ALL ABOUT 'ATTACKS' AND REMAINING 'MINDLESS' TO FEELINGS - PSYCHOANALYTIC REFLECTIONS IN PLAYTHERAPY

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ABSTRACT

This dissertation has attempted to illustrate by way of a cross-section of selected clinical material from particular phases in one long-term playtherapy, the relationship between the phenomenon of non-verbal and verbal attacks on the therapist, the therapeutic process and Bion's concept of projective identification. It is maintained that these attacks illustrate Bion's psychoanalytic thoughts concerning projective identification as a primitive mode of communication of unbearable feelings which cannot be tolerated, but at the same time unconsciously desire expression. Providing the theory for this is Bion's formulation of the container - contained model of early object relations and his explicit appreciation of the importance of the nurturing object, originally the mother and now the therapist, in helping the infant/child process their experience by making their thoughts thinkable, rather than remaining mindless to emotional experiences. How children communicate their experiences in therapy is frequently beyond words and can only be gauged by means of symbolic expressions, non-verbal responses, and primitive projective identification processes. The therapist's countertransference responses served as a core diagnostic tool for evaluating the nature of the child's communications. Furthermore countertransference responses, provided a valuable tool in dealing with, and containing, the concrete quality of these projective identifications by offering transformative experiences through meaningful interpretations. It is speculated that the repeated experience of the therapist remaining a repository for the child's projective identifications, in spite of the relentless attacks, played a major role in the gradual steps towards integrating the containing aspects of both the therapist as a modified figure and the therapeutic process.

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CHAPTER ONE

INTRODUCTION

This dissertation is intended as a contribution to the exploration of the phenomenon of attacks on both the therapist and the therapeutic process, and its relation to Bion's concept of projective identification. Bion proposed that projective identification is a primitive mode of communication of feelings that cannot be tolerated by the child/patient, but unconsciously desire expression (O'Shaughnessy in Bott Spillius, 1990). Bion's view concentrates on "how projective identification can be used as a method of communication by the individual putting, as it were, undigested parts of [their] experience and inner world into the object, originally the mother, now the [therapist] as a way of getting them understood and returned in a more manageable form" (Joseph in Bott Spillius, 1990, p. 140). The aim in this dissertation is to illustrate that these attacks are connected to projective identification procedures and serve the purpose of communicating the child's emotional distress both internally and externally.

Selected extracts from the clinical material of a long-term playtherapy taken over a period of two years will be used to demonstrate the phenomenon in question. An emphasis is placed on the therapist's countertransference responses which were used to provide an understanding of the nature and origin of this child's communication. Moreover, they provided a valuable tool in dealing with, and containing the concrete quality of these projective identifications by offering transformative experiences through interpretation. In terms of countertransference, Joseph in Bott Spillius (1990, p. 140) points out that if therapists "on the receiving end [are] really open to what is going on and able to be aware of what [they are] experiencing, this can be a powerful method of gaining understanding".

As implied by the title, the focus is on the severe disturbance of emotion and the unthinkability of such affect in a young girl who experienced faulty containment in her early objects (O'Shaughnessy, 1981). The aim of the therapy was to gradually assist this child to distinguish the kind of holding that enables thoughts to become thinkable, rather than to remain mindless. An account of the technique used in dealing with these attacks is discussed so that the therapist's growing experience might provide useful insight and knowledge to trainee therapists who wish to work in the field of child psychotherapy.

LITERATURE REVIEW

The theoretical context for this dissertation will draw from psychoanalytic understanding and concepts, specifically the ideas of Melanie Klein and Wilfred R. Bion. The first part of the literature review consists of an overview of Melanie Klein's descriptions of early object relations which she placed at the centre of her theoretical and clinical formulations. She systematized an understanding of the dynamics of the earliest relationship between infant and mother within the framework of the paranoid-schizoid and depressive positions. The relevance of her early object relations theory is to provide a context for Bion's theory of early object relations, and for the use of some of her theoretical concepts in the clinical formulation and discussion of the case material. A review of her development of the concept of projective identification as a mechanism of defence will be integrated into the discussion.

In the second part, the focus is on Wilfred. R. Bion who was an illustrious pupil of Klein. He extended Melanie Klein's work and reformulated her early object relations and concept of projective identification. His distinction between normal and pathological projective identification will be discussed in some detail as it forms the core of this dissertation.

The final part of the literature review briefly highlights the central aim of the dissertation in the light of theory and the clinical material to be used.

1. EMERGENCE OF EARLY OBJECT RELATIONS - KLEIN'S PERSPECTIVE

Melanie Klein maintained Freud's theory of instincts as the motivational force in the development of object relations. Her major contribution was in bridging the gap between classical instinct theory and theories of object relations in which more emphasis is placed on relatedness (Greenberg & Mitchell, 1983). Klein's pioneering endeavour between 1919 and 1934 concentrated on developing a play technique for child analysis and extending Freud's concept of unconscious phantasy. Her observations of infants led her to believe that there existed in infants a rudimentary recognition of their mother from the beginning of life, a psychical activity which she termed phantasy (Likierman, 1995).

Klein maintained that it is phantasy "that both gives form to infantile instinctual life and also elaborates and represents worldly events internally, gradually enabling the emergence of clearer cognitive capacities in the infant" (Likierman, 1995, p. 315). The function of phantasy is to create a higher degree of ego-organization than is postulated by Freud. Klein's view assumes that the ego from birth is driven by instincts and anxiety to form primitive object-relationship representations of the good and bad aspects of its first relationship with the mother, both in phantasy and reality (Segal, 1975). Thus for Klein, the libidinal and aggressive qualities of drives are constitutional forces which undergo modification and transformation by way of the interaction between the individual and the external world of objects (Greenberg & Mitchell, 1983). The importance of the splitting processes during the ego's immaturity is to enable infants to organize their chaotic experiences. If successful, the ego will eventually be able to tolerate the ambivalence arising from the alternating splits between idealized and persecutory states, thereby reducing the splits to usher in the depressive position (Steiner in Anderson, 1992).

1.1. Paranoid-schizoid and depressive position

Melanie Klein's differentiation of two basic groupings of anxieties and defences, namely the paranoid-schizoid and depressive positions, has enabled an examination of the way in which mental structures are organized at different levels of development (Steiner in Bott Spillius, 1990; Klein,1952; Segal,1964). She places these positions as occurring roughly during the first and second trimester of life, respectively. However, she also maintains that to a certain extent they persist throughout life in everyone (Bacal & Newman, 1990). In her view, the feat of normal development is the negotiation and resolution of the depressive position (Bacal & Newman, 1990). Klein's shift from a concept of stages (Freud) to a concept of positions reflects her redefinition of drives as relational patterns (Greenberg & Mitchell, 1983). For Klein, drives "are not discrete quantities of energy arising from specific body tensions but passionate feelings of love and hate directed toward others and utilizing the body as a vehicle of expression" (Greenberg & Mitchell, 1983, p. 146).

1.1.1 Paranoid-schizoid position

In Klein's (1935) paper A contribution to the psychogenesis of manic-depressive states, she maintains that "the development of the infant is governed by mechanisms of introjection and projection" (Klein in Buckley, 1986, p. 40). The working of the death instinct within gives rise to the fear of annihilation and "these are projected into the object to create the prototype of a hostile object relationship" (Steiner in Anderson, 1992, p.47). Klein postulates further that when the ego is faced with the anxiety produced by the death instinct, it projects it outwards into the original external object - the breast, and at the same time part of the death instinct remaining in the self is then transformed into aggression and directed at persecutors (Segal, 1975). Parallel to this, the libido is also projected in order to create the prototype of a loving relationship (Steiner in Anderson, 1992), "an object [that] will satisfy the ego's instinctive thriving for the preservation of life" (Segal, 1975, p. 23). Likewise, part of the life instinct remaining in the self is then used to establish a libidinal relationship to this ideal object (Segal, 1975). These two types of object relationships are kept widely separated from one another "and this is achieved by a split in the object which is viewed as excessively good or extremely bad" (Steiner in Anderson, 1992, p.47).

Unfavourable external experiences such as frustration and discomfort compound the feeling of inner persecution and create in the infant a feeling of being attacked by hostile forces (Klein in Esman, 1990), whereas gratifying external experiences assist in creating the phantasy of ideal objects (Segal, 1975). Thus the central aim of the infant during this stage is to "acquire, to keep inside and to identify with the ideal object ...and to keep out the bad object and those parts of the self which contain the death instinct" (Segal, 1975, p. 26).

However, by introjecting the good breast, the infant also takes in the bad one which leads to feeling threatened again by destruction from within (Bacal & Newman, 1990). This results in a vicious cycle between projection, re-introjection , and again re-projection of the object. Klein discusses how the infant resorts to re-projection of the bad object and protection of the ideal object through idealization, and using omnipotent denial of the bad breast (Bacal & Newman, 1990). She adds that another manner in which omnipotent denial may be used against excessive persecution, "is by idealizing the persecuting object itself, and treating it as ideal"

(Segal, 1975, p. 26). Klein states that the immature ego under threat resorts to defence mechanisms of splitting, omnipotence, idealization, denial and control of internal objects (Klein in Riviere, 1983). She indicates that not only are bad parts of the self projected, but also good parts which leads to a "weakening of the ego and feelings of being swallowed up by excessive goodness and value of the object" (Alvarez, 1992, p. 116). Alvarez (1992, p. 116) goes on to say that constant projection of the good part may create a feeling of being "incapable of meeting the demands of a needy or damaged object that is felt to be beyond their strength to repair". These defences are of an extreme nature and while they in some ways "impede the path of integration" (Alvarez, 1992, p.209), Klein also stresses their priority in the whole development of the ego.

In the paranoid-schizoid position the ego which is poorly integrated over time is unable to develop a memory of a good object when it is absent (Steiner in Anderson, 1992). As with the spatial dimension of self and objects, they are "viewed as being made up of parts of the body such as the breast, face, or hands and are not yet integrated into a whole person" (Steiner in Anderson, 1992, p. 47).

- **Projective identification:**

  Essential to the argument in this dissertation, is the understanding of Melanie Klein's concept of projective identification, a defence mechanism arising in the paranoid-schizoid phase of development. The aim of this is to ground Bion's use of the term. Klein's view of projective identification shifted significantly from Freud's concepts of projective and identification, becoming more of an interactional concept (Greenberg & Mitchell, 1983). Thomas Ogden's (1979) paper On Projection defines Klein's projective identification as a psychological process "wherein 'bad' parts of the self are split off and projected 'into' another person in an effort to rid the self of one's 'bad objects' which threaten to destroy oneself from within" (Ogden, 1979, p. 364). In this way the external object becomes "possessed by, controlled and identified with the projected part" (Segal, 1975, p. 27). Segal (1975) describes the aim of projective identification as the avoidance of separation from the ideal object and control of the bad object. Klein views projective identification as "a deeply unconscious process motivated by envy, and the result is a depletion of the subject and weakened sense of

self and identity" (Davies, 1993, p. 79). In other words the ego may become impoverished by such splits and projections (Alvarez, 1992). Alvarez (1992) indicated that Klein (1955) also made mention of another form of projective identification that differed from either wanting to rid the personality of unwanted good or bad parts. This type occurs in the depressive position. She says that this was what Klein described as the process "whereby a person may go into someone else's identity in an intrusive and invasive way and take it over almost completely" (Alvarez, 1992, p. 178). This differs from the term introjective identification which Kleinians use to denote a process whereby the person identifies with an admired object, but does not extract the new identity because differences are respected and recognized (Alvarez, 1992).

Segal (1975) describes two types of anxieties that arise with projective identification, namely, the fear of retaliation by the attacked object and of having parts of oneself controlled and imprisoned by the object projected into. In normal development the ego manages to overcome these anxieties in various degrees. However, when it fails and extreme defences are called upon, there is a threatened experience of disintegration (Steiner in Anderson, 1992). Klein (1957) maintains that this type of breakdown is threatened even more in the presence of envy. This is because the destructive attacks are then aimed at good objects and keeping all the destruction split-off would be an impossibility (Steiner in Anderson, 1992).

1.1.2 Depressive position

The depressive position arises inevitably and naturally in infancy and brings about changes in the type of anxiety and in the quality of the infant's relationships with his/her objects. The concept of the infantile depressive position was formulated by Klein in her paper A contribution to the psychogenesis of manic-depressive states in 1935 and later, in 1940, she connects the infantile depressive position with mourning in her paper Mourning and its relation to manic-depressive states. In the latter paper, Klein's exposition discusses how the infant begins to experience depressive feelings prior to, during and after the weaning process which she describes as "melancholia in statu nascendi" (Italics inserted). She elaborates that this is when:

> The object which is being mourned is the mother's breast and all that the breast and the milk have come to stand for in the infant's mind: namely love, goodness and security. All these are felt by the baby to be lost, and lost as a result of [their] own uncontrollable greedy and destructive phantasies and impulses against the mother's breasts.
>
> (Klein in Frankiel, 1994, p.96)

The move to the depressive position brings to the fore psychic integration. In Klein's view, part-objects are now recognized to be one whole object (Segal in Bott Spillius, 1990). Segal (1975) comments that this transition from part to whole objects has wide implications and exposes infants to the experience of helplessness, dependency on the whole mother and jealousy of other people (Segal, 1975).

The prevailing conflict is that of ambivalence as the infant now faces the notion that it is the same person (self) who loves and hates the same person (mother) (Segal, 1975). This capacity for ambivalence which characterizes the depressive position, gives rise to severe anxieties. These take the form of "anxiety that the forces of the death instinct will destroy the loved mother" and anxiety that they will also be destroyed (Bacal & Newman, 1990, p. 71). Following this line of thought, Hanna Segal (1975, p. 15) describes Klein's thoughts on this process as:

> The working through of the depressive position in normal development depends on the capacity to make reparation. When infant[s] feel that in [their] hatred [they have] destroyed [their] good external and internal object, [they] experience, not only an intense feeling of guilt and loss, but also pining and a longing to restore the lost, loved object externally and internally, and to recreate the lost harmony and well being. [They] mobilize all [their] love and creativity to that end. It is this reparative drive that in Kleinian view, is the most important source of mental growth and creativity.
>
> (Segal in Alvarez, 1992, p. 141)

Klein indicated that the difficulties of bearing these anxieties and guilt leads to the ego "build[ing]-up omnipotent and violent phantasies, partly for the purpose of controlling and mastering the 'bad', dangerous objects, partly in order to save and restore the loved ones" (Klein in Frankiel, 1994, P. 99).

