This paper distinguishes between the grammar of wishes in neurotic patients and the grammar of imperative needs in borderline patients. The treatment of a borderline psychotic boy 30 years ago was uninformed by subsequent developments in technique arising from the theory of projective identification as a communication rather than as an attack or a defense. Issues that need addressing in borderline patients, especially those who are children, include (a) developmental delay, (b) the distinction between defenses and overcomings in the paranoid position, (c) rectification fantasies of vengeance, and (d) rectification fantasies of justice and other moral imperatives.

This paper presents material from work with a borderline psychotic 10-year-old boy named Richard who was in intensive treatment with me 30 years ago. Over that period, the impact of Bion's (1962) extension of Klein's (1946) concept of projective identification, and the consequent implications for technique explored by Rosenfeld (1987), Joseph (1989), and others have made a tremendous difference to the work with these patients. I was using a technique with Richard that was uninformed by these developments and more appropriate to work with neurotic patients. For a period I think it was

Anne Alvarez is Consultant Child and Adolescent Psychotherapist and Coconvener of the Autism Workshop at the Tavistock Clinic, London. She is also Scientific Consultant to the Parent-Infant Psychotherapy research with children with Pervasive Developmental Disorder at the University of Pisa. Earlier versions of this paper were read at the Bridge Foundation, Bristol, England (1989), and at the International Psycho-Analytical Association Research Conference on Borderline Patients, London (1994).

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positively harmful to him. The technique, which I try to illustrate, had elements of an unmasking quality designed to reveal the depression and loss that underlay what I thought of then as his manic, omnipotent, and paranoid defenses. I think now that these so-called defenses were desperate attempts to overcome and recover from states of despair and terror. They carried elements of basic developmental needs: protection, preservation, a sense of agency and potency, and even revenge and justice. Richard was full of violence, bitterness, and persecution, but unlike patients who have a more psychopathic accompaniment to their borderline problems, he was filled up with violence rather than dedicated to it or excited by it. And unlike neurotic patients, he had little ego functioning. His ‘defenses’ were inadequate to manage his overpowering feelings. He needed, for example, to be able to project, to split, and certainly to repress and forget. I consider the difference, in the neurotic patient, between a desire that things could be, or could have been, otherwise and, in certain borderlines, a desperate need that things should be, or should have been, otherwise.

The major theoretical change to which I am referring concerns ideas about the purpose of and motives for projective identification processes. (It has some areas of overlap with the reformulations of Sandler and Anna Freud, 1985; Kohut, 1985; and Stolorow and Lachmann, 1980, on the difference between ordinary defenses, and early structurings, protective maneuvers, or prestages of defense.) Racker (1968) cited his own 1952 work, emphasizing that countertransference was the expression of the analyst's identification not only with the id and ego of the patient but also with his internal objects, and it should be used as such. Bion (1962) also made the connection between countertransference and projective identification when he pointed out that the psychoanalyst may not only play the part of the patient's lost self in the patient's mind, but in his or her own mind too. For example, a patient may project so powerfully that not only may he feel his analyst is frightened or depressed, he may make the analyst become frightened or depressed. But in the 1950s and still in the early 1960s, Bion (1957) and others were still describing the projective identification as arising from destructive or defensive and pathological motives. Bion (1962) then went further: his concept of the analyst as receptacle or container of these projections began to carry the implication that the receptacle could be inadequate, sometimes making the
patient project even harder. Grotstein (1981) pointed out that this introduced the concept of deficit in the object long before Kohut. Bion (1962) suggested that some projective identifications expressed a need to communicate something to someone on a very profound level: Bion (1965) compared the analyst's “containment” and “transformation” of the patient's feelings and thoughts to the primitive but powerful preverbal communications that take place between mothers and tiny infants. This, he suggested, is how feelings become bearable and thoughts become thinkable. This, in a way, more democratic two-person psychology leaves room for either term in the equation to affect the interactions. There is more room in such a model for the object, external or internal, to have an impact on the system. (I use the term internal object, with which I am familiar, for what others call the representational other or internal working model.)

