

## A FUNCTION OF FANTASY IN THE BORDERLINE CHILD

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*Borderline children have made a partial commitment to the independent reality of the external world, but their integration with external reality is markedly incomplete. The Borderline Study Group, working with a patient group of eight children, focuses on the commitment to the narcissistic world of the pleasure ego, as expressed in the childrens' fantasies. The notion that borderline conditions reflect an incomplete transition from the pleasure to the reality ego suggests important directions for study.*

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As we gained greater knowledge and understanding in the late 1940s and early 1950s of childhood psychosis (particularly autism and symbiosis), another closely related pattern of disturbance began to be reported in the literature. It seemed clear that this pathology lay somewhere between psychosis and neurosis. Margaret Mahler<sup>14</sup> described children who had a "certain kind of benign psychosis" that appeared neurosis-like. Annamarie Weil<sup>19, 20</sup> discussed children who were severely disturbed, but not frankly psychotic. The Putnam Center referred to a group of "atypical, deviant children with fragmented egos."

Others reported individual cases and used similar terms to describe these children who seemed to have "in-between" pathologies—Beata Rank<sup>15</sup>, Harley<sup>11</sup>, Alpert<sup>1</sup>, Maenchen<sup>13</sup>, and Rochlin<sup>16</sup>.

Since the mid-fifties two developments have occurred with regard to this general group. The term "borderline" has been commonly and widely used to designate the disturbance. In addition, several major clinical studies have been undertaken (Geleerd<sup>9</sup>, Ekstein<sup>3</sup>, and Rosenfeld and Sprince<sup>17</sup>) in attempts to describe more completely these disorders and to develop theoretical formulations within which the resulting ob-

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servations may best be understood. The difficulty of the task is suggested by the degree to which very general or metaphorical expressions are still being used to describe aspects of the disorder. Nevertheless, two major areas of exploration have emerged. First these children are described as having severe ego disturbances. Geleerd suggests that the disturbance is there from the beginning (observable, for example, in early tactile and visual difficulties), and that a defective fundamental ego apparatus misshapes the development of later ego functions. Ekstein alludes to a "specific vulnerability" in the borderline child's ego. ("It is like a delicate permeable membrane through which primary process penetrates with relative ease.") Ego disturbances in various areas are also described somewhat more specifically. Anxiety, it is suggested, does not serve as a signal to mobilize defenses but leads rather to panic states. Rather than a stable symptom picture, a variety of fleeting neurotic symptoms may be observed—a train phobia one day, an elevator phobia the next, replaced in turn by rituals and obsessions. The relation to reality is disturbed: the children are described as living in a world of fantasy, as turning away from reality, though not abandoning it.

In addition to the focus on ego defect, a second area of interest has been that of object relations. Rosenfeld and Sprince argue that although the ego defects are indeed of great importance, the central disturbance in borderline children is in their relations to others. They

describe the borderline youngster as constantly on the edge between object cathexis and primary identification. His symptoms, they suggest, can best be understood as defensive responses to a primary defect in the ability to cathect objects.

Our own attempts to follow this syndrome more closely began with the formation, in September 1968, of a Borderline Study Group at the Children's Psychiatric Hospital.\* Our present patient group consisted of eight children, all of whom are undergoing intensive psychotherapy; most of them are presently inpatients at our hospital. Though the term borderline is still loosely and ambiguously applied, there is little doubt that these patients would be diagnosed as borderline by most competent clinicians. In the study as a whole we have been attempting to follow many areas of their development—drive development, development of specific ego functions, kinds of defense commonly employed, nature of the primitive superego formation, self-structure, object relations, etc., and, as well, the family constellations within which these are fostered.

