Psychological Birth and Psychological Catastrophe

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Introduction

Inspired by Dr. Bion’s work this paper is based on psychoanalytic therapy with psychotic children and with the psychotic residues in neurotic children. It will suggest that the situation described by Dr. Bion as a “psychological catastrophe” is the result of a premature or mismanaged “psychological birth” and that this causes the cognitive inhibition and dys functioning which are outstanding features of psychotic states.

Psychological Catastrophe

From his work with adult patients, Bion has likened the situation which confronts a psychoanalyst, when working at depth with a psychotic patient, to that of an archaeologist who comes upon a ruined city, in the course of the excavation of which, due to the collapse and movement of rock strata, shards and other objects from earlier stages are found jumbled together with pottery and fabrications from later stages (Bion 1962). The appropriate nicety of this metaphor is well borne out by work with children. Clinical work at depth inevitably takes us back to the early stages of infancy. When working with psychotic states we find that, in infancy, developmental phases seem to have telescoped. Later stages seem to have been experienced precociously and out of phase, alongside current and earlier stages in a confused and disordered fashion.

Evidence of this comes from many writers. In their paper on Borderline Children, Rosenfeld and Sprince (1965) describe such children’s precocious phallic development. When analysing these children they found “pseudo-phallic” elements inextricably intermingled with oral elements. This implies that the child’s responses to the breast have been over-crotched. Meltzer and his co-workers confirm that this has been the case. (Meltzer et al 1975). Winnicott has described the pseudo-maturity of patients who have developed what he terms a “false self” (Winnicott 1971). Helene Deutsch described the fragments of precocity found in “as if” patients (Deutsch 1942). Other workers have been impressed by the precocious development of certain ego functions such as musical or mathematical ability (albeit of a stereotyped kind), whilst other faculties remain in the psychological doldrums. Other writers have written of the “precocious ego development” (James 1960).

In this paper it will be suggested that the telescoping and jumbling of developmental phases, some of which develop precociously, is due to the trauma of a premature or mismanaged “psychological birth” (or perhaps more accurately, to the cumulative trauma of such a catastrophe, since due to repetition-compulsion, the disastrous situation is repeated over and over again in an attempt to come to terms with it).

Psychological Birth

I myself had begun to use the metaphor of psychological birth before meeting Anni Bergman at the Psychoanalytical Conference in London where she gave me the book written by Margaret Mahler, Fred Pine and herself called “The Psychological Birth of the Human Infant” (1975). This is a monumental work based on long experience with psychotic children and on meticulous observation of normal infants and children as part of a carefully planned research project. It is a classic in the field.

Applying Bion’s work on “Thinking” to psychotherapy with psychotic children had led me to study certain aspects of the process of psychological birth which were not specifically dealt with by Mahler and her associates. Bion has added to our understanding of early infancy by drawing attention to the mother’s capacity for empathic reflexion for which he uses the apt term of “reverie.” Through his writings, we have come to realise that, in normal development, the newborn infant is sheltered in what might be termed the “womb” of the mother’s mind just as much as, prior to his physical birth, he was sheltered within the womb of her body. This early womb-like state is also a result of the infant’s lack of realisation that his body is separate from that of the mother.

Using a suggestion in a little known paper by Hermann (1929) that “flowing-over” is a precursor to projection, the present writer has suggested elsewhere (Autism and Childhood Psychosis, 1972), that “flowing-over-at-oneness” are processes by which the illusion of “primal unity” is maintained. It was suggested that these processes are earlier than projection and identification which imply some sense of bodily separateness between mother and infant.

There is another possibility which seems to contribute to the womb-like state of early infancy. It is tenable that, in spite of the caesura of birth, there is not an absolutely abrupt transition from the sensations associated with being inside the womb to being outside of it. Tactile sensations of being in the “watery medium” (Bion’s term), appear to linger on and to be carried over into the child’s earliest experience of the outside world. In using the term “oceanic feeling” for these early states, Rolland seems to have had something like this in mind (Rolland 1930, Freud 1930). The poet Tagore wrote:

“On the seashore of endless worlds children play.”
This line which was quoted by Winnicott in Playing and Reality (1971) is evocative for me of the unbounded timelessness of womb-like oceanic states. Work with psychotic states in childhood demonstrates that, if early oceanic illusions are prematurely interrupted, children do not play.