- **Reparation:**

Melanie Klein sees reparation as inextricably bound up with the depressive position, although it has precursors in the paranoid-schizoid position. She distinguishes between three types of reparation, namely, "manic reparation which carries a note of triumph over the damaged object; ...obsessional reparation which has more to do with the placating of the bad object than concern for the good object; [and lastly]...true reparation grounded in love and respect for the object which results in creative achievements" (Alvarez, 1992, p. 140), in other words, where "the infant ...faces feelings of guilt and loss and concern for the object" (Bacal & Newman, 1990, p. 72).

Klein considers manic reparation as pathological in nature as its reparation is not based on the recognition of psychic reality, but on disallowing the experience of guilt (Segal, 1975). Manic reparation is associated with a magical quality and is not successful because of the combination of its illusory quality and the fact that genuine positive feelings for the object cannot be engendered (Bacal & Newman, 1990). Alvarez drew attention to Klein's emphatic statement "that true reparation, as opposed to manic or obsessional reparation was not a reaction formation against, or denial of, depression and guilt about damage" (Alvarez, 1992, p. 116). She goes on to say that Klein substantiates this belief with reference to the notion that phantasies about repairing the destructiveness are prominent, such as: "preserving the loved object from the attacks of bad objects, putting the dispersed bits of it back together again, [and] bringing what has been killed back to life" (Alvarez, 1992, p. 142). Thus for Klein, true reparation is a creative outcome that relieves guilt and allows for psychic growth and development to evolve (Alvarez, 1992).

Klein links manic and obsessional reparation to Freud's (1920) term of repetition compulsion. For Klein this repetition pattern was regarded as an important mechanism

in children's play where the need is to repeat certain actions obsessionally in order to master unresolved experiences and/or overcome fixation points in development (Klein, 1989). In Alvarez's opinion, Klein's delineation between manic and obsessional reparation, and true reparation may have created the misunderstanding that they are defences against true reparation, when in fact they do play a role in development, however small a role this is. (Alvarez, 1992).

- **Manic defences:**

In the case where reparative and constructive abilities are insufficient the infant's manic defences come into operation, thereby disturbing the reparation that was in progress (Klein in Frankiel, 1994). Segal (1975) says that the organization of the manic defences includes mechanisms which were already in existence in the paranoid-schizoid position, namely, splitting, idealization, projective identification, denial. However, the difference is that they are now of a far more sophisticated form due to the ego's own physiological maturation. The three central features of the manic defences are triumph, omnipotent control and contempt and are aimed at combatting "feelings of valuing the object and depending on it, and fear of loss and guilt" (Segal, 1975, p. 83). Manic defences are "primarily directed against the experience of psychic reality, that is, against the whole aim of the analytic process" (Segal, 1975, p. 83). With the re-awakening of these defences, a regression to the paranoid-schizoid position occurs. The consequence of this is that underlying guilt is not relieved, thus deepening depressive anxieties; states of persecution override; and a generalized sense of hopelessness prevails (Segal, 1975).

- **Klein's concept of envy:**

Of import, is Melanie Klein's concept of envy which she extended in her paper Envy and Gratitude in 1957. The prevailing emotion in envy is that of hatred directed at the mother's goodness and nurturance (the breast), which is felt as insufficient and under mother's control (Greenberg & Mitchell, 1983). Klein states that envy derives from constitutional aggression and has destructive and spoiling consequences, which in effect interfere with the operation of schizoid mechanisms thereby thwarting the development of the ego (Segal, 1975). In addition Klein claims that where extreme forms of envy

occur, it hampers reparative endeavours by creating feelings of despair that "an ideal object cannot be found, and therefore there is no hope of love or help from anywhere" (Segal, 1975, p. 42).

Klein distinguishes envy from greed, where the former is aimed at destroying and spoiling the breast because it is good, and the latter entails the infant's desire to acquire all the contents of the breast for themselves (Greenberg & Mitchell, 1983). Another distinction that she makes is between envy and jealousy. She states that jealousy "is based on love and aims at the possession of the loved object and the removal of the rival", and goes further to say that it occurs within triangular relationships where the infant has already acquired the ability to differentiate one object from another (Segal, 1975, p. 40). For Klein "envy on the other hand, is a two-part relation in which the subject envies the object for some possession or quality; no other live object enters into it" (Segal, 1975, p. 40). She did however imply that envy does proceed into whole object relations where it has detrimental effects (Segal, 1975). This can be observed clinically, where resistances fuelled by envy serve the purpose of defending against psychic reality by way of rendering the therapist's interpretations as useless or hurtful (Greenberg & Mitchell, 1983).

- **Achievement of the depressive position:**

In normal development when conditions are favourable, "after repeated experiences of loss, recovery, and recreation, a good object is securely established in the ego (Segal in Bott Spillius, 1990, p. 166). This is mediated to some extent by the external mother's ministrations of love and nurturance. Klein puts it in this way: "no doubt the more the child can at this stage develop a happy relation to its real mother, the more will it be able to overcome the depressive position" (Alvarez, 1992, p. 129). The depressive position is overcome when the intensity of the internal world diminishes and there is a perception of an external separate world; a greater capacity of the ego to cope with anxieties without recourse to debilitating mechanisms of defence; a greater tolerance of its own aggression which is now felt as part of the ego and not simply projected outwards; and an increased awareness of the ego to perceive reality (Segal in Bott Spillius, 1990). Moreover, it also entails changes in the super-ego from a

previously rigid and harsh structure, to one that is more integrated and experienced as an internal whole (Segal, 1975). A shift from concrete thinking to a capacity for symbol formation and rational thought transpires (Britton in Anderson, 1992). There is another important feature developing in conjunction with the depressive position, namely, the Oedipus Complex. Klein maintains that the one cannot be worked through without the other (Britton in Anderson, 1992). Finally, Klein postulated that one never fully works through the depressive position and the oscillation between the paranoid-schizoid and depressive position remains an integral feature of life (Segal, 1975).

1.1.3 Parents as real people

A major contention in Klein's theory is the limited focus she gives to the parents as real people. Klein acknowledges that the parents value is in their ability to survive "despite the child's murderous phantasies, [and this] strengthens the child's belief in [their] own restorative capacities and aids in the development of reality testing" (Greenberg & Mitchell, 1983, p. 146). However, Greenberg and Mitchell (1983) point out how Klein's view has failed to consider the direct impact of the parents' own personalities, the sensitivity of children toward their parent's anxiety and depression, and the parents' own living which "may contribute in a more direct and immediate way to the original establishment of bad objects and thus to the beginnings of psychopathology in the child" (Greenberg & Mitchell, 1983, p. 147). Bion (1957), whose theoretical framework will be dealt with in the next section, maintained Klein's theoretical trend. He did however, diverge from her views in certain respects, particularly around the relevance of the parents as real people in the development of early object relations (Greenberg & Mitchell, 1983).

2. BION'S THEORETICAL PERSPECTIVE

Bion's notable contribution arose from his clinical work with thought disordered psychotic patients which gave him insight into the nature of normal and abnormal thinking. The foundation of his discoveries derived from Freud's Formulations of the Two Principles of Mental Functioning (1911), and Melanie Klein's theory of early object relations and anxieties,

and her concept of projective identification (O'Shaughnessy, 1981). He brought to the fore a modification of Klein's projective identification indicating that it was not only a mechanism of defence, but encompassed the very first mode of communication between mother and infant or by the same token, between therapist and patient (O'Shaughnessy, 1981). In this way, he made the distinction between normal and pathological projective identification which led to considerable developments in clinical technique.

Advances in the area of projective identification, especially Bion's work, has led to increased understanding and insight into the dynamics of the transference and countertransference processes (Bott Spillius in Bott Spillius, 1990). The term transference is used to refer to the process whereby "qualities, feelings, and ideas that originated in relation to earlier objects" is attributed to the therapist (Ogden, 1979, p. 370). Countertransference on the other hand, denotes "the totality of the response of the therapist to the patient" (Ogden, 1979, p. 370). According to O'Shaughnessy in Bott Spillius (1990, p. 137), Bion's findings served to "explain and conceptualize the familiar transference in which words and what words unconsciously express are not all that is happening, when important events are also occurring beyond words". Bion observed the effects within himself of his patient's projective identifications and through this came to the realization that they needed him to carry their unbearable feelings (Alvarez, 1992).

With his understanding of projective identification as an early mode of communication, Bion stressed the importance of the maternal function of containment and transformation in assisting the infant to process experience (Alvarez, 1992). Bott Spillius in Anderson (1992, p. 62) says that following Bion's examinations, there is now more recognition around the "patient's attempt to arouse in the analyst feelings that they cannot tolerate in themselves but which they unconsciously wish to express and which can be understood by the analyst as communication". His concept of "maternal reverie" (Bion, 1962, p. 36) paved the way toward increased insight into the understanding of the countertransference and the therapist's role in containing the patient, in other words, "being emotionally affected by the patient and transforming [their] own reactions into an understanding of the patient" (Riesenberg-Malcolm in Bott Spillius, 1990, p. 75). More will be said about Bion's explicit views in relation to projective identification.

2.1. Bion's container - contained model: A genesis of thinking:

Bion's concept of the container and the contained was documented in 1962 in his book Learning from Experience, however, he had already formulated his ideas on the concept in a series of three papers (1958; 1959; 1962). Bion claims that infants project distressing emotions into the mother who by receiving and knowing them, lent meaning to their experience thereby making their thoughts thinkable (Alvarez, 1992). Thus in his opinion, this primitive form of communication and understanding between mother and infant is the root from which more sophisticated forms of language and verbal thought develops (Bion, 1962). He defines verbal thought as "that which synthesizes and articulates impressions, and is thus, essential to internal and external reality" (Bion, 1963, p. 60).

- **Perspective on thinking:**

In Bion's framework thinking is dependent on the successful outcome of two focal mental developments, firstly the development of thoughts and secondly, the apparatus required in order to cope with thoughts, termed by him thinking (Bion, 1967). Bion indicated that "'thoughts' are regarded as epistemologically prior to thinking and that thinking has to be developed as a method or apparatus for dealing with 'thoughts'" (Bion, 1962, p. 83). Therefore thinking is produced in order to think the already existing thought (Bion, 1962). He disagreed with theories that pointed to "thinking as merely the emergence of maturation or as an autonomous ego function" (O'Shaughnessy in Bott Spillius, 1990, p. 180). Instead, he proposed that thinking comes about to deal with thoughts and has its origin "in the link between infant and mother in which knowledge develops" (Britton in Anderson, 1992, p. 106). Bion's use of the term link is to denote that a function exists within relationships between objects (Bion, 1967). By "thinking" Bion implied that it is "a human link - the endeavour to understand, comprehend the reality of, get insight into the nature of, etc., oneself or another", and furthermore, is an emotional experience (O'Shaughnessy, 1981, p. 181).

A further issue is the role frustration plays in the development of rudimentary thought. For Bion, "it is the basic human tendency to be known that leads to attempts to tolerate

frustration" (O'Shaughnessy in Anderson, 1992, p. 11). His belief is that tolerance of frustration means not resorting to projective identification to eradicate frustration, but to processing the experience of having a no breast which is a rudimentary thought (O'Shaughnessy in Anderson, 1992). Bion claims that individuals, who whether for constitutional or environmental reasons are unable to tolerate frustration, tend to resort to evacuating frustration and bad experience by means of adopting omnipotent mechanisms, notably, projective identification (Anderson, 1992). In this regard, Bion says that "the end result is that all thoughts are treated as if they were indistinguishable from bad internal objects; the appropriate machinery is felt to be, not an apparatus for thinking the thoughts, but an apparatus for ridding the psyche of accumulations of bad internal objects" (Bion, 1967, p. 112). He adds that such an infant cannot survive without a breakdown, even in the event of having a mother capable of reverie (Bion, 1962). In the opposite situation, the infant capable of tolerating frustration "might survive the ordeal of a mother incapable of reverie and therefore incapable of supplying its mental needs" (Bion, 1962, p. 37). Furthermore, such an infant has selected modification versus evacuation of frustration and is thus able "to have a sense of reality, to be dominated by the reality principle" (Bion, 1962, p. 37).

- **Container - contained model:**

Bion derived his container - contained model from Klein's notion that the infant projects bad feelings into a good breast where they undergo modification and can then be re-introjected in a tolerable form (Scharff, 1992). Bion regarded "the mother and her breast as the 'container' into which are projected objects that he called 'the contained'" (Bion, 1962, p. 294). Alvarez (1983, p. 9) focuses on Bott Spillius' point in which she suggests that this concept of Bion's "made the external object an integral part of the system", that is, he emphasized the importance of the environment in early object relations. Bion defined "contained" as "a sense of coherence crystallized by an organizing central idea, of 'selected fact'" and goes on to say that it "gives meaning to the content which contains it" (Britton in Anderson, 1992, p. 104). By the "container", Bion indicates that it "gives shape and secure boundaries to that which it enshrines" (Britton in Anderson,1992, p. 104). The infant not only introjects the object but also the actual process of containment (Scharff, 1992).

In his opinion, the mother functions as a container through her capacity for reverie and says it "is that state of mind which is open to the reception of any 'objects' from the loved object and is therefore capable of reception of the infant's projective identifications whether they are felt by the infant to be good or bad", and adds that it is "a factor of the mother's alpha-function" (Bion, 1962, p. 36). To clarify, Bion indicates that alpha-function is the process that describes the mother's taking in of her infant's unorganized expressions of need and distress, "loving and hateful impulses - which Bion called beta elements -transforms them into tolerable and thinkable experiences - which Bion called alpha elements - and returns them to her infant as manageable states of being" (Scharff, 1992, p. 74). In Bion's opinion a twofold failure occurs when there is a lack of a capacity for thought, namely, an absence of alpha-elements and a lack of apparatus to service alpha-elements if they exist (Bion, 1962). For Bion, alpha function "is the essential ingredient of the rudimentary thinking mind" (O'Shaughnessy in Anderson, 1992, p. 11).

The capacity of the mother to think about her infant with love gives rise to the creation of knowledge, which he designated with the symbol "**K**" (Britton in Anderson, 1992, p. 107). He distinguishes it from two other links between objects, namely love (L link) and hate (H link). Bion explains the **K** link as:

> Mother's ...thinking transforms the infant's feelings into a known and tolerated experience. If the infant is not too persecuted or too envious, he will introject and identify with a mother who is able to think, and he will introject also his own now modified feelings. Each such projective - introjective cycle between infant and mother is part of a momentous process which gradually transforms the infant's entire mental situation. Instead of a pleasure ego evacuating unpleasure, a new structure is slowly achieved: a reality ego which has unconsciously internalized at its core an object with the capacity to think, i.e. to know psychic qualities in itself and others.
>
> (O'Shaughnessy, 1981, p. 182-183)

Faulty containment may be due to environmental conditions, namely "the mother's failure to [know] '**K**' her infant's communications to her by [their] first method of projective identification"; or due to constitutional factors, that is, "due to the infant's hatred of reality or his excessive envy of his mother's capacity to tolerate what he cannot" (O'Shaughnessy, 1981, p. 183). In the former, it is assumed that when the mother's alpha-function is not healthy then similarly, her projections into the infant are not well modified either (Scharff, 1992). In this regard, Bion claims that a denial of the use of projective identification, "either by refusal of the mother to serve as a repository for the infant's feelings, or by the hatred and envy of the [infant] who cannot allow the mother to exercise this function leads to a destruction of the link between infant and breast and consequently to a severe disorder of the impulse to be curious on which all learning depends" (Bion, 1967, p. 106).