In exploring these various facets of the disturbance we have found another theoretical vantage point increasingly useful in understanding some characteristics of borderline children. We have begun to focus on the infantile period of development in which the child makes the transition out of narcissism. In part we were stimulated by the general recognition that borderline phenomena lie between neurosis and psychosis. More

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specifically we are building on previous work<sup>4</sup> that suggests some implications of this period for understanding as-if personalities and related groups of borderline disorders in adulthood. Our growing impression, to be more specific, is that these children differ from psychotic ones in having made a greater commitment to the independent reality of the external world, but that unlike neurotic children, their integration with external reality is markedly incomplete.

The major purpose of this paper is to describe one aspect of this incomplete transition—our repeated observation that borderline children maintain a strong, though not total, commitment to the narcissistic, illusory world of the pleasure ego, and that their vivid and exhilarating sense of reality occurs in that context rather than in relation to objective reality. While this can be observed in many areas of their lives, it is perhaps most easily seen in the highly cathected narcissistic fantasies which we have repeatedly observed in our group of children. As we will try to show, although these fantasies seem at first to be entirely narcissistic, providing the children with a realm of pleasure largely divorced from reality, that is not entirely so. The fantasy itself reflects terrors being denied, and it is vulnerable to events in the child's life in various ways. Furthermore, and perhaps of greatest significance, it is the illusory world itself which contains the seeds of greater maturity and provides the libidinal base from which the child can make an increasing commitment to the real world. For this purpose we would like to turn to some of the clinical data we have gathered over the past year.

#### AN ASPECT OF FANTASY

Slowly, as the fantasy material of these patients unfolded, we came to recognize in many of them major, highly libidinalized fantasies, which were endlessly repeated and elaborated.

Sandra, a nine year old patient, developed her "Cinderella" story. In her therapy sessions, her "doctor" was given the role of fairy godmother. In the game, Cinderella and her protector were inseparable. When Cinderella went to bed, her fairy godmother tucked her in and sang to her. Each night as the Cinderella-child slept, her companion remained awake, never once shutting her eyes—scrubbing floors, sorting laundry, and drying dishes. Toward the early part of the morning, fairy godmother began to bake. As Cinderella awakened at dawn, she was immediately greeted by her godmother who hugged and kissed her and asked, "How many cookies do you want for breakfast?" Sandra at times reversed the roles in the repetitive games with the therapist, but the format of the story—the separation in sleep, the godmother's nighttime activity and chores, the gentle reunion upon awakening—had to be repeated along exactly prescribed lines. Interventions, comments, attempts to understand by the therapist were met with fury, or treated as no more than annoying intrusions to be overcome.

Actual internal or external tension in Sandra's daily life had its immediate effect on the Cinderella story, binding godmother and daughter even more closely together in the fantasy. During a period when Sandra was suffering from nightmares (dreams containing monsters and earthquakes), the Cinderella story intensified. Cinderella became younger and younger, requiring more and more care. Finally, in one session, she was a tiny baby, just two days old. She was fed by a bottle in the game, sucked and fell asleep satiated, the bottle still in her mouth. On other anxiety producing occasions (vacation of therapist, change of appointment time, sharing therapist with another ward patient), when Sandra felt her union with the therapist was threatened, the Cinderella story became more rigid and the roles for the elaboration of the story theme became more controlled by Sandra.

Mary, age ten, developed a similar central fantasy:

During her second session with a new therapist, Mary found "Fluffy," a stuffed rabbit, in the toy closet, and Fluffy became a crucial figure in her developing play. Using Kleenex, Fluffy developed an even fluffier tail, and a large nest. Slowly Fluffy was enveloped by a soft bed, a blanket, a supply of food and a house (a desk drawer) where she would be safe. During many sessions, Mary became preoccupied with keys—was the desk drawer locked, and could she and the therapist hide the keys so that no one could disturb Fluffy in her castle?

The therapist and Mary sewed clothing for the rabbit, and slowly additional soft animals gained entry into this safe, protected island. At points of separation (as hours came near their end) the Fluffies were equipped with many items (candies, thread, empty spools) to tide them over till the next meeting. Often during sessions a ritual developed—each fluffy character would need to touch the therapist's soft hair. During some hours, Mary would decide to draw. Fluffies with smiling faces in bright pastel colors, and surrounded by flowers filled page after page. The therapist too had to participate in producing additional Fluffies.