The technical implications of this increased attention to inadequacies of the object have been profound. Rosenfeld (1987) emphasized the dangers of interpretations to borderlines which overvalued the analyst's contribution. He stressed the importance of the health that could lie in resistances, and of not breaking down idealization too quickly. Money-Kyrle (1977) thought the issue of distinguishing a desperate projective identification from a destructive one a matter of great technical urgency. Joseph (1978) has spent a lifetime working on this problem. She has expanded the notion of the communicative use of projective identification both technically and theoretically, and she has drawn attention to how very pressuring projections may include a need to communicate something that may require lengthy containment and exploration in the analyst and should not be shoved back too prematurely at the patient. It is often better for the analyst to hold and explore the experience in himself or herself (e.g., “You [the patient] feel that I [the analyst] am stupid,” without adding that it is the patient's projection of his or her stupidity). The patient may need to feel, Joseph pointed out, that you are willing to carry the projections long enough to experience the missing part of the patient or else, she added, to experience his or her previously unexamined internal object. A disappointing or fragile parental object whose weakness has always been denied may need gradual uncovering, not explaining away—a move one could describe as a move from a grammar of explanation to a
grammar of description. Steiner (1993) raised the issue in his discussion of analyst-centered versus patient-centered interpretations.

Bion (1962) stressed the normalcy of the need for a container of such communications as a very early infantile human need to be in the company of a mindful mind. An implication is that these emotions communicated are not necessarily emotions the patient wants to be rid of; they may be emotions that the patient needs his or her object to have on his or her behalf. They may be emotions the patient needs to explore in us and only gradually own him- or herself. Furthermore, these need not be negative emotions. Positive states of mind can be conveyed, however confusedly and crazily, through this process of unconscious communication just as powerfully as can Bion's earlier examples of fear and murderousness. Bion said that the psychotic has pain but does not suffer it: one might add, the psychotic has pleasure but does not enjoy it. Preconceptions need to turn into conceptions in both areas for normal development to proceed.

I now explore the idea that such unconscious projective communications, like more ordinary verbal communications, may have a grammar. This grammar's variations may bear some correspondence to where the patient is on the neurotic/psychotic continuum—that is, to his or her level of ego development and also to the level of urgency and desperation of his or her needs. Both the neurotic and borderline child may boast in a manic or grandiose manner, or protest and complain of injustice. We as analysts may be pressured to admire or sympathize. The countertransference may be similar in both cases, but the motivation of the child may be vastly different in the two situations. In fact, we may be driven to be even more unmasking with the borderline child whose immaturity may make his or her boasts sound ridiculous and silly. Yet our interpretive response needs to be carefully structured in grammatical terms that take account of the difference between a desire for omnipotence and a need for potency (Alvarez, 1992). The normal or neurotic child may wish or even demand that things be otherwise, but he or she can just about bear to acknowledge the way things really are in external reality and in his or her own heart. The child can usually juggle and compare two realities (Stern, 1985), manage a dual perspective (Reid) or binocular vision (Bion, 1950), and manage two-tracked “thinking in parentheses” (Bruner, 1968). The normal child can hold a thought in reserve and consider the thought within the
thought and the thought beyond the thought. Such a child can manage meta-
cognitive processes (Main, 1991), self-reflective functions (Fonagy et al., 1991), and some degree of symbolic functioning (Segal, 1957). Borderline
patients, on the other hand (i.e., in their psychotic moments), are concrete,
one-tracked, overwhelmed by the singularity of their state of mind, and in
danger of symbolic equations and massive splitting and projection. Are we in
danger of producing premature integrations when we refuse to stay with their
geruption imperative singleminded states? Could it even be that there is, at
certain very early stages of emotional development, a need for something like
a symbolic equation, the nearly perfect fit?

There has been much work by developmentalists on how the baby's mind
grows, how intersubjectivity becomes internalized as intrasubjectivity (Stern,
1985). It is a fascinating moment when autistic or other mindless children
begin to discover that they like doing something, then that they like liking
doing it. (When they go further and finally get a dual perspective that there are
two different ways of looking at the same toy, for example, language and
pretend play can begin.) Mothers follow their babies' direction of gaze long
before babies begin to follow their mothers'. (Collis, 1977). Infant
observation shows us time and again the way mothers light up as they see
what has caught their baby's glance—“Oh, it's the movement of the tree!” Both
developmentalists and psychoanalytic observers seem to agree that if a mind
is to grow it requires a meeting of minds and not too many “missteps in the
dance” (Stern, 1977 p. 109) between infant and caregiver—but also not too
few; mismatch, disillusion, and separateness are also fundamental to learning
about reality. Yet the balance between match and mismatch in our interpretive
work needs to be carefully tuned to the developmental level at which the child
patient is functioning at any given moment. Easier said than done!

