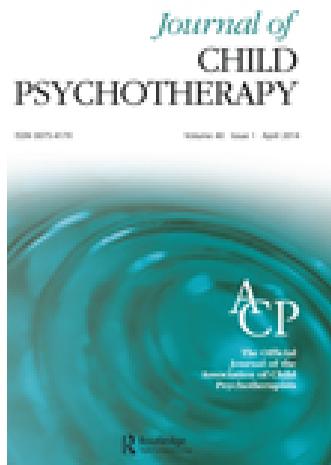


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Psychotic and non-psychotic perceptions of reality

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This paper explores the difference between psychotic and non-psychotic perceptions of reality. It begins by outlining the construction of a conceptual framework in infancy. The core of this enables differentiation between self and object, and internal and external space, underlying a non-psychotic perception of reality. The conceptual framework may be inadequately formed or subjected to internal dismantling, in which case a psychotic perception of reality dominates. Case material from two child psychotherapy patients is presented and linked with Bion's theories of psychosis to illustrate a shift between non-psychotic and psychotic thinking in the analytic hour. A psychotic perception of reality dominated by unconscious processes, as identified by Freud and developed by Matte Blanco, is explored.

Keywords: psychosis; Bion; preconception; conceptual development; Matte Blanco; symmetrical thinking

This paper explores the development of a conceptual framework that underlies an ordinary non-psychotic perception of reality. The framework is based on core concepts, which enable differentiation between self and object, and internal and external space, constructed in the course of infancy. In a small group of psychotherapy patients the conceptual framework is insufficiently developed and may collapse or be subjected to internal attack. Psychotic states of mind then predominate. A fluctuation between psychotic and non-psychotic states of mind can occur, often in a single psychotherapy session. Two child psychotherapy sessions from different patients are presented in this paper to demonstrate the shift, linked with Bion's theories of psychosis. With these children, the incapacity to tolerate an awareness of separation of self and object appears to underlie descent into psychotic states of mind. This paper describes a non-psychotic perception of reality as being subject to the ordinary laws of logic. In psychotic states of mind, reality is perceived through unconscious processes that have their own logic, radically different from common sense logic. This paper identifies the features of unconscious logic that give shape and form to psychotic states of mind, drawing from the work of Matte Blanco. Psychotic and non-psychotic perceptions of reality are seen to be radically different from one another.

Development of a conceptual framework

How reality is perceived is dependent upon underlying structures in the mind, structures that are constructed from birth, through infancy to adulthood. The blueprint for

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the development of these structures has been described as predetermined and innate (Kant, 1781). Bion (1962a) explored the development of the mind in his theory of thinking. He hypothesised that a preconception (a concept empty of experience) met its realisation in experience, leading to the development of a concept. A concept forms an organising principle of experience. Bion maintained that preconceptions form the potential for growth and development at each new encounter in which the individual is open to experience.

In Bion's theory of thinking, the preconception of the breast served as a model for his theory, although he made oblique references to other pre-conceptions in relation to the self. This paper suggests that underlying Bion's theory of thinking is the premise that a system of concepts underlying a non-psychotic perception of reality begins life as a series of interlinked preconceptions in the mind in infancy. Preconceptions appear to be inter-related, dependent upon one another and overlapping, enabling the mind in favourable circumstances to develop according to an innate structuring. If these structures fail to develop, a psychotic perception of reality dominates.

Bion (1962b) maintained that the meeting of preconception with realisation is achieved by way of the primary object's capacity to process and transform the child's emotional experience. Introjected by the child, an internal object capable of alpha function is established with which the child can identify. Bion described alpha function as a kind of waking dreaming taking place below the level of consciousness, forming the fabric of symbolic thinking and concept formation.

Concepts developing in infancy from interlinked preconceptions include: a separate self and object; a concept of an internal three dimensional space in the mind and a perception of external reality separate from the self; concepts of space and time, including object relations, actions and thoughts ordered in sequence; a concept of absence, distance and discontinuity; a concept of a procreative couple separate from the self and a concept of reality distinct from phantasy, and the symbol distinctly different from the thing it represents. Preconceptions meet with realisations in experience and become concepts in each of these overlapping areas of development, as outlined in the next section.

Concepts developing from preconceptions

The concept of a separation between the self and object develops gradually, building on the preconception of a breast meeting its realisation in experience. Miller *et al.* (1991) present an observation of an infant, Eric, at 12 days old:

When mother moves him slightly, his hand falls and he appears to be poised motionless in an interrupted movement. His body is tense. As he makes a few mouthing movements in the air, he seems more relaxed. He rolls his eyes in a backward direction, arches his neck, scowls and begins a muffled cry. Then he arches his head back several times while barely moving the rest of his body. As soon as the baby resumes a light cry, mother rubs his tummy. When the intensity of crying continues, mother gives him her breast ...

(Miller *et al.*, 1991: 80)

In good enough parenting there is a preconception and realisation of a link with a breast capable of receiving the infant's primitive terror. Projective identification of primitive feelings associated with the fear of dying functions as a link with the breast, developing as the baby's cries increase in intensity and desperation. The infant's hatred

and envy of the breast, stirred by its absence, poses a constant threat to the link and the mother is challenged to maintain it, relying heavily on her internal resources. If the link can be established the infant's feelings of frustration are managed and she begins to form awareness of an object, separate from herself, who will ameliorate her cries.

