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## Before the threshold: destruction, reparation and creativity in relation to the depressive position

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### Abstract

In this paper, the author revisits the classic idea formulated by Hanna Segal that creativity takes place from a depressive position impulse to repair previous destruction wrought on internal parental objects. The author proposes that in the light of psychoanalytic work with deprived and borderline children, there may need to be a rider to this formulation. By suggesting the myths of Ariadne and Orpheus alongside that of Oedipus as aids to psychoanalytic understandings, a development is posited here which may coexist with or even precede depressive struggles. Dread and hope, the author suggests, accompany both the creative artist and the child on the path towards expression of creative impulses. Such impulses exist before a 'depressive position' arrival point, or may follow it, in a cyclical rather than linear development, as Britton – drawing on Bion – suggested. This does not diminish the importance of reparation both in the individual psyche and in creative work, but makes space for the possibility of a preceding or perhaps co-existing stage. Intimations of this were already present in the work of Melanie Klein, but were not elaborated in the way suggested here, as will be indicated. The author illustrates this with her own clinical work, and proposes that similar processes may be at work in the evolution of psychoanalytic understandings.

Dans cet article, l'auteur réexamine l'idée classique, formulée d'abord par Hanna Segal, selon laquelle la créativité prend sa source dans un mouvement psychique, lié à la position dépressive, qui vise à réparer des dommages infligés aux objets parentaux internes. Le traitement psychanalytique d'enfants carencés ou borderline conduit l'auteur à suggérer dans ce texte qu'il faudra peut-être modifier quelque peu ce postulat. En proposant comme appui à notre compréhension psychanalytique les mythes d'Ariane et d'Orphée en lien avec celui d'Œdipe, l'auteur suggère qu'un certain potentiel développemental peut coexister avec les luttes dépressives, voire les précéder. La terreur et l'espoir accompagnent aussi bien l'artiste dans son activité créatrice que l'enfant sur le chemin de l'expression de ses mouvements pulsionnels créateurs. Ces mouvements pulsionnels peuvent exister avant même d'atteindre la "position dépressive" ou peuvent accompagner celle-ci dans une trajectoire cyclique plutôt que linéaire, comme le suggère R. Britton à la suite des travaux de W. R. Bion. Cela ne diminue en rien l'importance de la réparation, que ce soit dans le psychisme du sujet ou dans le travail créatif quel qu'il soit ; cependant, un tel postulat ouvre un espace pour un stade qui précéderait la position dépressive ou qui coexisterait avec elle. L'auteur montre que des indices d'une telle éventualité étaient déjà présents dans les travaux de Melanie Klein, bien qu'ils ne fussent pas élaborés de la même manière que dans cet article. L'auteur illustre ses propos par des exemples tirés de sa propre pratique clinique et suggère que des processus semblables sont peut-être à l'œuvre dans l'évolution de notre compréhension psychanalytique.

In diesem Artikel betrachtet die Autorin erneut die klassische, von Hanna Segal formulierte Idee, dass Kreativität von einem Impuls in der depressiven Position ausgeht, die vorherige Zerstörung, die den inneren elterlichen Objekten zugefügt wurde, wiedergutzumachen. Die Autorin schlägt vor, dass es angesichts der psychoanalytischen Arbeit mit vernachlässigten und Borderline Kindern eines Zusatz zu dieser Formulierung bedarf. Indem die Mythen von Ariadne und Orpheus neben denen von Ödipus als Hilfsmittel des psychoanalytischen Verstehens vorgeschlagen werden, wird hier eine Entwicklung postuliert, die mit depressiven Bemühungen koexistiert oder ihnen sogar vorausgeht. Furcht und Hoffnung, wie die Autorin vorschlägt, begleiten sowohl den kreativen Künstler wie auch das Kind auf dem Weg zum Ausdruck von kreativen Impulsen. Solche Impulse existieren vor dem Ankunftspunkt der depressiven Position oder können ihr auch in einer zyklischen statt einer linearen Entwicklung folgen, wie Britton mit Bezug auf Bion vorschlug. Dies vermindert nicht die Bedeutung von Wiedergutmachung sowohl in der individuellen Psyche als auch in der kreativen Arbeit, aber es eröffnet Raum für die Möglichkeit eines ursprünglicheren oder koexistierendem Zustands. Andeutungen davon waren bereits in den Schriften von Melanie Klein präsent, aber sie waren nicht in der Art und Weise ausgearbeitet wie das hier gezeigt werden wird. Die Autorin illustriert dies mit ihrer eigenen klinischen Arbeit und schlägt vor, dass ähnliche Prozesse in der Evolution des psychoanalytischen Verständnis stattfinden können.

Riassunto: In questo articolo l'autrice rivisita l'idea classica formulata da Hanna Segal secondo la quale il processo creativo nascerebbe dall'impulso nella posizione depressiva a riparare gli oggetti genitoriali interni precedentemente distrutti. L'autrice propone che alla luce del lavoro psicoanalitico con bambini deprivati e con bambini borderline, bisognerebbe introdurre una clausola a questa formulazione. Prendendo spunto dai miti di Ariadne e Orfeo oltre a quello di Edipo per facilitare la comprensione psicoanalitica, se ne trae che insieme o anche prima dei conflitti depressivi ci sia stato un certo sviluppo. L'autrice suggerisce che il terrore e la speranza accompagnano sia l'artista creativo che il bambino sulla strada verso l'espressione degli impulsi creativi. Questi impulsi esistono prima di arrivare alla fine della 'posizione depressiva', o possono seguirla, in un processo di sviluppo psicologico ciclico che non lineare

come suggerisce Britton, rifacendosi a Bion. Tutto questo non sminuisce l'importanza del processo di riparazione sia per la psiche individuale che per il lavoro creativo, ma dà spazio alla possibilità di uno stadio precedente o forse coesistente. Indicazioni di questo erano già presenti nel lavoro di Melanie Klein ma non furono elaborate come si spiega nell'articolo. L'autrice illustra questo concetto attraverso il suo lavoro clinico e propone che processi simili avvengano nell'evoluzione della comprensione psicoanalitica.