Dr. Derek Rick’s research on the language development of autistic children demonstrated that such children had not the lalling and babbling sounds which seemed to be universal in the control groups of normal infants he studied, whether they were English or from foreign countries such as Egypt or Spain (Ricks 1975). It seemed that the autistic children had not “played” with the sounds which arise “naturally” from inbuilt predispositions. Instead they made sounds which were idiosyncratic to each individual autistic child and which they seemed to have concocted for themselves in the way that a normal infant will do later on when “play” with “natural” sounds is on the wane. This is in keeping with the artificiality of autistic children, and with the impression that they have missed an early “natural” stage of development. My thesis is that this is due to a premature or mismanaged “psychological birth” and the excruciatingly intense feelings associated with this.

Mismanaged or Premature Psychological Birth

This paper is dealing with elemental states which are normally deeply buried and not investigated. Individuals whose early infantile events were normal were relatively unconscious of them at the time they occurred and seem unlikely to have conscious memories of them later. A traumatic psychological birth is also covered over, and the individual only becomes affected by it if it disturbs his behaviour to such an extent that he has to seek psychiatric help. Other individuals with special talents may work over their psychological birth, whether traumatic or otherwise, through the medium of art, literature, music or religious rituals.

Psychological study of such states is difficult, for they were pre-verbal and pre-conceptual. Communication about them has to be by means of metaphor and analogy and these inevitably distort the original experience. The skill here is in finding the metaphor which is most apt. “Psychological Catastrophe” and “Psychological Birth” have seemed to me to be apt metaphors and “premature and mismanaged psychological birth” have seemed to me to be others. (Formulations about these levels seem best described as metaphors rather than concepts.)

In writing about such states we are making conscious, processes which are normally left unconscious and expressed through empathy and intuition. The mother of a newborn infant has a period of heightened awareness when through her “reveries” she can respond to elemental states in her child but, like the intense emotional experience of giving birth, these heightened states of responsiveness gradually fade to become dim and forgotten. However, communications about very early infancy seem likely to find an echo in the experience of earthy maternal women, in those men with marked feminine characteristics, or in men and women who follow one of the professions which develop deep maternal qualities. For others, communications about these states will not seem meaningful for they are deeply buried and should probably remain so.

However, in order to help ourselves and our patients, some of us are drawn into becoming aware of, and communicating about, these deep levels. Unfortunately this is an area of human experience about which vague, oversimplistic generalisations tend to be presented as precise facts. This is to be regretted, for these are states which need particularly cautious analysis and statement, plus an aptitude for evocative and apt description. It has seemed to me that in concentrating on physical birth and pre-birth, some workers in the field of psychosis are describing states which can often more feasibly be attributed to the womb-like state of early infancy. Such workers often seem to be concreteising as bodily events, elementary psychological events which should be described as such. “Physical birth” may prove a helpful metaphor to patients for working over a difficult “psychological birth” but, in attempting to theorise about such states, we need to be more cautious and specific. Of course, if the physical birth has been a difficult one, then the psychological birth may be difficult, but this is not inevitable. It will depend upon the constitutional endowment of the infant, the events of early infancy and the quality of maternal sheltering he receives. Certainly, clinical material from deep levels seems to indicate that traversing the birth canal is not only a preparation for life itself, but is also a rehearsal for the “valley of the shadow of death.” The parental attitudes during birth, the sort of sheltering he receives or, as the result of constitutional factors, he is able to use, will affect whether he will “fear no evil,” i.e., whether he will develop “basic trust” and thus be able to bear the mistrust which is essential to survival.

Within the same and healthy sheltering, but not entangling, of the postnatal womb, psychological integrations take place, just as bodily integrations took place within the physical womb of the mother’s body. These are processes which are normally taken for granted, for they go on at relatively unconscious levels. They can only be studied if the post-natal womb seems to have been split open before these primal processes have become integrated. If this occurs, the processes are laid bare. In psychotic states this is the case and we become aware of processes and intense states of feeling which are not normally available to study.

