): *Handbook of Social Psychology*, Vol I. Cambridge, MA, Addison-Wesley, 1954, pp 16-17
- Angel E: Observations on the units of differential developmental diagnosis. *Issues Ego Psychol* 3:16-21. 1977
- Arlow JA. Brenner C: *Concepts and the Structural Theory*. New York, International Universities Press. 1964
- Asch SE: Effects of group pressure upon the modification and distortion of judgment, in Guetzkow H (ed): *Groups, Leadership and Men*. Pittsburgh, Carnegie Press, 1951
- Asch SE: *Social Psychology*. Englewood Cliffs, NJ., Prentice-Hall, 1952 (1st printing), 1965 (8th printing). Chap 16
- Avnet HH: *Psychiatric Insurance. Financing Short-term Ambulatory Treatment*. GHI-APA-NAMH Psychiatric Research Report. New York. Group Health Insurance, 1962
- Bales RF: *Interaction Process Analysis: A Method for the Study of Small Groups*. Reading, MA, Addison-Wesley, 1950

- Bales RF, Borgatta EF: Interaction of individuals in reconstituted groups. *Sociometry* 16:302-320, 1953
- Bales RF, Strodtbeck FL: Phases in group problem-solving. *J Abnorm Psychol* 46:485-495, 1951
- Balint M: (1937) *Primary Love and Psychoanalytic Technique*. New York, Liverwright, 1965, Chap. V
- Baumwoll E: Transnational Research Newsletter of Postgraduate Center for Mental Health (New York), Fall-Winter 1979. (*Report on Borderline Research*)
- Benne K.D. Sheats P: Functional roles of group members. *J Soc Issues* 4:41-49, 1948
- Betz BJ: Experiences in research in psychotherapy with schizophrenic patients, in Strupp HH. Luborsky L (eds): *Research in Psychotherapy, Vol 2*. Washington, DC, American Psychological Association, 1962, pp 41-60
- Bieber I: A critique of the libido theory. *Am J Psychoanal* 18:52-68, 1958
- Bion WR: Differentiation of the psychotic from the non-psychotic personalities. *Int J Psychoanal* 38:266-275, 1957
- Bion WR: *Experience in Group and Other Papers*. New York, Basic Books, 1961
- Bion WR: *Attention and Interpretation*. London, Tavistock, 1970
- Bouvet M: *Oeuvres Psychoanalytiques, Vol 1*. Paris, Payot, 1967
- Boyer L, Giovacchini P: *Psychoanalytic Treatment of Characterologic and Schizophrenic Disorders*. New York, Science House, 1967
- Brenner MH: *Mental Illness and the Economy*. Cambridge, Harvard University Press, 1973
- Brener J: (1895) *Studies in the Hysterias. Case Histories (Anna O.)* S.E. 2:45
- Brinkley JR: Low dose neuroleptic regimens. *Arch Gen Psychiatry* 36:319-326, 1979

- Caplan F: *The First Twelve Months of Life*. New York. Grossett & Dunlap, 1973
- Cartwright D, Zander A (eds): *Group Dynamics: Research and Theory*. New York, Harper & Row, 1968
- Chess S: Developmental theory revisited: Findings of longitudinal study. *Can J Psychiatry* 24:101-112, 1979
- Chessick R: *Intensive Psychotherapy of the Borderline Patient*. New York, Aronson, 1977
- Clark LP: Some practical remarks upon the use of modified psychoanalysis in the treatment of borderline (borderland) neuroses and psychoses. *Psychoanal Rev* 6:306-316, 1919
- Dashiel JF: Experimental studies of the influence of social situations on the behavior of individual human adults, in Murchison, CA (ed): *Handbook of Social Psychology*. Worcester, MA, Clark University Press, 1935, pp. 1097-1158
- De Casper AJ: The "mommy tapes." Early perception. *Science News* 115(4):56, 1979
- Delboeuf, JLR: *Le Magnetisme Animal*. Paris, Bailliere, 1889
- Dennis W: Infant development under conditions of restricted practice and minimum social stimulation. *J Genet Psychol* 53:149-158, 1938
- Dickes R: The concepts of borderline states: An alternative proposal. *Int J Psychoanal Psychother* 3:1-27, 1974
- Dince PR: Partial dissociation as encountered in the borderline patient. *J Am Acad Psychoanal* 53:327-345, 1977
- Druck AB: The role of didactic group psychotherapy in short-term psychiatric settings. *Group* 2(2):98-109, 1978
- Duncker K: On problem-solving. *Psychol Monogr* 58(5), 1945
- Durkheim E: *Le Suicide* (1897). *Suicide: A Study in Sociology* (rev ed). Simpson G (ed); Spaulding