The analyst may make as many models as he chooses out of any material available to him. It is important not to confound these ephemeral structures with realisations on the one hand or theories on the other. The model has a valuable function provided it is recognised for what it is.

(Bion, 1962: 80)

## Introduction

It was at the beginning of the Renaissance that Western European humanity's quest for meaning turned back to classical literature, and a reacquaintance with the Greek myths, where the gods are fashioned in the image of men. Freud, in his inspired reframing of the Oedipus myth, united this ancient tale of adversity with a psychoanalytic

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understanding of what Segal (1989: 1) called 'the central conflict of the human psyche'. Klein indicated an earlier starting point for Oedipal striving than Freud, locating its inception in the second half of the first year of an infant's life (1946 [1975]). Segal suggested subsequently (1991: 85–100) that Oedipal struggles which result in a consciousness rooted predominantly in depressive reconciliation are a *sine qua non* for any creative undertaking. As Bion (1962) formulated it, Love, Hate and Knowledge are 'the three factors I regard as intrinsic to the link between objects considered to be in relation to one another' (1962: 93). Bion talks of K, or knowing, in relation to objects, both external and internal, in what he calls a 'commensal relationship' – a way of formulating Klein's 'epistemophilic instinct' (Segal, 1998). The complexity of this emotional experience is given 'a system of notation' – in other words, a way of marking out of territory involved in getting to know the other. The dialectical interplay of these elements or essential experiences will, under adequate conditions, result in a realistic and mixed picture of the self as well as of objects. In other words, to map Bion on to Freud and Klein, the acceptance and internalisation of the parental couple, which the subject paradoxically both loves and hates, allows the unfolding of knowledge of the self in the light of the reality principle.

I want to suggest that while the achievement of the depressive position has been seen as a necessary prerequisite for creative struggle, where reparative gifts are offered to compensate for past destructive urges, creativity itself may also develop outside or before this 'position'. This does not, of course, diminish the importance of the impulse towards reparation as part of the creative process. Using the myths of Ariadne and Orpheus, I shall put forward the idea of a prior or perhaps parallel development. Just as the struggle with love and hate inside the mind sets in train the path towards self-knowledge, I would like to suggest that doubt, which includes dread (perhaps 'named' dread), despair and uncertainty, together with hope, exist on a continuum which extends from manic, unreal hope to something more like Bion's faith in a good object, and are prerequisites in the onward path towards creativity. Creativity represents, I suggest, a fundamental human endeavour not solely to do with guilt and the desire to repair, but also with an innate drive to participate in human discourse – what Grotstein (2004) has called 'the truth drive'. While Klein and Segal implicitly suggest a dialectic, there is also, I submit, a generally held view that does not encompass what I am trying to articulate. The latter might be formulated as a paranoid-schizoid type of creativity, which may need to precede the depressive position, and paves the way for it. The 'threshold' of the depressive position in some cases post-dates the subject's creative interaction with the environment. This involves both losing and finding, both of the object and within the self. This finely balanced dialectic begins in infancy, and continues throughout life, in social and cultural engagement, and in the production of cultural artefacts, from a child's first attempts during play to the products of adult endeavour.

In our profession we are becoming increasingly familiar with deprived and borderline patients who have had no opportunity, externally and internally, to work through depressive conflicts. Yet by playing creatively with elements of the personality, which are precursors to this 'position', they may offer themselves the opportunity to move on. I have often had cause to ponder on the 'classical' notions about the roots of creativity.

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The work discussed here may indicate something about a 'pre-position' related to the impulse to *repair the self* before reparation of the object.

As a rider to Melanie Klein's thoughts about 'states' and not 'stages', which have been so fruitfully taken forward by authors such as Britton (1998) and Steiner (1993), what I am proposing is a set of *not necessarily sequential* processes delineating the flux of the internal world in terms of its externalisation in creative acts. These represent, at their acme, a kind of sublime play. It is this very aspect of achievement in the real world which presents, I argue, a continuum of creative endeavour from a work of art to the capacity to engage creatively in relationships inside the mind, and thus in the world. Achievement in itself allays persecutory anxiety and reduces the need for omnipotent defences. I have previously attempted to trace this oscillating spiral process through some of W. B. Yeats' poems (Edwards, 2003), connecting it with Ehrenzweig's theory of the process involved with artistic creativity. He points out that ideas are projected in what he calls a 'manic' way into a creative internal womb or 'black hole' within the self, and chaos needs to be tolerated until meaning

ensues. This toleration requires courage, in order that the fragments can be borne without an escalation of anxiety, which might cause the personality itself to fragment. This, of course, points the way towards the borderline between creativity and 'madness', which is beyond the scope of the present paper. Perhaps it may suffice here to quote Winnicott (1958 1992: 150):

Through artistic expression we can hope to keep in touch with our primitive selves whence the most intense feelings and even fearfully acute sensations derive, and we are poor indeed if we are only sane.

## Possible mythic parallels

The myth of Oedipus with its tragic outcome has been fruitfully mined since the time of Freud by subsequent analytic thinkers, and I suggest there might be other aspects of the Greek pantheon where psychic truths about creativity could be expanded. I want to link this with work done with children who would be destined not to develop at all if we accepted that creativity only begins when the subject enters, or is on, the threshold of the depressive position.

When one reads a compilation of these myths, which tell the story of Zeus and his quarrelsome family, one has the impression that all human predicaments were indeed attributed to these gods. I was drawn to the stories of Ariadne and of Orpheus, which seemed to offer something that could indicate a forward trajectory into relatively unknown territory, represented by the labyrinth and the underworld. This is what every individual struggles to achieve, in the move beyond the parental space, and in terms of the increasing complexities of our work with deprived children, it may symbolise the journey on which both patient and therapist embark.

The implication of this in ordinary development has not, I suggest, been sufficiently explored. The baby needs to forgive the mother during the process of weaning, and turns to solid food, where the new exciting tastes partly contain the representation of the lost object and also the challenge of new experience. The relinquishment of the breast

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represents a forward move, which is implied but not emphasised in Hannah Segal's formulations.