At times of stress (for example, an impending campout about which she expressed fears of spiders and ghosts), Mary's structured game broke down. Instead of caring for the Fluffies in a coherent and systematic way (cleaning their house, and adding to their comforts) Mary's participation in Fluffy-play became more primitive. Her play seemed to involve efforts to merge more with the therapist and to fill the world with fluffiness. She had her dolls touch the therapist's hair repeatedly. She spoke into the dictaphone saying, "Fluffy, Fluffy, Fluffy" and commanded that the therapist immediately follow her example. She thought about all of the materials that would fall into the class of fluff—cotton was fluffy, clouds were like fluff, duck's feathers and fur of many animals were fluffy.

It is our impression that these highly cathected, elaborated, repetitive fan-

tasies show many characteristics of the narcissistic world. Freud<sup>8</sup> defines the narcissistic stage, or the period of the pleasure ego, as a phase in the development of every child. In his conception, experience at this point is divided into the pleasurable and the painful. Only the pleasurable is accepted as real, while the unpleasant and painful is denied reality and excluded from experience. Thus, in this stage of early development, the subjective experience of the reality of an event does not depend on whether something is objectively real, but on whether an event is pleasurable or painful.

The Cinderella and Fluffy worlds are exhilarating and totally pleasurable—their constant, consistent aim is to maintain a world of oral gratification. Cinderella and Fluffy are endlessly fed, supplied and protected. It is clear that both Sandra and Mary formally recognize the reality of the external world. They can often function in many areas within the hospital. They attend school, handle many of their routines adequately and often interact quite appropriately with adults and with peers.

Their everyday functioning however is often on a low level, almost suggesting intellectual retardation and failures in basic developments of self-structure and object relations. This is in sharp contrast to the sophistication and complexity of many of their fantasies, a discrepancy that underlines the notion that the issue is not solely one of personality development but, to greater or lesser extents, a matter of involvement. Heightened pleasure, animation, and great exhilaration are attached almost exclusively to the world of illusion. We feel

certain that in our group of borderline children basic personality developments have occurred to varying degrees, but that even where ego skills are relatively well developed they operate primarily in the pleasurable fantasy creations rather than in relation to the real external world.\*

One of the major functions of these fantasies is fully to separate pleasure from nonpleasure and to keep the pleasure world intact. Mary and Sandra's fantasy material fill each session and brook little interference. During the session any references to the ward, recent parent visits, other daily life material are felt as entirely alien and irrelevant intrusions. When Sandra is beset by nightmares or Mary becomes frightened by the impending campout, the pleasure fantasy is clung to with increased tenacity. The children become clearly determined not to let any of the painful reality intrude. Both use denial extensively to split off the intrusive reality—Sandra gets louder and insists that the therapist adhere firmly to the story theme, and Mary simply "doesn't hear" any of the therapist's alien comments. Unlike the neurotic child who can allow displacements of the painful themes to be elaborated and dealt with in therapy, the borderline child seems more rigidly

to resurrect and intensify stereotyped fantasies in the presence of anxiety.

While it is our conception that borderline children evidence many narcissistic features, we have also noted that they have taken some beginning steps beyond that phase. Freud notes that in development generally, the young child gradually begins to recognize the external world as independent of himself, and he makes a commitment to it as the most real. At that point, his experience of reality begins to change radically. The objective world must now be felt as real whether or not it provides pleasure, and even pleasurable experiences (e.g. fantasies) are to be recognized as unreal if they cannot be objectively validated. One crucial element is that the growing child can now recognize, deal with, and integrate into his experience, greater amounts of nonpleasure and pain without becoming disorganized. Winnicott<sup>21</sup> has emphasized the importance of the mother providing a loving and helpful context within which the child takes these first vital, and otherwise too frightening steps out of the world of illusion.