- J, Simpson G (trans). New York, Free Press, 1951
- Eder MD: Borderland Cases. University Med Rec (London) 5:1-10, 1914
- Eibl-Eibesfeldt I: Love and Hate, the Natural History of Behavior Patterns. G. Strachen (trans). New York, Schocken Books, 1974
- Eigen M: On working with "unwanted" patients. Int J Psychoanal 58:109-121, 1977
- Eisnitz AJ: Narcissistic object choice, self-representation. Int J Psychoanal 50:15-25, 1969
- Eissler KR: Notes upon the emotionality of a schizophrenic patient, and its relation to the problems of technique. Psychoanal Study Child 8:199-251, 1953
- Eissler KR: Goethe, A Psychoanalytic Study 1775-1786, 2 vols. Detroit, Wayne State University, 1963
- Erikson EH: Ego development and historical development. Psychoanal Study Child, 2:359-396, 1946
- Erikson EH: Childhood and Society. New York, Norton, 1950
- Fairbairn WRD: An Object-Relations Theory of the Personality. New York, Basic Books, 1954. (First published in 1952 as Psychoanalytic Studies of the Personality)
- Fenichel O: (1934) On the psychology of boredom, in Collected Papers of Otto Fenichel. New York, Norton, 1953, Vol 1, pp 292-302.
- Fenichel O: The Psychoanalytic Theory of Neurosis. New York, Norton, 1945
- Fintzy RT: Vicissitudes of a transitional object in a borderline child. Int J Psychoanal 52:107-114, 1971
- Foulkes SH: Introduction to Group-Analytic Psychotherapy. London, Heinemann, 1948
- Freedman, BJ: The subjective experience of perceptual and cognitive disturbances in

- schizophrenia. Arch Gen Psychiatry 3:333-340, 1974
- Freeman TA: Some aspects of pathological narcissism. JAPA 12:540-561, 1964
- French TM: Psychoanalytic Interpretations. Chicago, Quadrangle Books, 1970
- French TM, Fromm E: Dream Interpretation. New York, Basic Books, 1964
- Freud A: (1930) The Ego and the Mechanisms of Defense. New York, International Universities Press, 1946
- Freud A: Normality and Pathology in Childhood: Assessments of Development. New York. International Universities Press, 1965
- Freud A, Dann S: An experiment in group unbringing. Psychoanal Study Child, 6:127, 1951
- (References to Freud. S. E., in the text, except where otherwise indicated, are found in The Standard Edition of the Complete Psychological Works of Sigmund Freud, London. Hogarth, 1953-1974.)*
- Freud SE: (1887-1902) The Origins of Psychoanalysis. Letters, Drafts, and Notes to Wilhelm Fliess. New York, Basic Books, 1954, p. 197
- Freud SE: (1893) On the psychical mechanisms of hysterical phenomenon, 3:26-39
- Freud SE: (1899) Screen memories, 3:301-322
- Freud SE: (1900) The material of dreams—memory in dreams, 4:15-16, 20
- Freud SE: (1900) The interpretation of dreams, 4:149-150
- Freud SE: (1909) Family romances, 9:236-241
- Freud SE: (1909) Notes upon a case of obsessional neurosis (Rat man), 10:226, 237-238
- Freud SE: (1911) Notes on a case of paranoia, 12:70-73

Freud SE: (1913) Editor's note (to), the disposition to obsessional neurosis, 12:315-316

Freud SE: (1913) The disposition to obsessional neurosis: A contribution to the problem of choice of neurosis. 12:320

Freud SE: (1914) On the history of the psychoanalytic movement, 14:3-66

Freud SE: (1914) On narcissism. 14:69-102

Freud SE: (1915) The unconscious. 14:161-215

Freud SE: (1916 [1915]) On transience, 14:305-307

Freud SE: (1916) Some character types met with in psychoanalytic work, 14:311-315

Freud SE: (1916) Those wrecked by success, 14:316-331

Freud SE: (1917) Mourning and melancholia. 14:239-258

Freud SE: (1917) The libido theory and narcissism. 16:412-430

Freud SE: (1917) A childhood recollection, 17:150

Freud SE: (1919) A child is being beaten, 17:177-204

Freud SE: (1920) Beyond the pleasure principle. 18:14-17

Freud SE: (1920) The psychogenesis of a case of homosexuality in a woman, 18:147-172

Freud SE: (1921) Being in love and hypnosis. 18:111-116

Freud SE: (1923) The ego and the id, 19:3-66

Freud SE: (1923 [1922]) Two encyclopaedia articles, (A) Psycho-analysis, 18:235-254;

(B) The libido theory, 18:255-259

- Freud SE: (1924) Toss of reality in neurosis and psychosis, 19:182-187
- Freud SE: (1926) Inhibitions, symptoms and anxiety, 20:75-174
- Freud SE: (1927) Fetishism, 21:149-157
- Freud SE: (1930 [1929]) Civilization and its discontents, 21:59-145
- Freud SE: (1931) Female sexuality, 21:231, 238
- Freud SE: (1933) New introductory lectures in psychoanalysis, 22:3-182
- Freud SE: (1937) Analysis terminable and interminable, 23:211-252
- Freud SE: (1938) An outline of psychoanalysis, 23:141-207
- Friedman DD: Toward a unitary theory on the passing of the oedipal conflict. *Psychoanal Rev* 51:38-48, 1966
- Furst SS: *Psychic Trauma*. New York. Basic Books, 1967
- Geleerd ER: Some observations on temper tantrums in childhood. *Am J Orthopsychiatry* 15:238. 1945
- Geleerd ER: Borderline states in childhood and adolescence. *Psychoanal Study Child* 13:279-295, 1958
- Geleerd ER: Two kinds of denial: Neurotic denial and denial in the service of the need to survive, in Schur M (ed): *Drives, Affects, Behavior*, Vol 2. New York, International Universities Press, 1965
- Giffin J. Johnson AM, Litin EM: Specific factors determining anti-social acting out. *Am J Orthopsychiatry* 24:664, 1954
- Giovacchini PL: Characterological aspects of marital interaction. *Psychoanal Forum* 2:8-14. 1967