I want to consider certain aspects of these two myths, embedded as they usually are in the complex and many-versioned accounts that have survived, as Graves (1955) documents, in a similar way that one would use clinical vignettes to illustrate a hypothesis. This hypothesis essentially lies outside the realms of psychopathology, and yet may well also potentially include it, insofar as the subjective self may have internalised, or not, an adequate Oedipal constellation. This capacity may have been hindered by the environment as well as by internal factors, as indeed Klein (1937: 339) indicated:

It is true, parents [*or lack of parents*] may have been lacking in love or understanding, and this would tend to increase difficulties ... if the child is not afforded enough happiness in his early life, his capacity for developing a hopeful attitude as well as love and trust in people will be disturbed.

Ariadne offered to Theseus a ball of magic string, so that he could enter the Cretan labyrinth with a tool to aid his return, having secured a pledge from him that she could then return to Athens with him as his wife. At the heart of the labyrinth lay the Minotaur, the monster born of a union between Pasiphae, the wife of Minos, and the white bull of Poseidon, and Theseus had vowed to destroy him. After the mission was accomplished, Theseus unaccountably abandoned his promise and Ariadne, leaving her asleep. There are various versions of the reason for this, but regardless of which version is chosen, Ariadne was left, by her former lover, broken-hearted and abandoned, on an alien shore that she had chosen over and above loyalty to her parents and her motherland.

What I suggest is that for Theseus, what takes place is not integrated into the psyche; Ariadne turns from being a helpful good object into a persecuting one, imbued with his own projected destructive impulses. In abandoning her, he loses the opportunity to achieve what Klein called 'the true harmony of peace' by rebuilding the internal world. Ariadne becomes in a sense a 'failed object' as a reflection of his own failure.

In the second story, that of Orpheus and Eurydice, Orpheus, presented with a lyre by Apollo, even moved rocks with his sublime music. On his return from voyages with the Argonauts, he married Eurydice – the beginning of a new stage of development in terms of a united creative couple. But Eurydice then died of a snake bite. Orpheus was in despair and charmed Hades' ferryman Charon with his music, travelling to the underworld, where he secured a promise from Hades himself that Eurydice could follow him back to the upper world. The sole condition was that Orpheus should not look back during the journey. But on reaching sunlight, he forgot his promise and turned round anxiously to check that she had indeed been able to follow him. He lost her for ever.

There are, as Graves indicates, alternative versions of this story, but the fact that this version has survived until the present day underlines, I suggest, a variety of possible unconscious meanings. There is the need to descend into an unknown, dark place in order to restore a creative link with oneself, and the danger of being drawn back through a lack of confidence in that same creativity. There is no marked road: the individual

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embarks on the journey in hope and doubt. If one makes a link with the myth of the labyrinth and the process of birth, this new journey involves the birth of the creative self, and will hopefully involve emergence into some 'light' after the lack of touch-points in a dark space, or as Ehrenzweig (1967) formulated it, the 'creative womb' within the self. There will be the struggle between doubt and faith in the reliability of the good object.

Limentani (1998) notes the 20th-century's fascination with the Orpheus myth in such works as Cocteau's *Orphee* and Tennessee Williams' *Orpheus Descending*. Limentani suggests that it was the failure to work through Oedipal issues that caused Orpheus' reparative

gesture to fail, and he lost his good object twice. While we might imagine different reasons for his turning round (greedy love and ambivalence being two of these), I would like to suggest that it was doubt in his own creative capacities (his music) that caused him to lose his good object.

For the purposes of this paper, I want to think as a starting point about the two myths as examples of tasks which both failed but for different reasons. One involved doubt in the goodness of the self (Orpheus' more depressive concern) and one involved doubt in the goodness of the object (Theseus' more persecuted stance). These doubts about self and object lie at the heart of our work, even perhaps prior to Oedipal concerns.

In the second of her classic papers dealing with the depressive position as an ego state in the psyche of the infant, Klein (1940) quotes the case of an adult man, 'D', who had as she described 'strong paranoid and depressive traits'. After she has interpreted his fear of mad internal objects, he dreams of a dying bull, and of leaving his mother unprotected against possible attack. Klein's linkage of this first to his anxiety about his parents' destructive intercourse and then about his treatment with her gradually enabled him to affirm her interpretation that he had internalised 'the whole imagined situation of his fighting and dying parents' (346-7). Further work could then relate the dying bull to his own indirect attacks on his mother, whereby he had changed his father into a dangerous bull in order to carry out his own sadistic wishes. Only then was the patient able to experience feelings of mourning for his dying mother.

As Klein points out, D had reinforced his feelings of hatred and persecution, because he could not bear the fear of losing his *loved* mother. As she emphasises, 'in normal as well as abnormal mourning, and in manic depressive states, the infantile depressive position is activated ... the child in his early development goes through a transitory manic depressive state as well as a state of mourning' (Klein, 1940: 363-7).

In both these two stories we have the notion of a young couple, united in a bond of love, setting out to discover something in a dark and problematic space. At the heart of Theseus' labyrinth lies something monstrous, the product of a union between a goddess and a bull, a 'combined object' of powerful fear, which we could see as a projection of the child's hostile phantasies. One might think of the ball of string as similar to an umbilical cord, which guides the subject back into hidden labyrinthine depths, and aids the subject's return so that he or she is not lost in primordial chaos. In this case, what was brought back was a destructive impulse, which then prompted dissolution of the link between the new couple (internally based on the introjection of the parents' good qualities, but embarked on its own quest). What began in hope and trust ends in doubt and despair.

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In the story of Orpheus and Eurydice, despair at her death drives Orpheus on to broach the unbroachable, to descend into the realms of death to rescue the creative part of the self, in the hope that there can be a restorative link. Doubt overcomes hope in the final moments, but nevertheless what the story embodies is the impulse to move forward and create a new partnership with the self. In the case of Orpheus, as I have suggested, the doubt seems to relate to a part of the self, his music. His self-doubt puts him into a different relationship from Theseus to his good object, although in both cases loss ensues.