This brings me back to grammar. I suggest that interpretations which stress
separateness and difference from ideal objects or ideal self (i.e., which make
use of the language of wishes and wants) may be appropriate for patients with
some ego development, some sense of trust in their objects, and some sense of
worth in themselves. However great their anxieties and angers and
depressions, such patients have sufficient ego equipment with which to
examine the gaps in the fabric of the universe. In Latin, a verb containing
doubt (e.g., you wish, you fear,
you think, you hope) is followed by the subjunctive or conditional. “I may go” is weaker than “I am going” or “I will go.” For example, the language of “You wish but we both know that you cannot or did not or will not” is tolerable where the real alternative is just bearable. I found that if I said, “You are afraid that you will die without me on the weekend,” the neurotic patient could hear the implications and the alternative possibilities implied in such statements (i.e., that he would probably not). From the patient’s dual perspective, he or she can think about both more or less at once. I learned all too slowly that the borderline patient often cannot. The patient's panics, and even his or her manic denials, may express a need for us to understand that he or she should have (i.e., has a rightful need of) assurance, safety, protection, and even justice. He or she may need to hear something along the lines of “It's hard for you to imagine that you might make it through til Monday” or “You feel I should not be leaving you at this time.” This need not involve collusion or seduction or false promises. (See Kut Rosenfeld and Sprince, 1965, of what is now the Anna Freud Centre on the ease with which interpretation of anxiety can escalate anxiety in borderlines.) The child's rightful need for assurance needs understanding, and except under the most dire of emergency conditions, reassurance should not be necessary. Interpretations of anxiety or loss to an already despairing child can weaken him or her. Other grammars, the grammar of imperatives, may enable the child's ego to grow stronger.

Richard was referred to me in spring 1967 when he was 10 years old. The referring psychiatrist found him a very mad boy with a suspicious strained appearance and bizarre hand gestures, as though warding off blows to the head. Richard’s mother was a manic depressive psychotic and had beaten him often when he was a baby. She left abruptly when Richard was 18 months old and his younger brother was 4 months. She had visited very seldom. When Richard came to me, he was not learning much in a sort of nursery school. After his mother left, he had lived with his paternal grandmother for a few months, then with his father and a nanny to whom he was very attached. When she left, his paternal grandmother moved up to the father’s house to take care of the children. Father and grandmother were very kind and intelligent people but very genteel, and I suspect they would have found it difficult to take the grief, horror, and outrage that was in Richard had it...
ever displayed itself when he was an infant. His aunt, a warm and sensible woman, also had a hand in the children's care. I started seeing Richard twice a week in May 1967 and soon increased the sessions to four times per week.

I go through the early sessions in some detail. It seems a rather masochistic and pedantic exercise because I was pretty “green” at the time and the work is not good for lots of reasons. But I want to look at the grammar and the theoretical and technical implications behind the grammar, and so I hope the reader forgives the piecemeal approach.

There were painters in my house when we started. In the first session, Richard went on past the playroom door, directly encountering one of the workmen, who kindly showed him the way. He was a blond, blue-eyed, slightly plump boy with a very robotic walk. Every step was placed terribly cautiously, as though he were walking blindfolded. He looked terrified but, after a few comments from me and explanations about the therapy, he looked at the wall and said, “I know what that is; that's paint.” A bit later, he said, “That's a wall.” Later, when he seemed frightened by a noise from the workmen upstairs, he asked, “Why are they here? Is the house all in bits?”

After a while, he seemed a little less frightened and began to paint in big sweeping strokes, rather like the painters upstairs. I said so now he was painting like the workman and perhaps he was showing me how he would like to be able to paint like the grown up workman. I added that perhaps he often wanted to do what Daddy could do. He said (and it all poured out in a jumble, with the words and thoughts tumbling over each other), “Yes I do, I do want to, but I do work, this is what I do, you see!”