If the infant's hatred and envy can be tolerated there is the beginning of an experience of internal and external space, where the desired object inhabits a space separate, different and disconnected from the self (Rey, 1994). The containing mind gives the infant an experience of three dimensionality linked with the perception of an internal space, the mind of the mother, which can hold the infant's experience. Introjection of a three dimensional internal object gives the infant an experience of an internal space of his own.

The repeated experience of the infant's state of mind being projected, responded to by the mother and re-introjected provides the basis for the development of the concept of self and separation from the object. Displacements through projective identification may lead to distortions in the concept of internal and external space if there is not a corresponding introjection of a mind capable of receiving projections. If this process does not operate adequately there is a feeling of merging with the object because part of the self is projected and located within it.

For the infant fragments of subjective experience are not initially linked together. Boundaries between forms are not distinct and the dynamic movement in space means that objects lose their distinct forms. For the infant who has not yet constructed a concept of a whole object, the breast during feeding represents a subjective experience.

The self and other gradually come to be perceived as distinct and separate from one another along with the formation of internal and external space. There is a formation of a concept of 'I', leading to a self that can be named as an object amongst other objects. Winnicott (1960) described this as an infant changing from a relationship to a subjectively conceived object to an object objectively perceived. The self, where parts of the personality are bound together, is felt to exist within a psychic skin (Bick, 1968).

This development does not always proceed smoothly. Charlie aged four years and 11 months had a pervasive developmental disorder that involved a confusion of self and other.

During one session after approximately a year of intensive psychotherapy, he came into the therapy room talking about boys at school who he said had hurt him. He looked immediately inside a drawer in which he had once found three cars belonging to another child. He brought a toy dressing table over to me and tilted the mirror until he saw my reflection, and he became preoccupied with a strip he had cut from his Christmas holiday calendar. He drew a box with a few letters. He said they said "Robert" (although he had in fact written letters from his own name), "in" and "January". He gave me a piece of paper, pushed a pencil insistently into my hand and with great urgency told me to write: "Inside was the January, and lots of people went in. In the toy box a big full of toys (*sic*). Inside was. There was a boy called Janet and there was a mirror inside".

We will return to think about Charlie later in the paper but here it is sufficient to say that Charlie appeared to have a fundamental confusion, intensified through projective identification. This is evidenced by his association between the aggressive boys at school and the cars belonging to another child that had sent him, in a previous session, into a rage with his psychotherapist and the owner of the cars. According to Bion's theories, projective identification underlies fundamental confusion in a capacity for thinking (1962a). This theoretical model underpins the conjectures of this paper. It is

beyond its scope to pick up the wider neurobiological debate. A lack of differentiation between self and other is apparent in Charlie, linked with his massive tendency towards projective identification. He was confused about what was inside and what was outside, and muddled in relation to his concept of time. Charlie's thoughts were literally falling into each other and his concepts were inadequately formed. He lacked a capacity for alpha function that would have provided him with a function to enable him to think his thoughts.

Alvarez emphasised the capacities of parents to organise experience into sequences in enabling children to develop an awareness of time. She maintained,

What gets internalised in normal development is not just an object, or rather two objects, with spatial form; it is an object, or two objects, with a dynamic form – a shape in time. (Alvarez, 2012: 62)

Alvarez explained that each aspect of experience needs to be given time to be fully explored by infant and caregiver. She stressed the importance of the child learning that thoughts can wait their turn to be thought about, the movement of thoughts through time being different, and as significant, as their content. Events are given order in the external world but also in the internal representations of actions and thoughts making up mental processes. A concept of time develops from a preconception that events, external and internal, can be ordered in sequence.

Alvarez placed emphasis on the presence of the object in the development of thinking in contrast to Bion (1962a) whose theory of thinking places a child's capacity to bear the frustration of absence at its centre. Bion emphasised the importance of the child being able to tolerate frustration in relation to the absent object sufficiently to modify the experience through thought. For the child to tolerate frustration it is necessary to identify with the internalised alpha function of the mother, and for elements of frustration to be processed and symbols to be formed, rather than to evacuate the frustration of the experience through projective identification.

Notwithstanding the importance of the present object, the thought of the absent object paves the way for thinking processes that are removed from the concrete situation. The thought of the object is represented by way of a symbol, and the symbol is separated from the thing it symbolises (Segal, 1957). This enables an internal representation of the self, separate from the object, and the object separate from the self. Only if frustration in relation to the absent object can be tolerated, resulting in symbol formation, can there be a true separation in the thinking processes between self and object.

Frustration perhaps does not adequately capture the emotional experience of the loss of the object. Loss brings about pre-Oedipal anxieties: a terror of disintegration, annihilation and falling into space because of the lack of a skin to hold the fragments of the personality, and the loss of parts of the self through projective identification (Bick, 1968). A new set of anxieties associated with the recognition of the third object and the onset of the Oedipus complex compounds the problem.

When absence and loss can be tolerated and objects have a separate existence in the child's mind, a process of classification can begin. Sameness and difference between objects can be distinguished, qualities of objects and their relations can be abstracted and named. Concepts are subjected to further differentiation. Bion (1962a) stated that a concept does not necessarily meet a realisation in experience that approximates to it sufficiently. Adjustments and extensions to concepts, which become increasingly sophisticated and differentiated from one another, need to be made in the course of learning from experience. A non-psychotic perception of reality exists by virtue of an underlying conceptual framework, separating inside from outside, and self from

object, within a fabric of space and time. These concepts underlie ordinary pre-latency development.