The reason these myths remain so potent is, I believe, because of this notion of the quest into the depths, which is a necessary prerequisite for creative acts to be won from the void. In the same way a child, particularly a deprived child, approaches his therapy facing the task of entering a problematic internal space never previously broached.

Although both these ancient tales document failure, the important issue is that both Theseus and Orpheus made the attempt, risking extinction and annihilation in order to struggle with a necessary task. Deprived and borderline children come into psychoanalytic treatment with precious little internal reliance on good objects to guide them. Whereas we, as practitioners, have an idea of possible outcomes, they possess no similar understandings. They must take the plunge and enter dark and chaotic spaces, before there has been even a notion about the destruction of good objects and the wish to repair them. This, I suggest, involves a process involving doubt and hope, and the struggle between the two, which may precede depressive concerns.

As Likierman (2001: 116) points out, if Klein's original ideas are considered (and they quite frequently still are) simply in terms of a 'move' from paranoid-schizoid to depressive, this oversimplifies the notion and leaves out important dimensions about continual movement which have been elaborated by post-Kleinian thinkers such as Bion, Segal and Joseph.

## The psychoanalytic view

In order to put these thoughts together with psychoanalytic notions of creativity, I want to return to Freud and his insistence that the need to create something exists in order not to become ill (1914). As he observes later, 'as a rule people fall ill because of frustration, of non-fulfilment' (450). However, in his study of Leonardo, Freud (1910) suggests that the capacity for genius (and I would add for all our ordinary creative endeavours) is the ability to strike out on one's own without the need necessarily to derive authority from the past, while not disrespecting it either. In other words, there may be the need to put to one side, but with respect, the authority of 'the ancients', the parents, in order to move on to find what lies in the subject's own internal world as a result of a forward rather than a backward look. Frances Tustin, in describing her analysis with Bion, quoted his maxim that 'you do not need to be limited by your lecturers, teachers, analysts, parents. If you are there is no room for growth' (Mitrani and Mitrani, 1997: 7).

Melanie Klein (1929 1975) talks of the guilt that exists in the adult personality as a result of internal attacks on the parents. She understood children's play in her consulting room to have links with profound unconscious phantasy, associated with parental figures, and came to consider that anxiety and guilt were the driving forces in the urge to symbolise. It is noteworthy that she also mentioned (but did not elaborate on) what

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I am exploring here, when she talked about *parts of the self* which the subject is driven to repair or restore. In one of her middle-period papers, when she was drawing together her previous thinking about the development of mental functioning, she emphasises that rejected aspects of the self, while they contribute to instability, 'are also at the source of inspiration in artistic productions' (1958 [1975: 245]) – and for my purposes I would consider this to encompass children's play.

Whereas Klein linked the development of the depressive position and the early Oedipus complex, it was Segal (1957) who wrote about the capacity to make symbolic reparation, a consequence of the working through of the depressive position, and the acceptance of the parental couple. She linked this later (1991) with creative productions in art and literature, where acknowledgement of loss and of aggressive attacks form the basis of reparative acts through creativity. Britton (1998: 32) emphasised that 'the depressive position and the Oedipus situation are never finished', and have to be reworked at different stages. As analytic workers with both adults and children experience, there can be fluctuations in one session between these different states of mind.

In a chapter that examines what he calls 'existential anxiety' through Rilke's *Duino Elegies*, Britton (1998) describes Rilke's desperation when 'I prayed to rediscover my childhood; it has come back and it is just as difficult as it used to be'. His mother was still mourning the death of an earlier child during Rilke's infancy. Rilke was in fact a replacement child. <sup>1</sup> Clearly, Rilke's anguished state pushed him almost to the borders of psychosis. Britton maintains, in order to remain within the creativity/depressive position paradigm that, 'to write as well as he did, Rilke had to be functioning in the mode of the depressive position' (149). However, Britton goes on to say something rather different: that the writing was a *means* to move from a paranoid to a depressive state, in terms of Rilke's own childhood. I would like to underline that Rilke was in this respect similar to deprived and borderline children. He used the act of composing as a way to move from a predominantly paranoid to depressive mode, as the most deprived of our patients may also do. He called his writing 'a kind of self-treatment'.

When a deprived or borderline child has had a profoundly unpromising beginning, more because of deficits in the environment than primarily in his own constitution (although there is of course a dialectic between the two), there may continue to exist the preconception of a better object, but it requires constitutional resilience to turn to it and to use it without the envious impulse to destroy a good object previously unavailable. Regret for what was not available is of course very different from remorse, but, I suggest, also important. Whereas classical psychoanalysis addresses important concepts about the object, it has less to say, it seems to me, about recovery from the persecuting aspects, which have caused damage to the self. I will return to this later.

If there has been very little or no good experience externally, this results in an internal world where the infant/child may indeed feel that the lack is the outcome of his or her own hatred and aggression. This does not represent a realistic view, and either may result in dissociation or over-identification with damaged objects. A move forward will involve the gradual integration of unsatisfactory objects, and it is important that the child has the opportunity to regret this, rather than feel guilty and be involved in what Winnicott (1958 [1992: 91]) called 'false reparation'.

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In Rilke's *Sonnets to Orpheus*, Britton notes (1998: 162) that the poet demonstrates what could be described as his version of the depressive position. Here he can value his grief because he values what is lost, and *what he never had*. The inner void begins to transform into a container for thought, and by naming his losses he moves from paranoid-schizoid to depressive mode. This is in essence the same journey as that which takes place in the consulting room with child psychotherapists and their most damaged patients. When loss is acknowledged, but alongside gain, growth can begin. This involves acknowledging deficits not only, and often not principally, in the subject, but in the environment and the external objects. Creative play, or even play which at first seems to lack real creativity, can be a beginning, when there is certainly no capacity to acknowledge indebtedness, or guilt, and often very little reason for the patient to do so at this stage. I suggest that in terms of psychic development the myths of Ariadne and Orpheus, which include references to being lost in the labyrinth and consumed by a 'black hole' beyond the river representing a separation between psychic aliveness and psychic despair, may often *precede* the myth of Oedipus. Creativity which is initiated in a more paranoid mode can gradually come more under the aegis of depressive concerns but may need, in order to remain 'alive', to revisit empty spaces not too saturated with guilt about parental objects. In other words there may be a split mode of functioning, where good has hitherto been only minimally developed.