- Giovacchini PL: Tactics and Techniques in Psychoanalytic Therapy. New York, Science House. 1972
- Goldberg A (ed): The Psychology of the Self: A Casebook. New York, International Universities Press. 1978. See also The Postgraduate Center COLLOQUIUM, Dec 1978
- Goldstein MJ, Jones JE: Adolescent and familial precursors of borderline and schizophrenic conditions, in Hartocollis P (ed): International Conference on Borderline Disorder. Topeka, Kansas, 1976. New York, International Universities Press, 1977
- Gorvey JE: The negative therapeutic interactions. *Contemp Psychoanal* 15(2):288-337, 1979
- Green A: La nosographie psychoanalytique des psychoses, in Doucet P, Lauren C (eds): Problems of Psychosis, Vol 1. Amsterdam, Excerpta Medica, 1969
- Green A: The borderline concept; A conceptual framework for the understanding of borderline patient's suggested hypothesis, in Hartocollis P (ed): Borderline Personality Disorders: The Concept, the Syndrome, the Patient. New York, International Universities Press, 1977, pp 15-44
- Greenson RR: The struggle against identification. *J Am Psychoanal Assoc* 2:200-217, 1954
- Grinberg L: Projective identification and projective counter-identification in the analysis of group, in Wolberg LR, Schwartz EK (eds): Group Therapy 1973: An Overview. New York. Stratton Intercontinental Medical Book, 1973
- Grinker R (ed): Toward a Unified Theory of Human Behavior, New York, Basic Books. 1956
- Grinker RR, Werble B: The Borderline Patient. New York, Aronson, 1977
- Grinker RR, Werble B, Drye RC: The Borderline Syndrome: A Behavioral Syndrome of Ego Functions. New York, Basic Books, 1968
- Gunby P: The abused youngster in twilight years. *JAMA* 241:18-19, 1979
- Gunderson JG: Major clinical controversies, in Gunderson JG, Mosker L (eds): Psychotherapy and

- Schizophrenia. New York, Aronson, 1975, pp 3-21
- Gunderson JG, Carpenter WT, Strauss JS: Borderline and schizophrenic patients: A comparative study. *Am J Psychiatry* 132:1257-1264, 1975
- Gunderson JG, Kolb JE: Discriminating features of borderline patients. *Am J Psychiatry* 135:792-796, 1978
- Gunderson JG, Singer MT: Defining borderline patients: An overview. *Am J Psychiatry* 132:1-10, 1975
- Guntrip H: *Personality Structure and Human Interaction*. London, Hogarth; New York, International Universities Press, 1964
- Guntrip H: *Schizoid Phenomena, Object Relations and the Self*. New York, International Universities Press, 1968
- Gurnee HA: Comparison of collective and individual judgments of fact. *J Exp Psychol* 21:106-112, 1937
- Haley J: *Changing Families; A Family Therapy Header*. New York, Grune & Stratton, 1971
- Haley J: *Problem-Solving Therapy: New Strategies for Effective Family Therapy*. San Francisco, Josey-Bass, 1976
- Harlow HF: *Learning to Love*. New York, Ballantine, 1973
- Harlow HF: Love and Aggression. Kittay Lecture at Academy of Medicine, New York City, Oct 31, 1976. A response to Kittay award. Report in *APA Monitor*, Dec 1976
- Harlow HF, Harlow MK: Social deprivation in monkeys. *Sci Am* 207(5):137-146, 1962
- Hartmann H: *Internationale Zeitschrift fur Psychoanalyse*, XXIV, 1939. (Partly translated in Rapaport D: *Organization and Pathology of Thought*. New York, Columbia University Press, 1951)

