

FEAR OF BREAKDOWN: A CLINICAL EXAMPLE

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The case I shall describe in this paper brought alive for me the theory put forward in Winnicott's (1970) paper 'Fear of breakdown'. The case also illustrates the use of the false-self defence organization (Winnicott, 1960) as a means of survival, and the use of the transitional object (Winnicott, 1953) in the process of recovery.

It will be appreciated that in a short communication only the milestones in the progress of treatment can be described. Each milestone represents a new level of ego development and integration. What must of necessity be left out of this presentation is the detail of the hard work and often bitter agony that preceded each move forward. However, throughout the long periods of pain and despair I never felt out of touch with this patient's ruthless drive for survival whatever the cost. It was this that gave the analysis a powerful momentum from the beginning. Previously this drive had maintained the patient's defences against disintegration—but these defences were no longer holding, and the drive for survival had to be invested elsewhere. In the early stages of the treatment I often felt that the patient might not survive. In her aimless wandering about London she could easily have met with a fatal accident.

The moment at which I connected what was happening in the treatment with the theoretical formulation in Winnicott's paper 'Fear of breakdown' was for me one of those cumulative experiences when everything adds up and comes together. At that moment I saw the *possibility* of a favourable outcome for my patient.

In view of what follows, the main thesis in the Winnicott paper will be stated briefly. In Winnicott's view, when the fear of breakdown is clinically manifest this indicates that a previous early breakdown occurred at a time when 'the ego cannot organize against environmental failure, when dependence is a living fact'. At the

dependence stage environmental failure disrupts the ego defence organization and exposes the individual again to the primitive anxieties which he had, with the help of the facilitating environment, organized himself to deal with. This leads to 'an unthinkable state of affairs'. In fact the word *anxieties* is not a strong enough word, and Winnicott lists what he calls the primitive agonies against which new defences must be constructed. This early trauma will continue to be a threat until and unless the patient is able to experience the original event now with the help of the ego supporting analyst (mother). Winnicott concludes: 'There is no end [to the analysis] unless the bottom of the trough has been reached, unless the thing feared has been experienced'.

I shall now describe my case. The patient is a woman now aged 42 who was referred to me by her General Practitioner. She is a professional musician who trained in England and abroad with the expectation of becoming a solo performer. I will call her Miss K.

One of Miss K's main presenting symptoms was her frequent illnesses which had led on occasions to hospitalization for investigations and for treatment. Her recovery from illness was delayed and she was listless and depressed. It was in this state after an illness that she was referred to me. Professionally Miss K did not seem to be making the grade of which she was capable. Her doctor said that Miss K had agreed to see me, but that she was sceptical about 'anything to do with psychiatry'.

The first interview did in fact turn out to be the first session of Miss K's treatment. She looked questioningly at me with a direct gaze and I could detect a determination to hold her own in the situation. She started by saying that she had only come here to please her doctor, and then proceeded to tell me a great deal about herself.

But this was a rehearsed performance so at length I broke in and said: 'I know that you've come to see me because Dr S thinks it's a good idea. But I wonder why you really came? Could it be that you do want some help?' She said: 'Well I don't know about that, but there is just one thing I can't do. I don't know what it is. I know everything about myself, and I always have, and I can manage very well except for this one thing I can't do'. I found myself saying: 'Well, one thing that you can't do is to *be the other person*'. Miss K was visibly taken aback at this idea. It seemed to galvanize her either to ward it off, or to absorb the impact. It was touch and go. Her response was to look at me in an intent searching way for what seemed like a long time, during which neither of us moved or relaxed attention. She was in fact sizing me up and I felt the question hanging in the air was, would I do as 'the other person', and could she possibly risk letting me take that role in relation to herself? At last she relaxed, spoke in quite a different voice, and we made plans to start therapy without delay.

Undoubtedly this first interview laid the basis for everything that has followed, and has never been forgotten by the patient. My response had presented Miss K with the opportunity to break through her usual defence of self sufficiency by offering her an alternative way of living which included another person, namely myself, and she decided to try it. The confidence that she has in her own doctor did, I think, contribute to her willingness to take a risk with me.

I learned that Miss K's mother is a high-powered professional woman of considerable influence. Her father was a gifted man in the musical world. He died when she was 14 but by that time had been divorced from her mother for 11 years. Miss K's brothers have made notable successes of their careers. She finally left home at the age of 21 to study abroad, and now lives in her own flat in London.