## Clinical explorations

The questions I have had in mind in writing this paper involve developmental issues, around finding as well as losing, gain in addition to loss, in a cyclical progress. Papers recently published in the *Journal of Child Psychotherapy* referred to the labyrinth, the void and the idea of looking back with the perils these entail. In each of these papers, it is the mind of the clinician that is also at issue, as each one struggles to develop an authentic relationship with the self as a practitioner. I would recommend them to those interested in what I am describing here (Emanuel, 2001; Evans, 1997; Lanyado, 2001).

Whereas episodes of catastrophic anxiety denote pathological states, what I suggest is that the creative act, in a child's most exploratory play or in adult endeavours, involves of necessity a leap beyond or away from previously known structures. This may either reproduce a potentially (although hopefully temporary) paranoid state, or occur within such a currently existing state. This is the state that needs to be overcome, and it is a state of fear, rather than of guilt. There may then follow feelings of safety and the beginnings of the building of a secure internal base. There is a fear of risk-taking embedded, I suggest, in the creative act; but risk-taking is a behaviour necessary for evolution to take place. What my colleagues are addressing in their papers are the risks and challenges posed by moving forward into unknown psychic spaces, for the therapist as well as for the patient. Whereas we may be fortunate enough to have the 'string'

of our trainings and our parental psychoanalytic objects to help us, we have nevertheless to go forward on our own into a new space, in order for thinking to continue to evolve.

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### Three clinical vignettes

In thinking about the vicissitudes and struggles involved in the evolution of mental space in the individual, I want to offer three examples from my own caseload over the years to illustrate emergence from the 'black hole', and the gradual move into something more depressive, but located still in general in a paranoid-schizoid mode. These are not of course full case studies, but extracts, used in order to indicate something about turning points 'before the threshold'. It is interesting to note, in terms of constant learning, how one revisits one's clinical practice as well as theoretical texts in order to think about current preoccupations. Whereas theory can elucidate clinical concerns, it may also, of course, be modified by it, as Bion's statement at the beginning of this paper intimates.

Although this section describes work with deprived and borderline children and adolescents, what I hope it will show in a more generalised way is that creativity (here seen to be expressed in a poem, a story and the dawning of a new picture of the self in relation to better objects) can emerge and then *result* in a more depressive integration, rather than vice versa, as in the classical formulation. Even in acutely split states, there can take place the building of an ideal object on one side of the divide, which can then mitigate the more paranoid aspects of the personality. This then can be seen to precede the depressive position, functioning in what is essentially a paranoid-schizoid state, having links I suggest with what Britton was describing in the poetry of Rilke.

The first case was a referral to a National Health Service child and family mental health clinic, the last two to a family centre set up on psychodynamic principles and run by myself and a child psychotherapist colleague.

#### Birth from a black hole

The first case involves intensive (four times weekly) treatment of a post-autistic adolescent boy, Joe, described in fuller detail elsewhere (Edwards, 1994 [also in Alvarez and Reid, 1999]). One's patients, as I have said, continue to have a life inside one's mind. When I was pondering on my current theme, material from his case, only tangentially referred to earlier, presented itself as being crucially involved with what I am thinking about. It is perhaps sufficient here to say that this boy, born prematurely as one of twins, where the healthy non-incubated twin went home while he remained in hospital, came into a second analytic treatment as a young adolescent. His first treatment as a young latency boy had been initiated when he was attending a small local school for children with behavioural and learning difficulties. At that time, he had been on the more disturbed end of the autistic spectrum. He would approach people in the street and talk of 'leaking down', and found it extremely difficult to relate to his peers or to adults beyond his family circle. This first treatment ended after 2 years when it became clear that having received some benefit from it, a break might be helpful so that he could integrate what he had received over time.

Joe re-referred himself as an adolescent, with the help of his parents, after an incident where he felt rejected by a 'girl-friend' (more in his phantasy than a real relationship) and had what he called 'my little breakdown'. His difficulty with relationships was still

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marked: and his approaches to others tended to be either non-existent or inappropriately close. He had a stated fear of black holes, those phenomena often appearing in work with patients on the autistic spectrum first noted by Frances Tustin (1972). At the beginning of this second treatment he thought that these lurked in the clinic car park, and later they relocated in his phantasy to the consulting room. I hypothesised that his traumatic birth had caused him to evacuate thinking wholesale. He presented consequently as obsessive, and as having a compulsion to intrude into his objects in a way that resulted in inappropriate social boundaries, as I have indicated. His family's hope was that after a pause in latency for developments to be consolidated, this second treatment in mid-adolescence (he was 16 when we began to work together) might enable him to re-connect with the world after his 'breakdown' in a more realistic and appropriate way. Hope was indeed a feature of the treatment from the beginning, but it resided in those around Joe rather than being something he could envisage in an ordinary rather than a manically unrealistic way. His family were supportive throughout the treatment.

From the beginning I was aware of Joe's intense gaze, which seemed like a desperate clinging to his object for fear of falling forever into the black hole. In his first session I noted:

Joe described how his only escape from anxieties was 'to sort of go into distance'. At this point he looked at me very intently and I both had the feeling he wanted to get inside me or wanted me to be inside his mind, and also feared it. What he described as 'distance' might really hold something fearful and dangerous, paradoxically, about closeness.

As is frequently the case, in my experience, this first session contained in compressed form the core difficulties we would both be up against, which would involve possible modification of modes of relating, particularly primarily adhesive and intrusive identification. I was aware that my task would be to reduce his persecution and build some hope – a state preceding the depressive position. His dread was too great; it was vital to help hope to grow.