Conceptual structures can break down and the child's non-psychotic awareness of reality may be weak and liable to collapse. Concepts can be subjected to internal attack and dismantlement leaving underlying psychotic processes exposed. The consequences of this are found in psychotic states of mind. The following case material is an illustration.

Case material one: Charlie

Charlie, referred to earlier, had a sister who was four years older whose birth was extremely traumatic. His parents were terrified she would be brain damaged and his mother described returning early to work to put the worries out of her mind. When Charlie was born her anxiety returned with him as its focus. She hovered over his every whimper, staying at home full time in order to care for him. He was referred to his local child and adolescent health service at three and a half years following concerns expressed by the staff at nursery school about his development and his erratic, rather strange behaviour.

This is a fragment of a psychotherapy session when he was four years and nine months, 11 months into three times a week psychotherapy treatment.

He was unusually alert today. He walked over to where I was sitting. "You've forgotten about the new pencil," he said to me. A bit taken aback, I said I thought Charlie had forgotten about his new pencil up until now, but I was to be the one who forgot; now he was thinking about it. He looked in his box and asked where it was, although it was obvious he was looking at it. I said it was there but he didn't want to see it. He took it out immediately and looked at the writing on it. "What's its name?" he said.

The arrival of the new pencil had disturbed Charlie in previous sessions and he would not look at it or acknowledge it was there. Now he allowed himself to have a thought about it, and the turning away from it was projected into me, as was the act of looking at it. He denied his awareness of his sense impressions, located them in me through projective identification and experienced significant self/object confusion. The transference was one of being intruded into and his use of his object was as an extension of himself. The pencil also appeared partially merged and confused with himself and his object.

He lay on the floor making noises and I said he wanted to stop thinking. He was still holding the pencil. He said, "If you press cancel, that's naughty!" I said Charlie didn't want me to say, "It's time", or cancel his therapy session and make it go away. He said he wanted to go to the toilet. He was already at the door and I took him. I noticed what an ordinary boy he seemed today. When he washed his hands he pointed to the cold tap and said it was hot, and to the hot tap and said it was cold.

Back in the therapy room he had a drink of water. He lay on the floor and took off his shoes and half kicked me and half pushed me with his feet. I said he was cross; he didn't want me to say it was time. He said the new car had gone away. He picked up another car and got up onto the chair and onto the desk. He pushed the car along upside down and said it was the wrong way round. I said everything was back to front today, the hot tap was the cold tap, the cold tap was the hot tap, and the car was upside down.

Charlie had collapsed onto the floor. (This was a regular occurrence – on the way to and from sessions he often had to be half-dragged along by his mother. At these times

a sense of his own position in space was lost). Language had become noise and lost its meaning. Charlie had stopped thinking. In his own words he had pressed cancel and his thoughts had gone, an equivalence with pressing cancel on a computer screen and being left with a blank screen, and evidence of concrete thinking. In the transference he was furious with me for cancelling his therapy (he had had an experience of a cancelled psychotherapy session some weeks previously). He had turned the attack on to his own thinking processes, being intolerant of the frustration caused by his awareness of discontinuity. His use of the toilet to dispose of disturbing feelings was familiar. Although there was evidence of him dismantling his thinking, he was functioning sufficiently to appear quite ordinary. His spatial awareness was apparent in the way he walked. In the bathroom he asserted his own omnipotent view of reality by changing around the hot and cold function of the taps. He pushed the car along upside down, turning the concept of spatial positioning on its head.

He lost interest in the car and looked across at me and smiled. He said we would change chairs and he got up and pulled at my shoulder and said "Get up!" He told me to sit on another chair. Feeling bullied, but interested in what he was doing, I did this. He shouted "change" and laughed and we both had to run to the other chair. This was repeated a few times. I said Charlie had made up a game of change, he liked to change things around but I wasn't going to do it any more. Charlie said the game was finished.

Charlie switched off the light and I said "All thoughts go away. Charlie is not going to think any more". He lay on the settee with his head down and after a minute or so I turned on the light. He switched it off again and I said "no more goodbyes, no more cancelling sessions, no more new car, no more new pencil!" Charlie said "no more thoughts, Guy Fawkes." He was sitting on the chair. I wasn't sure if he'd gone blank or not and I asked "have you gone away?" He looked up and beamed and said "no!" I said we could think about saying goodbye for today.

Charlie evidently gained pleasure from his power to change one thing into another and was playing with this idea. His omnipotent control was on the boundary between object relation and psychotic thinking, and he had the power to distort reality. It became clear to me that his pleasure in changing was linked with taking a perverse pleasure in the distortion of reality and I stopped the game. Unable to tolerate the discontinuity of the activity coming to an end, Charlie 'fire-worked' his own thoughts, attempting to obliterate his awareness of reality. I thought I had lost him like so many times before but it was possible to once more make contact and mark the end of the session.

Psychotic states of mind

Bion (1957) identified two conditions for the onset of psychotic thinking – a highly unfavourable inborn disposition and interaction with an adverse environment. He identified features of the psychotic personality including: a prevalence of destructive impulses, a hatred of reality and a dread of annihilation, leading to an excess of projective identification, disordered thinking and confusional states.