The first part of Miss K's treatment was directly based on 'the other person' theme which she took up immediately. She told about the recent break-up of her relationship to her lover, which had lasted 3 years. She remembers leaving him one evening knowing that this was the end. The next thing she was aware of was waking up at home in bed in the middle of the next day. She said: 'I had a complete amnesia for the whole of

that time and it was a great shock to me'. I said that it looked as if the amnesia covered up something that she didn't want to remember, something from a long time ago perhaps, that had also been a shock to her. She did not react to this idea but seemed to consider it, and it led to the next step in her therapy.

One day when Miss K had had enough time to build up some confidence in the analytic process (by working through some of her negative feelings with regard to dependence) she told me of her recurring nightmare. She remembers this dream from her early days at boarding school and at the time of telling it was still operative. She dreams that *she is in a desert which is a vast empty sandy space. There are animals but no people in the desert. The animals don't seem real, although they are familiar. Some are two-dimensional, made of wood or cardboard. They all begin to sink into the sand until they have completely disappeared and she is alone and very frightened and wakes up.* I began to think of the animals as her nursery toys which had ceased to have meaning for her because at some point she had lost touch with the good internal and external object (mother). I commented that she must have been angry with the animals to send them all away. It seemed as if they were her familiar nursery toys, and for some reason she didn't love them any more so she pushed them down out of sight. But this meant that she was alone, which was intolerable, so she woke up. Miss K said in a surprised way: 'Oh, you think I sent the animals away do you?' I said: 'I am suggesting that you got rid of them because you didn't love them any more, so they became bad unreal cardboard things, without any meaning, so you got rid of them and then you were alone and the world had become a desert'.

Miss K came to the next session bringing the early family photograph album which she has secretly kept for years. She showed me a picture of a child of about 2½ years standing framed in the doorway of the cottage where her family had lived. The child was cringing and withdrawn, clutching her dress and sucking her thumb. I thought 'autistic child'. Miss K said: 'They tell me that's a photograph of me. I simply can't believe it, I can't recognize anything of myself in it. But my mother says, "don't be silly, of course it's you—who else could it be?"' Eventually after a

a great shock to me'. I said the amnesia covered up what I want to remember, some time ago perhaps, that had happened to her. She did not react to this I consider it, and it led to the next session.

Miss K had had enough time to work in the analytic process. Some of her negative feelings (defence) she told me of her dream. She remembers this dream of a boarding school and at the time still operative. She dreams of animals which is a vast empty sandy landscape but no people in the landscape don't seem real, although the animals are two-dimensional, flat. They all begin to move until they have completely disappeared alone and very frightened. I tried to think of the animals as if they had ceased to have any use at some point she had a good internal and external dialogue. I mentioned that she must have wanted to send them all away if they were her familiar creatures. I asked her why she didn't love them. She pushed them down out of her mind that she was alone, which she woke up. Miss K said in a conversation I think I sent the animals away. 'I am suggesting that you don't love them any more because they are bad unreal cardboard cutouts, so you got rid of them and the world had

in the next session bringing the photograph album which she has. She showed me a picture of two bears standing framed in the landscape where her family had been cringing and withdrawn, and she was sucking her thumb. I asked Miss K said: 'They tell me I can't believe anything of myself in it. But it isn't silly, of course it's not silly, is it?' Eventually after a

pause I suggested that she could have brought this photograph to me so that I should know about that part of herself which she herself did not know about and could not recognize as herself. I also said that the child looked terrified, as if something quite intolerable had happened to her. I thought that she had kept this photograph hoping that someone would help her to join up with that bit of herself which she had lost and could not recognize. In this connexion I also referred to 'the one thing she couldn't do' of the first interview, she said that it could have been something to do with joining up the terrified distressed child part of herself with the rest of her. She needed my help to do this. Miss K listened intently with the whole of herself to what I had been saying, and it seemed to mean something to her although she again denied recognizing herself as the child in that picture. I said I knew that she couldn't recognize that child but it was important to her that I knew of the child's existence. This session was a memorable one, and I consciously linked what had gone on with Winnicott's paper on 'Fear of breakdown'. I also thought how fortunate I had been in having the patient's problem laid before me so clearly. Moreover, because the patient had brought the picture to me it must mean that she was ready to start to look at this fact of early breakdown.

Quite unexpectedly one day Miss K reflected on her relationship to me saying it was different from any other that she'd ever known: 'You don't press me into any kind of shape. You give me elbow room and space to move around in'. I commented that she felt that the space included me—it was the space between us, and this was different from emptiness—the emptiness of the desert.