Primary Integrations

Work with unintegrated and disintegrated states in children has led me to think that one of the earliest integrations which needs to take place is between “hard” and “soft” sensations. In the sensation-dominated state of early infancy the infant’s primary distinctions are between “comfort” and
“discomfort”—“pleasure” and “unpleasure.” “Soft” sensations are pleasurable and comfortable. “Hard” sensations are unpleasant and uncomfortable.

Gradually, “soft” sensations become associated with “taking-in”—with receptivity. “Hard” sensations become associated with “entering” and “thrusting.” At some point, these become associated with the infant’s bisexuality. “Hard” thrusting becomes “male,” and “soft,” “receptive” becomes “female.” When, on the basis of a cooperative suckling experience, “hard,” “entering” nipple and tongue are experienced as working together with “soft” receptive mouth and breast, then a “marriage” between “male” and “female” elements takes place. Out of this union of “hard” and “soft” sensations, a new way of functioning is born, that of adaptable, resilient toughness. This means that reality can begin to be processed, and sensation-dominated delusions will wither away. The world will begin to “make sense.” And in this “making sense” of the outside world, the parents play a very important part. (The rudimentary psychological integrations which have just been described will, of course, be paralleled by neurophysiological integrations taking place in the child’s brain and nervous system. These are not within my competence nor my province to describe, but I think they should be mentioned.)

In this account of basic integrations, the earliest situation is particularly difficult to describe because the sensation-dominated child is in a state of “oneness” with the mother. In this state, he is not likely to be aware of nipple, tongue, breast, and mouth as separate entities. To describe as nearly as possible his probable state, we might say that “nipple-tongue” is “hardness” and “mouth-breast” is “softness.” In a satisfactory suckling experience sensations of “softness” and “hardness” work together to produce a state of “well-being.” “Well-being” is a psychological as well as a bodily experience. Thus, bodily sensations have been transformed into psychological experience through reciprocal and rhythmical activity between mother and infant. The stage is set for percept and concept formation. But this is a mysterious process and in this paper we can only hope to touch the fringes of it.

The foregoing is a bare outline of the processes of primary differentiation and integration as I have come to understand them. This understanding has mainly been obtained from a study of those children in whom the processes have been disturbed. Such children demonstrate for us the hazards which may have to be encountered before a salutary outcome is reached. Some of these will now be discussed.

Critical Situations for Primary Integrations

Clinical material from unintegrated and disintegrated children indicates that critical situations in primary integrations are those occasions when the infant becomes aware that “hard” and “soft” are both “me” sensations, and that both can emanate from the same source outside himself. It is at this stage that processes of projection are stimulated and get under way; processes of “flowing over-at-oneness” give way to projection, imitation and identification.

In Beyond the Pleasure Principle, Freud (1920) alerted us to the process of projection by which uncomfortable states are felt to be outside the body. “Comfort” is “me”—“Discomfort” is “not-me.” “Softness” is “me,” “hardness” is “not-me.” This is well illustrated by a commonly reported feature of psychotic children, many of whom will only eat soft foods and reject hard lumps. With this dichotomy between the “soft me” and the “hard not-me,” “twoness” comes into being. But, in this early phase of “twoness,” the “soft me” is excessively vulnerable. This constitutes a critical situation. If the maternal sheltering is disturbed at this time, the infant feels exposed to “nameless dreads” (to use a telling phrase of Dr. Bion’s).

The following extract of clinical material illustrates this situation as the child works over it in the protected situation of the psychoanalytic setting. The child seems to be trying to tell the psychiatrist about a time when his tender naked body felt unprotected from a hostile outside world. Just as we have to use metaphors for the description of these worldless states of awareness, so children have to use picture language. This child’s representation was moving and vivid.

Graham was twelve years old at the time when he worked over some of the elemental terrors to be demonstrated by the clinical presentation. He had been a “School Ditherer” (i.e., he was not an “out and out” school-phobic). He found it difficult to go back to school on Mondays. He was seen once a week for psychoanalytic therapy by Dr. Etchegoyan—who discussed the material with me in a weekly supervision time. (I am indebted to Dr. Etchegoyan for permission to use this material.)

October 22nd.

Graham had an accident to his dental plate and so did not come to his session.

October 29th.

Graham came and there was material about damage to his mouth which was related to infantile situations when he felt he lost the nipple of the breast which he had taken for granted as being part of his mouth, and then felt that his mouth was “broken”—“damaged.”