Bion speculated on these factors influencing the development of a psychotic state of mind and it is likely that they were present in Charlie's early years. His tendency towards an excessive use of projective identification was massive. The expulsion of his ego functions into his psychotherapist, including his sense impressions, led to a diminishment of his ego to the extent that it was often not possible to make contact with him. His sense organs became engulfed in the *process*. Charlie's awareness of self and

other was obliterated and he was profoundly muddled and confused about what belonged to whom. Any differentiation of himself from the features of his environment could easily slip away.

Bion stated that when projective identification for the purposes of communication breaks down projection is carried out with an increasing force and frequency that strip the projection of its meaning. Anxiety is present in the infant at intolerable levels so there is a dread of imminent annihilation. One way of evading anxiety is to project so massively and insistently to the point that so much of the self is thought to be in the other that there is no perception of difference between the two. Projective identification is used differently, as its aim is to evacuate and to eradicate awareness of the self and other (O'Shaughnessy, 1992).

Charlie had been profoundly disturbed by the newness and difference of the pencil for a number of weeks, its appearance signifying to him the unpredictability of objects coming and going outside his sphere of influence. The shock to his primitive narcissistic hold on reality threatened a severe collapse in his functioning, a falling into space, and loss of any sense of coherence. To defend against this he massively and insistently projected so much of himself that there was no difference between himself and his object. His projection was stripped of meaning in the process.

Bion (1962a) described the effect of destructive attacks on the patient's ego and thinking. If the 'thought of an object in its absence' fails to develop, the feeling of frustration at the preconception meeting the realisation of a 'no-breast' instead of a breast is unthinkable. The thought that would link infant and breast and the apparatus for thinking the thought, in the form of alpha function, are attacked and evacuated. There is an unrealised preconception of a link, and an inability to think or store thoughts. The development of an apparatus for thinking is disturbed and there is enhanced development of the apparatus of projective identification. The concepts of space and time suffer the same fate as other expelled parts of the personality. Charlie was furious with me when a realisation of discontinuity came into his mind. Unable to process his awareness of loss and absence, or his associated frustration and anger, he left the room. In the bathroom he proceeded to actively dismantle his conceptual understanding. This appeared to be an active attack on his thinking, a wish to distort reality and turn things upside down so they lost meaning. Once reality was distorted and under his jurisdiction it no longer had the power to shock or disturb him.

Bion discussed the establishment internally of a projective-identification-rejecting-object that meant the infant had a wilfully misunderstanding object with which he was identified. He called this an ego-destructive superego that attacks rudimentary thought: a part of the self opposed to the self. He suggested that all disturbing thoughts are treated as bad internal objects and the psyche becomes an apparatus for expelling them.

Alvarez (2012) suggested Bion placed too much emphasis on the destructive internal object. She maintained more weight should be given to deficit in terms of the development of thinking: unformed thoughts rather than an attack on thinking. Alvarez reminds us that it is important to hold in mind that the internal object can be neglectful as well as destructive and aggressive. Meltzer (1975) made a useful distinction between a passive non-sadistic dismantling of the self, through the suspension of attention, and the deployment of destructive and sadistic impulses in order to attack the link with the object. When Charlie collapsed on the floor making meaningless noises his capacity for thought appeared to have fallen apart passively making it necessary as his psychotherapist to 'mobilise his suspended attention' (Meltzer, 1975: 15). Charlie's passive collapse of thinking appeared more related to a deficit than an attack on thinking.

However, Charlie was also intent on attacking the coherence of reality and bending it to his will. As well as reversing the meaning of the hot and cold taps, he dismantled his *spatial* concept of orientation and position; the car was turned upside down as he pushed it along. He did say it was the wrong way round so while aware how reality dictates, he actively chose to turn it on its head. His spatial orientation was in fact unusually intact on this day; he was walking upright and straight and I had specifically noticed this. Charlie was not lacking a concept of vertical position but deconstructing it and substituting an alternative reality. Meltzer described how 'a certain tyrannical attitude would not brook the blueness of the sky being forever mated with the greenness of the grass, but asserted that this arrangement was under the child's control, that it existed as such only insofar as he saw it as so' (ibid.: 26). Charlie's game of changing chairs perhaps confirms the pleasure he took in changing one thing for another, substituting the pleasure of the power to distort reality for the frustration of adapting to it. Sadistic pleasure in a habitual process of dismantling his tenuous capacity for thought had perhaps contributed significantly to a delay and deficit in his conceptual development.

Bion (1957) put a good deal of emphasis on the psychotic patient's hostility to reality. He suggested that the psychotic personality splits into minute fragments all parts of his personality that would make him aware of the reality he hates. This amounts to the expulsion of the means by which the ego knows reality, fragmentation and expulsion of the senses, consciousness and thinking. The fragments are evacuated with hatred, along with fragments of ego and superego, so that they enter into or engulf discrete objects in the environment. Consequently the patient feels that he is surrounded by bizarre objects and he moves in a world of objects that are the furniture of dreams. According to Bion, projective identification of conscious awareness is the central factor to differentiate the psychotic from non-psychotic personality.