The reconstruction of the facts about the early breakdown has taken time, and we are still discovering more about it. To sum up the facts: she was about 2½ when the war started. The *au pair* girl who had looked after her from birth was German and disappeared. Her brothers, the youngest of whom was 6, were sent away to relations on the other side of the world, and were away for six years. The cottage filled up with evacuee children for a short chaotic time during which Miss K's father finally left home after many comings and goings, and she seldom saw him after that time. Recently Miss K remembered

starting head-banging in her room at that cottage and this symptom continued well into her school days. Painfully in one session with me Miss K recovered a memory that she had completely lost. It must have been when she was about 3 that she was taken from the cottage by her mother and they went a short journey out to tea with her mother's friend. After tea her mother was no longer there and she slept the night alone in a big bed. Next day she was taken to the boarding school where this friend worked as a Matron. She stayed at this school until she was 9, more often than not spending the holidays there, including Christmas, because her mother was working. Effectively, she was left by her mother from the age of 3 until she was 9, and later on she had another period at boarding school.

Miss K remembers the headmaster of the first school and his wife, with affection. At 3 she was very much the youngest child, and they were good to her. This enabled her to use the school to organize herself to deal with the trauma resulting from the complete disintegration of her world. The way in which she did this could have been predicted. She used her very good I.Q. and her strong personality to organize the school around herself, and this she seems to have done with considerable success, but in so doing the broken-down child was sacrificed and became split off and defended against. In other words, she developed a successful false-self to deal with the situation. Here also two of Winnicott's primitive agonies can be mentioned: (1) *the loss of the sense of real*: the defence against which is the exploitation of the world in support of the individual's primary narcissism, and (2) *falling for ever*: the defence against which is self-holding. From this very early age on Miss K increasingly managed her own life by organizing her teachers, her friends, and the mothers of friends to do the bits that she herself could not manage. She eventually planned her own career and largely paid for it by winning prizes and scholarships. Her musical ability was spotted at an early age and special teaching provided.

Not surprisingly, while working out the details of the past, Miss K went through periods of severe depression. She visibly lost weight in a short time and seemed on the verge of collapse. Often at such times I would wonder if I should ever see her again. I always related these

depressive phases when she lost touch with me to the feelings of despair that she was not able to experience following the breakdown at the age of 2½ when her whole life collapsed; that she was feeling this now, and blaming me now for deserting her and inflicting all this pain on her. She easily agreed that she blamed me. The analysis made her feel worse, not better, and she would go to see her doctor. Gradually she would come through these phases, and after one such episode came an important dream.

Miss K dreamt that *she was in bed at home in her flat. At the foot of the bed on the right side was a huge pile of coal which gradually disappeared in front of her eyes. While this was going on she noticed at the other side of the bed opposite to where the coal had been there was a camel. She was very pleased to see it because she knew that it was me.* She had brought a drawing of this dream showing the black coal and the yellow camel. As she woke up she was saying to herself: 'She's sended it away. She's sended it away'. She knew that this meant the nightmare, and that she would never have it again. She said: 'I was filled with a sense of joy. As I lay there I thought: where's my teddy?—and I very much wanted him but I knew he wasn't in the flat, so all I could do was to go and fill a hot water bottle instead'. Miss K reported this dream in a tone of voice that indicated surprise and pleasure.

I was aware of the idealization of me in the dream, and the handing over to me of omnipotent powers. She said that the camel in the dream was different from the animals in the nightmare, because it was real, and she recognized at once that it was me. The two humps reminded her of breasts. I said it seemed that she recognized me as a mother therapist who could feed her, and a special camel mother who had enough food stored up to take her across the desert. During the next few minutes I was able to see and to say that she felt I had special powers and could send away her depression which was represented by the pile of black coal. The coal had disappeared when she recognized me as the camel. It seems that when I am present her depression goes away, but if I am not there she is left with the broken-up bits of coal which are like the broken-up bits of me because of her anger that I am absent. I reminded her of all the broken-up relationships she had told me about recently, and how much she wanted to get rid of

them. Miss K said that her teddy-bear had been part of her life for as long as she could remember, and had been her favourite possession outliving all others belonging to her childhood. She went home (a very long way) and collected it at the weekend and brought it to her Monday session, sitting it on a chair facing us both—a much used, much-battered object with whom she was obviously pleased to be reunited.