- Hartmann H: Comments on the psychoanalytic theory of the ego. *Psychoanal Study Child*. New York, International Universities Press, 5:74-96, 1950
- Hartmann H: *Ego Psychology and the Problems of Adaptation*. New York, International Universities Press, 1958
- Hartmann H: (1950) *Psychoanalysis and Developmental Psychology. Essays on Ego Psychology*. New York, International Universities Press, 1964
- Hartocollis P (ed): *International Conference on Borderline Disorders*. Topeka, Kansas, 1976. New York, International Universities Press, 1977
- Harvey OJ (ed): System structure, flexibility and creativity, in *Experience, Structure, and Adaptability*. New York, Springer, 1966, pp 39-65
- Heath RG: Electroencephalographic studies in isolated-raised monkeys with behavior impairment. *Dis Nerv Sys* 33:157-163, 1972
- Heimann P: A contribution to the reevaluation of the oedipus complex. The early stages, in Klein M et al (eds): *New Directions in Psychoanalysis*. London, Tavistock; New York, Basic Books, 1955
- Heimann P: Comment on Dr. Kernberg's paper. *Int J Psychoanal* 47:254-260, 1966 Henle P: Exploring the distribution of earned income. *Monthly Labor Review* (U.S. Dept of Labor, Bureau of Labor Statistics) December 1972, pp 16-27
- Hoch PH, Polatin P: Pseudoneurotic forms of schizophrenia. *Psychiatr Q* 23:248-276, 1949
- Hoffding H: *Outline of Psychology*. London, MacMillan, 1891
- Hoffding H: (1910) *Human Thought*. See *International Encyclopedia of the Social Sciences*. New York, MacMillan, 1968, pp 440-442; *Encyclopedia of Psychiatry, Psychology, Psychoanalysis and Neurology*, Vol 5. New York, Van Nostrand Reinhold, 1977, p 388
- Homans GC: *The Human Group*. New York, Harcourt Brace Jovanovich, 1950

- Hughes CH: Borderland psychiatric records: Prodomal symptoms of physical impairments. *Alienist & Neurologist* 5:85-90, 1884
- Jackson DD: An episode of sleep-walking. *JAPA* 2:503-598, 1954
- Jackson DD: The question of family homeostasis. *Psychiatr Q Suppl Part I* 31:79-90, 1957
- Jackson DD: Guilt and the control of pleasure in schizoid personalities. *Br J Med Psychol* 28:433-434, 1959 (a)
- Jackson DD: The managing of acting out in a borderline personality, in Burton A (ed): *Case Studies in Counseling and Psychotherapy*. Englewood Cliffs, NJ, Prentice-Hall, 1959, pp 168-189 (b)
- Jackson DD: Family interaction, family homeostasis, and some implications for conjoint family therapy, in Masserman J (ed): *Individual and Family Dynamics (Science and Psychoanalysis, Vol 2)*. New York, Grune & Stratton, 1959, pp 122-141 (c)
- Jackson DD: Bibliography, in Wolberg LR, Aronson ML (eds): *New York, Stratton Intercontinental Medical Book*, 1977
- Jackson DD, Bateson G: Social factors and disorders of communication. Some varieties of pathogenic organization. *Research Publications of the Association of Research in Nerv Ment Dis* 42:270-290. 1964
- Jackson DD, Yalom J: Conjoint family therapy as an aid to intensive psychotherapy, in Burton A ed I: *Modern Psychotherapeutic Practice*. Palo Alto, CA. Science and Behavior. 1965, pp 81-97
- Jacobson E: The self and the object world: Vicissitudes of their infantile cathexes and their influence on ideational and affective development. *Psychoanal Study Child* 9:75-127, 1954
- Jennings HH: *Leadership and Isolation: A Study of Personality in Interpersonal Relations*. 2nd ed. New York. Longmans Green, 1950

- Johnson AM: Sanctions for superego lacunae of adolescents, in Eissler KR (ed): Searchlights on Delinquency: New Psychoanalytic Studies. New York. International Universities Press. 1940
- Johnson AM: Juvenile delinquency, in Arieti S (ed): American Handbook of Psychiatry, Vol 1. New York. Basic Books, 1959
- Jones WA: Borderland cases, mental and nervous. Lancet 38:561-567, 1918
- Kagan J: The form of early development. Arch Gen Psychiatry 36:1047-1054, 1979 (a)
- Kagan J: Overview: Perspectives in human infancy, in Osofsky JD (ed): Handbook of Infant Development. New York. Wiley. 1979 (b)
- Kellerman H: Group Psychotherapy and Personality. New York, Grune & Stratton, 1979. pp 27, 116. 209
- Kernberg O: Structural derivatives of object relationships. Int J Psychoanal 47:236-253, 1966
- Kernberg O: Borderline personality organization. J Am Psychoanal Assoc 15:641-685, 1967
- Kernberg O: The treatment of patients with borderline personality organization. Int J Psychoanal 40:600-619, 1968
- Kernberg O: Factors in the psychoanalytic treatment of narcissistic personalities. J Am Psychoanal Assoc 18:51-85, 1970 (a)
- Kernberg O: A psychoanalytic classification of character pathology . J Am Psychoanal Assoc 18:800-821, 1970 (b)
- Kernberg O: Borderline Conditions and Pathological Narcissism. New York, Aronson, 1975
- Kernberg O: Object Relations Theory and Clinical Psychoanalysis. New York, Aronson, 1976
- Kety SS, Rosenthal D, Wender PH. et al: The types and prevalence of mental illness in the biological and adoptive families of adopted schizophrenics, in Rosenthal D. Kety SS