November 5th.

Graham brought material about having precious things to protect but his special protection for these things gets “crashed.” He then went on to describe an underwater situation with great vividness. He said he had seen this situation when on holiday in Devon (i.e., when he was apart from his therapist). He described a little baby crab whose mother was not there to protect it. Its shell had not
harden as yet and it was pink and tender. It could easily have been attacked and eaten by the sea creatures which were around. In order to avoid this, it scuttled into an empty snail shell which was in the sea and there it was safe. Dr. Etchegoyan then talked to Graham about how he turned his hard back to protect his soft front. (This was an interpretation we had discussed together previously.) Graham replied, “No, I protect my soft front with the hard buckle of my belt.” He showed Dr. Etchegoyan a very large buckle that was on the leather belt which encircled his waist. He also said that he had hurt his left ear, twice, once yesterday and once today. Dr. Etchegoyan talked to him about his need to protect all the holes in his body because they were places where dangerous things could enter and where he could easily be hurt.

November 12th. Graham walked to the therapy room in a “somewhat disjointed fashion.” He sat down and looked at the set of individual cupboards in which his own and the other children's toys are kept. (Each child has his own individual cupboard with his own key which will not open any other child's cupboard.) At first, as he looked, he touched his nails and put one nail inside the other as if extracting dirt. He then put his thumb in his mouth. Then, still looking at the cupboard, he fingered the buckle on his belt. He started to count the cupboards. Dr. Etchegoyan suggested that he was counting the cupboards to take his mind off his troubles, but she did not take up his fear of the other children as creatures who would attack his soft, pink, tender body which had so many open holes where he could be hurt and where dangerous things could enter, although she realised this later. (It seems to me that excessive vulnerability is one of the root causes of the massive use of obsessional mechanisms and that it is only by helping the patient with this vulnerability that obsessionality can be mitigated.) Graham, still looking at the cupboards, fingered the hard buckle on his belt. Then he joined and separated his hands by interlacing his fingers.

Then, to Dr. Etchegoyan's consternation, he got up from his chair and rushed out of the room. He ran round the clinic building in a state of panic before returning to the shelter of his mother in the waiting room.

After this, there were several sessions when he refused to come to the clinic, but Dr. Etchegoyan kept in touch with Graham’s mother by telephone. On one occasion, the mother told Dr. Etchegoyan with some embarrassment and bewilderment, that Graham had said that he was afraid that “monsters would come out of the little cupboards.” Dr. Etchegoyan replied that she had realised that something like this had been worrying Graham and she hoped that he would come so that they could talk about it. The mother seemed very relieved that what she had reported had not sounded too peculiar and went on to report, with some amusement, that she had told Graham that he must know that monsters did not exist because he had never seen one. To which he had replied, “Why shouldn’t there be monsters? Nobody has seen God but you say He exists!” After this discussion, Graham came to his next session.

Discussion of the Clinical Material

Dr. Etchegoyan, Graham’s psychiatrist, is at the beginning of embarking on a study of the elemental depths encountered in child treatment. It was very instructive to her, as also to myself, to have such a striking illustration of their power to affect a child’s functioning. (We often learn more when we have failed to understand a child’s communications quickly enough, than when the therapeutic process flows smoothly and easily.) This piece of material is a good illustration of the residues of unintegration which are encountered in the psychoanalytic treatment of neurotic children. It is also a good illustration of the importance of concentrating on psychic events rather than outside circumstances when dealing with “as if” levels of personality. Patients, at these levels, use outside events as a kind of psycho-drama. Their internal psychic life is negligible. Bettelheim’s metaphor of an “empty fortress” is a very apt description of them (Bettelheim 1967).

It has been my experience that children often use underwater situations to express the early state of oceanic feeling. The little pink naked crab who has lost his mother is a telling picture of vulnerability. This excessive vulnerability makes Graham feel exposed to creatures who threaten him. This is the crux of his fear of school. The other children are not just children, they are “monsters”—all powerful things from the primitive depths which threaten him with death. Kind reassurance and rational reasoning offer no permanent relief. It is only by working over these elemental terrors through the infantile transference of the psychotherapeutic setting that the child can come to terms with them. Otherwise, he feels forever at risk. The psychotherapeutic setting seems to be a kind of incubator in which the psychological “prem”
can achieve those basic integrations which he did not make in infancy. Without these, a sense of primal attachment and basic trust are not possible.

