Miss “Nicht”: A Small Girl Who Was Betrayed of Her Childhood

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In this article, I describe the first 2 years of the treatment of a 3-to-5-year-old girl. In my view, it demonstrates how one can observe and understand within the therapeutic relationship the development of psychotic and/or borderline pathology in early childhood.

This article centers on the case of a small girl who entered treatment when she was exactly 3 years old. I call her Lily here. Two years later, the treatment continues. I see her twice a week, her mother every second week. This case illustrates how psychotic and/or borderline states evolve in early childhood, how a child desperately tries to save a tiny sense of her self, and how this pathological development becomes evident in the transference.

I first heard about Lily from her mother's analyst, who called me almost in a state of despair, asking from which age on I was treating children. In addition, she stated that she had had Lily's mother in analysis for more than a year and felt that she could not really work with her until somebody else took care of the child. But Lily was very small. One hour later, Mrs. M., Lily's mother, called, and we arranged an appointment.

Mrs. M. arrived early. When I met her in the waiting room, she was obviously and audibly under high pressure with red spots on her face, was breathing heavily, and spoke with a shaking voice. I was shocked by her appearance, which was gray and old—her face looked somehow deformed—and I wondered for a moment whether I was possibly dealing with Lily's
grandmother. In the treating room, Mrs. M. sat down on the edge of the chair, and very quickly the atmosphere in the room was filled with tension and panic. Mrs. M. had some file cards in her hands, which seemed to serve the purpose of being her one, only, and last “anchor” in this frightening situation. It was obvious that she had written down on them all the alarming observations she had made concerning her daughter, herself, and their relationship. While she was talking, she frequently looked at those cards as if seeking help. It felt as if Mrs. M. was flooding me with her descriptions of her misery. The way in which she talked was a mixture of submissiveness and devaluation.

She reported that the relationship between she and her daughter was extremely aggressive to a degree that she was often afraid that she might kill the child. Lily did not accept any “no” but reacted with screaming, biting, and beating her. She felt that Lily was a monster and that she was completely in her daughter's hands. She further described how Lily was not able to play, was frightened by other children, changed her clothes continuously, and had considerable eating problems. She characterized the interaction between herself and Lily as follows:

When I laugh, Lily cries; when I cry, she laughs. I am not allowed to talk to another person. If somebody looks at her she screams in panic. She is extremely oversensitive. I am under constant stress with her. I want to do everything right for her in order to prevent her from screaming. I cannot even relax at night because she refuses to sleep in her own bed.

At the end of the session, Mrs. M. seemed a little more relaxed, whereas I felt completely filled up.

Biographical Notes

Mrs. M. has never been married. She had a long relationship with a married man, Lily's father. When she became pregnant, he first reassured her that he would separate from his family, but later changed his mind. During Lily's first year of life, he would visit Mrs. M. and Lily irregularly, but then completely withdrew. Lily has no conscious memory of her father, and in spite of some attempts on Mrs. M.'s part, he refuses to meet her.

Already during her pregnancy Mrs. M. suffered from panic attacks. The birth was extremely protracted, and the child finally had to be delivered.
by Caesarean section. Lily's physical development was apparently normal, but Mrs. M. described her life with this child as extremely exhausting from the very first moment. She was a “cry-baby,” who could not be soothed and calmed down by any means. She was breastfed for 4 months, but she would often refuse to drink or later to eat the food her mother offered her (Lily never refused the food her grandmother gave her). Mother and child lived in a small apartment, glued to each other with no external contacts, with the exception of the mother's parents (with whom Mrs. M. has a very tense and ambivalent relationship) and occasionally Lily's father. I picture Lily and her mother during this first year as sitting symbiotically in the room—like waiting for Godot—waiting for the father. Mrs. M. became increasingly depressive and avoided leaving her apartment as much as possible. When a former friend found her and the child in their isolation, she persuaded Mrs. M. to start psychoanalytic treatment immediately to save herself and her child.

At the same time that Lily entered treatment, she started kindergarten, where she did comparatively well, although remaining mostly in an observing position.