I invite you to note my interpretation “You would like to be able to paint....” Note his desperate correction. I took it as an omnipotent defensive identification, a desire, but could he have been communicating a desperate need to be seen by me as being capable of being, or at least of becoming like, a potent and reparative father? I think he may have experienced my interpretation, and many subsequent ones like it, as a crushing reminder of lifelong impotence and maybe lifelong humiliation. He had, after all, been abandoned by two caregivers and beaten by one. Supposing I had said, “Well, I think I should notice that you can paint too, not so differently from those fellows upstairs!”? Later, when, he had calmed down a little, he gave a slightly nervous
start after some more noises. I interpreted that he was still frightened here, and he said, “No I'm not scared, David [his brother] gets scared.” I took that he was using David now to be the scared one in order not to be the scared one himself. I added that, after all, this was a strange place, and I was a new person. But there had been a general calming down that I could have underlined by seeing the fear split-off into David not as a projection and split that should be returned and reintegrated, but as one that needed acknowledging and respecting. I could have said something like, “Now you are feeling a bit less scared and you can think of someone else as the scared one” to register the other half of the split—the nonscared half. I also could have acknowledged even earlier that he felt “at least I recognize something in this madhouse—that's paint and that's a wall.” Splitting and projection have healthy functions, not only pathological ones. The need and the ability to put one's fear at a distance is not only defensive. It may permit the beginning of a little trust to develop and therefore preserve and protect a tiny bit of ego growth.

Richard went on to explain that it was his conscience that made him scared and then reassured us both that he hadn't broken Granny's alarm clock. I linked the clock with the feeling of my house all in bits and that maybe there was a feeling inside him that something was all in bits, but he did not know what it was. (I was finally not rushing to overexplain.) At last, he began to really relax. He took out the glue, looking through his box. Then he said, disappointed, “But there's nothing to mend!” I wonder now if he was talking there about his tragic situation where there was not a reparable container: The mad violent mother was not only in bits, she was also gone. Here, I think one is faced with deficit in the internal object that needs addressing just as much as the conflicts and defenses toward more highly developed objects. This means letting the transference rewrite history for the patient and not rushing to remind him of irreparable painful reality. I needed, perhaps, to let him feel he could be like or could become like the painters upstairs.

In the second session, he feared it would be shorter and was delighted when I told him it would be just as long and that maybe he hadn't liked the wait between sessions. He agreed eagerly and said he liked things with no end, forever and forever. I am sorry to say that I began to talk about his mother. I said I knew his mother did not live
with them now and asked if he saw her. He said in a panicky voice, “Yes, forever.” I said I wondered if he didn't have to feel it was forever because he felt it was too sad if it wasn't. He felt he must have a forever mummy just as he felt he should have a forever Mrs. Alvarez, not just a two-times-a-week Mrs. Alvarez. There, although probably under pressure from my countertransference feeling of terrible pain for him, I did convey some understanding of his needs, but I think I was still using an unmasking model. I treated the insistence on foreverness as a defense against sadness instead of seeing it as a rightful need for continuity. Second, by introducing painful and irreparable external reality just at the point when the child had arrived with some hope of a new internal reality via the transference, I was pushing him back down into panicky despair and rejecting him. I could have said something at the beginning of the exchange, like, “You like the feeling that this treatment is going to go on for a long time. A nice forever feeling.” An infant needs an experience of duration and durability of good experience before he or she can learn to tolerate interruptions and endings. Grotstein (1983) pointed out that you first have to be bonded before you can be weaned.

In the seventh session, he told me about his hallucination of the terrible cogwheel going around in his head and seeing the clock with all its works falling out. I again linked it with his mother and me, and in later sessions I began to take up his fear that he had messed up his mother's works and mine. In fact, I became pregnant twice in the course of his treatment, and he showed more and more of a powerfully intrusive sexuality, becoming more and more into the idea of enjoying destroying my “works” and, over the years, of murdering babies. I and others saw this clock in bits, or the drilling cogwheel, as a destroyed object that he felt he had created as a result of his attacks. He conveyed that his other nightmare or delusion was that “Mother goose had died of grief because she had produced a rotten egg.” This was the late 1960s and early 1970s, when the full impact of Bion's (1962) ideas about containment were not yet explored. It was easy to see Richard's increasing sadism as having been freed to come more into the open. This was in part true, but I did not understand the degree to which it was driven by desperation about an irreparable object and how my interpretations escalated this by seeming to accuse him of being totally responsible for this state of affairs. I think there was an idea around, which was a parody of Klein, that people got the bad objects they
deserved. He did become less frightened and less psychotic (his hallucinations disappeared), but he also became violent and full of sadistic fantasies. I think I could have helped him far sooner to develop restraint if I had conveyed that I understood his object to have some responsibility for being in bits. (I do not think this would have helped if the apparent psychopathic element had been genuine.) If I had helped him to explore his mad irreparable and violent internal object, I might have reduced his guilt rather than increased it. Had I explored the object in whom there was nothing to mend, I might have allowed his preconception of a reparable object (which was clearly there in his reference to its absence) and his capacity to identify with a repairing father to grow.