It seems that when Miss K could accept me as a good feeding mother she could bring to life her teddy-bear which was her transitional object. By getting in touch with her transitional object (a child's first-loved possession which becomes the symbol of the mother's breast and the early mothering experiences, if they have been good enough to allow the symbolization), Miss K was able to re-establish the relationship to the early mother before the breakdown at 2½. I tried to put this into words so that Miss K could make the connexions and grasp the sequence for herself. Her response was to say that her mother did in fact breast-feed her and she probably did it well, because she is a warm person even if somewhat overpowering. She added: 'I think I survived because I'm tough, like my mother's side of the family'. I felt these words indicated Miss K's recognition that her survival had depended on having received something positive from her mother at the beginning of her life.

Following this dream in which Miss K got into contact via her transitional object with the early mother before the breakdown, there were changes in the patient's attitude not only to the treatment but in her life generally. She always refers to this episode as a landmark because from then on she knew that she didn't want to die. She refers to it as 'the time when I began to want to live' and she has never yet gone back from this position in spite of quite severe depressive phases which include hostility and loss of contact with me, which to her are extremely painful and alarming.

Miss K gradually moved forward to take up the theme of *wanting to live*, to spend time considering her career and her place in the world. She had made a reasonably successful début as a solo performer but in spite of pressure from her friends could not follow it up because although she had worked hard to acquire all the professional techniques of remembering music and they were now part of her, the fear of forgetting and

breaking down was overwhelming. She knew it was ridiculous, but there it was, she couldn't help it. I suggested that she could be afraid that other frightening memories might come in and cut across the memory of the music. The cut-off, ill part of herself might take over. Miss K seemed unable to take this further and I thought this was because the summer holiday was upon us.

Miss K went abroad for the holiday staying with the family with whom she spent her student days, which was perhaps the happiest time in her life. She is very much at home with this family.

On her first session back Miss K reported two dreams which had occurred fairly early in the holiday. She dreamt that *she saw that child in the picture standing in the doorway of the cottage, only it was real, not a picture. As she looked at the child it began to lift its arms slowly in jerks, as if it were clockwork. It seemed to want to move but wasn't sure that it could.* Here the dream ended. The very next night she had the dream again exactly as before except that this time *the child moved its arms more easily and lifted them towards her. She thought: 'that child wants picking up, so I'd better go and do it'. She picked up the child, put her under her arm and walked down the garden path towards the gate.*

Miss K seemed pleased with these dreams and told about them in an animated tone of voice. I said that it seemed that she now felt strong enough with my help to go back and pick up and carry that distressed child part of herself from which she'd been cut off for so long. I also said that it seemed that the child was now no longer frozen, but was ready to move and come alive and to be part of her (Miss K's) grown-up self.

At her next session two days later Miss K told me that when she got home after last time she started to play as usual. Getting home for her means getting back to her music, and it has been while playing that all her thinking about her analysis goes on. While she was playing, to her surprise she suddenly said to herself: 'I shan't be afraid of forgetting my music any more. In fact I've never been afraid of forgetting, I've been afraid of remembering'. She was silent, and after a pause I said: 'Remembering what?' And as she didn't seem sure, or wasn't able to say, I suggested that it could be remembering the agony of that child in the picture which would be so terrible that she would not be able to go on

playing. She would want to retreat, and hold herself together as the child in the picture had done to prevent herself from falling apart. She seemed to accept this and said: 'You see, I shan't be afraid any more, that's the point; I may forget the music, but it won't matter, I can go on playing until it comes back'. I suggested that since the dream of picking her up, the child in the picture no longer seemed to be a threat to her—because she had now become part of her.

Miss K's relationship to her music and to her music teachers would be an interesting study in itself. Her music, which includes her image of herself as a musician, is certainly the most important thing in her life. It provided the only continuity that she knew, and enabled her to function somehow in spite of the unpredictability and deprivation to which she was subjected.

It did not surprise me that some two months or so after the session just described Miss K asked in a matter-of-fact voice 'And when am I coming to play to you?' And a time was arranged.

I suggest that the degree of ego integration which Miss K has achieved during treatment has in fact freed her music to be used differently. It could now be shared, and I knew that I would be the first person with whom she would take this risk. The question of her playing to me again has never arisen, and she was able to find a partner with whom she gave several recitals. As far as her therapy is concerned, whether or not she becomes a recognized performer is incidental. What matters is that her music is available for her to use as she wants. Not long ago she was asked to play at a big party, and in the middle of so doing had thought to herself: 'Now isn't that nice, I am really enjoying myself'.