- **Projective identification:**

Faulty containment leads to the infant resorting to projective identification as a mechanism for dealing with thoughts (Bion, 1962). First, it is helpful to reflect back on Melanie Klein's definition of projective identification. She used the term to describe "what was essentially an unconscious, omnipotent phantasy in which unwanted, disturbing mental contents were expelled - projected into an object - as a means of ridding the self of something bad, but also at times in order to attack or control the object into which the projection occurred" (Feldman in Anderson 1992, p. 85). Simultaneously, parts of the infant's mental apparatus - ego is also expelled and the object receiving these projected parts contains and is partly identified with these projected parts of the self (Feldman in Anderson, 1992). Because Klein's use of projective identification is "an omnipotent phantasy, it takes place irrespective of the properties or responses of the object - the object does not need, as it were, to participate in the process" (Feldman in Anderson, 1992, p. 85).

In contrast, Bion emphasized the intrapsychic dimension of the interpersonal process of projective identification by stressing "the patient's capacity through projective identification to arouse emotions in the analyst" (Bott Spillius in Bott Spillius, 1990, p. 83). He defined projective identification in the following manner: " The analyst feels

that he[she] is being manipulated so as to be playing a part, no matter how difficult to recognize, in somebody else's phantasy" (Ogden , 1979, p. 365). In addition to projective identification being a fantasy, "it is also a manipulation of one person by another, i.e., an interpersonal interaction" (Ogden, 1979, p. 365). He likens the recipient's experience of projective identification to that of "having a thought that is not one's own" (Ogden, 1979, p. 365).

What happens under optimal conditions is that "the recipient 'contains' (Bion, 1962) or 'processes'...the evoked feelings and ideas, and thus makes available for re-internalization by the projector, a more manageable and integrable version of that which had been projected" (Ogden, 1983, p. 232). As communication, projective identification is regarded as a benign process in that the recipient is not altered by the projective processes (Rosenfeld, 1987). Bott Spillius discusses how Bion's extension of Klein's projective identification has led to a general acceptance "that patients can behave in ways that get the analyst to feel the feelings that the patient for one reason or another, cannot contain within [themselves] or cannot express in any other way except by getting the analyst to have the experience too" (Bott Spillius in Anderson, 1992, p. 61). Bion felt that it is extremely destructive when parents or therapists do not allow themselves to act as a repository for the infant or patient's projective identifications, as this "precludes the development of an alpha-function and therefore of a differentiation of elements into conscious and unconscious" (Bion, 1967, p. 115). He postulates that when "the psyche is no longer a thinking, perceiving mind, it uses projective identification not only excessively ...but also differently" (Bion, 1967, p. 115). This alteration encompasses the use of projective identification not for normal communication, but for evacuation purposes, that is, as a defensive mechanism which ultimately eradicates intuitive knowledge of the self and object (Bion, 1967, p. 115). Bion emphasizes that a distinction must be made between firstly, "'excessive' projective identification which represents a resort to omnipotent phantasy as a flight from reality, and in particular from feelings which are not wanted", that is, in Klein's defensive use of projective identification. Secondly, to his term of "excessive" where "the analyst is forced to be aware of it by the realistic steps which the patient takes to

make the analyst in fact experience emotions of a kind the patient does not want to have" (Bion, 1962, p. 32).

In faulty containment when excessive envy occurs, infants project into the mother and experience on the one hand, a denudation of their own psyche and on the other hand, the mother's failure to accept their projection is experienced by infants as her denuding them (O'Shaughnessy, 1981). Bion describes it in the following manner, "the tendency to excessive projective identification when the death instincts predominate is thus reinforced" (Bion, 1967, p. 107). The result is an introjection of an external object which is felt as innately hostile to curiosity and exercises the function of a harsh and ego-destructive superego (Bion, 1967). Where meaning is abstracted through "continual mutual denudation and misunderstanding between mother and infant", the result is **minus K**, and in extreme cases infant[s] may resort to attacking [their] own mental capacities, in which case **NO K** or psychosis arises (O'Shaughnessy, 1981, p. 184). In the above two situations a severe arrest in development ensues, including in Bion's opinion, the inability to tolerate emotions - "feelings of hatred are directed against all emotions including hate itself, and against external reality which stimulates them" (Bion, 1967,p. 107). He adds that when the linking function of emotion has been destroyed, what is left are links which are "perverse, cruel, and sterile" (Bion, 1967, p. 109). Whereas "if alpha-function has been developed there ...is a corresponding change in projective identification which loses some of its quality of omnipotent phantasy and gains through the [infant's or] patient's ability to give it substance" (Bion, 1962, p. 85). In other words, the infant gradually develops a new structure - "a reality ego which has unconsciously internalised at its core an object with the capacity to think, [and] to know psychic qualities in itself and others" (O'Shaughnessy in Bott Spillius, 1990, p. 179). Bion stresses that in such an ego there is an ability to differentiate elements into conscious and unconscious (Bion, 1967).

Bion (1962, 1967) uses an example to depict the situation in which infants project into the mother a feeling that they are dying, in conjunction with envy and hate of the mother's ability to contain their projection. He elaborates that in a **minus K** context, "the breast is felt enviously to remove the good or valuable element in the fear of dying

and force the worthless residue back into the infant, [leading to] the infant...containing a nameless dread" (Bion 1962, p. 96). In the **K** breast the fear component in the fear of dying is moderated by the understanding mother, thereby allowing the infant to "re-introject a now tolerable and consequently growth - stimulating part of its personality" (Bion, 1962, p. 96). Thus in sum, "**K**" means "the emotional experience of trying to know the self or others; '**NO K**', the psychotic state with no mind able to know the self or others; ...and '**minus K**', the cruel and denuding link of misunderstanding the self and others" (O'Shaughnessy, 1981, p. 184).

When applied to the therapeutic context, these constructs guide the therapist in formulating what type of **K** is present or absent, which then gives a general indication of the patient's level of development (O'Shaughnessy, 1981). O'Shaughnessy (1981) describes how some patients have whole areas of knowledge which are absent because they do not emotionally know them, and in other patients, a resistance toward furthering **K** may arise due to the patient fearing that more **K** will only lead to unbearable conflict or uncontrollable emotion.

A further valuable tool guiding the therapist is an assessment of the type of projective identification process being used. Rosenfeld (1987) describes three ways in which projective identification may complicate the therapist's task. These include firstly, when excessive projective identification substitutes the more logical communicative interaction between patient and therapist. For example, when interpretations are misunderstood, misinterpreted, and when communication is of a concrete rather than an abstract nature. In this context there is the likelihood of a breakdown in communication between patient and therapist. Secondly, the difficulty lies in the manner in which the patient uses projective identification to deal with primitive aggressive and envious wishes. These patients are opposed to the therapist making them aware of something they need but cannot provide for themselves and blame the therapist for making them feel small. Such patients "destroy or spoil the analyst's interpretations by ridiculing or making them meaningless", and the analyst has a distinct countertransference feeling of not being worthy, and of not having anything of value to contribute (Rosenfeld, 1987, p. 162). Thirdly, is when projective identification is

used to deny psychic reality in a defensive way. These patients, according to Rosenfeld, react violently to interpretations as they are felt to be critical and frightening, - "patient[s] believe that unwanted, unbearable, and meaningless mental content is being pushed back into [them] by the analyst" (Rosenfeld, 1987, p. 162).

In summary, Ogden (1979, pp. 358-362) draws the various threads of projective identification together and succinctly portrays the three phases of projective identification. These capture both Klein's and Bion's views. He describes the first phase of projective identification as that in which the aim is to "rid oneself of a part of the self either because that part threatens to destroy the self from within, or because one feels that the self is in danger of attack by other aspects of the self and must be safeguarded by being held inside a protective person". The second phase entails "the induction of feelings in the recipient that are congruent with the projective fantasy by means of an interpersonal interaction", and lastly, the third phase involves "the processing of the projection by the recipient, followed by the re-internalization by the projector of the 'metabolized projection'". Bion (1959 a) comments that "a different set of defences and other psychological processes may be employed by the recipient so that the feelings are 'processed'...'contained', or managed differently" (Ogden, 1979, p. 360). Ogden (1979, p. 362) goes on to say that projective identification "is a psychological process that is simultaneously a type of defence, a mode of communication, a primitive form of object relationships, and a pathway for psychological change".

2.2. Relationship between Klein's paranoid-schizoid and depressive position and Bion's container - contained model

A point of agreement between Klein and Bion is the view that the paranoid-schizoid and depressive position (Klein), and the container - contained model (Bion) are both directed at the elaboration and employment of thoughts (Bion, 1963). Bion (1963) allocated the inception of verbal thought to the depressive position. He indicated that in the depressive position elements of verbal thought accumulate both in intensity and depth, which in turn brings about the pain of psychic reality (Bion in Klein, Heimann

& Money-Kyrle, 1977). There is an awareness of the depression associated with destruction and loss of good objects and likewise, the presence of internal persecutors is also unconsciously more recognized (Bion in Klein et al., 1977). Following this line of thought, Bion points out that "patient[s] feel that the association between the depressive position and verbal thought is one of cause and effect - itself a belief based on [their] capacity to integrate - and this adds one more to the many causes of [their] hatred, already well in evidence, of analysis, which is after all a treatment which employs verbal thought in the solution of mental problems" (Bion in Klein et al., 1977, p. 226). Bion relates this to the clinical context and indicates that patients then become fearful of the analyst and develop a resistance toward their embryonic capacity for verbal thought (Bion in Klein et al., 1977). This arouses in the patient a feeling that the analyst will be better able to harbour their conflicting emotions without disaster, and therefore they resort to projective identification, that is, "splits it off and pushes it into the analyst" (Bion in Klein et al., 1977, p. 233).

Infants or patients who regress back to the paranoid-schizoid position and to excessive projective identification, are therefore unable to bear the pain of psychic reality and "turn destructively on [their] embryonic capacity for verbal thought as one of the elements which [have] led to [their] pain" (Bion in Klein et al., 1977, p. 239). Consequently, the "smooth introjection, and assimilation of sense impressions and the establishment of the firm base of good objects on which the inception of verbal thought depends" is thwarted (Bion, 1967, p. 41). Over and above this, he claims that what is also attacked are the units which make up for coherence in thought, resulting in articulation deficits (Bion, 1963).

In such situations, Bion says that continuing attacks occur leading to a disturbance in the move to the depressive position (Bion, 1967). In considering this, he stated that the ability to think is a focal aspect in the total process of repairing the ego and involves "the use of primitive pre-verbal modes which have suffered mutilation and projective identification" (Bion, 1963, p. 61). This requires a regaining of control by way of re-introjecting the expelled particles of the ego, and their accretions back into the personality (Bion, 1963). In this manner, "projective identification is therefore reversed

and these objects are brought back by the same route as that by which they were expelled" (Bion, 1963, p. 61).

Over time, Bion asserts that the shifting to and fro between the paranoid-schizoid and depressive positions, enables the infant or patient to sustain a whole object and develop the capacity to think and use verbal thought over action and projective identification (O'Shaughnessy in Anderson, 1992). Thus, Bion's principal belief is that "patients destructive attacks on [their] ego and the substitute of projective identification for repression and introjection must be worked through" (Bion in Klein et al., 1977, p. 63). Furthermore, Bion posits that his theory holds true not only for the psychotic patient, but also for the severe neurotic patient in whom he believes a psychotic personality is concealed by the neurosis (Bion in Klein et al., 1977).

3. THEORETICAL LINK TO CLINICAL CASE

This dissertation hinges on these foregoing theoretical constructs described by Bion, in that the child's verbal and occasionally physical explosions or attacks on the therapist and therapeutic process was understood as an early disturbance of the container - contained relationship where her early mode of communication, namely projective identification had not been successfully dealt with. The failure in exercising this mechanism seemed to have contributed to a destruction of the child's own capacity to think about her unbearable emotional states, and thus to her need to resort back to the re-working of this mechanism in order to allow a stronger object (therapist) to know, understand and feel her internal chaos.

The therapist through tolerating and withstanding the attacks transforms the unmodified projections which can then be safely re-introjected by the child, thereby increasing the capacity for verbal thought - dealing with psychic reality. Bion describes this in the following manner: "A well balanced mother can accept these [projections] and respond therapeutically: that is the infant feels it is receiving its frightened personality back again in a form that it can tolerate - the fears are manageable by the infant personality" (Bion, 1967, p. 114-115).

Functioning as a container for the patient's projective identifications requires therapists to "enter into an intense relationship and to retain [their] function of putting experiences into words", that is, through the use of interpretations (Rosenfeld, 1987, p. 160). In this way, patients develop the capacity to tolerate their own impulses, to gradually feel safer in relationships, and ultimately work towards establishing contact with the more sane self that will be able to think about experiences that were previously meaningless and frightening (Rosenfeld, 1987). The use of projective identification as defensive mechanisms (Klein) were also a feature during this child's therapy, However, the emphasis in this dissertation is on not the defensive function of these attacks, but rather the communicative aspect of projective identification as described by Bion. An analysis which reflects Bion's use of projective identification as communication will be used.

CHAPTER TWO

METHODOLOGY

This chapter describes the methodological approach used in this dissertation. An outline of the nature of the case, procedure used for data collection and the theoretical framework informing the study will be described. This is followed by a discussion of the case study method in relation to the basic principles of dynamic psychotherapy. Definitions of the term countertransference and attack are discussed in this section.

A clinical study is presented in which the theme of attacks on the therapist and the therapeutic process is elucidated and described. The decision to use this child's material for the clinical study transpired following the therapist's observation of, and interest in, the emerging pattern of attacking behaviour in the therapy. The case material will show the manner in which the child used attacks to communicate her underlying feelings. Bion's theory provided a conceptual framework within which this phenomenon could be understood. It is maintained that the child's attacks illustrated Bion's concept of projective identification as communication, that is, an unconscious communication through the child evoking her own unbearable feelings in the therapist. Thus the examination of the therapist's countertransference became a fundamental tool used in the exploration and understanding of the child's inner world.