There were periods when his desperation and hatred knew no bounds (e.g., when he sang bitterly, “Gotta get a message to you,” and then took his feces and shoved it up his nose). Another time he said “I've just got to make you shed tears and then I'll stop.” I did not see this as a rightful need to project and communicate his horrors: I continued to take it as sadism, but at times I was overwhelmed with pity and despair, and so perhaps I shared and contained something. He did begin to learn but became obsessed with fantasies of murdering small animals, and indeed he did kill one or two. I interpreted sadism and jealousy instead of revenge and a sense of terrible betrayal. After all, I had two babies in the first four years of his treatment, and his real mother had really betrayed his trust.

He complained that I did not know what it was like to be near a light bulb that is going to explode, and he was right—I was not getting the message. But I did begin to observe that some of my interpretations seemed to make him more mad. Eventually, in September 1971, I took his material to someone who was very influenced by Bion. Richard's sadism to babies began to reduce. By December, he was able to talk about the coming break in a very different way. He sang “Jesus loves me” very sweetly, and he spoke about a man on a rope crossing Niagara Falls to Canada (he knew I was Canadian). I do not have the opportunity here to discuss his goody-goody voice, which in the beginning I saw as denying his hatred but which I finally came to understand also masked real love. In the last two years of his six years of treatment, he became far more collected and civilized. It is still painful, however, for me to read these earlier notes.
Discussion

I discuss four considerations that I now think may be important in the treatment of certain paranoid borderlines in whom the psychopathic element is not marked. These are considerations only, because the complexity of the human mind, even the child psychotic mind, ensures that there can be no manual: the patient can move back and forth between neurotic and psychotic levels of functioning—or from a three-day-old infant to a six-month-old infant to a 10-year-old child—in the course of a few seconds, and the level of work needs to change accordingly. So although I speak about a certain type of paranoid borderline as forming a group, it is clear that this is a terrible oversimplification. Also, the stress on grammar is a way of thinking about and structuring my own understanding of such patients—there is of course no magic in the words themselves. If we get the emotional understanding right, our patients forgive us the grammar.

Developmental Delay

The first point is that psychotic illness in children, however temporary or however much only a threat from beyond the border, almost always interferes with normal psychological development and produces developmental arrest and deficit. Disturbance and disorder may be accompanied by delay and deficit in any or all aspects of the personality: in ego function; in the self and its sense of identity and its capacity to love, to enjoy, and to feel self-respect; and in the superego and internal objects. The positive side of the patient's personality may be just as underdeveloped as the persecutory side is overdeveloped. There have always been clear developmental implications in the assertion by Klein (1952) and Segal (1964) that it was the strength of the ideal object and of the individual libidinal impulses that enabled the integration of persecutory object relations and thus the move from the paranoid-schizoid position to the depressive. In many borderline children, this strength, however, is exactly what cannot be taken for granted. The process of the introjection of the ideal object and the building up of a sense of the loving or loveable self is a long, slow process, yet it is vital to mental health. Splitting and projective identification can be seen to
be in the service of development rather than as a defense because they may enable new introjections to take place under conditions that should be described as protective rather than defensive. I am sorry to say that I believe that for many years my work with Richard actually may have interfered with this introjective process. As I have shown, I often interpreted tiny increments in the belief in an ideal self (him as painter) or ideal object (a forever mummy), or attempts to split or project badness off into someone else (David who was scared or the me who should cry), as defenses against persecution and despair, whereas I now believe they could be seen as tiny developmental moves: attempts to overcome, rather than defend against, persecution and despair. A surge of hope or pride, or a sudden feeling of relief, is different from a manic state used as a defense. A recovery is not a denial, though of course it may be accompanied by denial. In certain profoundly depressed children, apparently grandiose omnipotent boasts, which seem like manic assertions, in fact communicate a highly tentative question about whether the object could see them as potent. Not all ill-fitting shoes are stolen: some are simply new and need wearing in. But it is unfortunately evident that in the late 1960s, prior to the technical impact of Bion's work, I was still suffering too much from an either-or mentality, where the shoes are either yours or mine.