As the supervisor of this material, I learned something I had not previously known so clearly. I had become aware of such children’s preoccupation with having an “extra bit” to their bodies. This always has to be a “hard” bit. The hard metal buckle was such an extra hard bit for Graham, and this made me aware of the ultra-protective nature of this hard extra bit. For me, this threw light on the commonly reported feature of some psychotic children who take hard things like metal trains to bed with them rather than soft “cuddly” toys as the normal child will do.

The underwater material shows another way of getting protection. The vulnerable Graham-crab enters the “hardness” of another creature. In this protective manoeuvre we see “intrusive identification” (Meltzer’s term) in action. This results in the “false-self” described by Winnicott; the “as if” condition described by Deutsch (1942). In later life, these patients live their lives through other people to an excessive and pathological degree. (They are the Strindbergs of this world.)

Encased in this “shell,” such children are impenetrable to nurturing influences and their development is halted. Important basic integrations do not take place. It is one of the most difficult situations to deal with in psychotherapy. Removal of this protective manoeuvre brings the threat of a repetition of the “psychological catastrophe” from which the child has retreated.

This is the crux of the problem of non-integration or disintegration. Let me now summarize why this seems to be so. As was stated earlier, the child has experienced “twoness” too harshly, too early, too suddenly for him. In early infancy, comfortable “softness” is the prime consideration. To preserve this, the hard “not-me” is felt to be outside. But then this hard “not-me” is threatening. This seems to be the forerunner of the “stranger anxiety” described by Spitz (1963) for later stages of development. It seems possible that these “not-me” threats combine with the atavistic fear of predators from our animal ancestry to which ethologists have drawn our attention. Certainly, these “nameless dreads” often become focussed upon “creatures.”

In his valuable paper on Imitation, Eugenic Gaddini (1969) tried to clear our minds about the psychoanalytic use of terms for early developmental situations and also to clarify for us the order in which early processes occur. Based on his own psychoanalytic work with adult patients and that of this wife Renata Gaddini with infants and children, he sees primitive rivalry as being even earlier than the primary envy described by both Klein (1957) and Jacobson (1964). This confirms my own experience. Children whose womb-like oceanic feeling is unduly disturbed seem to be faced by death-dealing “rivals” who could never exist in reality and whose threats are worse than death. Even “annihilation anxiety” seems too mild a term to describe the state of terror which either paralyses these children or causes them to behave in an impulsively irrational way, like dashing out of the consulting room or refusing to go to school. The threat is of a cataclysmic catastrophe which they feel they have already experienced, a repetition of which must be avoided at all costs (this needs detailed clinical material to make it meaningful to workers who have not experienced these elemental states).

This dichotomy between the hyper-vulnerable soft “me” calloused over by a hard impenetrable protection seems to be the basic situation in some forms of criminality. In his studies of murderousness, Dr. Hyatt Williams (1960) from psychoanalytic work with seven murderers in Wormwood Scrubs prison, has told us of the excessively tender feelings which such patients had beneath their callous exteriors. It would also seem to be a basic situation in some phobic patients.

So far, we have discussed states of unintegration, i.e., “hard” and “soft” sensations have not been integrated. But, in some psychopathologies we come upon disintegration, i.e., “hard” and “soft” sensations have been insecurely integrated, to break down under strain.

Critical situations would seem to arise when the attempt is made to integrate these basic states of sensation. When “hardness” penetrates “softness,” excitement is produced. The prototype of this is when the hard nipple enters the soft mouth. If the excitement can be tolerated, it is pleasurable and the sublme state of “oneness” is maintained. But, the excitement can mount until a state of ecstasy is reached.