Charlie appeared to be shifting between being more or less orientated to reality. He was partially able to conceive of the possibility of discontinuity, although this awareness was subjected to excessive projective identification and internal attack. Bion (ibid.) maintained that a psychotic patient also has a non-psychotic personality and there is a shifting back and forth between the two. He emphasised that this group of patients cannot bear the dominance of frustration, but they do not completely evade it. Such a patient finds a resort in omniscience. The ego is never totally withdrawn from reality and contact is retained by way of the non-psychotic personality. Bion understood the withdrawal from reality to be an illusion arising from the use of projective identification against the apparatus for thinking. The apparatus for thinking still exists and reality can at times be perceived intact. The instability of the ego or its weakness is linked to excessive use of defensive manoeuvres: projective identification, omnipotence, and denial, identified by Melanie Klein (1946) to be in operation in the paranoid-schizoid position. The following case material is again illustrative of both non-psychotic and psychotic parts of the personality and the interchange that is possible between these two states of mind. I am indebted to Sarah Hoyle, child psychotherapist, for this clinical material.

Case material two: Andy

Andy was a nine year-old boy with a sister who was two years older and a brother aged two. Following his birth, his mother had health problems and post-natal depression. Andy had trouble feeding as an infant, problems with attachment and he banged

his head excessively. He was diagnosed with pervasive developmental disorder at the age of six. This is an extract from about half way through a session some months into his weekly psychotherapy. In the previous session he had started making a model of the therapy room.

Andy took everything out to make the room in a systematic way, lining up scissors, pens, papers and his 'instructions' on the floor. He had completed one wall so far, the one with the door. He had cut it so that the door opened, and showed his coat hanging on it, and there was great detail including a nail in the wall. He continued to colour the wall and said he wouldn't forget anything. He opened the door and said he wished the "best book ever" was there. His therapist asked what sort of book it would be and who would be in it. Andy put his face on the carpet, through the door, shouting over what his therapist was saying. "Where is the best book ever?" he shouted loudly, sounding angry.

His therapist said that it wasn't fair, it seemed that the best book ever wasn't there. Andy went back to painstakingly colouring the wall, and looking at the room, realised he wouldn't be able to fit in the whole wall with all the furniture and he seemed overwhelmed by the difficulty of what he had set himself. His therapist commented on this. Andy picked something from the carpet with a look of disgust and said "horrible hair". His therapist talked about an annoying hair being on the carpet. Andy leaned over and looked under the couch and made a noise that suggested resigned disappointment. His therapist said he once saw a ball under there, a long time ago.

Andy pulled up the leg of his trousers, saying he was itchy, and scratched vigorously. He then bit his knee hard leaving red marks. His therapist had been talking about his leg being itchy, and then was suddenly shocked by the biting and said that there were red marks and they looked like they hurt.

"Oh good red marks, I like red", Andy said with glee. He added that he could make red marks on himself, which would mean he didn't have to go to school. His therapist said how horrible he must find school if he put red marks on himself so he didn't have to go.

He said they didn't give red marks at his school – only at the high school – and he wouldn't go there for two years. His therapist realised he had changed the meaning of 'marks' and said she had been meaning a different sort of red mark. Andy looked a bit deflated: his therapist said both sorts of marks could hurt.

Andy started saying that his sister was at the high school and he didn't want to go because she was there. His therapist started to comment on this, but Andy had got up to pack away the pieces for the room, saying he would do it another time.

The sink made a noise caused by someone in another room turning a tap on. "I hate you sink, making a ***** noise at me!" Andy said. His therapist said what a lot of annoying things were happening today. Andy looked in his box and took out a cut-out drawing of a gun he had made, and fired it at his therapist. She said she thought she was annoying him today. Andy approached her and pointed at some writing on the gun. She said the words 'bang' and 'shotgun' were written backwards. "I like it", said Andy in an excited whisper, and then immediately added, "I didn't say it. Another person said it."

The session continued and the material was particularly hard to follow.

There were attachment problems with Andy in his early years, difficulties with emotional communication in the early mother/infant relationship. An unfavourable inborn disposition is likely to be another significant factor but the emphasis here is on

his use of projective identification. It is possible to speculate that his head banging in infancy was a consequence of extreme frustration, aggression turned on himself and excessive projective identification in an attempt to stir up anxiety in his object. This is evidenced by his recreation of this object relationship with his psychotherapist in the transference in this therapy session. In the first part of the extract Andy created a model of the therapy room, an extension of an activity he had begun in a previous session. Time since the last session appeared condensed and he was back where he was then. The model therapy room was his creation, under his omnipotent control. It was a substitute for the actual therapy room with the aim of being an exact copy, a symbolic equation rather than a symbol, indicated by him shouting through its door. The therapy room he created was a delusional extension of himself.

It dawned on him that he did not have everything. It began as a wish for the 'best book ever', but I think what was stirring was a thought that he was missing something, an ever present 'biggest and best ever breast' which he could access without regulation or restriction. The absent object, perhaps representing the reality of the discontinuity between this session and the last, entered his awareness and he began to become angry and frustrated.

He started shouting and demanding and, after his therapist referred to the unfairness of the absence of the book (breast), his omnipotence began to collapse. He was overwhelmed and could not manage to continue with the task he had set himself. His transference was to an internal object that could not help him with the frustration stirred by the limits to his omnipotence, and the unpredictability and loss of his object.