The playtherapy was carried out at the Child Guidance Clinic which is affiliated to the University of Cape Town. The clinic provides psychological services to the community, which includes assessment and intervention strategies for children suffering from emotional and behavioural difficulties. The playtherapy itself is not psychoanalysis, but rather an intensive psychodynamic psychotherapy. Malan describes the basic principles governing dynamic psychotherapy as those of establishing a relationship with the patient "within an unconditional acceptance, the aim of which - usually unspoken - is to enable ...patient[s] to understand [their] true feelings and to bring them to the surface and experience them" (Malan, 1976, p. 174). He adds that in order for this to occur, therapists are guided by theoretical knowledge and whenever possible, by their "own self-knowledge, to identify [themselves] with the patient, which constitute [their] main therapeutic tool" (Malan, 1976, p. 174).

For the purpose of this case study, only certain material taken from a total of seventy two sessions, over a two year period, will be used. That is, from the start of the therapy to the therapist's final month in training. The therapy is currently still in progress. In obtaining the data, the child's once a week playtherapy sessions of fifty minutes duration were routinely transcribed from video material and a verbatim account was recorded. Countertransference responses were documented during the transcribing process in order to facilitate therapeutic understanding and for discussion in weekly supervision. More will be said about how countertransference responses were recognised in the section which discusses the position of the case study in relation to psychotherapeutic technique. There were many other sessions where attacks surfaced. However for the sake of brevity, only vignettes of the relevant sessions in which projective identification as communication was understood as the main function of the attacks, will be elaborated upon. Breaks from therapy were due to illness, school vacations and the therapist undergoing examinations. In order to preserve anonymity, the young child shall be referred to using a pseudonym and demographic details of her history have been omitted. At the start of the therapy, mother was informed that the university is a teaching institution and thus material would be used to pursue this endeavour. This condition was accepted by her. Feedback sessions were held once a school term with mother, which ensured the collection of independent material concerning the child's external circumstances.

In portraying the above, adherence to the case study method is required. This is formally understood as the intensive study of individuals within a particular context (Bromley, 1986). Essential features include: an emphasis on a particular pattern of behaviour within a specific time frame; a selective and detailed description and analysis of both the individual and the context, together with a commentary of the implications of these observations; and lastly, the use of a conceptual framework, in other words, a case-law which influences the organization and interpretation of the obtained data (Bromley, 1986). A further feature relates to the adoption of a free and non-directive stance as evidenced by the therapist's receptiveness to the patient's conscious and unconscious communications, and also through the freedom allocated to content arising during the psychotherapeutic hour (Kvale, 1986). From a qualitative perspective, Kvale indicates that the value of a case study method lies in the fact that therapists "obtain a unique and penetrating knowledge of the relation of the patient's behaviour to [their] present situation and to [their] past history" (Kvale, 1986, p. 157). In his view, this may

provide an understanding of the more general conditions of human behaviour (Kvale, 1986). This concentrated focus, which ultimately leads to the expectation of a deeper understanding and practical applicability to more areas of interest, reflects the case study's idiographic approach to research (Bromley, 1986). In terms of categorization of various types of case studies as described by Edwards (1990), this case study falls into the illustrative-didactic case study method. This is due to the fact that its aim is to furnish evidence in support of already existing theory (Edwards, 1990). Validity of findings are obtained through the logical process of Yin's (1984) term "analytic generalisation" or Mitchell's "analytical induction" (Edwards, 1991, p. 54).

The case study is also seen to have limitations, particularly around "drawing valid conclusions about the efficacy of treatment" (Kazdin, 1981, p. 183) and in the "lack of intersubjective control of observations and interpretation" (Kvale, 1986, p. 167). Because psychoanalytic observations occur within an intensive two-person relation, they are "not intersubjectively reproducible by any observer" (Kvale, 1986, p. 159). The unique experience encountered with this child will have taken an entirely different course with another therapist. This last point is also in relation to the fact that one's personal therapeutic style varies in relation to other therapists. This includes such obviously influential facts as the therapist's sex, personality and theoretical orientation.

As mentioned earlier, countertransference responses served as the core diagnostic tool in this case study. A broad definition of countertransference was adopted. This view regards the therapeutic context as an interaction process wherein the total emotional reaction of the therapist to the patient is taken into account (Kernberg, 1981). The very strong emotions evoked in the therapist were recorded in the transcribed video material, together with comments on what had given rise to these feelings. That is, the child's contribution to what the therapist was feeling and possible reasons why the therapist was feeling in a particular way. Casement (1985) stresses the importance of monitoring such a process. He emphasizes that the therapist must be able to distinguish between "that part of a therapist's responses which offers clues to the patient's unconscious communication from that which is personal to the therapist" (Casement, 1985, pp. 75-76). In order to make this distinction, he suggests that the therapist differentiates between a "diagnostic response" and a "personal countertransference" (Casement,

1985, p. 76). As an adjunct to this monitoring process, the therapist must follow this through by determining "whether the patient is prompting the therapist to feel or to respond in a given way, and if so how and to what unconscious end might that be?" (Casement, 1985, p. 76).

However, analysis of the countertransference poses methodological problems in terms of validity and reliability. To a degree certain precautions can be taken, such as Casement's (1985, pp. 30-31) emphasis on the therapist's ongoing capacity for "critical introspection" and the "internal supervisor" attitude. In addition, the role of supervision, personal therapy undertaken by the therapist and therapeutic training, is believed to have served as controlling factors in this regard. Casement indicates how supervision of student therapists plays the role of "holding the student during this phase of clinical work - while he or she is learning to hold the patient analytically" (Casement, 1985, p. 32).

Another area of concern in terms of validity and reliability, is around interpretations. Kvale (1986, p. 159) rightly observes how the "interpretation of meaning is open to multiple meanings and layers of meaning". Problems such as overinterpretation and suggestibility, that is, where the therapist attempts to control the course of the therapy, are important variables to control for (Casement, 1990). For the purposes of this dissertation, interpretations were based on the therapist's intuitive responses to the situation evolving out of the pre-verbal projective processes from the child's unconscious into the therapist. An attempt to make use of the child's own words and phrasing, together with returning interpretations in a simple and succinct manner was carried out. Prescriptions around timing and type of interpretations, observing the child's non-verbal responses to interpretations and testing repeatedly the meaning of a particular behaviour in repeated sessions was considered (Kvale, 1986). Both Klein and Bion's theories of early object relations influenced the nature of the interpretations.

The term attacks refers to firstly, non-verbal physical outbursts which include: attempts to damage the playroom and its contents, physically trying to harm the body of the therapist, and attempts by the child to harm herself. Secondly, the term will also include verbal outbursts, specifically that of swearing, shouting, making tyrannical demands, accusations, abolishing the use of feeling words and interpretations made by the therapist, and a denigrating and precocious attitude towards the therapist. It is felt that this clinical study yielded meaningful

data and the hope is that it will provide trainee therapists with knowledge when working with children in playtherapy.

CHAPTER THREE

HISTORY AND CLINICAL FORMULATION

Referral:

Julia, now aged nine years and six months, was seven years and two months old and in Sub B when referred to the Child Guidance Clinic. She is the only child of a divorced mother, who is currently employed, and with whom she lives in a single bedroomed flat. Parents were divorced when Julia was aged four - mother received legal custody, whilst father has visitation rights every second week-end.

Mother initiated the referral based on her concern for Julia's emotional and behavioural difficulties, and on advice from the headmaster of Julia's school to seek immediate intervention. She reported that Julia's behaviour gradually deteriorated following the impact of the parent's divorce, however, it had worsened subsequent to father's girlfriend moving in with him. Julia has a conflictual relationship with his girlfriend mainly comprising of a competitive rivalry for father's attention. Mother indicated that Julia's preoccupation centred around revengeful acts to destroy the relationship. She had been "daddy's" special girl and now felt shunned over his new girlfriend, which according to mother had created feelings that she had done something bad to father. Apart from this, Julia's jealousy is also directed at mother's latest male friend.

Mother reported that Julia witnessed father's violent and physically abusive behaviour toward mother, which spanned the entire marital period and culminated in the event leading to the final divorce in 1991. Julia continues to be subjected to ongoing disputes and shouting matches between the parents concerning custody, visitation time and maintenance issues. These renewed arguments in front of Julia eventually necessitated, in February 1994, mother's need to call the police and obtain a court order to prevent father from forcing his way back into their home. As a result, mother claims that father's erratic visitation schedule is fuelled by his own resentment towards mother or in favour of time with his girlfriend. This frequently leaves Julia waiting in anticipation for the promised visit, and instead resorting to continuously phoning father with no response from his end. Father, to mother's disapproval, then showers Julia with elaborate material gifts to compensate for the let-downs. Mother also described

how, following visits with father, Julia is angry and blames mother for trying to turn her against father.

Of a more general concern, mother outlined the following significant difficulties: complaints from school regarding her aggressive behaviour and frightening sadistic threats, particularly towards the younger children; because of punching attacks, controlling and bossy behaviour, she struggles to make friends; teachers complained that she was impossible, tyrannical, and difficult to manage; her schoolwork deteriorated significantly where poor concentration and difficulty in learning was noted; at times, overly clingy behaviour towards mother with expressed fears that mother may leave her; a preference to being in the company of adults; sleep disturbances which included inability to sleep alone, bad dreams and fear of monsters; hypersensitivity to mother's moods, loud voices, and "skinnering"; extreme panic and anxiety in relation to being fetched from after-care; obsessional rituals with keys and security; mistrust in adults and hatred of not knowing things, therefore taking charge and being exceptionally rude and bossy; demanding in terms of getting her own way, and lastly, prone to temper tantrums which included screaming rages for lengthy periods. Mother stressed the desire to receive help, as she does not want Julia to grow up to be like her father.

Family and Developmental History:

Mother described herself as coming from a religious, conservative family background. Maternal father, is a gentle and unassuming minister of the church, whilst maternal mother, his secretary, is a domineering and strict disciplinarian who originated from a military family. Being the elder of the two children, mother saw herself as having had a difficult childhood, and stressed that her own relationship with her mother had been fraught with conflict and physical abuse. Mother described Julia's father as originating from a family of three boys, of whom one brother was adopted. This, together with biological brother becoming openly gay, had caused much conflict in father's emotional life. Paternal father abused alcohol and paternal mother was submissive.

Both parents are in their thirties and met when father was undergoing his military service and mother was a secretarial student. They courted for five years during which time father was possessive, jealous, suspicious and extremely domineering. He frequently had mood swings

which were often related to things not going his way, and on one occasion, threatened suicide if mother did not cease a friendship with a male friend. The couple were eventually married, and from the beginning, there were incessant arguments around father's impulsivity with finances which accumulated into a large debt; losing his job for taking finances illegally; and lying about his whereabouts, frequent business excursions and affairs. Soon after they were married father began physically, emotionally, and sexually abusing his wife, each time pleading forgiveness. Following renewed violence, mother and Julia would move to maternal grandparents home for short periods out of fear for their safety. These outbursts were not induced by alcohol intake, but frequently related to something not having gone to plan in his life. Mother spoke of her distress when, following a violent outburst from father, she miscarried in the fifth month of her second pregnancy, that is, two years following Julia's birth. She indicated that for a year following the miscarriage, a day would not go by without her crying over the loss of her baby. During abusive scenes, mother related that Julia would either protect mother by standing in between parents or comfort mother.

At this point mother became clinically depressed. However, she indicated that depressive episodes had set in even before Julia's birth. She had intermittently experienced waves of depression, feeling lonely and isolated while her husband was out on so-called business meetings. At other times, she felt overwhelmed with intense hostility and entertained murderous thoughts towards her husband. Medically she developed shingles of the face which her doctor diagnosed as stress related. Repeated visits to her general practitioner, use of tranquillizers, her parents and couple counselling, (ultimately sabotaged by father), provided some form of support, and in her opinion, was what kept her going for so long in the marriage. She said she eventually resorted to "switching-off" emotionally. The event which finally precipitated the divorce was traumatic to both mother and Julia, who witnessed a scene in which mother confronted father about an affair he was having. In response, he yelled and lashed out at mother who fell against the wall whilst Julia cowered and hid away. Legal proceedings were instituted immediately, but father constantly raged against, and attempted to revoke, the decision.

Although her conception was planned, mother would have preferred to have waited, but father insisted she bear him a child. She indicated that she felt too young to deal with the mothering

responsibility. Despite the habitual abuse between the couple, the pregnancy felt "enjoyable" to mother. There was a long and difficult labour of two days which eventually required a forceps intervention. Father was present at the birth. Julia was breast fed for only six days, as mother's breasts became engorged. She described her as a placid baby, who settled early into a regular sleeping pattern and was "content as long as food was put into her mouth". In terms of father's response, mother claimed that he saw her as an object to be shown off to his friends, rather than a live baby requiring his caretaking functions. Furthermore, she indicated that Julia was regarded as special by his family, because she was the only girl to have been born after many years of male births. During the frequent stressful periods, especially following her miscarriage, mother relied heavily on her own mother to relieve her of the maternal role.

Her developmental milestones were normal and she is reported to have talked at one year and two months; toilet trained during the latter part of her first year, although temporarily developing secondary enuresis at the time of parents divorce. Apart from acquiring the normal childhood illnesses, she remains a healthy child. The disciplining was erratic because parents would argue with one another with regards to what was best for Julia. Father frequently accused mother of abusing Julia, when in fact her occasional bruises were from accidents that come with physical development and exploration of the environment. When she was three years, mother took up part-time employment and placed Julia in a play school for mornings only. At age five years, she attended pre-school where her difficulties were first noted by the teacher. These were mainly in relation to her uncontrollable temper outbursts and aggressive behaviour towards her peers, which continued during her first year at school.

Julia's relationship with mother is chiefly concerned with getting mother to comply with her demands, testing the extent of her endurance and spells of rageful outbursts. However mother related that there are times, especially when mother is feeling ill, where Julia becomes compassionate and demonstrates her care by nursing mother in a controlling and pseudo-adult manner. Mother added that father is admired by Julia for his strength, power and frequent gifts.

Julia presented as a slightly overweight, tall, round-faced girl with long honey-coloured hair and bright blue eyes that darted about, not missing a thing. Although she had a friendly smile and came readily to the interviewing room, once there, she turned detective and demanded to know what was behind the one-way mirror and what was the purpose of having two cameras attached to the ceiling? She remained acutely aware of both the mirror and cameras and requested to venture behind the mirror to where the man was watching her (supervisor). During the interview, she was outspoken, verbally precocious and there was something very superior in her attitude to relating with adults. She adopted a particularly bullying tone when talking to mother and seemed to be demonstrating that no-one could be her boss.

