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Playing With Reality: The Development Of Psychic Reality And Its Malfunction In Borderline Personalities

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‘Play so that you may be serious’

Anacharsis (c. 600 b.c.) quoted in Aristotle's Nicomachean
Ethics (4th C. b.c.) 10.6, trans. J. A. K.
Thomson.

INTRODUCTION

The term ‘psychic reality’, is used by most analysts ‘colloquially’ to denote subjective experience influenced by unconscious processes (Michels, 1984). Freud's (1895, 1900) original use of the term was more specific and referred to the equivalence of psychic experience provoked by external and internal events. Freud wrote: ‘What characterises neurotics is that they prefer psychical to factual reality, and react just as seriously to thoughts as normal people do to realities’ (1913, p. 159).¹ The psychic reality of Freud's formulation originates in a stage of development when children experience an equivalence between the internal and external. I shall call this ‘actual mode’, alongside a representational mode of psychic functioning decoupled from external reality, a ‘pretend mode’.²

Fragment from the psychoanalytic treatment of an under-five

Rebecca was a pretty little girl, charming and precocious, even when clearly depressed. When she was almost 5, her mother brought her to the Anna Freud Centre because she had developed a variety of problems, including demanding clingingness, daytime terrors associated with separation, aggressiveness, and fear of death. In her assessment she enacted a daddy doll cuddling a mummy doll, which she concluded by banging the daddy figure's head on the skirting-board, announcing that he was killed, and taking him off the scene. In this way she quickly communicated her murderous fantasy about her absent father. Rebecca's father was a casual partner of the mother, and totally withdrew from her soon after her pregnancy was confirmed. Despite Rebecca's insistent

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¹ Freud originally made use of the term to reconcile how neurotic phenomena provoked by childhood trauma (seduction) could be indistinguishable from cases where the supposedly pathogenic events had never taken place (Freud, 1900). The events could be ‘real’ psychologically; wishful fantasies can be treated by the individual in certain states of mind in a manner equivalent to real events. This aspect of equivalence is also stressed in Laplanche & Pontalis's definition as ‘whatever in the subject's psyche presents a consistency and a resistance comparable to those displayed by material reality’ (Laplanche & Pontalis, 1973, p. 363). Thus Freud's psychic reality was a special state of imperfect discrimination—‘reality testing’ (Brenner, 1955)—between stimuli from the outer world on the one hand and stimuli which arise as products of unconscious processes on the other.

² The term ‘representational’ is used throughout this paper in the non-technical sense, to characterise a mode of mental function which is ‘the product of the action of presenting to the mind or imagination’ (OED, 1969), in contrast to non-representational, where a mental process of mediation is not implied. This is somewhat different from Freud's use of the term *Darstellung*, which implies mental content as a mentalised version of reality.

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questioning he was not talked about. Rebecca was brought up in a Bohemian environment, partly with her grandparents, and partly with her mother, who earned a living as a child-minder. Rebecca's mother suffered a bereavement reaction following the death of the grandfather, and Rebecca's symptoms began.

In her first session, she made a plasticine snake, and placed it round a doll's head, like a crown. She commented that all the other figures were frightened of the little girl, because she had the big snake. I said that the big snake was like the worries inside her head, which were scaring her when her mother wasn't there. She looked up at me and smiled slightly for the first time, saying that people were only *pretending* to be frightened. I said that I was sure that people often told her that there was nothing to be afraid of, but the two of us knew that her worries felt terribly real. She said: ‘You mean, like the pirates?’ I said: ‘Perhaps when you can't see Mummy, you are frightened that she might be taken away by pirates?’ To my surprise, she replied: ‘She is’. My acceptance of the reality of her

anxieties and other emotions was critical in freeing her mind from the grip of the worry-snakes.