The sign of the intruder into the therapy room disgusted him when he found the hair on the carpet. It appeared to confirm the independence of his object and the limits to his omnipotence. How dare they come in to his space! His mind was full of intruders that get all the best things, as his thoughts turn to the ball he once found in the therapy room. He tried unsuccessfully to flatten the disappointment and the underlying hostility and rage he felt at not being in full possession of his object.

He turned the primitive rage on himself in a sadistic attack, rather reminiscent of his head banging and equivalent to biting the breast that frustrated, angered and disappointed him, using the weapons at his disposal, his nails and teeth. He responded to his own attack with perverse excitement and masochistic pleasure.

What he did next was the beginning of the psychotic process in which a hatred of reality fuelled an attack on his own thinking processes. He fragmented the memory of the attack on himself by switching the meaning of the words 'red mark' so the sense was changed, and his sister became the recipient of the pain. Any thought of what he had done to himself was obliterated and he had dismantled his aggression and, alongside it, his awareness of his frustration at the absent object.

The sink making a noise then took on the qualities of a bizarre object containing the evacuated fragments of his hostility, threatening and intimidating him from the outside. His therapist gathered him and named the hostility in the room. The impact of her interpretation brought his hostility back into the transference, and he pointed the gun he had made at her. The therapist directly named his annoyance with her and this led to Andy fixating on the reversal of the words, bang and shotgun, losing his aggressive feelings towards his therapist in the process. He enjoyed the excitement of his power to change and distort reality. At the same time he unhinged his own mind. He was left thoroughly confused about who said what in what amounted to a loss of sense of self.

Andy could not tolerate his frustration in relation to the absent object and unhinged his own mind in a manoeuvre that led him to lose touch with reality. There were simi-

lar features in Charlie's clinical material whereby a hatred of the reality of absence led to a dismantling of his conceptual structures. Unconscious processes then took precedence with both children, inducing psychotic states of mind. It is necessary at this stage to explore further unconscious processes with recourse to the thinking of Freud and Matte Blanco.

Unconscious processes

Freud (1920) called the functioning of the unconscious 'primary process', as opposed to 'secondary process', which is concerned with functioning in the external world. He identified a mental apparatus, analogous to a conceptual framework, stirred into action by the demands of the reality principle, but he was familiar with the fact that there could be an intrinsic hatred of thought and reality. He recognised that unconscious primary process was evident in psychotic thinking but also drew attention to its presence in jokes, slips of the tongue and dreams.

A turning away from the demands of reality was evident in the clinical material of both Charlie and Andy. Both patients attempted to dismantle their awareness of reality and consequently were thrown back to a prevalence of unconscious processes in which psychic reality predominated over external reality. Freud (1915) defined replacement of external by psychical reality as one of the characteristics of the unconscious along with absence of time, displacement, condensation, absence of mutual contradiction and absence of negation.

Freud's discovery of the transference was based on recognising the tendency towards displacement in unconscious processes whereby qualities of the self and the internal objects are displaced onto others. Displacement also operates within the processes of introjection and identification, where representation of the self and objects are displaced onto one another and seen as equivalent. Conversely, in projection parts of the self are displaced and located elsewhere. These factors operating in the unconscious underlie the confusion of self and object in psychotic thinking.

Matte Blanco

Matte Blanco (1975) took Freud's understanding of the unconscious as a starting point. He argued that entirely different laws from those governing conscious thinking rule the unconscious. The logic he outlined as an organising principle in the unconscious helps to illuminate psychotic processes and gives an insight into a different perception of reality. Matte Blanco identified a system of logic he called 'symmetrical thinking' in the unconscious that operates simultaneously with the asymmetrical logic of conscious processes, often in the same mental product. Usually both systems of logic work in harmony with one another but in psychosis they are in discord (Rayner, 1981).

Asymmetrical thinking

Relative knowledge is gained through the capacity to discriminate relations, the mind's capacity to divide and contrast and order data into concepts, classes or sets, including subsets in which differences are further defined and represented with language. This begins with a capacity to distinguish self and object and develops into the capacity to classify and name aspects of the external and internal world. The understanding of the meaning of a word depends on recognising and distinguishing its class characteristic.

The conceptual framework underpinning a non-psychotic perception of reality is dependent entirely on the asymmetrical logic of class relations. Stripped of content and context, an asymmetrical relationship is one whose converse is not identical to it. For example; if John is the father of Thomas, the relation and its converse are not identical. Thomas is not the father of John. When dealing with the external world common sense asymmetrical logic is essential in enabling difference to be recognised.

Symmetrical thinking

Contrast this with symmetrical thinking.

Jane is the sister of Mary, Mary is the sister of Jane, is a symmetrical relation.

The logic of symmetry treats the converse of any relation as if it was identical with it. Asymmetrical relations are treated as if they are symmetrical. Hence, Sarah is the mother of Sam becomes with symmetrical logic interchangeable with Sam is the mother of Sarah (Rayner, 1995). This is the principle of symmetry. It represents a different system of logic from that described in the build up of a conceptual framework in infancy. It represents the logic of the unconscious and it is constantly in operation in unconscious thinking and psychosis. Unconscious logic obliterates difference and moves towards equivalence. At an unconscious level of experience, subject and object are undifferentiated so the terrors of separation are not encountered. Emotional experience that cannot be tolerated can bring on a tendency towards symmetrical logic. If emotional experience is not acted on by alpha function it is potentially disturbing to the cohesion of the self. Symmetrical thinking is a way of avoiding contact with the pain and frustrations of reality and can be identified in the case material of Charlie and Andy. It is symmetrical thinking that is in operation when Charlie makes equivalent 'hot' and 'cold' and turns spatial positioning on its head, as there is an equivalence between the relation and its converse making them interchangeable. Differences lose their integrity in symmetrical thinking. In a similar way his psychotherapist becomes interchangeable with the bullies at school, or indeed his own aggression, in the transference.