Julia made extensive use of the playroom and fiddled superficially with the odd toys, with no attempt to engage in fantasy play. There was no physical contact between mother and daughter, however she circled and remained in close proximity to mother. Julia openly admitted to worrying about divided loyalties, the parents ongoing abusive behaviour towards one another, and father's new girlfriend. When she offered mother support in connection to father's unreliable behaviour, mother seemed pleased, as if she was finding an echo of herself coming from Julia. During the discussion in which mother spoke about the delays and problems with Julia staying with father, Julia immediately came to father's defence. When questioned about her friendships, she proclaimed that her peers "are rude to her and always want to hurt her feelings". Her three wishes included rollerblades to take her wherever she wanted to go and to have "a nice auntie and uncle".

She was unable to complete the Kinetic Family drawing because she refused to draw people in her house, but cut the front door down the centre. The Draw-a-Person test revealed an estimated intelligence score of 108 with a mental age of seven years and nine months. The Children's Apperception Test (C.A.T.) was done during the following assessment interview. This was interpreted psychodynamically and scored using the Haworth scoring system. Central themes of object loss through death and inability of the self to survive such losses, with the mother figure mourning the loss of the child surfaced. A fear of the dark, attacks from strangers, being devoured by imagined persecutors, together with a need to remain alert to the environment for fear of anticipated attacks was evidenced. Other themes included expectancy of oral gratification, child figure feeling extremely apathetic, torn between parents, alone, sad

and gender identity issues. What was also observed was the presence of rejecting and overly punitive parental figures, who remained oblivious to the child figure's emotional states or needs. There is a generalised lack of being consoled by parental figures. Primitive defence mechanisms, an overly strict super-ego and a weak ego integration, the latter illustrated by the hero's ineffectiveness towards impingements, was prevalent. A Wechsler Intelligence Scale for Children - Revised was carried out during the course of her initial playtherapy treatment by a therapist unrelated to the case, in order to rule out the possibility of cognitive deficits influencing her scholastic functioning. This revealed an average intelligence quotient with no obvious learning impediments.

Clinical Formulation:

In order to account for the pendulous shifts between Julia's extreme need to fling out her affects in the form of aggressive and anxiety states, thoughts based on psychoanalytic principles, particularly the role of containment will be reflected on. The approach is based on the psychodynamic understanding of both Julia's and parent's world, including their interactions. The parent's sado-masochistic relationship and divorce caused enormous problems around uncontainability. What appears to have formed the bedrock of Julia's personality, is her conception of the world as a frightening and hostile place, primarily based on her early exposure to violence. In the full formulation of the case other psychodynamic factors were considered, however, these will not be elaborated upon.

Julia's disturbed behaviour was understood to have its roots in the early mother - infant relationship, or in Bion's terms, the container - contained relation. This can be substantiated when one considers mother's emotional state at the time of Julia's conception. It is posited that the quality of this relationship was affected by multifold reasons, namely, the question of mother's own relational modalities with her mother, which she described as having been deficient; her reservations about falling pregnant; and her feeling of being unprepared for the mothering role. Furthermore, what accentuated the disturbance of the container - contained relation was the physical, sexual and emotional abuse endured by mother, which is postulated to have left her feeling depressed and in a terrorized and disturbed internal state. Mother's depression was intensified due to feelings of loss following her miscarriage in the fifth month of pregnancy. The implication of this is that mother's unmetabolised experience of loss - death

may have influenced her ability to help Julia face loss, both in her internal and external world. Reid (1992) states that in such a situation, the infant's projected fear of death/loss arouses psychic pain in the mother who is unable to receive her infant's projections, with the result that they are forced back into the infant as "nameless dread" (Bion, 1962, p. 96). This is revealed in the C.A.T. where Julia struggles with feelings of object loss and even the potential loss of self.

Following these thoughts concerning the container - contained relation, it can be discerned that the mother was emotionally absent through her depression, anxiety, fear and lack of confidence in her capacity to provide good mothering, and therefore may have responded to Julia inappropriately through her own distress, leaving Julia feeling misunderstood. In Bion's (1962) terms, mother's mind as the container which would receive Julia's projective identifications, was overly immersed with her own feelings and ideas, and as a result this affected her function of receptive reverie. What seems to have impeded this function further, is mother's hostile feelings towards father, and father's detachment from supporting mother's ability to bear her infant's normal anxieties and aggressive projections (Orford, 1976). In the former, mother is then seen as having her own psychic need to keep Julia an angry baby - child in relation to father. This has an adverse effect on the container - contained relation, in which there is a mutual projective identification into one another, that is, mother and child encounter difficulty in distinguishing between their own feelings and the feelings they have had projected into them by the other (O'Shaughnessy, 1981). The result of this is an experience of muddled boundaries between mother and child, which in turn affects Julia's sense of identity.

Bion (1962) adds that a faulty container for painful states of being, decreases the ability of the self to bear the pain of thinking. The uncontained projective identifications are forced back into the infant in an unmetabolized form, thereby increasing the infant's persecutory anxiety (Bion, 1962). This leads to extreme anxiety around specific experiences which are then conceptualized as too unbearable to be thought about. Instead of identifying with the durable container - mother, who could stand her need and anger, Julia appears to have introjected a shut-off, hostile and uncomprehending mother, thereby precluding the development of a rudimentary capacity for containment in herself. This impairment, in what Bion refers to as alpha-function, gives rise to a **minus K** situation in which there is difficulty in cognizing

experiences and emotions (O'Shaughnessy, 1981). In Julia's case, she becomes compelled to immediately evacuate her experiences in the form of aggressive acts - a ferocious resort to primitive projective identification. The C.A.T reveals how her anger seems to provoke extreme punishment from her external objects, which suggests the inability of her parents to tolerate her anger.

This brings into question her pseudo-adaption by way of a precocious ego development. This view is based on the belief that mother was ineffectual in offering ego - auxillary support. The understanding of this is that Julia was forced into a state of precocious ego development precipitated by her need to try and cope on her own, that is, she prematurely depended on her own resources and took over self/world management out of the inability of the mother to adequately provide this service. However, there remains at the centre of the personality a feeling of basic ego weakness (as revealed in C.A.T. results), because this is not an ego based on the internalisation of the containing functions of the mother. Further evidence of her weakened ego functioning can be seen by Julia's performance in intellectual/scholastic pursuits.

Julia's precocious ego development appears to have had a dual function. In the first instance, serving as a defence against depending on an uncontaining mother and, secondly, providing relief for an embattled mother. In early infancy this can be seen in Julia's attempts to manage distress and frustration by becoming the good baby who keeps her mother going. Later this is observed in the way she becomes self-sufficient, resorts to obsessional rituals and takes control when mother is ill. However in doing so, Julia deprives herself of a reliable container into which to project her experiences. This is clearly seen in Julia's strong desire to prevent the vulnerable, needy, small part of herself from being exposed, and instead has developed an omnipotent sense of being all grown-up. She deludes herself that she can live without mother, because it is mother who is needy and helpless. Even during the witnessing of the traumatic abuse, Julia did not show distress, but took on the responsibility of mothering mother. What is grown-up in her seems to be a direct spin-off from this precociously mature relation to mother, promoted as well by the parents projection of their own need of her to act as their go-between.

Julia's small, vulnerable and needy part only surfaces within the confines of home when she is faced with her fears of the dark, imagined persecutors, and fear of mother deserting her. The bad dreams ensured that she slept with mother and seemed to allude to feelings of unsafety in her objects. Overall her external objects seemed to feel too unreliable for the internalisation of stable internal object representations. This in turn affected the easy resolution and integration of her ambivalent internal object representations. Signs of her insatiable greed and envy towards the inexhaustible breast - mother, of which she felt deprived, manifests itself through the symptomatic behaviour of overeating and demanding to have her needs met without delay.

In relation to father, one can postulate that once again Julia was confronted by another mental absence. Father's emotional and physical absence became apparent even before the divorce of her parents at age four. Initially, Julia's birth appeared to have fed father's narcissistic appetite. This was noted by the fact that he regarded her as a special child, because she was the first girl born to his family in a long generation of male dominated births. However, he seemed to have opted out of the caretaking functions and his absence also meant he could not offer a possible alternative container in the event of mother's failure to fulfil the containing role. Moreover, father's own behaviour is evidence of his own inability to contain himself, and he was therefore unable to provide a suitable model of containment for Julia. When exploring the origin of Julia's tyrannical behaviour, father's destructiveness and tyrannical attitude appears to have provided her with an identification model, that is, as the omnipotent aggressor. This can be seen in her inability to verbalize conflict other than through active expression, for example, in her sadistic/aggressive attacks on mother and younger schoolmates. Julia's ongoing devotedness and idealisation of father seems to have reinforced the wish to identify with the all powerful father. This idealisation appears to have served the purpose of enabling Julia to gain control of father's absence. In addition, such an identification is believed to have helped her cope with her own feelings of helplessness, rejection and anger.

The inability to contain internal conflict inevitably leads to an impairment in dealing with the pain of later stressors or developmental conflicts. In Julia's case these would include rivalry in three person relationships and environmental stressors such as the parents divorce and entry into school. Julia's difficulty in dealing with her relationship to father's girlfriend and mother's new relationship is speculated as having re-evoked her earlier experiences of loss and

have led to the need for treatment. She appears to both cling to, and omnipotently retaliate against, this loss of loved objects in an attempt to deal with fears about abandonment. This is also noted in the C.A.T. results in the form of dread about impending loss. There is a strong suggestion that Julia feels she is to blame for her objects losing interest in her, and for the enforced separations because of her own badness. Feelings of worthlessness and being unloveable were prominent themes evoked in the transference during the course of her therapy. The belief here is that the repression of anger towards her parents has been altered into guilt.

To conclude the formulation, Julia's difficulties have roots in her identification with parental pathology and their failure in providing a container for her early and more recent experiences of distress. Unable to think about experiences, Julia resorts to projective identification in order to rid herself of pain and also as a desperate attempt to unconsciously search for a reliable container. This pattern was predicted to characterise the transference. In Bion's understanding this would be the defensive efforts at not knowing - keeping feelings mindless. Externally these defensive efforts on Julia's part, are perceived by mother and her teachers as her unmanageable behaviour. An underlying despair in the inability to find a reliable - safe and containing experience contributes to her feelings of hopelessness. This is believed to lie at the core of her personality, giving rise to depressive feelings that go unnoticed because of her aggressive facade.

Planning the Treatment and Parental Involvement:

The preliminary goals, at least in the beginning, were to concentrate on Julia's symptomatic problems. The focus was on providing her with a supportive container wherein worries and anxieties about external conflicts could be dealt with, especially those in relation to divided loyalties between parents, parents' conflictual relationship and the difficulties with father's girlfriend. In addition, treatment centred on guiding Julia with her struggle in carrying out scholastic tasks, helping her to develop friendships amongst peers and working on her poor self-esteem/self-worth. Most of all, she required help with her ambivalent relationship towards mother. Psychodynamically, the intention was to assist Julia make sense of the senseless muddled states through the re-creation of maternal reverie, in other words, through the therapeutic process. Playtherapy was immediately commenced with once-a-week sessions.

Julia's treatment was supported externally by the following: maternal grandparent's commitment to bringing her to sessions; the principal and teacher keeping the therapist informed and contacting the therapist whenever needing guidance; mother agreeing to initiate her own therapy, a recommendation following the assessment interview; and most importantly, mother's loyalty with regards to supporting the value of therapy for Julia. Over time, mother became less depressed and angry. She constructively applied the insight gained in her own therapy and from the once-a-term feedback sessions with the therapist. Towards the latter part of the first year of Julia's therapy, mother indicated that her relationship with Julia had improved dramatically.

Initially father frequently cancelled appointments, specifically those that were not in accordance with his tight business schedule. Eventually three sessions were held, one of which included his girlfriend at the time. Father's embattled relationship to mother remained a central theme in these sessions, with little openness to considering the effects of this on Julia. Father's attitude and behaviour remained unchanged, and in the second year of Julia's therapy he began to sabotage her attendance, however, mother put a stop to this. This was brought into the transference by Julia in an angry attack on the therapist, with her saying "my father doesn't like you...he says you are a rubbish therapist". Further developments in that year involved father's termination of his relationship and the start of another; lengthy periods being spent abroad on business, thus making the future uncertain for Julia; and finally the shocking event at the end of the year where he secretively remarried whilst abroad. Julia accidentally discovered that father had been back for some time without seeing her and was married. However in the face of these stressors, Julia maintained the progress she had started at the beginning of that year, that is, she continued to work steadily on her schoolwork and remedial lessons; did not resort to aggressive acting-out; and maintained the friendships she had established during the year. Her therapy became the container for the distress she felt.

CHAPTER FOUR

PROCESS OF THERAPY AND DISCUSSION

To start with, a brief overview of the therapeutic process, including salient themes is described, followed by the relevant sessions eliciting material central to this dissertation. The structure of this chapter entails a division into two sections and is related to the time frame in which the attacks arose. Section one occurred during the preliminary and intermediate phase of therapy and comprises of vignettes taken from sessions 5, 6, 21, 41, and 42. Section two highlights condensed fragments during the latter part of her therapy and was taken from sessions 61, 66, and 68.

Brief overview of the therapeutic process:

What emerged in Julia's treatment was her need to develop a containing boundary around the baby, with its mess, anger, vulnerability and fear states, a container wherein these states could be safely expressed. Generally, her behaviour included being acutely perceptive to the smallest details and changes in the therapist's (T's) attire. She was also aware of all recently damaged items in the playroom. Similarly, she scanned the T's facial expressions and listened out for the T's footsteps when being fetched from the waiting room. These behaviours parallel the interactive process between mother and infant in which the infant scans the mother's face to ascertain her capacity for reverie, that is, mother's capacity with love to pay attention and think about her infant or to **K** her infant (O'Shaughnessy in Bott Spillius, 1990). One could say that in the therapeutic context Julia's hyperalertness is associated with her need to monitor the T's capacity for reverie. Perhaps her anxiety is related to not knowing what to expect and whether there will be consistency and reliability in the T as container. The pseudoadult, big-part would monopolize many of the sessions . However, there were times when the frightened, muddled little part would surface for brief periods. When these brief encounters became too anxiety provoking, she would revert back to the precarious identification with the big-competent Julia, who walked and talked like a grown-up lady. This seemed to be a way of proving to the T and to herself her abilities in managing on her own, in an attempt to deny the sense of smallness, vulnerability and chaotic feelings inside. Throughout the duration of the treatment, the T worked constantly with the pair of opposites - big and small. The therapy was understood as very much rooted in dealing with this and the attacks, both in analysing the need for them, and

managing them without becoming bad by controlling their more intolerable manifestations. The T's role lay in becoming the durable container who keeps things safe without being frightening and retaliatory, as she had experienced in her own environment.