The most recent phase of Miss K's treatment has been concerned with reconstructing her father's life and death. She went home one holiday determined to find out from her mother all she could about her father. But her mother categorically refused to speak of him. After an argument, Miss K became so angry that she 'froze to the spot'. She remembers the scene at that moment with the clarity that shock gives to it. She returned to London and stayed with a friend and it was here that she had what she called another amnesia. The friend called Miss K's doctor. It took some time for her to recover from this confrontation with her own anger

amounting to murder of her mother. I related this to the fury and anger that she had not been able to experience at the time when her world disintegrated at the age of 2½. I suggested that the force of today's pain and shock belonged not only to today but to that early time, the difference now being that she has me to be angry with about it, and her doctor to look after her. From my point of view this episode was 'the bottom of the trough' mentioned in Winnicott's paper. It was from this point that her recovery became a possibility.

As part of her recovery, Miss K spent the next six months finding out all she could about her father. This is a remarkable story of ingenuity, initiative and persistence. When she had completed this task as well as she could there then gradually set in a process of mourning for her father and all that she had missed by not knowing him. She almost deliberately set about this work of mourning. She sent her man friend away so that she could be undisturbed for as long as she needed. To me she said: 'I suppose it's my usual autumn depression'. But in fact it had more significance; she was mourning her father consciously for the first time. Eventually she related the following dream: *she was back near her home walking in the country. She was following a path through a wood and came to a bridge across a stream, and walking to meet her across the bridge was her much-loved dog who had been her companion for 11 years and who disappeared when she was 19. In the dream he was very much alive and pleased to see her, and she was delighted to find him again looking so well.*

I said I thought the bridge represented the joining up of two parts of herself; the despairing depressed part that had lost not only her dog but had also lost her father and everyone she knew, and the other part of herself which could bring people to life by re-experiencing what they had meant to her, as she had done in the dream of the dog. This dream was the beginning of the lifting of her depression because soon afterwards she announced that her depression had not lasted so long this time. She was also able to talk about the value of depression; how one needs to muster one's resources, because life is difficult, awful things happen which have to be dealt with somehow. After a pause she said: 'Looking back over the last four years it feels as if I've had one

long breakdown on and off all the time'. I agreed with her that she'd been having the breakdown that she wasn't able to have when she was the small child in the picture. She finished by saying: 'Well, things feel very different, I no longer feel I will disintegrate'.

SUMMARY

This paper describes work with a patient whose unconscious fear of breakdown was increasingly undermining her capacity to function. The effective false-self defence which the patient had organized to deal with early trauma was breaking down into psychosomatic anxieties and disorders from which she had no will to recover. It was this feature that led her doctor to recommend psychoanalysis.

As the transference became established the patient was able to reveal to the analyst in a concrete way the nature of the early trauma which had caused the original breakdown at a time when the patient's immature ego was not strong enough to encompass the experience. The traumatized child part of herself therefore became split off and defended against. The work of the analysis has been concerned with the gradual experiencing for the first time, with the support of the analyst, the pain and terror of the early breakdown. Over a period of years this has led to the re-discovery and re-integration of the lost child into the patient's present ego organization. In the course of this work the patient remembered, and felt the need for, her transitional object. The original object was found and brought to the analysis, and eventually the patient established the link to the early good enough mother before the breakdown.

There have been marked changes in the patient's health, and capacity for functioning. She is now able to contemplate the future, and the termination of her analysis in a realistic way.

As already stated, work with this patient relied heavily on the theoretical formulations in Winnicott's papers noted below.

TRANSLATIONS OF SUMMARY

Cet article décrit le travail avec un patient dont la peur inconsciente de la dépression est en train de diminuer de plus

en plus sa capacité de fonctionner. La défense efficace du faux-moi que le patient organise pour traiter avec le trauma précoce échoue dans des anxiétés psychosomatiques et des perturbations vis-à-vis desquelles elle ne présente pas de volonté de récupération. C'est cette caractéristique qui a fait que son médecin lui recommande la psychanalyse.

Quand le transfert fut établi, le patient était en état de laisser voir à l'analyste de façon concrète la nature du trauma précoce qui avait occasionné la dépression originale à l'époque où le Moi non mûr n'était pas suffisamment fort pour intégrer l'expérience. Sa partie enfant traumatisée se sépare par conséquent et provoque des défenses. Avec l'appui de l'analyste, le souci de l'analyse est à l'égard du premier vécu de la douleur et de la peur la dépression précoce. Pendant une période d'années ceci a été conduit à la redécouverte et à la re-intégration de l'enfant perdu dans l'organisation actuelle du Moi du patient. Dans le cours de ce travail le patient s'est rappelé et a ressenti le besoin de son objet transitoire. L'objet original a été trouvé et apporté à l'analyse et, éventuellement, le patient a établi le lien avec mère primaire suffisamment bonné avant la dépression.