In non-psychotic thinking the ego keeps a check on symmetrical logic so it does not overturn the operation of conceptual thinking in the service of adapting to reality. At the disposal of the ego, alpha function involves a capacity for asymmetrical thinking, holding emotional experience in the form of symbols within its structures without disintegration. Identification with an internal object incapable of alpha function results in an intolerance of emotional experience, an increase in symmetrical thinking and vulnerability to psychotic breakdown.

Perception of time: applying the principle of symmetry to time

Event B follows Event A is equivalent to Event A follows Event B because in symmetrical logic the converse of the relation is equal to the relation. Time equals a sequence of moments following one another; without serial ordination a sequence cannot be distinguished and a concept of time collapses. So, as Freud identified, there is an absence of succession in time in the unconscious. The future and past melt into one another and disappear (Matte Blanco, 1981). Charlie's difficulty in thinking his thoughts in sequence was related to his tendency to symmetrical thinking. Without an internal

object helping him to sequence and order his thoughts in time, his thinking was muddled and disorientated and his thoughts tumbled over one another.

Part/whole equivalence

When the principle of symmetry is applied the part becomes identical to the whole. Asymmetrical logic dictates that when Y includes X, X is included in Y. When symmetry intervenes Y includes X and X includes Y. Space within Y disappears. Whole objects are experienced as being identical to their parts (Rayner, 1995). Charlie's concept of 'inside' was related to the impact of unconscious, symmetrical thinking. He had separated himself from his psychotherapist sufficiently to recognise the idea that there could be an 'inside' but the concept was only partly formed and he was muddled by what was contained within what.

In asymmetrical logic members of a class have some attribute in common but are differentiated from one another and the whole class. If symmetry rules then individual members and the whole class are not differentiated from each other, but treated as the same. Andy's substitution of the meaning of 'red marks' was an example of equivalence of members of a class. One meaning was interchangeable with another entirely different meaning because both belonged to the same class, that of 'red mark'. Substitutions of this kind are familiar in psychotic thinking and are recognisable in children with pervasive developmental disorder. In the transference, the primitive object and the object that is the focus of displacement are treated as equivalent. Symmetrical logic has been applied and obliterated their difference. The psychotherapist can be perceived as if she was the internal object rather than being essentially different (Rey, 1994). For Andy, the recreation of the head-banging object relation, when in extreme frustration he turned his aggression on himself in an attempt to stir up anxiety in his object, was an example of equivalence in the transference. The object relation was repeated and time between the occurrences was obliterated; the distinction between the internal object and his psychotherapist was lost. A greater recourse to symmetrical thinking in an individual leads to a more powerful recreation of the transference.

Symmetry is however, important and necessary to development. Without symmetry there would be no metaphor, poetry, symbolism or play. All rely on equivalence between symbols and experience, while maintaining an awareness of the difference between the two, therefore involving both symmetrical and asymmetrical thinking.

A poem by Philip Larkin demonstrates this.

Friday Night in the Royal Station Hotel

Light spreads darkly downwards from the high
 Clusters of light over empty chairs
 That face each other, coloured differently.
 Through open doors, the dining room declares
 A larger loneliness of knives and glass
 And silence laid like carpet.

(Larkin, 1988)

To make sense of the poem, an awareness of equivalence and difference is needed. Metaphor symbolises emotion. Without a capacity to separate the symbol from the thing it represents, knives and glasses are lonely and carpets are silent: they become bizarre objects. In the absence of alpha function, symbols become symbolic equations,

thoughts are treated as things in themselves, and phantasy becomes delusion rather than representation (Segal, 1957). There is degeneration to unconscious thinking in which phantasy and reality are treated as equivalent. With Andy, his creation of a therapy room was a delusion rather than a symbol. There was no differentiation between symbol and the thing it represented.

Symmetrical logic also underlies projective identification, whereby parts of the self are perceived as being equivalent to the object, there being no discrimination between the object and the part of the self that is projected. Charlie's excessive use of projective identification was fundamental to his phantasy of being merged with his object.

Introjection and identification also involve an annihilation of difference and the use of symmetrical logic to equate self and object. Describing her experience of growing up in Northern Ireland in her autobiography, Caroline Owens discussed the aftermath of Bloody Sunday. She said,

The British Army had altered the course of a generation, as they had shot through the hearts of every man, woman, and child in the city, and so we were all surely wounded one way or another, some more seriously than others.

(Owens, 2012: 129)

This description illustrates the use of symmetrical thinking which is part of the process of identification with others and empathy. Asymmetrical logic is also needed or else the self and other become equivalent and undifferentiated. The greater the degree of symmetrical thinking, the greater the extent the self is equated with the other, or an aspect of the other or with the group.