The bulk of Rebecca's treatment consisted of a single game, with many variations. In the game, she is a somewhat older girl, Hannah, who has a father, which was my role. Hannah and her father (Peter) had many adventures, most of which involved visiting Hannah's friend, pretend Rebecca, who (in the game) had a father, Jeff. Jeff was a pathetic figure who frequently got things wrong, and on such occasions would often be unceremoniously dismissed mostly by mother and sometimes by her. Hannah would intercede with pretend Rebecca and Rebecca's mother on Jeff's behalf: 'You don't understand him!' she berated pretend Rebecca on one occasion, 'He is only upset because you told him off for making a mess'.

A recurrent theme in our game was the confusion of identities. When Hannah stayed at Rebecca's overnight, her father came to find her in Rebecca's bedroom, but, unbeknownst to him, Hannah and Rebecca had changed beds. Looking for Hannah, and finding Rebecca, he would be surprised. Depending on the context, there was much to interpret in this game: the oedipal wish, the externalisation of her confusion, the split in her self- and object-representations between an idealised Hannah and the impoverished Rebecca. No single interpretation seemed central, but the scenario offered by Rebecca, marked by the experience of surprise, created a rich opportunity to explore the minds of all the figures. For example, when Jeff could not be found, we would try to figure out why he was not there, and what pretend Rebecca thought about it. This is the aspect of my work with her which I would like to focus on, as it bears on our topic today: the importance of the subtle distinctions between pretence and reality in Rebecca's games, and what I learned about the nature of her problems through playing with reality.

Trickiest to tackle was the narrator's (Rebecca's) experience that, during the games, she, as Hannah or the pretend Rebecca, experienced me *as* her father in all the roles I was assigned. I noticed in the countertransference how hard it felt to address this, there seemed to be no room for interpretation, because we were dealing with Rebecca's experience of an actuality. The transference for Rebecca, and probably for all children at her stage of development, was at the moment she felt it not a fantasy, but a subjective experience as real as the perception of a physical object. There was no 'potential space' (Winnicott, 1971) where the narrator's experience of the analyst as a parental object could be looked at and understood. On one occasion, I interpreted the narrator's (rather than pretend Rebecca's) sadness that her father had gone, with no clue as to his whereabouts. Rebecca immediately stopped the game. The next session, she cheerfully announced that she had met her father, and described him as tall, bearded and bald. I said that yesterday I had muddled and somehow spoiled there being a real father, but she knew how important it was for us to have him here, and she was helping by bringing another picture of him. For the first time, she cried and eventually said: 'You look just like a daddy, but I know you are my therapist'.

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In this way Rebecca made me recognise the sadness involved in giving up the momentary comfort that equating thought and reality can bring, and that undermining one instantiation of psychic reality creates the desperate need to find another. The anticipation of psychic pain had blocked the next stage of development of Rebecca's psychic reality, and forced her to retain a part of her mind in which thought and actuality were treated as the same. She refused to accept that her wish for grandfather or me to be her real father did not make it true. I could be either her analyst or her father, but never the analyst *representing* the father. I believe that this is a critical stage of the development of psychic reality, which is encountered routinely in the analysis of under-fives, and which is the dominant feature in the psychoanalytic treatment of borderline children.

Observations of the development of psychic reality

The way in which a child of 3 or 4 experiences interpersonal reality involves a qualitatively different understanding of the mind, or 'theory of mind'. The appreciation that ideas are fallible representations is a central developmental achievement, which may be compromised by conflict and defence.³

Three year olds view thoughts and beliefs in themselves and in others as directly mirroring the real world. When a 3 year old is given a sponge, painted and shaped to look like a rock, his answers to questions about what the object looks like and what it is tend to be identical (Flavell et al., 1986). There is an equivalence between appearance and reality. The child observes a toy being hidden in a play set under a table by a doll, Maxi, then Maxi leaves and the toy is put under a chair. To the question where will Maxi look for the toy, the 3 year old's reply is: 'under the chair' (failing to identify Maxi's false belief, ignoring his perspective) (Wimmer & Perner, 1983). What is thought is real, what is real is thought.