A few months into his treatment he told me of a dream, the only one he ever related during our work. *He was in a train, which was slowing down, making noises as if it were going to stop: 'I was well terrified.'* I later hypothesised that this might relate to events just prior to his birth, before he felt catastrophically ejected from relative safety into the 'black hole' of life without his mother and his twin sister outside the womb. It also reminded me of the infinite slowness described as being endemic to the astronomical black hole, where gravity collapses (Hawking, 1989). It was noteworthy to me that his initial shambling presentation, as if he might at any time somehow

disintegrate, did begin to change as we worked together. This boy's positive preconceptions had not, in an actual sense, been confirmed by realisations. He had not been able to make that initial contact with his mother's eyes, her breast and her arms, and have a sense of himself being firmly held, in body and in mind. Later he managed to confess to me his profound fears about this black hole, an internal state of primordial chaos, space without the dimension of boundary and time. If I commented on what he confided to me about

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this, he would only become even more terrified and disconnected. I learned the wisdom over time of Alvarez's words (Alvarez, 1992) about a different kind of interpretation. Rather than increase his terror by comments about this 'black hole' state, I learned, by seeing what my words could escalate, that the way to help him carry on thinking was to make suggestions about how hard it was for him to believe that he would *find* me each time he came to the clinic, and that he would *find* his Mum again when he got back home. At first, I was the one who needed to provide some navigational signs that this black hole could be reconfigured. Later he was able to introject some measure of hope himself. I think that there is here the helpful notion of an additional triangle, in relation to the self, where the subject balances the forces of doubt and hope in the evolution of creative space. For this boy this balance needed to *precede* ambivalence about his objects, and the path towards the depressive position.

Slowly, through a minute monitoring of his fluctuating states, and what Emanuel (2001) called 'courageous mindfulness', something less terrifying emerged. Joe came in 'from distance'. In one session, he arrived saying he had written a poem for the first time in his life. Shyly he stood in the middle of the room, looking uncertain and a little lost, took a deep breath and recited his poem. It was about a silver surfer, lost in space, but now joined to the mother ship by the breathing line. This seemed to be a very direct reference to his rediscovery in his treatment that he was connected, even though at times still adrift, to a thinking line that was being created between us. There were separate but connected objects, possibly for the first time, inside his mind. Later I connected this poem with Esther Bick's description of the newborn baby as an astronaut shot into space without a space suit (Bick, 1968). Clearly for this patient, his actual birth experience had only exacerbated these terrifying early feeling states. My countertransference at the beginning of Joe's treatment had been one of fragmentation and dispersal, which I think reflected this early primitive state. As the balance between love and hate slowly changed, and I am not suggesting that these were at this point integrated, so the capacity for creativity was building up, as his poem indicates. In a sense one might hypothesise this as the positive side of a predominantly paranoid position.

Linking this back to the myth of Ariadne and Theseus, Joe had discovered through our work together a thread or breathing line, which could lead him forward from the timelessness of the black hole into ordinary life time. This initially rather fragile link had to be reworked many times, until the day when he told me that his favourite piece of music, by his jazz hero, was called 'On Solid Ground'. At last he had reached somewhere that had a time and space location. It was this treatment, in its vicissitudes and painfully slow developments, which initiated my interest in the chaos of mindlessness and possible ways out of it.

At the end of his treatment his parents noted how he had narrowed the developmental gap between himself and his twin sister, and a few years later he was living independently, an outcome they had previously not dared to hope for.

## Desperate creativity

The second patient I want to talk about is a 6-year-old adopted boy, who I will call Darren, prematurely born heroin-addicted to a heroin-addicted mother. He was referred

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by his adoptive mother at the suggestion of his extremely tolerant primary school, where staff were nevertheless, despite their efforts, beginning to feel daunted by his behaviour. He challenged all boundaries and needed almost constant one-to-one supervision. The school staff could sense, however, that this was a boy who possessed a more than average intelligence, but who could not make use of what he was offered because of this behaviour, which puzzled them. They knew simply that he had been adopted a couple of years previously. His older brother James, in his last year at primary school, often found Darren's behaviour an embarrassment, although the teachers reported that he was also very loyal to him. Darren had, despite his chaotic presentation, an engaging personality, which I think was why the school was willing to persevere in the face of daily erosion of boundaries, routine and educational demands.

As with the first patient, Joe, here again this was a birth severely compromised by external circumstances, with gross deprivation and abuse, which had resulted in a development of hyper-vigilance and a characterological 'hardening'. In Darren's case, the early fragmented nature of ordinary infantile experience had been further fragmented by external experience, which held no meaning and much anxiety and fear. The word 'deprived' usually notes the disappearance of a previously better state. For this boy, privation had begun in the womb: there was nothing to mourn in terms of loss. He had been emotionally dropped not once but many times, and was predominantly in a persecutory state. Nevertheless, progress towards the depressive position was made through creative play – and it was his therapist too who had to struggle frequently with the doubt that anything could be achieved in once-weekly work with such a damaged boy. But these were the resources that could be managed by his adoptive family, and the boy's own bid for space (in the first family session he immediately cut out a picture of himself and wanted to stick it on my wall) encouraged me to move forward. After a series of very helpful family meetings, where James too could put his point of view about the ambivalence he felt, and I heard much more about Darren's early history (his mother had been a distant relative of his adoptive mother's), Darren's own evident settling into the space for thoughts, even chaotic ones, to be reflected on, was encouraging for all.

After a short time in his birth mother's chaotic and disorganised house, Darren had been looked after by his grandmother. Grandmother

was also in quite a desperate state, and after a suicide attempt while she was supposed to be looking after Darren, he was cared for in a series of foster placements, from the age of about 18 months. Development slowed down, he stopped making attempts to speak, even stopped growing, and it was only with great difficulty that his adoptive mother persuaded the network that she and her husband would be a better placement for him to grow and develop. Speech and growth itself started up again once he was in their home and on the road to adoption, but this happened only when he was 5 years old. So much damage had been done in terms of prolonged privation of what he so clearly needed.