In our borderline group major difficulties in this aspect of the transition seem to be vividly represented in the fantasies we have described. Thus far

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\* This cathexis of the illusory world and the degree to which ego skills have developed and are available for use in it but not in external world activities has been more thoroughly explored in adult borderline conditions than in childhood pathology. Kris<sup>12</sup> and Winnicott<sup>21</sup> emphasize that in normal development the illusory world remains a source of pleasure throughout life in play, daydreaming, and art, enhancing the individual's life and implying no failures in development. At the other extreme, it appears that in Deutsch's<sup>2</sup> as-if characters, the illusory world is accompanied by severe disturbance in self-structure, object relations, and affective organization. Between these lie various patterns in degree of ego development and its availability for use in the two contexts. Fenichel<sup>5</sup> speaks of actors as varying considerably in their ability to lead integrated lives outside the realm of acting, and Greenacre<sup>10</sup> speaks of impostors with highly developed scientific or artistic gifts that they could only use in the context of imposture or illusion, though other impostors seem to have severe disturbances in ego development itself.

we have emphasized only highly libidinalized quality. But their function in denying nonpleasure (rather than integrating it with experience) is also evident. Although on one hand the narcissistic fantasy is entirely pleasurable, on the other it reflects point by point the underlying pain that is being denied. Gary illustrates this particularly clearly in the course of his therapy.

Gary, age nine, slowly developed his elaborate play called "the free house". With his therapist he found the house on Storybook Road in Ohio Free. There was a sign that said "For Sale—Free", and Gary and the therapist moved in. The house was dirty and uncared for, and together they cleared the debris and rearranged furniture.

As with the other children, Gary and his therapist became inseparable within the fantasy. They took turns cooking and washing dishes, they cleaned and tidied up, played hide-and-seek within the house, built a fire and roasted marshmallows, ate in the living room and retired to their bed and slept together. In session after session the play was repeated, tightly controlled by Gary.

This newly created environment had certain fundamental characteristics that Gary sought to establish and reiterate. Everything was free. Not only was the rent free, but all groceries were absolutely free. Often in play the therapist and Gary made trips to the stores for hamburgers, steaks, french fries, and malts. Gary often gleefully mentioned that one could be arrested for even *trying* to use money. Everything was secure—there were locks on the doors and a strong roof that kept the two dry in the rain and protected them against thunder and tornadoes. And there was always light. Throughout the house there were light switches and light plugs, as many as twenty in one room. Extra fuses were always available, placed within easy reach on nearby shelves. Blackouts had to be avoided. When the necessary conditions were met, Gary noted with relief, often several times in a single session, "Now we don't have to worry any more."

As treatment progressed, the underlying worries became defined, sometimes more dis-

guised, sometimes less. The concept of "free" ward off separation, since Gary, on one level, was sure that boys lost their families when their parents couldn't afford to feed them and clothe them. The sturdy roof provided protection against the tornadoes and thunder, in which for a long time he represented his anger and anticipated punishment. The concern about darkness reflected graphically his terror of ego dissolution, though it was only after about a year of treatment that he was able to verbalize his fear: darkness, or unfamiliar situations threatened to make things become "ghostly" or invisible, and he feared that his parents, his therapist or even he himself might disappear, a disappearance he equated with death.

The narcissistic fantasy, however, does not serve only as a source of present gratification and, defensively, as a way to ward off pain and nonpleasure. It seems also to provide a base from which exploratory steps toward a pleasurable cathexis of objective reality can develop. In our group, Andy, a strikingly intelligent ten year old, illustrates this most clearly.

During treatment Andy established "Happyland," where his character puppets lived—Miss Rabbit, Lion, Jimmy and a host of others. Andy described Happyland as Cloud Nine and contrasted it with Cloud Zero (the real world).

"Happyland is a happy and beautiful place." "Lion is not afraid of anything in Happyland." "Mr. Anger, Mr. Problems and Mr. Death don't live there." Jimmy puppet says that in Happyland there is "no anger, sadness, fear or any such thing." At times, all the puppets could talk to each other in a strange way, and no one, not even the therapist, could understand their language.