Ecstasy

Ecstasy can enhance the state of oneness experienced by mother and infant. Inbuilt predispositions seem to find exact coincidence in the outside world, and this seems to inaugurate and establish attachment to the mother. But, whether this attachment occurs will depend upon the maternal capacity to experience and bear such states of ecstasy within herself. If, for a variety of reasons, which may be part of a temporary passing phase, the mother’s capacity to bear such extreme states is muted, then the infant is left to bear such states alone. In normal development, for much of the time, the mother will seem to “hold” (Winnicott) her infant together so that he does not disintegrate under the discharge of intense excitement. She also seems to contain (Bion) the discharges which are beyond the infant’s capacity to bear and process. These are psychological as well as physiological. If the mother cannot hold her infant together in these intense states of excitement and cannot seem to bear the “overflow,” and process it by empathy and understanding, the infant experiences a precocious sense of “twoness” which seems fraught with disaster. Instead of experiencing ecstasy as a peak of sublime oneness which helps him to feel “rooted” in a nurturant situation, the infant feels cut off from it. He feels adrift and alone. The insecurity of this precocious sense of “twoness” leads to pathological manoeuvres to reinstate the sense of oneness. In confusional psychotic children, these are adhesive and
Precocious "Twness"

Such children are aware of too much, too soon, too harshly, too suddenly for them. They experience an agony of consciousness which is beyond their capacity to tolerate or to pattern. Various protective autistic manoeuvres are used to deaden their awareness in order to avoid suffering. These result in their being out of touch with reality. Awareness of the outside world is inhibited or grossly distorted. Psychological integrations do not take place: behaviour becomes idiosyncratic. In extreme instances the child becomes psychotic.

The fact that the infant experiences "twness" in a state which we loosely term "omnipotence," is also important. Omnipotence is a state in which the infant operates in terms of bodily sensations, rhythms and inbuilt pre-dispositions. Being newly born these have not been modified by reciprocal interplay with the outside world. In this state, the infant feels that his movements and urges make things occur, for example, that his crying results in "nipple-in-mouth" which seems to be the prototype for sensual completeness. However, precocious awareness of bodily separateness and "twness" brings the knowledge that the nipple is not part of his mouth and that his movements do not always make for completeness and do not produce benign hallucinations. His unsatisfied crying mouth can then seem like a "black hole with a nasty prick" (as one child vividly described the situation of the breast which was absent from his mouth). This is a malign hallucination. Also, the frustration of the absent breast, of the uncompleted gestalt, is experienced as a tangible irritant, as a hard and painful friction— as roughness. Irritating friction produces rage and panic. When this reaches a crescendo of intensity it results in a tantrum—a fit of temper as we often term it.

Tantrum

On referral, autistic children often have a history of a passing phase of "fits" which do not seem to have been strictly epileptic in nature. Other children have a history of "tantrums" in infancy. I have found this to be a hopeful prognostic sign since it indicates that they have made some attempt to integrate the "hard" and "soft" facets of early experience. (Those psychotic children who have a history of having been an "exceptionally good baby" would seem to have remained in the state of making a dichotomy between the "soft me" and the "hard not-me." There would seem to have been little attempt to integrate these basic aspects of sensation, and thus, little friction and disturbance.)

The tantrum, like the ecstacy, needs nurturing which is capable of holding the child together through intense bodily-cum-psychological states. The mother also needs to seem to "contain" the bodily-cum-psychological discharges, expressed in such reactions as urination, defaecation and spitting, associated with the rage and panic of the tantrum. If these are not "contained" by the mother the delusion will be that they spread around in an uncontrolled and explosive fashion to bring about a catastrophe. (Meltzer's concept of the "nappyummy" is relevant here.)

This "holding" and "containing" comes about through the processes of "flowing-over-at-oneness" described earlier. Unbearable bodily tension which is not understood, empathised and relieved by the mother quickly enough is experienced as a disturbing "overflow." It disturbs the illusion of "flowing-over-at-oneness." Unbearable bodily tension is uncomfortable. It feels turgid and hard. It is projected as "not-me." Thus, the sense of "oneness" is disturbed and "twness" results, but in a way that is unduly painful and sudden and causes a precipitate coming together as a "self" which is not genuine—a "false self" as Winnicott has termed it.

Work with psychotic children has brought home to me the importance of this "overflow"—this "spill over" of psychological and physiological tension. The child experiences it as tangible body stuff which overflows out of his control. He cannot process it. He recoils from this dangerous stuff in the "not-me" outside world. Or, he may feel possessed by it and be unmanageably hyperactive. In early infancy, by her disciplined attitudes and behaviour the mother seems to control, channel and render harmless this overflow which is beyond the child's control. She acts as both analyst and synthesiser which if things go wrong, the psychoanalyst has to do in a more artificial way later on.