Our First Meetings

Lily was sitting in the waiting room on her mother's lap. When she caught sight of me, she abruptly turned around, clinging desperately to her mother's neck. I could hardly catch a glimpse of her very pretty face, a face reminding me of Renoir portraits; it was in sharp contrast to Mrs. M.'s elderly, rather lifeless face. Lily had to be carried into my treatment room, where she remained in the same position on the lap. All I could see were her wonderful blond curls. My attempts to get into contact with her were responded to by her yelling “nicht” with a high-pitched voice, emphasizing the “t.” Her voice was extremely shrill, metallic, and sharp, and I felt the wish to protect my ears. It caused physical pain. On the other hand, it sounded so incredibly panic-stricken that I soon decided to talk with Mrs. M. and not to pay too much attention to her. This allowed Lily to relax a little. From time to time, she peeked out at me from behind her hair, but the second our eyes met, her angel-like face changed into a frightening and

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1 The German word *nicht* in this context contains “don't” as well as “no.” What is important is not only the meaning but the intonation, a piercing, hissing, desperate cry indicating “Stop it! Don't you dare!”

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frightened grimace; it was as if two electric cables were in danger of touching, and the result would be a blown socket, an explosion with nothing left. And then she started yelling her “nicht” in the way that was to become quite familiar to me during the following weeks. I quickly came to call her “Miss Nicht.”

The second meeting with Lily seemed to take a similar course, but during the last 5 min we started to develop our first playful interaction. Lily happened to put her hand on the table between us. I saw her forefinger moving. I cautiously put my hand on the table, too, and moved my forefinger in a similar way, which she noticed. With some curiosity, she picked up on the play by moving her finger, again in a slightly different way. Our forefingers dared to take their first, shy, dancing steps together, although at a very safe distance. I felt quite relieved.

Our next meeting took place after a break of a few weeks; the break was due to my summer vacation. Lily started the session again by yelling her “nicht,” although this time it sounded slightly provocative. During the session I repeated her “nicht,” saying it loudly but not as a scream, which made her yell even louder. I responded by using a deeper voice. Lily was stunned, then turned towards me and repeated my “nicht,” trying to use the same tone. We began composing our first “Nicht Song.” Then Lily remembered the finger play, and our forefingers danced to our song. Lily cautiously climbed down from her mother's lap and started moving her foot a little bit in my direction. Again, I reacted to her action. We made our first attempts to find a rhythm, to get attuned, to find a common language. This process was extremely delicate and was accompanied by constant disruptions. Lily needed to completely control intensity, closeness, and distance, and the slightest mistake on my part (e.g., my finger came a little too close, my voice was not “attuned” enough, etc.) seemed to overwhelm her and threaten to extinguish her. Her reaction: the yelling “nicht.”

The first three sessions demonstrated how inextricably interwoven mother and daughter were. Lily showed me immediately how threatened her sense of self was. She needed all her psychic energies to save a tiny sliver of selfhood. The slightest perceived dissonance turned into an attack. But she also expressed her longing for an object and a selfobject that could be attuned to her and that was capable of containing her feelings and affects. I was under severe pressure and tension to be perfect; any mistake on my part threatened to cause a disaster. In addition, I did not have any idea by then whether Lily was able to use spoken language; I only knew her “nicht.”

After about a month in treatment, I found Lily in the waiting room, sitting on a separate chair. When I said hello, she got up and walked all by
herself into the treatment room; her mother followed us, as if what had just occurred was the most natural thing, and sat down. For the first time, I felt upset and disturbed by her presence. Lily placed herself next to her mother and quietly looked at me. Mrs. M. asked, “Do you want to sit on my lap?” Lily, “No, I don't.” She continued to examine me with her eyes, and after a while suddenly shouted, “Nicht!” I repeated. She seemed to be very engaged in the evolving play and shouted even louder, “Nicht!” I pretended to be startled with fear. She was obviously delighted by my reaction, although she tried not to show her feelings. She continued this “play” for a few minutes. I finally hid under the table “because I'm so frightened.” Lily laughed full heartily and thoroughly enjoyed our play until her mother also began laughing. Lily shouted at her, “Don't laugh!” Mrs. M. stopped immediately while I said, “Only Lily is allowed to laugh.” I was interrupted by Mrs. M. remarking angrily, “That is very true!” I continued, “Maybe, if others laugh, Lily feels laughed at?” I got back on my chair. After a pause, Lily took up the previous play and indicated that I should hide under the table again. She then cautiously glimpsed under the table, and after a while she began sitting there with me, trying to imitate my body movements. A new choreography began. An atmosphere of closeness developed, which apparently soon became too close. Lily burst out with her protective “nicht.” This time I dared to say, “Doch!” Lily seemed totally perplexed, then she answered even louder, “nicht,” but as we continued, she seemed to tolerate my “doch.” And then there was a reversal. Lily took over the “doch,” and I the “nicht.” This episode ended with Lily deciding to hide. I had to find her. She emphasized that she had completely disappeared, and I had to look for her all over the room but would not find her. She paid a lot of attention to whether I came too close to her and if I stayed on the floor or knelt on a certain spot on the couch. It was the first time in therapy that she talked that much and used her language to give me exact instructions what I had to do, how I had to move, and how I had to react. I learned at this time that Lily possessed an outstanding linguistic knowledge, but I also realized that there was one word missing: “I.” Because she addressed me as well as herself using “you,” I had considerable difficulties in understanding whom she was talking to and about.