Andy, both in play and discussion, let his therapist know that he equated all that was below, on Cloud Zero, with the realm of nonpleasure, the obverse of the narcissistic world. After reading the newspaper, he reported on all of the murders, suicides and accidents. He warned his therapist that she would need to stop smoking or she would surely die of cancer. One day his Miss Rabbit

puppet went on a trip. She was hopping peacefully along in Happyland, and on her last hop almost glided over the fence. Fortunately, at the last moment, she held onto the post and saved herself. On the other side of the fence lay the black La Brea Tar Pits—pits, Andy related, which could “suck you down and you die.” On another occasion, Jimmy puppet’s mother was weeping for him in Happyland. Jimmy puppet had gone out to get a beer, passing below an axe on the wall which could fall on him. Mother fretted until Jimmy got back because the real world was so filled with death and horror.

But despite his fears, Andy became increasingly ambivalent about Happyland. Many times his puppets were just plain bored. Lion, for example, noted that he was just sick of Happyland because it was too happy there. The down below became more inviting; the therapist always was waiting there for the Happyland characters to emerge, and she warmly welcomed them when they decided to come into the real world. She could understand the effort it took to come out of Happyland. One day when she found Lion asleep she sympathized, suggested that perhaps the Lion needed to rest because the world was sometimes very hard to live in.

More and more, Andy’s characters tried to emerge from Happyland. Miss Rabbit who had been prone to see the real world peopled with hunters, and to faint when confronted with it, began to peek out at the world, though she still didn’t want the world to see her. Andy put a checkerboard between himself and the therapist—partly wanting and partly not wanting the therapist to see him. Bravely he knocked on the checkerboard. His therapist invited him in, but Andy, his courage failing for the moment, found the door locked.

In more recent sessions, as Andy became more fond of his therapist, Marmaduke, the *Normal Dog* made his appearance. Marmaduke, as a representative of reality lectured the Happyland characters. When Miss Rabbit used her magic too much, he berated her, “thinking does not make it so.” When Lion proclaimed that he was not afraid of anything, Marmaduke said that it was all right to be scared—everyone was afraid of something; why he himself was afraid of the dog

catcher. For the first time, Andy cleaned up the office, and brought in candy to share with his therapist. After a particularly pleasant session, when he had tidied up the desk and room and spoke of how he had pleased his mother on the previous weekend at home by making his own bed, he spontaneously broke into a joyous rendition of “For He’s a Jolly Good Fellow.”

For a moment, clearly, he felt himself a valuable member of a benign external world. Pain and fear could occur in it but need not be overwhelming; one could be afraid of the dog catcher without retreating to Happyland.

Andy’s sense of the external world as good is by no means stable yet, of course. Often, as we find typical in our group of borderline children, the world seems to Andy no more than the painful negative of the pleasure world: full of Mr. Anger, Mr. Problems and Mr. Death, and he desperately avoids involvement with it. Nevertheless, more often and for longer periods of time, he seems able to experience the external world as real and good, and has a confident sense of his own reality in it.

#### CLINICAL IMPLICATIONS

We have focused in this paper on one aspect of the fantasy of borderline children. We believe it reflects characteristics both of narcissism and of a transition to a more mature commitment to objective reality. The fantasy represents a highly libidinized illusory world. Unlike hallucinated or delusional ones however it is regularly recognized, at least formally, as unreal or play. Nevertheless, exhilaration, vividness of experience and a lively sense of one’s own self occur there, rather than in relation to the external world. The children’s image of the real world seems often to represent all that is painful and unpleasant. Denial is often blatantly used to ward off intrusions from that realm.

The fantasy is not completely narcissistic. Its content clearly reflects major fears that are being denied. It is responsive too, to daily fluctuations in anxiety, as when equilibrium is threatened by a campout or separation from important persons. The object relationships involved also reflect a move beyond narcissism. It is not enough to live in a hallucinated world. An environmental object (e.g. the therapist) is needed to actualize the fantasy, and, though his behavior may be strictly bound by the child's requirements, it is well to recognize that the need for an object, even this primitive way, is an important step out of narcissism.