Treatment began with Darren himself being possessed of a manic hope that things could be dramatically changed. His idealisations soon broke down, however, and I think over the years he was one of the most challenging patients I have worked with. What was swiftly gathered into the transference was all the anger, the pain, the disillusion and the hate that had accumulated in the terror and turbulence of his 6 years of life. I want

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to consider briefly how play, creative even in the throes of desperate destruction, enabled a lessening of Darren's acutely paranoid anxieties, although he could not in a 'technical' sense be said to have been functioning in the depressive position. This was a state that seemed only occasionally to be present towards the end of his treatment. Work nevertheless continued in the face of huge internal difficulties.

After a session where he deliberately somersaulted on his head as I took him back to his adoptive father in the waiting room, he was able to be concerned for himself for the first time: 'I wonder if all my brains will fall out,' he said. Finally he was in touch with his internal state of terrified desperation. In the following session chaos and many threats ensued, as he literally leapt dangerously around the room. I took this up as a challenge to me to keep him alive; he settled down somewhat, and asked me to cut out a gingerbread man he had drawn in a previous session. He put the figure on his stomach as he lay down under a blanket in a 'house' he had made. 'I'm not going to die any more,' he said. I said we knew that gaps felt like dying to him. Things got terribly scary and he wanted us both to know how scared he got (an acknowledgement of the success of this massive projective identification). But now he had let me know about how he felt and we could think together about it, he could have a me in his mind to help him remember that we both did stay alive in breaks.

He was building up in himself trust in a good object who wanted him to live, as well as a sense of himself as someone who could stay alive, in spite of the warring aspects inside his mind.

In the next session, after trying to 'eat' the clock on the wall, which measured the minutes of his sessions, he asked me to write down the following story:

#### The Clock Machine

One day Mr Clock got out of bed. He had fried eggs for breakfast and then he made a machine. The clock machine could do everything about time. The time machine made a terrible mess. He threw the pens, he kicked the television, he jumped on the dog, he saw a clock and he ate it. But then he blew up. And that was the end of the time machine.

By thinking through the ideas densely packed in this short story, we could think about my role which he both hated and respected as time-giver of the session, his wish to devour this ambivalent object and his own fears that his frustration about this would make him explode totally, feeling possessed inside, not of a black hole, a void filled with loss, but of a total chaos of catastrophe, perhaps a repetition of his own disastrous birth experience. This seemed to represent a turning point, thinking of the clock, something concretely related to the room and to myself, as well as to himself via the medium of projective identification, linked to current external events. At this time not only was his mother pregnant, but his teacher too had left to have a baby. 'Time' was a persecutor, as the threatening inside babies grew ever larger. The 'inside space' was full of death and disaster, and he identified with a terrible internal mother. The story of the clock is, of

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course, one that represents all the chaos with which he had been struggling and continued to struggle. It is a disturbed and disturbing tale, but the point is that it is indeed a representation rather than an acting out of chaos. For the first time, form was being able to encompass chaos, in the presence of an object/therapist who could weather it, think about it, and help him begin to have thoughts about it too.

His sessions were always full of a manic and desperate creativity, often at the dangerous end of the spectrum. He fought with me, challenging me and bringing me to the edge of my capacity to manage him many times. Later, play became more symbolic, but spaces such as the dolls' house were transformed into arenas of death and carnage. And yet, as with the clock session, there was progress, even though for me as well as for my patient, it was often difficult to maintain hope. This has caused me to think about the evolution of creativity in this child in terms of my present theme. After we had sorted out his internal chaos, he could begin to think about his own destructive urges, but at a much later time in the process. Meanwhile he could use his own processes of often rather desperate creativity, to move towards some understanding of his self-divisions. Again we could see this as taking place in a predominantly paranoid-schizoid state, where, like Theseus, Darren had embarked on the task of confronting his internal monsters, and protecting himself from them. It was only after some of this internal chaos had been sorted out that he could begin to think about his own destructive urges.

## **The possibility of new development**

The third vignette concerns a 16-year-old boy I will call David, referred to the family service by his GP because of depression (for which he was on medication), violent outbursts both emotional and physical at home, and social isolation. He had a younger brother who reportedly also had difficulties. David looked older than his years, and his one stated role in terms of his peers was to be a computer



games 'Grand Master', where he controlled tournaments and relationships from a high place in his mind. The work I agreed to undertake was done in close co-operation with his psychiatrist, but while she and I demonstrated this link very clearly, it would be undermined many times by David, in a rivalrous setting-up of a competition in his mind between medication and therapy. Possessed of a higher than average IQ, and coming from a family where the intellect was idealised, there was a constant dialectic between genuine love of knowledge and its use in intellectual showmanship, to impress objects felt to be impermeable to underlying feelings of anxiety and doubt. The material quoted below comes from the third assessment session, and then 6 months into his once-weekly therapy, which lasted for 2 years.

From the outset I was to feel the full force of David's contempt, masking his feeling of being profoundly let down by unreliable objects. Teachers 'lost the plot about 200 years ago'; therapy 'is just a thing I do'. In a family beset by its own, often literally violent, conflicts, the available internal space was saturated with negative projections from all sides. David's contempt for me lessened through the work, but could easily be exacerbated during breaks, and by real difficulties with studies at school. He attempted to deny such difficulties by bluster and scorn. If he couldn't be top, then the subject

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lacked interest and rigour. This projection extended to his therapist, and he endeavoured to engage me in intellectual competitions. Yet there was, too, a growing interest in the idea of a different way to approach relationships, even in the early stages. In the third assessment session, as he looked at the folder and pens I had provided, he recalled a picture he had drawn many years previously, of a unicorn who had been 'too busy playing' to join the ark. The unicorn stood on the cliff, with its calf, in the pouring rain, watching the ark sail away. When I talked about a missed opportunity, maybe a feeling of being furious with his younger self, but also lost innocence and possible feelings of abandonment, he talked only of his guilt. This seemed to represent not only a narcissistic reversal in the manner first described by Abraham (1924: 456), where the self is overwhelmed by inappropriate responsibility, but also an instance of Winnicott's aforementioned 'false reparation', rather than anything which really took account of an internal situation.