Il y a eu des changements évidents dans la santé du patient et dans sa capacité de fonctionner. Elle est maintenant capable d'envisager de façon réaliste le futur et la fin de son analyse.

Comme on a déjà énoncé, le travail avec ce patient s'appuie profondément dans les formulations théoriques des articles de Winnicott signalés au-dessous.

Dieser Artikel beschreibt die Arbeit mit einer Patientin, deren unbewusste Angst vor einem Zusammenbruch ihre Funktionskapazität mehr und mehr zerstörte. Die wirksame Abwehr eines falschen Selbst, die die Patientin zur Bewältigung von frühen Traumata aufgebaut hatte, brach in psychosomatische Ängste und Störungen zusammen, und der Wille, sich von diesen zu erholen, blieb aus. Dies war es, was ihren Arzt dazu veranlasste, eine Psychoanalyse zu empfehlen.

Mit der Entwicklung der Übertragung war es der Patientin möglich, der Analytikerin auf eine konkrete Weise darzulegen, was die Natur des frühen Traumas war, das den ursprünglichen Zusammenbruch veranlasst hatte, zu einer Zeit, als das unreife Ich der Patientin nicht stark genug war, dieses Erlebnis zu verkräften. Der traumatisierte Kindesteil von ihr wurde deshalb abgespalten und abgewehrt. Die Arbeit der Analyse hat sich damit beschäftigt, mit Hilfe der Analytikerin allmählich und zum ersten Mal den Schmerz und den Schrecken des frühen Zusammenbruchs zu erleben. Dies hat im Verlauf von einigen Jahren zur

Wiederentdeckung und zur erneuten Integration des verlorenen Kindes in die derzeitige Ichorganisation der Patientin geführt. Im Verlauf dieser Arbeit erinnerte sich die Patientin an, und fühlte das Bedürfnis nach, ihrem transitorischen Objekt. Das ursprüngliche Objekt wurde in Wirklichkeit gefunden und in die Analyse gebracht, und schliesslich stellte die Patientin die Verbindung zur gut genügen Mutter vor dem Zusammenbruch her.

Was die Gesundheit und die Funktionskapazität der Patientin anbelangt, so haben sich erhebliche Änderungen eingestellt. Sie ist nun fähig, über ihre Zukunft und den Abschluss der Analyse in einer realistischen Weise nachzudenken.

Wie bereits angedeutet, stützte sich die Arbeit mit dieser Patientin in starkem Masse auf die theoretischen Formulierungen in den unten angeführten Arbeiten von Winnicott.

Este artículo describe el trabajo llevado a cabo con una paciente cuyo temor inconsciente al colapso iba minando gradualmente su capacidad para funcionar. El self falso, que la paciente había organizado como una defensa efectiva para enfrentar el trauma temprano, se derrumbaba, disolviéndose en angustias y desórdenes psicosomáticos, de los cuales no tenía voluntad para recuperarse. Fue esta última característica lo que condujo a su médico a recomendar tratamiento psicoanalítico.

Al establecerse la transferencia, la paciente pudo revelar a la analista, en un modo concreto, la naturaleza del trauma temprano que había causado el colapso original en una época en la cual su yo inmaduro no era suficientemente fuerte para abarcar la experiencia. Por consiguiente, su parte infantil traumatizada fue escindida, debiendo la paciente defenderse de ella. Mediante el trabajo analítico la paciente fue experimentando, por vez primera y con el apoyo de la analista, el dolor y el terror del colapso temprano. A través de los años, esto ha llevado al re-descubrimiento y la re-integración de la niña perdida en la organización yoica actual de la paciente. En el transcurso de esa labor, la paciente recordó y necesitó su objeto transicional. El objeto original fue hallado y traído al análisis, y eventualmente la paciente estableció el vínculo con la madre suficientemente buena anterior al colapso.

Ha habido cambios marcados en la salud de la paciente, y en su capacidad para funcionar. Ahora ella puede contemplar el futuro, y el fin de su análisis, en modo más realista.

Tal como se mencionó anteriormente, el trabajo con esta paciente refirió en gran medida a las formulaciones teóricas de Winnicott en sus escritos anotados más abajo.

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SUMMARY

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