- (eds): *The Transmission of Schizophrenia*. New York, Pergamon, 1968. pp 345-362
- Kety SS, Rosenthal D, Wender PH, et al: Mental illness in the biological and adoptive schizophrenics. *Am J Psychiatry* 128:302-306, 1971
- Kibel HD: The rationale for the use of group psychotherapy for borderline patients on a short-term unit. *Int J Group Psychother* 28(3):339-358, 1978
- Klein M: Notes on some schizoid mechanisms. *Int J Psychoanal* 27:99-110, 1946 Klein M: *Narrative of a Child Analysis*. London, Hogarth, 1975
- Klein MI: Notes on the seduction theory. *Bull Menninger Clin* (in press)
- Klein MI: On Mahler's autistic and symbiotic phases: An exposition and evaluation (in press)
- Klerman G: Age and clinical depression: Today's youth in the 21st century. *J Geront* 31(3):318-323, 1976
- Kohlberg L: Development of children's orientations toward a moral order. *Vita Humana*, 6(1-2):11-33, 1963
- Kohlberg L: Development of moral character and moral ideology, in Hoffman ML, Hoffman LW (eds): *Review of Child Development Research*. New York: Russell Sage Foundation, 1964, pp 333-431
- Kohlberg L: A cognitive developmental analysis of children's sex-role concepts and attitudes, in Maccoby EE (ed): *The Development of Sex Differences*. Stanford, CA. Stanford University Press, 1966
- Kohlberg L: Moral education. *Newsweek*. March 1. 1976, pp 74-75A
- Kohler W: *Gestalt Psychology*. New York, Liverwright. 1929
- Kohler W: *Dynamics in Psychology*. New York. Liverwright, 1940
- Kohut H: Forms and transformation of narcissism. *J Am Psychol Assoc* 14:243-272, 1959

- Kohut H: *The Analysis of the Self*. New York. International Universities Press, 1971
- Kohut H: *The Restoration of the Self*. New York, International Universities Press, 1977
- Kohut H. Seitz PFL: Concepts and theories of psychoanalysis, in Wepman JM, Heine RW (eds): *Concepts of Personality*. Chicago, Aldine, 1963
- Kris E: On the vicissitudes of insight. *Int J Psuchoanal* 37:445, 1956
- Laing RD: *The Divided Self*. New York, Pantheon Books, 1970, pp 100-112
- Laurance WL: *Men and Atoms*. New York, Simon & Schuster, 1962
- Leuba JH: Introduction a Fetude clinique du narcissisme I Introduction to the clinical study of narcissism). *Rev Fr de Psuchoanal* 13:456-500, 1949
- Levy DM: Body interest in children and hypochondriasis. *Am J Psychiatry* 12:295-315, 1932
- Levy DM: *The Early Development of Independent and Oppositional Behavior, Midcentury Psychiatry*. Springfield, IL, Thomas, 1953
- Lewis J, Sarbin TR: Studies in psychosomatics. The influence of hypnotic stimulation on gastric hunger contractions. *Psychosom Med* 5:125-131, 1943
- Lidz T, Fleck S, Cornelison AR: *Schizophrenia and the Family*. New York. International Universities Press, 1965
- Lipschutz DM: Combined group and individual psychotherapy. *Am J Psychother* 2:336. 1957
- Litin F7M. Giffin ME, Johnson A: Parental influence in unusual sexual behavior in children. *Psuchoanal Q* 25:37-55, 1956
- McCarley RW, Hobson JA: The neurobiological origins of psychoanalytic dream theory. *Am J Psychiatry* 134(11):1211-1221, 1977
- Macfarlane JW: From infancy to adulthood. *Child Educ* 39:336-342, 1963 Macfarlane JW:

Perspectives on personality consistency and change from the guidance study. *Vita Humana* 7:115-126, 1964

MacHovec FJ: Hypnotic recall in psychogenic fugue states: Two cases. *Am J Clin Hypn* 23(2), 1980

Mack JE (ed): *Borderline States in Psychiatry*. New York, Grune & Stratton, 1975. pp 135-138

Mahler MS: A study of the separation-individuation process and its possible application to borderline phenomena in the psychoanalytic situation. *Psychoanal Study Child* 26:403-424, 1971

Mahler MS, Furer M, Settlege CF: Severe emotional disturbances in childhood, in Arieti S (ed): *American Handbook of Psychiatry, Vol 1*. New York, Basic Books, 1959

Mahler MS, Pine F, Bergman A: *The Psychological Birth of the Human Infant*. New York, Basic Books, 1975

Mason A A: The suffocating super-ego. in Grobstein J (ed): *Do I Dare Disturb the Universe*. New York, Aronson, 1979

Masterson JF: *Treatment of the Borderline Adolescent: A Developmental Approach*. New York. Wiley, 1972

Masterson JF: *Psychotherapy of the Borderline Adult*. New York. Brunner/Mazel, 1976

Masterson JF: Personality of the borderline adult: A developmental approach. *Weekly Psychiatry Update Series (Princeton. NJ)* 52:2-5, 1977

Masterson JF, Rinsley DB: The borderline syndrome: The role of the mother in the genesis and psychic structure of the borderline personality. *Int J Psychoanal* 56:163-177, 1975

Meltzer D: *The Kleinian Development*, 3 parts. Perth, Scotland, Clunie Press, 1978

Menninger Foundation Conference: (Sandoz Pharmaceutical Company, Hanover. NJ) 6(1):134, 1969