**The Distinction Between Defenses and Overcomings in the Paranoid Position**

Klein (1935) herself introduced the fundamental metatheoretical differentiation between defenses and overcomings in relation to reparative processes in the depressive position. She insisted that true reparation, unlike manic reparation, was not a reaction formation to guilt, but an overcoming of guilt. I would add that we may also need this meta-concept of “overcoming” for developments within the paranoid-schizoid position. What is at issue in the paranoid-schizoid position is the overcoming of fear and despair rather than of guilt and grief. If love has to be stronger than hate for hatred to be overcome in the depressive position, then what has to be stronger than fear to overcome, as opposed to defend against, persecutory anxieties? What enables fear or despair to be reduced so that good feelings can begin to emerge? Relief
from overwhelming pressure of anxiety can initiate such healing processes, and notions such as Bion's (1962) concept of the containing functions of the maternal object, Sandler's (1960) “background of safety,” Bowlby's (1988) “secure base,” and many others outline a major way in which such relief from unbearable pressure may be obtained.

**Rectification: Imperative Phantasies of Vengeance**

This involves an elaboration of Joseph's (1978) point about holding and exploring projective identifications in ourselves rather than returning them prematurely. In this instance I am referring to the moments when the patient may be projecting or externalizing an internal object of an extremely bad kind. A psychotic adolescent boy wanted to strangle a seductive but patronizing woman who was a relative. Interpretations of his hatred and anger seemed to escalate it. Interpretations of the fact that he felt she deserved death for the way she treated him, however, seemed to calm him rather than to turn him into a homicidal maniac. This involves important and often dangerous questions of whether we push it all onto patient with a “you” interpretation or let it be contained elsewhere in us or even in some other object. The relieving calming effect seems to have to do with an understanding that badness needs to stay out there. Otherwise, humiliation, despair, shame, and revenge can lead to explosive and dangerous eruptions in patients who may have been very heavily projected into. Kundera (1982), in his novel *The Joke*, pointed out that there are two kinds of rectification: forgiveness and vengeance. He described how your whole inner balance may be disturbed when a lifelong object of deserved hatred innocently avoids your plan for revenge and decides to make friends with you and cease to be hateful. He asked, “How would I explain I couldn't make peace with him?” and “How would I explain I used my hatred to balance out the weight of the evil I bore as a youth…. How would I explain I needed to hate him?” (p. 229). This kind of desperate embittered hatred has to be carefully distinguished from the aggression of the more casually brutal or more coldly murderous psychopath who, of course, could experience such interpretations as collusion (see Alvarez, 1995).
Further Rectifications: Justice and Other Moral Imperatives

I have suggested that the different kinds of pressures that patients put us under carry different underlying grammatical forms and require a different grammar of interpretation. Phantasies may be not only about wishes and imperative demands, but about that which may be, that which could be or can be (hope and possibility), that which will be (confidence and conviction, not necessarily omniscience), and that which should be (justice). The sense of justice involves a different kind of imperative from the psychopathic bullying imperative, but it is nevertheless an imperative. Where there is little ego to start with and perhaps a cruel depriving superego, the interpretive grammar of wishes may carry all too cruel implications; rather than help the child to think about deprivation, it actually succeeds in depriving him or her further. Rather than allowing the child to begin to identify with ideal objects, we may be perpetuating the “disidentifications” (Sandler, 1988). We may need, therefore, a different grammar, a grammar of rightful need—one that allows a good object and a good self to grow. I heard one wild demented borderline child from a very dangerously violent family finally insist, after a period when he was becoming slightly calmer, that the therapist of course would not be cross if he took some food into the session. Then he corrected himself and said, “Well, she should not!” He had moved from manic denial of his fear to a moral imperative. The sense of how things should be is connected, I think, to a deep sense of order, justice, and rightness. When the abused or deprived child indicates a longing for us to adopt him or rescue him, an interpretation along the lines of “You wish but we both know that you can't” may increase despair and weaken the ego. “You feel I should rescue you or you feel somebody should rescue you or you feel your mother should not have abandoned you” may actually strengthen the child so long as it is not done as though containing a promise of actual rescue. Herbert (1977), the great Polish dissident poet, wrote “And do not forgive truly it is not in your power to forgive in the name of those betrayed at dawn” (p. 79).

The argument of this paper is that the paranoid position has its own logic, its own grammar, and its own sanities, and it is at some cost to our egoless patients if we try to hasten their journey to more “mature” levels.
References