After many fruitless efforts on my part in trying to find Lily, I finally asked her, was I allowed to ask the bear and the doll for help? To my amazement, I received a “yes.” The bear said that he did not know where Lily was (her instruction) and added (my addition) that he was also very sad that he

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2 The German word *doch* is an answer to *nicht*, meaning approximately “Oh, yes, I will.”
could not meet Lily because he had got all dressed up for her so she could ride on him (a bear on wheels). At the end of my last words, Lily tiptoed up behind me and touched me lightly with her finger, blew behind me, and tousled my hair. (Now it began to feel slightly too close for me.) I did not turn but said that there was somebody behind me, touching, blowing, tousling, and asked the bear whether he knew the person. The bear said “yes” but did not give her away (her instruction). I heard Lily giggling behind me with great pleasure. Suddenly, she stood in front of me, beaming, and said, “Nicht.” I answered, “Now I know, Lily is back again!” The session was over, and Lily asked, “How many nights do I have to sleep until next time?”

I describe this session because, in the first place, Lily, in my view, had finally arrived in analysis and had also addressed the central themes that we were to work on during the treatment process. The basic and most important theme is: searching for Lily. Where and who is Lily? Related to this task is the problem of finding the “I,” the differentiation between subject and object. And again related to these issues are the difficulties of closeness and distance, because closeness was for Lily up to this point experienced as equivalent to merger and annihilation; distance in the form of total control seemed her only way to protect herself from psychic death.

Mrs. M. continued to take part in the sessions for 4 months. Although I sometimes felt the strong desire to address the situation, I decided against it. I felt she was not yet ready to leave her daughter with me and decided that, because she was in analysis with high frequency, I would trust her own developmental possibilities. Of course, this setting created quite an amount of problems and conflicts for all partners involved. The more Lily engaged in a relationship with me, the more she would forget for some time the presence of her mother (it even sometimes happened to me). Again and again, we were almost locked up in a dyadic system; when Lily in such states happened to catch sight of her mother, she would immediately interrupt her activities and hurry to her lap, blowing at her and tousling her hair. She did the same to me when she had been preoccupied with her mother. She would move into a state that was a mixture of panic (that the one she had “neglected” might have died [and she was the killer, as I later learned]) and mania, characterized by hysterical laughter. But Lily could calm herself down with my help more quickly when I explained to her how I understood her behavior.

As one can imagine, another problem emerged. Up until then, it had always been Lily who had controlled the situation and permitted what I was allowed to do or not do. With our relationship growing, Lily became more
courageous in exploring my room and also exploring my limits. She could become quite provocative in trying to break things, throwing sand at me, and so forth. These aggressive behaviors, which were rooted mostly in her ambivalence pertaining to her relationship to her mother and me, were also due to the fact that our time was limited (early in treatment, Lily wanted to know where the hands of the clock had to arrive at when the session was over, and up to the present she watches the clock intensely). I had to set clear limits. It was my turn to say “no”—“nicht.” Lily reacted by trying to beat and spit at me, trying to fight against her archaic super-ego, her feeling of being thoroughly wicked, as I soon learned.

After about 3 months in treatment, Lily discovered the crossbow in my office. It was difficult work for this tiny person to handle the comparatively large object, so she needed my help, which might have felt humiliating for her. I told her that she was only allowed to aim at the target, which she did. She was obviously very proud of her accomplishment, wanting her mother to admire her. Although Mrs. M. verbally acknowledged her achievements, I believed I noticed a slight disapproval in her voice and her posture. While I was still thinking about this impression, and at the same time assisting Lily with the crossbow, Lily turned around with lightening speed and shot the rubber arrow at her mother's face. Mrs. M. had a narrow escape, and the arrow landed at the window. All three of us were startled. Mrs. M.'s face turned pale; her eyes were filled with horror and tears. She began to cry. Lily threw the crossbow at me, tried to attack me, and started yelling “nicht.” She was obviously shattered with despair, panic, and unbearable guilt. I finally succeeded in calming her by explaining her inner turmoil to her. When Mrs. M. and I had our next meeting, she was still panic-stricken and was convinced that Lily had literally wanted to kill her to take revenge for having been such a bad mother. She was also sure that Lily hated her deeply, and the incident had proved to her that she had good reasons for being afraid of her (3-year-old) child.