By being the mother/therapist container who makes sense of the senseless muddled states, an experience of what Bion refers to as receptive containment is provided (Bion, 1962). This is in order to allow thoughts to become thinkable, that is, to help her think with feeling (Alvarez 1992). This is achieved via the T's capacity to think about and return the digested material through interpretations, thereby providing her with an experience she had missed out on during her former years (Alvarez, 1992). A central aspect of her therapy was around interpretations. The T had to exercise care when it came to interpreting the angry and messy baby part in order not to make her feel attacked and persecuted. However, there were times when she did feel threatened and in these instances reverted back to her defence of being omnipotently in charge. She became manically hyperactive, darted about the room in a frenzy of activity, rearranged the furniture, shouted orders, cleaned up, or flooded the T with a pile of questions that would paralyse the T into a muddled state. Frequently accompanying this would be a barrage of triumphant mockery, criticism and derogatory verbalizations, believed to be a way of reducing the T to a more manageable person and a denial of dependence by devaluing and triumphing over the object. The T's countertransference feelings of impotency, helplessness and confusion about everything became a valuable tool in sensing what Julia herself was feeling. Supervision provided a valuable outlet for the T's sometimes muddled-states, and a place where knowledge could be exchanged in order to integrate the T's developing theoretical framework.

At other times in sessions, the T was simply ignored which was understood as Julia's feelings of being shut-out and abandoned. When it came to the anger she projected, the T represented the bad breast - a tormenting mother, which was seen as her need to relive her early infantile experiences with the real mother, who was unresponsive. Countertransference feelings of being blocked, useless, nasty, a "rubbish" person who interrogated her and was putting her through all this, was strongly felt by the T. In these sessions, she became a difficult child to work with and at times interpretations were impossible. The T felt that what was primarily required, was an ability to withstand these attacks in a calm and concerned manner. During one of these

instances, Julia seemed to expect an aggressive response from the therapist and when instead a different experience was provided, she appeared bewildered.

The fact that the T had not been destroyed and had survived her anger was an important curative step in her therapy. It created the realization that her destructive phantasies were not as powerful as she feared and that there was a stronger container - T who could process and transform her aggressive projections. A further feature in Julia's therapy included rapid shifts in her moods and behaviour. By experiencing these alternating and unpredictable moods and behaviour, the T was given an experience of the unpredictability in her world. These projective identification experiences increased the T's awareness of how Julia felt when things just happened to her and suddenly changed, leaving her baffled, unprepared, with no time to adjust. The T became sensitive to her rapid shifts, often anticipating them in advance - the anticipation very much linked to Bion's maternal reverie (Bion, 1962). During these frenzied states, the T became consciously slower in movement, thought and speech. This seemed to represent an interpretation via action as a mother would change her management of her child, based on an understanding of what was needed in view of the child's current state. A need for the T to manage the situation by slowing down, that is, a need for a calming slowness.

In addition part of the therapy included an awareness of the therapeutic frame. This too represents management via action based on a thinking about what is needed most. In other words, realising the child's need for consistent, reliable and firm containment which had the strength to contain her predicament. More specifically, this required the setting of limits and maintaining boundaries, which she repeatedly tested. Furthermore, it also included holding interpretations that kept her within the confines of the playroom, boundaries around the safeness of the playroom itself and boundaries in relation to the physical space and personal inquiries into the T's personal world. The T's need to physically contain Julia was only required on three occasions and was a valuable experience in frustrating her omnipotence, which provided the realization that she could be safely held by a personality more powerful than hers. In some aspects, the fact that Julia is an only child contributed to her omnipotent position. Part of the therapy would then entail the process of her becoming disillusioned, so that movement towards realistic views of the self can arise. For example, in frustration around

not being able to receive special privileges from the T, and being exposed to limits concerning her behaviour within the therapeutic space.

SECTION ONE

A dramatic change transpired following session 5 which highlighted a movement from a fairly positive, to an intensely negative transference in session 6.

In session 5 she had addressed her feelings about having a "sick" week-end with father and his girlfriend. When the T probed, Julia said "we have to go everywhere where my father wants to go so they mustn't spoil their day...he always wants his way and I can't get my way...and stupid pig, troublemaker girlfriend wants to get her way ...I want to bust that girl up. She lied to me and said daddy wasn't there ...she must find out I want to hurt her, but she will tell daddy and he will klap me...he even swears at his mother". T responded "it sounds like you're very angry with daddy for always wanting to get his own way and towards daddy's girlfriend for lying to you...it must make your feelings very sore inside, especially with girlfriend spending so much time with daddy". Julia immediately became controlling and ordered the T to mix the paint, to which the T responded "when I talk about angry feelings making you sore inside, you become bossy and tell me to do things, like you want to hide your sore feelings by getting bossy and busy with painting?" Julia admits to not wanting to talk about it and devalues what the T is doing with the paint. In response the T reflected that perhaps she thought that if she gets angry with the T, she may hurt the T like she wanted to hurt daddy's girlfriend. She ignores this by angrily telling the T "I asked you something on Friday, but you didn't answer me. You supposed to tell me how many children you have". The T indicated that she seemed curious about the other children the T has. Perhaps she worried that if the T has lots of children, then the T will not have enough caring feelings for her and that she will then have to share the T, like she has to share daddy? She deflects by indicating that she didn't want to talk about it and tells the T she was not doing anything right today. At a later point she reassures herself with "I'm going to be safe and nothing will bother me". The T then addressed the issue of Julia's own angry impulses being unsafe for her to express in the playroom, because maybe she thought the T would not be strong like daddy to keep things safe for her. The T added how hard it must be for her when grown-ups cannot

keep her safe and how she must then try to manage all by herself. Julia ends the session by stating "adults are stu..., not clever than children. Children have to do everything for adults".

This extract demonstrates Julia's resentment at the exclusion experienced in triangular relationships re-experienced in the transference. However it is postulated that it was too soon for Julia to confidently project the full extent her aggressiveness onto the **T**. Her tentativeness in this regard may be due to her uncertainty as to the object - **T's** capacity for survival and also on a lack of confidence (based on past experience) of these impulses not being contained by others. The transference seemed to revive her early object experience of being excluded from her parents' mind. The **T** was treated as the unavailable mother - a projective identification in an attempt to communicate her experience of the early relation to a withholding object. This was understood and interpreted with the following thought in mind: if the **T's** mind is consumed with thoughts and feelings about the other children, then there would be no space for the **T** to think about and contain her distress. Supporting this idea, is Bion's view of the mother acting as a container for her infant's projective identifications through her capacity for reverie (Bion, 1962).

Julia appeared to be using projective identification to communicate her early infantile experience of the withholding, and therefore of an excluding mother, whose mind had been overly absorbed with her own depressed and distressed thoughts and feelings, and was therefore unable to receive her infant's state of mind. Furthermore, she also appeared to be conveying her experience with a father whose mind was bulging with thoughts about himself and his girlfriend, and thus unable to think about her in the manner Bion implied, that is, to understand and have insight into his daughter's emotional world (O'Shaughnessy, 1981). The extract also reveals how unthinkable feelings are for her because of a failure in mother's alpha-functioning (Bion, 1962). Julia's avoidance of the **T's** interpretations concerning her feeling states is understood as the process whereby the **T's** understanding of her is destroyed, and simultaneously she eliminates her own feelings and perceptions, thereby preventing experiences from making emotional sense (Bion, 1967). This leads to what Bion termed, a resort to the use of excessive projective identification in order to eradicate intuitive knowledge of the self and object (Bion, 1967).

In session 6 she enters the room already consumed with anger, which seemed to signify the beginning of her testing to see if the T could, and would, bear her aggressive feelings. She actively enters the transference by ignoring the T and begins to crumple the creations which she keeps in her special box. In a determined and aggressive manner she throws certain items into the rubbish bin. The hostile atmosphere in the playroom was palpable in the countertransference and the T experienced feeling excluded - shut-out, yet at the same time, horrified that Julia was emptying out her box and destroying her creations. An interpretation was made conveying the T's feeling of isolation as a projection of what Julia might be feeling. The T's remarks were met by hostile non-verbal responses - she was refusing to take anything in, but kept a watchful eye on the T's facial expressions.

The T gently commented on how today there seemed to be a lot of angry - "thrown-away" feelings, that she seemed angry with the T . She flew into a rage. This behaviour of becoming outraged following an interpretation of her foremost feeling, became a frequent occurrence in her therapy. Julia angrily screamed into the T's face "whatever I make for you, you just pop it into my special box ...of course you don't want my pictures ...why am I making them for you? Well, it doesn't work like that. You take my pictures that I make for you to your office and if you don't, I'll just throw them away". The ferocity of the maternal object that did not keep her in mind was powerfully expressed. In response, the T reflected "You are showing me that you are very angry with me, because you feel that I don't think your pictures are special enough to keep with me in my private office, and maybe that makes you feel like I'm throwing you away". She responds in a demanding tone, as if she felt betrayed, "maybe you don't have an office, well sometimes you have lunch with your jolly good fellows". The T interpreted around her feeling that the T feeds these jolly good fellows with nice things, but that she felt that the T was feeding her with uncaring feelings. The T added that perhaps this made her feel left out, like she had made the T feel in the beginning of the session, and maybe this felt very lonely?

A pause is required here to reveal that the T's countertransference feeling was that something was happening in her external environment which she was struggling to communicate directly. This appeared to be associated with the feelings that had been projected into the T, namely, those of being ignored, uncared for, and thrown-away. At a later stage in the session, Julia tells

the T that father had gone abroad and that she had discovered this after receiving a post card from him. This appears to link up with the T's earlier intuited response of having betrayed Julia in some way. This revelation evokes more rage directed at the T who was accused of, "now see what you did, you put me in this business. Now it's all your fault...now I don't feel like coming here...I'm going to have a 'moer' of a fight with you. No, I'm cross with you ...I feel like hurting you". The T reflected how the cross feelings made her want to hurt the T so that the T could feel how sore she felt inside". She anticipates that the T will retaliate and says "I can see your cross face already, see, you cross...if you want to 'skel' me, go ahead".

In dealing with her provocation, the T indicated how painful it is when the grown-ups, like daddy, do things to hurt her feelings, that it must feel similar to the T's words about her inside feelings, and continued with a reflection on her expectation that the T would retaliate like she had witnessed in her own environment. She ends the session by telling the T to feed the baby doll, whom Julia eventually kills.

The next session is followed by a reparative gesture where Julia professes never to leave the T. This was dealt with by interpreting the feelings of guilt and possible fear of having destroyed the T through her anger. In addition, she informed the T "I've got bad news to tell you. When it's long school holidays I'm going with daddy [abroad]". The T reflected her worry that the T will miss her the most and that it was hard for her to let the T know that she too may have missing feelings. Julia adds "I told you, so you won't be worried and you don't think I'm going to be cross with you".

From the start of the session she seems so invaded and dominated by anger, that no valuable interaction between herself and the T could arise. She brushes-off any remark made by the T, but still shows some expectation that the T remain in touch with what she was trying to convey. This was seen in the way she maintained a watchful eye on the T's responses. The countertransference feeling of being so violently shut-out from the start, and then having to witness Julia's concrete act of destroying her valuable creations, implied the use of a more primitive form of projective identification, that is, at a pre-verbal level. The concrete act of ripping up and discarding her precious work powerfully conveyed how unvalued and rejected she felt by her external objects, and in the transference by the T. She also appeared to be

trying to relay something about her inner chaos and despair. For in the destruction of her work she created in the T a despairing horror. This countertransference feeling seemed to be an evacuated bit of Julia's experience which she needed the T to know about. Theoretically, this again illustrates Bion's view of how the patient gets the T to receive unbearable feelings and at the same time, to experience what these feelings feel like (Bott Spillius in Anderson, 1992). However the extremeness of the destruction of the work shared between the T and herself, again highlights her resort in Bion's terms to excessive projective identification.

Julia's conviction that the T has extra supplies which are shared with "jolly good fellows" replicates her sense of the depriving - withholding parents, also seen again in the symbolization of her emptying out the contents in her special box. A projection of how empty she felt. This theoretical understanding was described in the previous discussion following session 5.

In the transference, Julia expresses revengeful wishes towards the T for making her aware of the abused, neglected and painful feelings within her, a frequent occurrence in her therapy. Rosenfeld (1987) indicates that this is one of the ways in which projective identification can make the T's task a difficult one. He goes on to say that the patient blames the T for making them feel small and vulnerable and in order to avoid this, the patient denudes the T's interpretations, thereby leaving the T feeling they have no value in relation to the patient. What becomes apparent in her therapy is the anxiety linked with the consequences of taking-in of interpretations that convey understanding, with the result that an impairment of what Bion refers to as the furthering of K occurs (O'Shaughnessy, 1981).

What is repeated in the session is her expectation that the T will retaliate. She somehow seems to try and prompt the T to act-out the projective identification. Perhaps this would then confirm her previous experience of failing external objects. A shift to symbolic play with the doll, noted at the end of the session, is believed to have transpired because of the T's ability to withstand her anger. Through withstanding and understanding, the T was transformed from a bad to a good object, who could then be allocated the role of caring for the baby. This appears to point to the fact that an experience of containment, with its accompanying process of re-introjection of a more modified experience had occurred and it is this, that ultimately enables psychic change to take place -a gradual movement towards the kind of holding on that allows

thoughts and feelings to be processed (Bion, 1962; Ogden, 1979). As Bion (1967) claims, this leads to the "smooth introjection and assimilation of sense impressions and ...the establishment of the firm base of good objects on which the inception of verbal thought depends". It was clear that the material arising in the next session concerned Julia's worry about the effects of her anger and the potential loss of the object through this, demonstrated by her statement that she is not leaving because she is cross with the **T.** However, there is an unwillingness to give up her omnipotence as noted by her belief that the **T** may miss her the most. In this way she continues to avoid her dependence on the **T.**

Two days prior to session 21, Julia had been told by father's friend that father had returned from abroad. Mother had informed the **T** that father had not made an attempt or expressed an interest to see Julia. She indicated that he seemed caught up in the recent break-up with his girlfriend. In addition, mother had broken the news to Julia about having to remain in Sub B for another year, as her teacher felt that she had missed out on a lot of work during the beginning of the year. These external circumstances were understood as having set the tone to this session. Julia grapples with her need to omnipotently control the **T** with brief periods of allowing herself to expose the rageful and desperate part of herself.