This is clearly not the whole story. A child can *pretend* that a chair is a tank, and yet not expect it to shoot real shells. Rebecca could *pretend* her analyst was 'pretend Rebecca's' father, and know it was not real. What real Rebecca, while playing, did not know was that she was playing with an analyst who only felt like a father. This painful idea was avoided by a defensive withdrawal from the representational nature of psychic reality.

The small child's psychic reality has a dual character: a '*pretend*' mode where ideas are felt to be representational but their correspondence with reality is not examined, and an 'actual' mode where ideas are not felt to be representations but rather direct replicas of reality, and consequently always true. In the fourth and fifth year, the two modes normally become increasingly integrated, and a reflective mode of psychic reality is established, where the child begins to understand his own and his object's behaviour in terms of mental states. The child's experience is no longer dominated by a symbolic equation between thoughts and reality (Segal,

1957). However, this integration is an advance which inevitably attacks the child's omnipotence and increases conflict, as fantasies, such as oedipal wishes, become representations set against external reality.

It is the playful or pretend mode of mental function which drives the developing mind, restores omnipotence and compensates for the frustrations of reality. Through shared play, focused on the parent's and the child's mind, the situation is created wherein the child's awareness of minds can grow. When the omniscient and omnipotent parent playfully pretends with the child that a banana is a telephone, the child is able simultaneously to equate the apparent and the real, while clarifying the distinction between pretend and

³ We believe that the acquisition of the mental capacity variously labelled as 'metacognitive monitoring' (Main, 1991), 'mentalization' (Fonagy, 1989, 1991; Morton & Frith, in press), or more narrowly as 'theory of mind' (Hobson, 1993; Mayes et al., 1991) or 'reflective or psychologicalself function' (Fonagy et al., 1993), is a central intrapsychic developmental step, which, because of its vulnerability to the vicissitudes of conflict and defence, is of considerable relevance to the psychoanalytic theory of development.

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serious mode.⁴ Once the normal child is able to manipulate mental representations, he can defensively bar or modify perceptions of reality. The neurotic child fails to achieve a full integration of the 'actual' and 'pretend' modes into a representational framework, and certain ideas retain the immediacy of external reality. The borderline child's (and, arguably, the borderline adult's) psychic reality remains predominantly in the actual mode. Even where a duality of actual and pretend mode is achieved, it is not sufficient to allow integration to a point where ideas and feelings can be thought about.

Fragment from the psychoanalysis of a borderline child

At the age of 7, William was so isolated and peculiar that the school insisted on a referral, despite the parents' apparent lack of concern. There were two notable aspects of the history, one that William's mother was a strikingly aloof, rigid woman, overbearing and intrusive. The other was that William had been born with a minor physical deformity which had led his mother to reject her 'spastic' son, attempting to disguise her wish that he had never been born behind a barrage of talk with no attunement to William. It appears that neither parent had played with William.

William suffered from a pervasive 'psychogenic autism' (Tustin, 1993). He could not relate to or play with his peers, and had never learned their names, although he could confidently recite the names of all the kings and queens of England. He was highly intelligent, with a wide vocabulary, and a flair for numbers and abstract patterns, yet all human reactions baffled him, including his own. He was frightened of the receptionist, and did not understand why she said hello. He looked blank when the analyst referred to him as unhappy or worried, and mostly did not use words for anything in the mind. He could not distinguish appearance from deeper reality: William would panic when left by mother at school, in case she might fetch him without a scarf. His concern was not about the possibility of mother's failure to return, but, to William, mother's changed appearance signalled a terrifying change of mother's very nature.