- Merton RK: Social Theory and Social Structure. New York, Free Press, 1957
- Meyer LB: Concerning the sciences, the arts—AND the humanities. *Critical Inquiry* 1:163-217, 1974
- Milgram S: Obedience to Authority. New York. Harper & Row, 1973
- Miller JG: Living systems: Basic concepts. *Behav Sci* 10(3):193-237, 1965
- Miller NE: The frustration-aggression hypothesis. *Psychol Rev* 48:337-342, 1941
- Miller NE: Theory and experiment relating psychoanalytic displacement to stimulus-response generalization. *J Abnorm Soc Psychol* 43:155-178, 1948
- Modell AH: Primitive object relationship and predisposition to schizophrenia. *Int J Psychoanal* 44:282-292, 1963
- Modell AH: Object Love and Reality. New York: International Universities Press, 1968
- Modell AH: A narcissistic defense against affects and the illusion of self-sufficiency. *Int J Psychoanal* 56:275-282, 1975
- Money-Kyrle RE: Normal counter-transference and some of its deviations. *Int J Psychoanal* 37:360, 1956
- Moore BE, Fine BD: A Glossary of Psychoanalytic Terms and Concepts, 2nd ed. New York, American Psychoanalytic Association, 1968
- Moore TV: The parataxes: A study and analysis of certain borderline mental states. *Psychoanal Rev* 8:252-281, 1921
- Moreno JL: Who Shall Survive? A New Approach to the Problem of Human Interrelations. Washington, DC, Nervous & Mental Disease Publishing, 1934
- Muller-Braunschweig C: Desexualization and identification: Being in love; Hypnosis and sleep; Notion of direction. Clark LP (trans). *NY Med J* 13:385-403, 1926

- Muller JP, Richardson WJ: Toward reading Lacan: Pages for a workbook. *Psychoanal Contemp Thought* 1(3):325-372, 1979
- Nadelson T: Borderline rage and the therapist's response. *Am J Psychiatry* 134:748-9, 1977
- Noy P: The psychoanalytic theory of cognitive development. *Psychoanal Study Child* 34:169-216, 1979
- Odiar C: *Anxiety and Magic Thinking*. Schoelly ML, Sherfey MJ (trans). New York, International Universities Press, 1956
- Ornstein PH (ed): *The Search for the Self: Selected Writings of Heinz Kohut: 1950-1978, Vol 1*. New York, International Universities Press, 1978
- Penfield W: Memory mechanisms. *Arch Neurol Psychiatry* 67:178-198, 1952
- Penfield W, Roberts L: *Speech and Brain Mechanisms*. Princeton, NJ, Princeton University Press, 1959
- Piaget J: *The Child's Conception of Physical Causality*. New York, Humanities Press, 1951
- Piaget J: *The Origins of Intelligence in Children*. New York. International Universities Press, 1952
- Piaget J: (1937) *The Construction of Reality in the Child*. New York, Basic Books, 1954
- Piaget J: The genetic approach to the psychology of thought. *J Educ Psychol* 52:275-281, 1961
- Piaget J, Inhelder B: *The Growth of Logical Thinking from Childhood to Adolescence*. New York, Basic Books, 1958
- Piaget J, Inhelder B: *The Early Growth of Logic in the Child*. New York, Harper & Row, 1964
- Plutchik R: *The Emotions: Pacts, Theories and a New Model*. New York, Random House, 1962
- Plutchik R: Emotions, evolution and adaptive processes, in Arnold M (ed): *Feelings and Emotions: The Loyola Symposium*. New York, Academic Press, 1970

- Pruyser P: What splits in "splitting." *Bull Menninger Clin* 39:1-46, 1975
- Rangell L: The borderline case: Panel reports, scientific proceedings. *JAPA* 3:285-298, 1955
- Rangell L: Aggression, oedipus and historical perspective. *LJPA* 53:3-11, 1972
- Rapaport D: A theoretical analysis of the superego concept, in Gill M (ed): *The Collected Papers of David Rapaport*. New York, Basic Books, 1967
- Reich A: Narcissistic object choice in a woman. *J Am Psychoanal Assoc* 1:22-44, 1953
- Rey JH: Intrapsychic object relations: The individual and the group, in Wolberg LR, Aronson ML (eds): *Group Therapy 1975: An Overview*. New York, Stratton Intercontinental Medical Book, 1975, pp 84-101
- Rickman J: A survey: The development of the psychoanalytical theory of the psychosis, 1894-1926. *Br J Med Psychol* 6:270-294, 1926
- Rickman J: The development of the moral function, in *The Yearbook of Education, 1949-1952*. London, Evans, 1951, pp 67-68
- Rinsley DB: An "object" relations view of borderline personality. Paper presented at the International Meeting on Borderline Disorders. Sponsored by the Menninger Foundation and the National Institute of Mental Health, Topeka, Kansas, March 1976
- Rinsley DB: Borderline psychopathology: A review of etiology, dynamics, and treatment. *Int Rev Psychoanal* 5:45-54, 1978
- Riviere J: On the genesis of psychical conflict in earliest infancy. *Int J Psychoanal* 17:395-422, 1936
- Robbins MD: Borderline personality organization: The need for a new theory. *J Am Psychoanal Assoc* 24:831-853, 1976
- Rosenfeld HA: Considerations regarding the psycho-analytic approach to acute and chronic