The initial theme of the therapy session is a feeling of having been "tricked" by the **T** for not providing her with an extended therapy session. Julia claims that mother had "cheated again". This was in association to the last session where mother had been late in ending her own therapy session. Julia had felt this to be "unfair", a sense of mother being fed more than herself and a resentment towards the **T** for not providing the same provisions as mother had received in her own therapy. Devaluing the **T** occurs immediately, in the manner of mocking the **T** about being a "skollie mollie", denigrating the **T's** abilities to communicate in English, testing the boundaries by baffling the **T** with personal questions, flooding the **T** with orders and mocking the **T's** expressed concern by indicating that it was like a "mother hen". Furthermore, Julia expressed anger at the fact that the **T** had not taken her letter home.

The feeling in the countertransference was one of being helplessly mixed-up, however at the same time, the influence of having been prepared in advance about Julia's external circumstances contributed to being able to create a mind space able to process what was

happening in the session. It also seemed to allow the T to maintain a hold on the tenderness felt towards her and the wish to provide maternal care. What transpired was the recurrent theme of having to feed the T and a profound play scene where the newborn baby's milk bottles are "running out". In addition, these babies have to be visited by an uninterested father and this is followed by the T having to feed and care for both babies. At this point, the T's concern was about having both babies close to the breast and trying to manipulate the bottles without dropping either the bottles or babies. The anxiety in the countertransference revolved around confirming Julia's experience of a useless mother who fails her, which would mean facing her criticism of "you're not doing it right again". Julia's angry attack surfaces when she moves from the baby scene to building a precarious tower of blocks in the sandtray. She expressed anger at the T for "wasting time" and not moving quickly between activities. The precarious tower topples over. In an accusatory tone, Julia asks "don't you have any more yellow paint?" and proceeds to throw the empty paint jar onto the floor. She then asks the T to help her open the next jar.

This push-pull effect of wanting and needing the T, yet at the same time, finding it quite threatening, is an ongoing occurrence in her therapy. The T responded "it makes you very cross when I don't have what you need". This is followed by an outburst of "you haven't built me anything,...oh, I think you better go and do it". The T felt the strong impact of her testing behaviour, yet at the same time did not experience a need to act-out by becoming restrictive. Instead, the T experienced countertransference feelings of extreme despair, which seemed to be linked to feeling the despair underlying Julia's abuse. In response to her demands, the T said "it seems very hard for you when the grown-ups don't do what you want them to do. Maybe it feels a little bit like being all broken-up inside, like the tower...like I'm not caring" and later added "maybe it feels like you've been forgotten, like the baby's father forgot to come and see the baby...and like I forgot about you when I didn't take your letter home". She continues to give the T the cold shoulder approach. The T said "I wonder if there isn't someone who is not caring for you?" Her hyperactivity escalates with an emphasis on doing things swiftly.

The T immediately associated this behaviour to her need to avoid the feelings she was experiencing at that moment. Julia takes this up in the transference again and what erupts is

a shouting of orders, a ferocious and defiant scratching of her name on her special box and a barrage of criticisms about the T behaving just like a "mother-in-law" who is "making trouble again by talking crap". The session tapers off with Julia talking about her anger and saying "get cross till you blue in the face". This reminded the T of an image, that of an infant who is abandoned and left with its angry distress and tears. Irritated and impatient she scurries about tidying her mess. The T reflected that she seemed worried about leaving her mess, like her messy angry feelings with the T, and perhaps this was why she was cleaning up. Retrospectively, what could have been useful was to make a link between her fear of having messed the T with her anger and the fear of this breaking the T up like the tower. When the T reminded her that it was time to end, Julia defiantly sits down with her arms crossed, glares at the T and says "I don't care, we're not ending, we still taking a long time". After the session, the T was unable to stay with her until grandmother fetched her. The T was left feeling guilty and bad for imposing this on her and was unprepared for the tears of despair this had evoked. It seemed indicative of how therapy had become a part of Julia, and of how the transference was well established.

The above extract reveals the strong desire for an inexhaustible container (Bion, 1962), demonstrated by the "tittie bottles" running out of milk, by the need to prolong the session and the fury aimed at the T's lack of supplies. The T contemplated the idea that she possibly feared that the T's feeding of all the other children will deplete the T and therefore deprive her. This corresponds to Bion's theory concerning the patient's enactment with the T, of the early events between mother and infant. What Julia seemed to project in the transference, was her sense of not being known by the maternal container, also demonstrated concretely by the scratching of her name on the box. Bion suggested that as the body needs nourishment, so too does the mind, that is, "the experience of getting to know someone" (Alvarez, 1992, p. 9). However, by way of attacking the link (Bion, 1967) through her sadistic devaluing of the T, she was also destroying the T's ability to feed her with understanding. Julia prevented the T's transformations via interpretations, from making emotional sense to her (Alvarez, 1992). The T questioned whether this was what Bion referred to as the hatred and envy of the patient towards the mother, which prevents the patient making use of the mother's capacity for reverie and thus destroying the link to the breast (Bion, 1967).

In these circumstances, Bion says that "feelings of hatred are therefore directed against external reality which stimulates them" (Bion, 1967, p. 107). Bion continues by claiming that the patient believes that in understanding them, the T is driving them insane (Bion, 1967). With Julia, she has frequently referred to the T's interventions as "you making me mad, you giving me a headache with all your crap talk about feelings". Her need to do rather than think, shows her struggle to hold onto feelings. She also attempts to entice the T to act-out the doing, with her stress on speeding activities, distracting the T when thoughts about feelings threaten to surface and in pushing things into the T's mind at such a rapid rate, leaving the T with barely any time to find a gap in which to convey understanding. This projective identification seemed to communicate her helplessness in the face of utter confusion about her external events and her internal world. Julia remains caught up in her omnipotence, also seen in her manic reparation (Segal, 1975). However, the distress evidenced at the very end, seemed to give the impression that she was allowing her neediness and dependency to be briefly acknowledged by an object stronger than herself.

In Session 41, Julia begins by describing in detail a gory accident scene in which the victim dies. Upon further probing, the T establishes that she had not been present, however mother had told her what had happened. The T was immediately struck by the mother's general inability to act as a container through her reverie. Julia's anxiety in this session was observed in her excitable state and in the rapid account of her story - a need to spill the unprocessed details as quickly as possible. Throughout, the T transformed by way of reflecting her possible feelings of fear and anxiety at having heard about this external danger. At one point she demands that the T writes a story. A few sentences portraying how this issue may have given rise to feelings of fear and anxiety and of how grown-ups sometimes forget to keep such scary things safe, was conveyed. In addition the T wondered if she had thoughts about the dead man. Julia allocates a percentage of one million out of one million to the T's story.

Muddled boundaries between what is child and what is adult stuff appeared to dominate the therapy, later displayed by her effort to control through bossing and enslaving the T. This seemed to be linked to communicating via projective identification the lack of boundaries in her own world, both internally and externally. A verbal attack of the T's refusal to give in to all her demands arose. This culminated when the T set firm limits concerning her attempt to

shut the T's mouth with a strip of cellotape she was holding. This was followed by an antagonistic threat to abuse the T physically, which evoked firmer limit setting.

Unable to contain herself any longer, Julia tried to strike the T from behind. This was stopped by the T holding her wrists and indicating that this was unacceptable behaviour. She could use words to express her angry feelings, however hurting the T would not be tolerated, even though the T knew she wished to do so. A struggle ensued, leading to the T containing Julia on the floor. More specifically, this entailed placing her between the T's legs, facing forwards, and with the T holding her arms wrapped across her chest. Somehow it had felt like the session had been heading towards this, perhaps suggesting that her anxiety had become too overwhelming and she needed to create a concrete boundary using the T's body contact. It appeared as if through projective identification Julia was concretely re-creating, at a pre-verbal level, the need for containment.

Reflecting on this, one can surmise that trusting the T to contain and keep her safe, had in part influenced the release of her concrete act. During the holding, the T continually affirmed her feeling states and described how she had been trying to manage her nervous, scary and angry feelings, but it had become too much for her to do it all on her own. Linked to this, the T expressed how this experience of being held must have been a bit scary for her and that the T could see she was angry, but that this was needed in order to help her manage all the unsafe feelings inside. This did not mean that the T was uncaring, it simply meant that the T would be there to help her through her unsafe time in the room. Between gritted teeth she told the T that she would inform father to sort out the "junk lady" T, and eventually began to cry. These were the first tears allowed in the T's presence and within the confines of the playroom. Soothing affirmations of feelings followed.

There is much material in this session to do with the breaking of boundaries. What becomes very clear, is mother's inability to avoid projecting her own distress into Julia, thus confirming to some extent, how "the container and the contained held a relation of mutually emptying" into one another (Segal in Bott Spillius, 1990, p. 174). The belief is that mother and daughter, through their relationship of mutual projective identification, struggle to differentiate between their own feelings and those that they project into one another, resulting in a blurring of

boundaries (O'Shaughnessy, 1981). The impact of this is detrimental to Julia's sense of identity and personal boundaries - a recurring theme in her life is that of what is child and what is adult stuff. As Bion implied, Julia was seen as using the **T** as a recipient for her undigestible experience, in the hope that it could be returned and introjected in a more manageable form (Alvarez, 1992). This segment ties in with Koch's (1980) clinical description, that is, the child's reliance on the **T** to express understanding rather than verbalizing it on their own, simulates the experience of a maternal repository who is able to recognize, anticipate, verbalize, in short, knows what the helpless, dependent infant was experiencing. He adds, "it is my function to understand her, to 'hold' this understanding and to be able to sustain this knowledge without rejecting her" (Koch, 1980, p. 14). The **T's** intuited response to write out interpretations rather than give them verbally seemed to make them more acceptable to Julia. In other words, the interpretations are given in a palatable form which she could then ingest or take into herself. This facet of the material, offers an account of what the **T** -mother should do, because it is about how to make the understanding palatable in the patient, so that the patient is willing to take in these thoughts.

Julia's acceptance seemed to suggest that some integration had transpired. However, with Julia it was always a question of how much interpretation she could tolerate and for the **T** to remain acutely aware of the correct timing of conveying interpretations. In this instance, it appeared that her anxiety was too intense and her attack was understood as a projective identification of her need to find a concrete container, one wherein the safe boundaries could be physically felt. Throughout the session the **T** could feel it heading towards this form of containment, perhaps supporting what Bion refers to as the recipient feeling pressure to act on the feelings being projected into them by the patient (Bott Spillius in Bott Spillius, 1990). What is important is that the **T** conveyed a different form of containment. The **T** neither mindlessly retaliated, nor collapsed under the attack as her parents were prone to doing. Instead the **T** was able to offer her a thought about an alternative, that is, the provision of calm strength plus interpretations as to what was happening.

She marks her entrance in session 42 by telling the **T** "I'm going to walk back out of this room, watch me. I'm going to get your boss...when I'm finished therapy and then you going to be fired", and continues with "you do that to me once more. I never had my strength yet...

because you broke my temperature, but do it again and I'll break your neck. My father is right about me not coming here, because you a junk therapist". The **T** calmly reflected that she could see that Julia was still very mad at the **T** for making her feel weak and small. To the **T's** amazement, Julia calms down and discusses how she felt nervous when she had to get up on stage to receive a certificate for her reading and neat work. The rest of the session involved the emptying out of the sandtray and filling numerous containers with sand. She seeks the **T's** strength to lift the heavy containers across the room, ensuring that nothing spills. Koch (1980, p. 13) indicates that "an affective experience could be transmuted in the form of a symbolic act, an intermediary step between expression in action and verbalization of feeling", and ultimately conveys that "true responsiveness to interpretation" transpired.

This session (42) seemed to have marked an integrative experience demonstrated by Julia's swift change from initially attacking the **T** for physically holding her in the previous session, to expressing her nervous feelings upon receiving a certificate. Symbolically this is believed to have been illustrated by her play around filling containers. Relinquishing her omnipotence was also conveyed through her request for the **T's** assistance in carrying the heavy containers (heavy feelings). Perhaps the change from the large container (sandtray) to filling the smaller ones, represents the beginnings of her introjection of containment as an internal structure, that is, it is felt as within herself. As Rosenfeld (1987) describes, functioning as a container for projective identifications, paves the way towards getting the child/patient to tolerate their own impulses, to gradually feel safer in relationships and ultimately enables the child/patient to be able to think about experiences that were previously meaningless and frightening.

SECTION TWO

The period which the next selection of material covers, (sessions 61, 66, and 68), highlights the dominance of themes around separation (breaks from therapy), and following the break, fantasies that the **T** was pregnant. Other important themes included Julia's rivalry against the other children the **T** has, a strong theme around loss and resentment towards the **T** opening up her own "business". All of these sessions have been condensed dramatically for the sake of brevity. Unfortunately this tends to detract from the actual intensity of emotions expressed and

felt in the playroom. However, it is hoped that the clips chosen will reflect the extreme nature of the projective identification processes that were communicated.

External circumstances at the time were horrendous and seemed to fuel Julia's attacks in therapy. Father had become erratic with visitations and declared that Julia was interfering in his life. He subsequently became engaged. Following the news of father's engagement, which Julia unexpectedly discovered by noticing the ring on father's girlfriend, she developed "stress bumps", reverted to hurting herself by either painfully pinching or wringing her wrists, handed in her class monitor badge and expressed negative feelings towards father. Upon being informed of the "stress bumps", father became defensive, verbally abusive, accused mother of neglect and threatened to re-open the case by taking it to the supreme court. Mother herself required containment through telephonic contact with the **T** and via feedback sessions. In the midst of this, Julia continued to function at school, both in her schoolwork and in her social relationships, without reverting to aggressive attacks towards other children.

A song sung repeatedly in session 60 serves to highlight Julia's mental state at this time. She had altered the original version of "I love you, you love me, with hugs and kisses we're a happy family" to "I hate you, you hate me, with a knife up my arse and a bullet in my head, won't you kill me too... we're a happy family".

The prevalent theme in session 61 encompasses that of intense jealousy towards the **T's** "other children". She felt that they received from the **T** unlimited supplies of attention and gratification, with no imposition of limits on these supplies. They were at complete liberty to mess the playroom and the **T** was allowing them to take advantage of the **T** and the situation. This is clearly revealed by the following statement "I'm going to wring their necks with my bare hands because they steal and mess everything. You mustn't just sit there and listen to their crap worries, because then they spoil it by messing things up. When they talk to you...when they scream at you, you just sit there and listen. Just say stop doing that. No, a person won't like working on a crap table". Venturing over to the sand tray, she exclaims "they must have taken some sand because look how the poor thing looks...it's empty. They took something out of my box". This is followed by vulgar swearing at both the **T** and other children, together with threats of revenge.