The analyst's task was clearly defined: to teach William to think about himself and other people. How could this be done? Offering interpretations alone seemed entirely unhelpful. The analyst's strategy was to adopt a playful attitude marked by exaggeration of gestures and the intonation of pretence, much as a parent might with a toddler. When discussing what William and other people felt, he would role play the affect, and comment on William's paralysing fear of how real such feelings could be. He demonstrated his understanding of William's almost intolerable tension by puffing himself up and mimicking an explosion. Both William and the analyst could laugh at the imitation. The analyst would represent characters with his fingers. At first the fingers approached, but then rushed away from one another over the edges of the table, illustrating William's panic at human contact. Subsequently the fingers became self and other. When William shouted at his brother who had taunted him for being clumsy, the fingers enacted the scene and the little boy's rage. Once William understood the explanation about the frustration and misery of the child who feels handicapped and useless, he wanted to hear it many times: 'Tell me again why he shouted'.

After three years of intensive 'developmental help',⁵ William was far more able to think about himself and others in terms of motives and feelings, and to explore the painful area of how different his thinking was from other people's and how this had cut him off from them.⁶ Throughout the analysis, play, focused on uncovering the psychic reality behind the physical, and then on the different perspectives

⁴ Moran (1987) concluded a fascinating examination of play and playfulness thus: 'Our clinical research suggests that parents' disposition toward their child's fantasy play may be of crucial significance in facilitating or impeding harmony between psychic structures before the establishment of the repression barrier' (p. 27).

⁵ This approach with atypical or borderline children has evolved at the Anna Freud Centre over a long period. Many thought-provoking case reports have been published (e.g. Gavshon, 1987; Szydlo, 1985). The techniques developed have recently been described in a manual of psychoanalytic work with children (Fonagy et al., 1993)

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of different people, formed the backbone of all the therapeutic work.

In early childhood, the rejected or maltreated child has to take the object's thoughts and feelings as real, experienced as part of physical reality. William could not feel safe in the presence of his mother's rejecting thoughts, which seemed all the more immutable without the playfulness which would have offered the possibility of a different perspective. He retreated from his own and others' experiences into a world of things. This adaptation, the disavowal of reflective thought, deprives the child of the possibility of metabolisation and resolution of psychic trauma.

Discussion

The analyst's play with a small child is both the best way of discovering his inner world, and a developmental opportunity to make it more integrated and reflective. Rebecca arrived at the analytic situation troubled by the 'realness' of her psychic reality; the hurt and shame of being fatherless could not be tolerated emotionally and mentally, and she stuck desperately to the solution that 'believing is having'.⁷ Rebecca's mother could not address or contain her worry about a father, Rebecca had no 'other' to pretend and reflect with and was, in a sense, obliged to split her experience and keep a concrete image of her father in her mind. William's analyst playfully adopted the child's mental stance and re-presented it to him in relation to a third object, the fingers representing another child who shared his experience. Understanding the nature of the mental world cannot be done alone, it requires seeing the self in the eye of the other. To move the child from actual to representational mode, analytic reflection must not just 'mirror' the child's internal state, but must act as scaffolding (Vygotsky, 1966) designed to enhance the development of representation in the child's psychic reality by being constantly one step ahead of the child's experience of his mental self.

The psychoanalysis of under fives, and borderline children, must maintain a rigorous focus on the mental world of self and other as these are experienced within the unfolding analytic encounter. Only the gradual elaboration of mental representations of thoughts and feelings will free them from the crushing grip that the concrete experience of reality imposes upon the human mind.

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⁶ We find that this phase of depressive recognition of one's predicament is a critical, sometimes prolonged, phase of the treatment of such children, and precedes genuine improvement. Naturally, in all patients including William, there is a resistance to this kind of depressive experience and the psychic conflicts which it foreshadows.

⁷ Freud's (1913) formulation of psychic reality, which is closely linked to Rosenfeld's (1971) notion of psychotic islands, is that there is a part of the patient's thinking where the equivalence of subjective experience and physical reality has been retained, but in such a way that subjective experience is projected on to and distorts actual reality, which then in turn becomes a source of terrifying anxiety. Rebecca's metaphor of the snake, which placed her worries outside herself, was a characteristic example of the thought as a concrete physical object.

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