Over-Flow

There are many ways in which the mother can give the child the impression that she is giving way under the impact of the "over-flow." She may be absent in mind or in body. She may avert herself from noticing it and act as if it did not exist. She may be too permissive. She may be too strict or too teasing and thus provoke too much frustration and too much "over-flow." The worst situation seems to be one of gross inconsistency, of swaying between over-strictness and over-permissiveness in a way which is inappropriate to the particular child and the particular circumstances. The situation that becomes very clear in working with psychotic states is that bodily separateness from the mother has occurred too suddenly and too harshly for that particular infant. This has resulted in a precocious and false self which feels wounded or mutilated.
Pre-Animate States

Bion’s term “container” seems very apt for the concretised functioning in terms of inanimate objects, which is under discussion. The early states of differentiation between “hardness” and “softness” take place before the important distinctions between “animate” and “inanimate” (to which Spitz has drawn our attention) are made or before they have become securely established. These early differentiations are the bedrock of human personality before the “humanness” of psychological functioning has emerged. They are physiological integrations with incipient psychological overtones which are extremely important in giving the personality its basic “set.”

The psychotic child, who when taken to an educational psychologist for psychological testing, would only draw a ruined house and would do nothing else, was obviously communicating about a psychological catastrophe which he felt to be at the root of his being. This had seemed to happen to an inanimate “thing” and not to a person. This child had been suddenly weaned at four months of age and then separated from his mother. But, other children who manifest states of unintegration or disintegration have not necessarily had a geographical separation from the mother. Through no fault of their own, nor of their mother, the maternal shielding has seemed to be shattered. As Bergman and Escalona have shown some children are hypersensitive and the “maternal shield” has not been adequate (Bergman and Escalona 1949). In another situation, a mother may find it difficult to “take to” and to empathise with her newborn child. In some cases, the mother was not emotionally “ready” for the birth of this baby. In other situations, the mother may find it difficult to empathise with the child who is very different from herself. A marked example of this is when a baby is born with a handicap such as deafness, blindness or spasticity. It requires a great effort of imagination to sense such a child’s responses. In other situations, the mother may be depressed, or the father may be away from home, or the mother and father may be having a phase when they do not “get on” together.

These, and other situations which Dr. S. Tischler (1979) has described very feelingly, interconnect with each other to produce what seems to the child to be a “psychological catastrophe” at the root of his being. This has happened to a “body self”—a “felt-self”—of which the child has become aware prematurely. His self-representation is thus on a false basis and his body ego is defective. Such premature bodily separateness from the mother is experienced by the infant as the loss of a bodily part. This means that instead of normally-timed differentiation and integration, explosive disintegration or paralysed unintegration is the order of the day. In later life, such a child feels “cursed” rather than “blessed,” for these situations are associated with states of omnipotence which result in feelings that are larger than life.

As D.H. Lawrence wrote:

“It is a terrible thing to fall into the hands of the living God but a much more terrible thing to fall out of them.”

This catastrophe has to be re-experienced and worked over if psychotherapy in later life is to reverse the pathological autistic processes.

Conclusion

The essence of the thesis developed in this paper is that the young infant needs parental support in bearing the ecstasy of “oneness” and the tantrum of “twoness,” if necessary primal differentiations and integrations are to take place. The therapeutic setting acts as a kind of incubator in which the psychological “prem” can achieve those basic integrations he did not make in infancy. These extreme states are usually worked over within the privacy of parental sheltering. It seems somewhat indecent to lay them bare. Perhaps this is one of the reasons why psychosis seems so shocking and disturbing to normal individuals. Something is being made public which should be kept private.

Analysing such states seems rather like trying to put a dream or a nightmare under a microscope. It just cannot be done. It is a paradox that these crude states need extreme delicacy and subtlety in their delineation. To write about them often seems brash and clumsy, but not to do so seems a professional dereliction. It is hoped that the inevitable shortcomings of this paper will be offset by the fact that it has been written as an expression of gratitude to Dr. Bion who by his unique contribution to this most difficult area of study, has enabled many of us to rise phoenix-like from the ashes of psychological catastrophe to achieve psychological birth later in life than is normally possible.

References