Representations of the self and other can actually occupy the same psychic space in projection, introjection and identification. An object getting inside another object or a moment getting inside another moment appears out of the question if considered in three dimensions but is quite possible in the unconscious. Data in more than three dimensions appear to be able to be processed in the unconscious but it cannot translate these multi-dimensional phenomena into logical, asymmetrical thinking. Matte Blanco (1975) described this as equivalent to trying to fill a jug in a painting with water, which cannot be done because it has only two dimensions and to receive water it would need three.

An analogy in physics would be if you could rotate in four dimensions, you could turn yourself into a mirror image where your left side becomes the right hand side, so your left hand would become your right hand and vice versa. This bears a striking resemblance to the impact of symmetrical logic on psychotic thinking. The unconscious processes can only make connections with asymmetrical thinking and become known through them. Only the remnants of multi-dimensional thinking remain, recognisable in phenomena such as the transference, projective identification and in confused thinking where coherence is lost and objects and their parts become equivalent.

Symmetrical logic is a necessary part of mental functioning and exists alongside logical thinking. Its part in symbol formation brings emotional richness and depth to experience. In psychosis the balance between the two types of logic is disturbed. Matte Blanco identified psychosis as an attempt to restore the symmetry of the unconscious by abolishing external reality and the otherness of the object. Psychosis attempts to undo the intrusion of external reality and conceptual structures, responsible for a state of discontinuity. At deeper levels of the unconscious there is pure symmetry, no

separation between self and other and no space-time concepts. Matte Blanco stated that '... in the deep unconscious a breast, a book, a teacher are not different things, but the same thing, just "breast-ness"' (1981: 515). This has associations with Andy's 'best book ever' and its link with the absent breast.

Matte Blanco made it apparent that the logic of the unconscious obliterates the difference between self and otherness. Bion (1962a) stated that the psychotic patient becomes omniscient, undifferentiated from a homogenous world whenever reality painfully intrudes and cannot be tolerated.

Psychotic perception based on unconscious logic

Symmetrical logic underlies a psychotic perception of reality. It was the process underlying the excessive projective identification that led Charlie to a fundamental confusion between himself and his object. Symmetrical thinking enabled him to return to the deeper layers of the unconscious where there was only omniscience and no differentiation. His ego functioning was often entirely located within his object and he lost the capacity to orientate himself. Symmetrical logic can be applied to concepts of space and time in which case perception is fundamentally affected and loss of contact with reality ensues.

Patients in child psychotherapy treatment can be seen to fluctuate between the non-psychotic and psychotic states of mind. A shift from awareness of external reality can be made by the use of symmetrical logic to equate self and object, obliterate time sequences and spatial relations, or to strip words of meaning or substitute meanings for similar sounding words. Slippage into symmetrical thinking appears to function as a refuge from the terror and anxiety associated with the absent object. Both Charlie and Andy demonstrated the use of symmetrical logic in instances when they were unable to tolerate awareness of separation.

The formation of a true symbol, initially in relation to the absent object, involves the use of asymmetrical and symmetrical thinking. When absence cannot be tolerated unconscious logic predominates and the distinction between the symbol and the thing it represents is lost. Symbolic equation and delusion remain in an omnipotent assertion of subjective experience over the demands of reality. Concrete thinking perpetuates the denial of difference between psychic and external reality as the products of phantasy are treated as if they are reality. The psychotic personality is caught in a delusional world, furnished only by products of its own thoughts and hallucinations. Andy's construction of his therapy room had this bizarre quality.

Matte Blanco identified the process, through recourse to the logic of the unconscious, by which a non-psychotic perception of reality is dismantled. Internalisation of, and identification with, an object capable of alpha function appears to be a pre-requisite for the development of non-psychotic asymmetrical thinking processes. A deficit in the capacity of the internal object for alpha function, and a tendency instead for projective identification, would then lead to the domination of symmetrical thinking. This theory supports Alvarez's (2012) assertion that it is deficit in the object that is the root of the problem.

However, Bion (1959) asserted that destructive attacks on thinking can have their origins in a patient's hatred and envy, or in the object, but never in the object alone in the case of psychosis. Destructive attacks in psychosis on the links in the mind begin in the object that denies the link of projective identification, but they are fuelled by the infant's inborn envy and hatred of the link between the couple. The result is an internal

object that is destructive of all links. Furthermore, all emotion is hated because of its function of linking objects.

In particular circumstances, aggression can become sadistic, or masochistic if turned on the self (Shaw, 2012). This appears to apply to aggression in relation to links in the mind, in addition to links with the object and the link between the internal parental couple. Charlie's clinical material indicated that masochistic excitement and pleasure can be gained from the act of changing reality according to omnipotent thoughts and wishes, even when the consequence is that the mind is unhinged.

Conclusion

A linked and overlapping system of preconceptions meet realisations in experience to form a conceptual framework which at its roots enables a differentiation between self and object, inside and outside space, and an awareness of time. However, the establishment of a sound conceptual framework underlying a non-psychotic perception of reality cannot be taken for granted. Psychotic processes dominate if the conceptual framework is inadequately formed or subject to collapse and/or internal attack. Psychotic states of mind are precipitated by increasing levels of frustration, combined with a hatred of reality. A descent into psychotic states is accompanied by recourse to the logic of symmetrical thinking. Unconscious processes are always present but without an adequate conceptual framework they invade the mind and dominate perception.

Note

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