Finally, this fantasy is an integral part of a developmental process. In normal development, but also in these children, the illusory world contributes to the firm libidinal base from which the child explores the possibilities of achieving a secure identity in a benign external world.

This view of the *pleasure fantasy* has been of assistance to us clinically. In our earlier experiences with these children the pervasive, rigidly adhered to fantasy, and the often frantic avoidance of intrusions from reality, seemed to frustrate every therapeutic effort. The therapist, though his presence seemed desperately needed on the one hand, often seemed on the other to be seen by the child not as an individual but only as an object to be manipulated for his private purposes. Therapists felt an increasing sense of helplessness, boredom, resentment and despair. They saw the fantasy as the obstacle to the therapy and tried to "get rid of it" in various ways. They encouraged the child to talk of other things and to deal with reality issues or with his actual fears. The result tended to be

unsuccessful. It drove the child to even more frantic and rigid adherence to stereotyped versions of the fantasy, and to increasingly wooden and lifeless discussions of "more relevant" matters.

Now our focus is not on getting rid of the fantasy world but on helping the child grow out of it. Two still tentative technical suggestions seem particularly pertinent. Both require that the therapist, rather than avoiding the fantasies, actively participate in and encourage their elaboration. One major goal in this endeavor is increasingly to delineate the underlying patterns of fears and anxieties. These fears (to be discussed more fully in papers now being prepared) typically include those usually found in neurotic children but also *those especially relevant to the move out of narcissism*. Among these are the establishment of an integrated coherent self, relations to others recognized as independent of one self, the acceptance of the world as as pleasurable rather than entirely painful, and the integration of libido and aggression.

As the therapist's understanding of these fears grows, he can be increasingly sensitive to moments when an element of the fantasy can be elaborated in the direction of a clearer representation of the underlying anxiety, or when it can be shown to reflect an actual fear that the child can recognize as his own and begin to work through (e.g. Gary's need to avoid darkness by means of many light switches in relation to his fear of ego dissolution, or Andy's fantasized "Cloud Zero" world, filled with murders, the La Brea Tar Pits and dangerous axes in relation to his actual fears of the external world as totally painful). This first process is aimed at understanding and working through some of the fears that



make the child cling so obdurately to the illusory world.

The therapist's involvement in that world can have a second function, as it now seems to us. Even in the initial stages when he must follow the sometimes extremely rigid rules of the child's fantasy, his very presence is a representation of the external world in contact with the illusory one. Our present conception is that as the child begins to trust and feel more secure with the therapist, the therapist can be allowed to function more independently within the fantasy and in relating elements to reality. In this way he provides a major vehicle for the child's very gradual broadening integration of the illusory world with the real one. This move, to the extent that it is successful, leaves behind or modulates unrealistic elements of the narcissistic world without precipitating the child into a state of overwhelming nonpleasure. In it, for example, narcissistic libidization, sense of omnipotence and self-world unity are retained in a modulated way in the more normal experience of a general optimism, a sense of basic capacity to deal with life's problems, and a feeling of an underlying unity with the rest of mankind.

Let us emphasize in concluding that our aim in this paper has been a limited one. The notion that borderline conditions reflect an incomplete transition from the pleasure to the reality ego suggests important directions for the study of many aspects of borderline personality organization (e.g. self-structure, object relations, affective organization). We have focused here only on the child's continued commitment to the illusory world of the transitional stage as it is

reflected in the highly cathected fantasies we have found to be prominent in our group of borderline children. We have attempted to delineate some characteristics of these fantasies, encourage an attitude of welcome rather than dismay at their appearance, and to suggest in broad outline how the therapist's involvement in them can contribute to the child's gradual move from the too total cathexis of the illusory world toward a commitment to the real one.

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