David's therapy was frequently beset by his envious attacks on any understanding on my part. Any ideas I might offer were often met with a dismissive 'something like that'. After 6 months there was nevertheless a gradual emergence from an unseparated and violent enmeshment with his objects into a space which was less fraught, and a realization that there were family difficulties as well as his own, which began to receive a more realistic acknowledgement.

In a mid-term session, he was reflecting on where he would like to be for the New Year. He had an image of standing by the ruins of the temple of Poseidon and looking out over the Aegean Sea. Rather than pursue associations to the ruined temple, which I feared from experience might lead to a bravura intellectual display, I commented on some hope at least around. He dismissed it – 'it must be the placebo effect' – but at the end of the session he told me about a novel he had started writing (and which he subsequently finished) – 'it's a love story'. This was something that while I linked to the transference, I did not comment on, because of the fragile nature of this new type of contact. I was reminded of Klein's manic-depressive woman patient, whose evident improvement could not yet be related to gratitude and dependence on a good object:

There was very seldom any conscious confirmation of what I suggested. Yet the material by which she responded to the interpretations reflected their unconscious effect. The powerful resistance shown at this stage seemed to come from one part of the personality only, while at the same time another part responded to analytic work.

(Klein, 1946 [1975: 17])

While there were returns to persecuted states in David, and he would then be, as it seemed, consumed by the wish to denigrate me and the work we were doing, there was more room after this session for a new kind of relationship to, and creative engagement with, better internal objects. One might, I suggest, think of this as a still narcissistic, but more potentially creative, part of the personality getting in touch with an object who could love him, but still in a predominantly paranoid-schizoid mode. This represented a gradual overcoming of a previously persecuted state.

If we consider states of mind on a continuum from paranoid-schizoid to depressive, we might say that David had embarked on his own specific therapeutic task nearer to

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the 'threshold' of the depressive position. He could begin to separate difficult from better experiences, and to explore the possibilities of rescuing both the self and good objects. In terms of the aforementioned myths, David's music (in this case his writing, and also the developing interest in his therapy) could begin to be something he could trust, without having to look back in anger and contempt into an underworld of consuming anger both with himself and his objects.

David's leaving school coincided with my own leaving of the family service. He did not, at that time, wish to be referred on, but then he rang me later to ask whether I could recommend someone for his girlfriend to see. Whereas this showed trust and a memory of something that could be useful, as well as the possible beginning of developmentally appropriate relationships, I hope that later in his life David too might continue the journey of exploration he began, in terms of his ability to interact creatively rather than destructively with his environment.

Klein (1958 [1975: 245]) had, as I have already noted, talked about the need to repair parts of the self, fundamentally connected with anxiety about the self's destructive urges. I suggest that before this can be approached, there may need to be a setting aside of premature guilt, in the service of repairing a part of the self also damaged by the environment.

While it involved in this case separating out from an unhelpful internal couple, what is anyway needed is for there to be a setting aside of overwhelming depressive guilt, in order for the creative self to move forward. Guilt may need to be reduced, and, even in more

favourable circumstances, good internal objects have to be able to let the subject go.

## Conclusion

Whereas classic formulations on the roots of creativity have emphasised the need to have 'entered the depressive position', and that creativity is essentially to do with reparation or with offering a gift to previously damaged objects, this has been a point of view with which I have struggled over the years when working with children who have not had the opportunity for approaching development in this orderly and sequential way.

What I have suggested here is that just as the story of Oedipus has presented us with a vehicle for fruitful speculation about healthy development, the myths of Ariadne and Orpheus might also be used to hypothesise a mental model of development, which may be simultaneous with, or may in cases of deprivation be seen to *precede*, Oedipal realisations. While not wishing to accord these myths similar psychoanalytic status to the myth of Oedipus, they offer a starting point for a modified view in terms of creative impulses, seen specifically here in relation to play and work in the child psychotherapist's consulting room. Even in a relatively secure working through of depressive position anxiety, as suggested by Segal, I suggest that the internal parents need to be able to give space for the subject to examine the various contents of the internal world without casting too long a shadow over what results. This could be linked with Freud's (1917) memorable phrase about 'the shadow of the object falling on the ego', when melancholia rather than true mourning possesses the subject. One might think of a metaphorical *move* rather than a 'killing-off' in the drive towards creativity. This is needed for creativity to be tolerated in all its aspects, without the management of a great deal of depressive guilt.

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If we accept the theory that we project aspects of ourselves into our work, in order to consider them at one remove and work further on them, then it seems to me that one needs to trust this process and follow the thread of thinking. This may involve times of feeling adrift and without compass points. It is this very ability to cast off from safe water that can ensure that creative work can move on. If the 'entry into the depressive position' can be allowed, in a sense, to be an object in the background rather than foreground of the internal world, not infusing the subject with excessive guilt that may prevent further growth, creative work can evolve.

In the cases of the patients whose material I have quoted above, something may begin which has never before been experienced, and ego capacities can be developed towards the integration of a sufficiently good object to *feel for*. This might be thought of as an opportunity to be able to repair the self to some extent, though in a predominantly paranoid-schizoid mode, before reparation of damaged objects can be contemplated. These patients needed to work in this area before being able to approach the 'tragedy and morality' (Likierman, 2001) inherent in the full complexity of the depressive position. Perhaps one might think of this as a kind of paranoid-schizoid creativity, responsible for splitting and protecting the very core of the self (C. Hering, personal communication). Klein (1958 1975) talked about the impulse to repair parts of the self. What I have suggested here is that it is the self's building up of hope in the endurance of its creative capacity in the face of external as well as internal damage, which may also pave the way for future developments.

<sup>1</sup> For a recent discussion of this issue, see Reid (2003).

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