- schizophrenia. *Int J Psychoanal* 35:135-140, 1954
- Rosenfeld HA: *Psychotic States*. London, Hogarth, 1965
- Rosse IC: Clinical evidence of borderline insanity. *J Nerv Ment Dis* 17:669-674, 1890
- Rosner S: Problems of working-through with borderline patients. *Psychother Theory, Res Prac* 6:43-45, 1969
- Rossner S: On the nature of free association. *J Psychoanal Assoc* 21:558-575, 1973 (a)
- Rossner S: Free association and memory. *J Psychother Theory Res Prac* 10:278-280, 1973 (b)
- Sarbin TR: Role theory, in Lindzey G (ed): *Handbook of Social Psychology*, Vol 1. Cambridge, MA, Addison-Wesley, 1954
- Schaefer R: *Aspects of Internalization*. New York, International Universities Press, 1968
- Schaffer H: Objective observations of personality development in early infancy. *Br J Med Psychol* 31:174-183. 1958
- Schilder P: *Psychotherapy*, rev ed. Bender L (ed). New York, Norton, 1951
- Scholz F: (1887) *Sleep and Dreams*. Jewett HM (trans). New York, 1893, pp 20, 57-58, 67-134
- Schwartz DP: *Psychotherapy*, in Shershaw JC (ed): *Schizophrenia Science and Practice*. Cambridge, Harvard University Press, 1978
- Science News: The brain and emotions. 112(5):74, 1977
- Science News: Crime: Who is the real victim. 115(2):25, 1978
- Science News: The “mommy tapes”: Early perception. 115(4):56, 1979 (a)
- Science News: Brains: The younger, the better. 116(5):89, 1979

- Searles HF: Transference psychosis in the psychotherapy of chronic schizophrenia. *Int J Psychoanal* 44:249-281. 1963
- Segal H: Some aspects of the analysis of a schizophrenic. *Int J Psychoanal* 31:268-278, 1950
- Segal H: A note on schizoid mechanisms underlying phobia formation, *int J Psychoanal* 35:238-241. 1954
- Segal H: Depression in the schizophrenic. *Int J Psychoanal* 37:339-343, 1956
- Segal H: Introduction to the Work of Melanie Klein. New York. Basic Books, 1964
- Selye H: The Stress of Life. New York, McGraw-Hill, 1956
- Settlage CE: Narcissistic and borderline personality disorders. *JAPA* 25(4):815, 1977
- Shapiro ER: Research on family dynamics: Clinical implications for the family of the borderline adolescent, in Fensterheim SC, Govacchini PL (eds): *Adolescent Psychiatry* . Vol 6. New York. Basic Books. 1978
- Showes WD. Carson RC: The A-B therapist "type" distinction and spatial orientation: Replication and extension. *J Nerv Ment Dis* 141:456-462, 1965
- Sifneos PE: Short-term Psychotherapy and Emotional Crisis. Cambridge. Harvard University Press. 1972
- Simmel G: (1908) *The Sociology of George Simmel*. Wolff KH (ed & trans). New York. Free Press, 1950
- Spitz RA: The psychogenic diseases in infancy: An attempt at their etiologic classification. *Psychoanal Study Child* 6:255-275, 1951
- Spitz RA: The primal cavity: A contribution to the genesis of perception and its role for psychoanalytic theory . *Psychoanal Study Child* 10:215-240. 1955
- Spitz RA: No and Yes: On the Genesis of Human Communication. New York. International

Universities Press, 1966

Spitz RA, Cobliner WG: The First Year of Life. New York, International Universities Press. 1965

Spitzer RL, Endicott J, Gibbon M: Crossing the border into borderline personality and borderline schizophrenia. The development of criteria. Arch Gen Psychiatry 36:17-24, 1979

Spotnitz H: Modern Psychoanalysis of the Schizophrenic Patient: Theory of the Technique. New York, Grune A Stratton, 1969

Stern A: Psychoanalytic investigation of a therapy in the borderline neurosis. Paper read at New York Psychoanalytic Society, 1937. Psychoanal Q 7:467-489, 1938

Stoller RJ: A further contribution to the study of gender identity. Int J Psychoanal 49 L Parts 2-3):364-369. 1968

Stroufe AL, Waters E: The autogenesis of smiling and laughter: A perspective on the organization of development in infancy. Psychol Rev 83(3):173-189, 1976

Sullivan HS: The Interpersonal Theory of Psychiatry. New York. Norton. 1955

Szurek SA: Notes on the genesis of psychopathic personality trends. Psychiatry 5:1-6, 1942

Szurek SA, and Johnson. AM: The genesis of anti-social acting out in children and adults. Psychoanal Q 21:323-343, 1952

Szurek SA, Johnson AM: Etiology of anti-social behavior in delinquents and psychopaths. JAMA 154:814-817. 1954

Thomas A, Chess S: The Dynamics of Psychological Development. New York, Brunner/ Mazel, 1980