Intervention comprised of interpretations concerning conflicts around not receiving all the T's good stuff, feeling deprived through the experience of the other children stealing what she feels belongs to her, anger felt towards the T for providing unlimited supplies to others, and anger towards having to share the T and desiring more for herself. A related theme was Julia's fear that the T would fall pregnant, thereby creating a further rival for the T's attention and love. This was interpreted in relation to her sense of deprivation. In addition, interpretations were also directed at Julia's own empty and messy feelings about father's rejection. This was linked to her feelings concerning the belief that father's girlfriend had stolen and messed-up her relationship with father. In the transference, the T conveyed how she had been trying to frighten the T when in fact she herself felt frightened inside. Being attacked in this unpredictable and intense manner, left the T feeling anxious about how to reflect and process what was happening and when was the right moment to make interpretations. Furthermore, the T experienced strong countertransference feelings of being blamed unfairly and for having let Julia down by failing her, for example, in not inspecting the room more closely prior to the start of the session.

In the latter part of the session, a movement towards directly expressing the anger felt towards father occurs. Simultaneously, and to the T's surprise, Julia was suddenly able to use feeling words to describe her emotional state. This is depicted in the following revelation. "All he [father] deserves is a punch in the face. My father says I caused his girlfriends to go away. He always blames me for everything. He's a bloody junk. He says he hates you. All I know is he needs therapy. I cried a lot what he said to my oumie and oupie, because it really hurts a person's feelings. I think he doesn't love me. My mother says I'm a funny girl, but still...I'm going to kill that man. No-one has seen how angry I get, not even you". The session ends with her making "messy-pooh" clay balls which leave her feeling partly disgusted and partly excited. This was interpreted by addressing the conflict around giving expression to her messy inside feelings. She exits by waving a white tissue at the T and comments "I'm waving this flag to say, do you give up?"

The poignant revelation of Julia's feelings depicted in the latter part of the session, was understood as the hurt and anger at real or perceived abandonment. At first, this was intolerable to her and thus had to be worked out in a paternal transference. The attack is on

the one hand, a projection of her identification with the aggressive uncaring father, whilst on the other hand, it can also be understood as a projection of her own feelings of being frightened, blamed, unwanted and taken for granted. Her feelings towards the T altered when she seemed able to experience the reliability of the T as a container. With this there is the corresponding change in the quality of her projective identification. It is no longer seen as excessive, implying that it has lost some of its quality of omnipotent phantasy (Bion, 1962). More importantly, Julia became able to talk directly about her own feelings.

The shift in the nature of Julia's communication also illustrated the fact that she was more able to differentiate the T from her early objects. It appeared as if she could appreciate the qualities of the container - T and through this, allow herself to express her long denied anger against the failing father. Julia was able to think about, rather than evade her angry feelings towards father. In doing so, she allocated affect to the appropriate object - father, instead of in the transference. The sequence of responses in this session also revealed that Julia felt contained enough to shift to more symbolic expressions of her feelings, that is, she was able to become openly messy as evidenced in the making of clay "messy poohs". Julia's parting comment seemed to indicate the need for a T who was prepared to take in her messed-up, angry and distressed feelings. Furthermore, it also suggested anxiety that the T would not drop her like her own objects had.

The remarriage of father gave rise to profound anxieties by forcing Julia to become aware of loss. In association to this, feelings about having been abandoned by the T were re-evoked, due to the fact that this session, namely session 66, followed a long vacation and break from therapy. It is not surprising, given her past history, that Julia should experience such changes around breaks from therapy as extremely anxiety provoking. The separation evoked concern about not having been kept in mind and being shut-out by the T, suggesting a reliving of her past object failures. Upon entering she states "my holiday is not going fine, my father got married to that girl" and promptly switches off the light and shuts the curtains. This symbolic gesture was immediately understood as a projective identification of getting the T to feel what it's like to be left in the dark. She had been shut-out by father's secret remarriage abroad and by the break in therapy.

So intolerably intense were her feelings about the remarriage of father, that she could not allow the T to voice them. Julia attacked the T for "talking rubbish". She indicated "I know you think I have worries, but I don't. When my mother pays, just tell her I haven't got any". Interpretations around her anger towards the T following the break and her possible fear that the T would forget her were discussed. In response to the T's interpretations, she said "why don't you get married and treat your own child like little people in bars". This shocked the T. The countertransference feeling was that of being maligned. She demonstrated in her response the swift exchanges taking place between anger in what seemed to be a paternal transference, and the anger felt towards her external objects, in a continual to and fro between the two. The countertransference feeling of being at one moment loved and the next hated gave the T a sense of Julia's own ambivalent feelings to her father. The T was also given an experience, via projective identification, of how Julia had felt at the hands of an erratically uncaring father. This very same theme seemed to be conveyed in concrete fashion by Julia's ongoing need to change the arrangement of the playroom furniture - nothing remains static. In this way the T gets to feel and understand the concrete nature of her projective identifications.

At this point, the T reflected "I wonder if under all your angry feelings there is such a lot of sad and mixed-up feelings about daddy". The T immediately sensed a change in the interaction. Julia's eyes brimmed with tears. She huddled in the corner of the room, buried her head in her arms and sobbed. She voices how father's love is linked to material gifts and all she actually desires from him is special time, that she is a burden to both parents, guilt about damaging her external objects and causing them to reject her, and that even though she knew the T would listen to her worries, she wanted someone to give her direct, concrete help. Despairingly Julia says "all my father is interested in is his business and making money...when he's in trouble, I have to cover up for him then I get into trouble and he doesn't even know I do that for him. My father is breaking my heart, he's hurting my feelings and he doesn't even know that. My father has always got a big mouth to other people's feelings. All he sends is postcards with a lot of rubbish on them that don't make sense. My uncle writes me postcards that make sense".

The session ended by Julia desiring to take home some of her creations indicating "I want to show them what we actually done here, because they don't know what we done". Julia reveals

that she has made her own therapy file at home with some of the items she has done in therapy. As Julia leaves, she asks whether therapy time can be extended from three to five o'clock. This was clearly a different kind of session, with evidence of Julia being so direct about what she felt. It made explicit what the **T** had been feeling in the countertransference, namely the deep seated despair and hopelessness Julia herself was feeling. The ending seemed to indicate how valuable it was for her to convey to her external figures the need for reliable containment. As Britton suggested, "introjecting a containing experience provides the child with an internal object capable of knowing and informing, that is, the patient is then capable of self knowledge and communication between different aspects of themselves" (Britton in Bott Spillius, 1990, p. 106).

Not surprisingly anger towards the **T** going into private practice emerges rather violently in sessions 68 and 70. In session 68, Julia immediately starts by expressing "I know you're opening up your own business, right, but you're still going to see me, right?" The fact that the **T** was now conducting therapy as part of a so-called "business", forced the objective reality of now having to pay for caring feelings. This in turn coincided with what she felt was her father's materialistic investment in her. A materialistic love opposed to an unconditional emotional nurturance. In facing the reality of this, a strong paternal transference transpired and the **T** became the recipient of all she felt in this regard. The rage felt was acted-out in provocative attempts to smash the cameras and in her antagonistic comments around "I don't think you need to get paid to talk crap. I don't think you should be paid as a **T**, because a **T** says feelings, feelings...". Feeling rather overwhelmed by this sudden accusation, the **T** reflected that maybe she was very angry because it felt unfair to pay for caring feelings shared with the **T**. Perhaps she wondered why it can't happen without her having to pay. Continuing along the same line, the **T** said "It sounds like I become crap when you feel all crap inside about me going into my own business, like daddy did. Maybe you worry that you may lose my caring feelings, like daddy's business stopped him from showing caring feelings because he was too busy making money".

The **T** later added that maybe it felt a little like when her dad gives her expensive gifts to show his love and doesn't just show his love by spending special time with lots of caring feelings. Julia denied the anger. However when the **T** queried sad feelings about this, she

reacted angrily telling the **T** to "watch -out". She interpreted the **T's** concerned expression as "now you sommer want to cry!" This fragment highlights a blurring of boundaries between the self and object. It ties in with Ogden's (1979, p. 358) comment, in which he states that "the projector feels that the recipient experiences his feeling, not merely, a feeling like his own, but his own feeling that has been transplanted into the recipient". In response, the **T** addressed the fact that perhaps she felt like crying, but it was too hard for her to express this and easier to put her crying feelings into the **T.** Close to tears, she shouts "you too into money and your own bloody business. I only seen one person go on like that, that's my father. He cared about his business. He didn't care about me". This made explicit the paternal transference. The use of the **T's** "failure" (conflating business with care) allowed Julia to re-enact her unresolved conflict with her father. How terrible this must feel for Julia, that care is conditional and secondary to monetary concerns, was conveyed in the countertransference response by the **T** feeling that it was unfair/illegitimate to charge for sessions.

This chapter has hopefully illustrated how attacks on the therapist and the therapeutic process can be understood in terms of Bion's concept of how projective identification serves as a primitive mode of communication of feelings that cannot be tolerated by the child, but unconsciously desires expression. An emphasis was placed on the therapist's countertransference responses which served the purpose of understanding the nature and origin of this child's communication and provided a valuable tool in dealing with, and containing these attacks.

CHAPTER FIVE

CONCLUSION

This clinical study is believed to have proved helpful in understanding the nature of attacks and how these may be worked with through the provision of containment. The integrative experiences were influential and were evidenced by the significant progress Julia is making both at home and at school, even in the presence of external circumstances remaining somewhat unpredictable. Julia has developed more gratifying relationships with her peers and her circle of friends has broadened. Feedback reports from both her teachers and her mother indicated that Julia is able to concentrate on her schoolwork and takes more pride in her achievements. Her remedial tuition has been discontinued due to her significant progress. Julia has found more acceptable, that is, ego syntonic ways of expressing her anger and hurt feelings. The therapy enabled her to have internalized a more reflective and observing capacity to put thoughts and anxieties into words. Supporting this is mother's mention of how Julia no longer resorts to temper tantrums or aggressive outbursts at home. This has had a positive effect on the mother - daughter relationship. Furthermore, mother commented that Julia is far more content than when she first started therapy. The therapist is in agreement with this, as Julia seems generally happier. Her mood swings are less erratic and intense.

Hopefully this dissertation has been able to demonstrate the relationship between the severe disturbance of emotion and the unthinkability of such affect in a young girl. In the review of the playtherapy material, focus was given to the nature, origin and consequences of her attacks on the therapist and the therapeutic process. A good deal of the therapeutic work over the two years was involved in dealing with her attacks. The nature of these attacks was understood primarily through the therapist's countertransference responses. These responses were then thought about or in Bion's terms, subjected to maternal reverie during the session and in supervision. The insight thus gained was then fed back at appropriate moments in the form of interpretations. What provided the core frame of reference influencing the therapeutic technique was Bion's formulation of the container - contained model. His explicit appreciation of the importance of the nurturing object or mother/therapist in helping infants process their experience by making their thoughts thinkable, rather than remaining mindless to emotional experiences, was central to this dissertation. Bion's distinction between normal and pathological

projective identification contributed towards analysing the material in a rich and resourceful way.

Julia's therapy seems to have provided her with the vital opportunity to communicate her internal and external conflicts and also to experience a form of maternal reverie through the shared interactions between herself and the therapist. By repeatedly acting as a repository, the therapist was able to absorb and think about her behaviour and receive her projections. Gradually this process has become Julia's own so that now she is more able to contain and make sense of her emotional pain. This will help Julia to deal with life's inevitable stressors using her own internal resources. Over time, it became clear just how her early object failures had left her with no sense of internal containment, and how prior to therapy, she was left totally overwhelmed by her chaotic and destructive impulses. It is speculated that the repeated experience of the therapist remaining a repository (Bion, 1967) for her projections and continuing to be unhurt by her in spite of her relentless attacks, played a major role in the progress of her therapy. At times, it seemed like her attack was the only way she knew of establishing contact with an object.

The safer she felt, the more confident she became in the therapist's capacity to survive her attacks and also to gradually believe that the relationship would not result in the same pain she had endured in her early form of containment. As was demonstrated in the clinical material, instances of a more reflective attitude began to emerge, together with an increasing ability to digest interpretations concerning the therapist's understanding of her experiences and muddled states. This implied the gradual internalization of the containing aspects of therapy, which ultimately become incorporated into the ego thereby leading to psychic change (De Folch in Bott Spillius, 1990). It also conveys more openness to allowing her thoughts to become thinkable, in Bion's (1962) use of the term. These changes were also reflected by the decreasing potency of her attacks, their shorter duration and a more rapid shift towards alternative means of expressing her conflicts. That is, in making use of symbolic material and through direct verbalizations. During stressful moments she would tend to temporarily revert back to her attacks, but these were less intense and occurred within the confines of the therapy room, rather than in her external environment.

Therapeutic work with children is by no means an easy task, particularly in the case of a child such as the one described in this dissertation. Casement claims that with "patients using communication by impact or projective identification," their therapy usually involves times where their feelings will be extremely intense (Casement, 1985, p. 97). If therapists are in touch with their patient's feelings, they too will experience feelings with a similar intensity (Casement, 1985). The problem that may arise is that the therapist particularly under pressure, may be "impelled towards action" (Casement, 1985, p. 98), rather than digesting attacks without retaliation. Due to inexperience the trainee therapist could readily become overwhelmed. Therefore, therapy with this type of case could have been an extremely uncontaining introduction to psychotherapy with children, one which could easily have discouraged further work in this area. This raises the question of whether trainee therapists are in a position to act as containers in situations where they themselves require containment. Following this, an additional research opportunity lies in researching training programmes in terms of what should be provided to trainee therapists, in order to give them a maximum feeling of personal containment. Aside from the necessity for supervision, Casement suggests that therapists have "to be 'held' by the structure provided by theory, and by familiarity with [their] own unconscious, if [they] are not to become overwhelmed by a patient's pathology or by retreating into 'head-sight' to avoid being overwhelmed" (Casement, 1985, p. 216). What is required is a security within the therapeutic encounter that allows the patient/child to feel understood, sensitively responded to and contained by a therapist who can tolerate attacks without a defensive resort to theoretical facts, collapse or retaliation. For the practising therapist, Bion has this to offer:

> Discard your memory; discard the future tense of your desire; forget them both, both what you knew and what you want, to leave space for a new idea. A thought, an idea unclaimed, may be floating around the room searching for a home. Amongst these may be one of your own which seems to turn up from your insides, or one from outside yourself, namely, from the patient.
>
> (Bion in Casement, 1985, p. 222)

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