Time magazine: Psychiatry on the couch. April 2, 1979

Trevarthan C: Conversations with a two-month-old. New Scientist 62:230-235, 1974

- Ungar G: Molecular mechanisms in learning. *Perspect Biol Med* 11:217-233, 1968
- U.S. News & World Report: Public officials for sale. February 28, 1977, p 36
- Volkan V: *Primitive Internalized Object Relations*. New York. International Universities Press, 1976
- Waelder R: Das Freiheitsproblem in der Psychoanalyse. *Imago* 20:467-484. 1934
- Waelder R: *Basic Theories of Psychoanalysis*. New York, International Universities Press, 1960
- Weakland H: The "double-bind" hypothesis of schizophrenia and three-party interaction, in Jackson DD (ed): *The Etiology of Schizophrenia*. New York, Basic Books, 1960
- Weissman MM: Depressed women: Traditional and non-traditional therapies, in Claghorn JL (ed): *Successful Psychotherapy*. New York, Brunner/Mazel, 1976
- Weissman MM: Depressed parents and their children: Implications for prevention, in Noshpitz JD (ed): *Basic Handbook of Child Psychiatry*. New York, Basic Books, 1979
- Wender PH: The contribution of the adoption studies to an understanding of the phenomenology and etiology of borderline schizophrenics, in Hartocollis P (ed): *Borderline Personality Disorders*, Topeka. Kansas, 1976. New York, International Universities Press, 1977, pp 255-269
- Wertheimer M: *Gestalt Theory*. New York, New School for Social Research, Graduate Faculty of Political and Social Science, 1944
- Whitehorn JC, Betz BJ: Further studies of the doctor as a crucial variable in the outcome of treatment with schizophrenic patients. *Am J Psychiatry* 117:215-223, 1960
- Winnicott, DW: Transitional objects and transitional phenomena. Paper read before the British Psychoanalytical Society, London, May 1951
- Winnicott DW: Transitional objects and transitional phenomena: A study of the first not-me possession. *Int J Psychoanal* 34:89-97, 1953 (a)

- Winnicott DW: Symptom tolerance in paediatrics. *Proc Roy Soc Med* 46:675-684, 1953 (b)
- Winnicott DW: Metapsychological and clinical aspects of regression within the psychoanalytic set-up, in Winnicott DW (ed): *Collected Papers*. New York, Basic Books, 1958, pp 278-294
- Winnicott DW: Ego distortion in terms of the true and false self, in Winnicott DW (ed): *The Maturational Processes and the Facilitating Environment*. New York, International Universities Press, 1965
- Winnicott DW: Playing and reality. *Roche Report* 6(6), 1969
- Wolberg AR: The borderline patient. *Am J Psychother* 6:694-710, 1952
- Wolberg AR: The psychoanalytic treatment of the borderline patient in the individual and group setting, in Hulse W (ed): *Topical Problems of Psychotherapy, Vol 2*. New York, Karger, 1960, pp 174-197
- Wolberg AR: Patterns of interaction in families of borderline patients, in Riess BF (ed): *New Directions in Mental Health, Vol I*. New York, Grune & Stratton, 1968, pp 100-177
- Wolberg AR: Intensifying the group process in psychoanalytic group psychotherapy. *Psychiatr Ann* 2(3):70-73, 1972
- Wolberg AR: *The Borderline Patient*. New York, Stratton Intercontinental Medical Book, 1973
- Wolberg AR: The contributions of Jacob Moreno, in Wolberg LR, Aronson ML (eds): *Group Therapy 1976: An Overview*. New York, Stratton Intercontinental Medical Book, 1976, pp 1-15
- Wolberg AR: Group therapy and the dynamics of projective identification, in Wolberg LR, Aronson ML (eds): *Group Therapy 1977: An Overview*. New York, Stratton Intercontinental Medical Book, 1977, pp 151-181
- Wolberg LR: *Hypnoanalysis*. New York, Grune & Stratton, 1945 (1st ed), 1964 (2nd ed)

- Wolberg LR: Hypnotic phenomena, in Abramson HA (ed): Problems of Consciousness. Transactions of the 3rd Conference. New York, Josiah Macy, Jr., Foundation, 1952, pp 76-106
- Wolberg LR: The Technique of Psychotherapy. New York. Grime & Stratton, 1934 (1st ed), 1967 (2nd ed). 1977 (3rd ed)
- Wolberg LR: Short-term Psychotherapy. New York, Grune & Stratton. 1965
- Wolberg LR: Psychotherapy and the Behavioral Sciences. New York. Grune & Stratton, 1966
- Wolberg LR: Handbook of Short-term Psychotherapy. New York. Stratton Intercontinental Medical Book. 1980
- Wolff KH (ed & trans): The Sociology of George Simmel (1908). New York. Free Press. 1950
- Woug N: Clinical consideration in group treatment of narcissistic disorders. Int J Group Psychother 29:323-345. 1979
- Zeigarnik B: Liber das Behalten von erledigten und unerledigten Handlungen. Psychologische Forschung, 9:1-83, 1927. Also: Zeigarnik effect, in Wolman BB (ed): International Encyclopedia of Psychiatry. Psychology . Psychoanalysis and Neurology, Vol 11, 1977, p 465