Lily did not touch the crossbow for many months, but the incident had an immense impact on her. She would quite frequently avoid even getting near the crossbow, emphasizing that it was wicked. She insulted me, indicating that I had done bad things with it. Altogether, the tension between her and her mother grew during these sessions, and I felt I was not able to find words that could help Lily to feel understood. A point was reached when I felt that something had to be done concerning Mrs. M.'s presence. I decided to address the issue at the next meeting with her. To my surprise and relief, it was Mrs. M. who brought up the subject in telling me that she
had the feeling that Lily needed the sessions for herself and that she felt increasingly uneasy when sitting with us in the treatment room. We used the session to explore her anxieties and doubts regarding the idea of leaving Lily with me and not knowing what was going on. I supported her doubts about the setting, but emphasized that I was sure Lily would only be able to come by herself when she, her mother, felt really ready for this step. She nodded, and we agreed that she would think about the issue. The next surprise: When I met Lily in the waiting room for her next session, she naturally got up from her chair and followed me—without her mother. There were no signs of separation anxiety nor any hesitation. When I addressed the new situation, she answered, “That's Lily's hour. Nobody must come in!”

The atmosphere during the sessions changed considerably. Lily uttered her “nicht” mainly at the beginning of the hour in a laughing, provocative way. She played endlessly our game of searching for Lily. After some weeks, I felt increasingly bored and angry by her endless repetitions of the same sequences where I had to perform exactly the same movements, speak the same words, and use the same voice. All our interactions quickly became ritualized and thereby seemed to have become depleted of all meaning. But almost without exception, it was evident that she could not tolerate any alterations, because it meant loss of control.

Lily's use of the pronouns I, you, and we was striking and showed her inner confusion about who was who. She announced, for example, that we want to draw. Each of us got a sheet of paper and colored pencils. She said, “You want to draw a dog!” I ask, “Who? You or me?” Lily began to lose her temper: “You! Go ahead! Hurry up!” I drew the dog, she scribbled like a baby, then took my picture and said, “Look at my wonderful dog!” She repeated this interaction, like many others, again and again, until I said, “You want me to draw a dog, not I.” Lily became enraged: “You want to!” It was the beginning of a long process of hard work, at the end of which Lily finally allowed herself to say, “I want.” She started trying out the difference between I and you with increasing interest and pleasure. Here, as in many other situations in this treatment, I was amazed at how hard Lily was obviously working.

The reason why I insisted on the I and the you was that I felt that these states were actually not regressions but states of fusion in which she had been living all her life and from which she desperately was trying to free herself by her “nicht.” She experienced these merger states apparently as a situation in which she could choose between power and surrender—that is, either
she was the one who had total control, was the one to be fused with, or she would psychically die.

Lily's self states were still very unstable, and during one session, her mood could change abruptly from one second to the next without any recognizable cause. She then got mad, insulted me, and threatened to beat or kick me if I should dare to say one more word, although I often had not said anything.

It was becoming evident that Lily was an extremely intelligent little girl with an extraordinary memory. Apparently she heard everything I said and could especially remember all that had happened between us. In particular, the incident with the arrow comes up regularly. For example, she sat on the floor, working quietly with the sand, and suddenly said in a very calm voice, “Lily is a wicked child.” It came out of the blue. It sounded as if she was expressing an irrefutable truth. When I asked her why she thought so, she replied, “I shot at Mama. Lily is wicked.” And she continued telling the story and ended by asking, “And Mrs. Hilke, what did she do?” I said, “What have I done?” Lily said, “She told her off and said: wicked child!” I replied, “I remember that I said that we all have had a shock because it looked dangerous. And that you can try again.” Lily seemed to calm down, but it felt like her reliving a traumatic experience.

When Lily became aware of the differentiation between I and you, she moved into a severe crisis. She tried to reconstitute the old merger state, and by doing so the old annihilation panic reemerged. She became completely confused and talked about holes in the wall where people come out and threaten to kill her. The only way to help her out of these states was to firmly confirm that I am Mrs. Hilke, that she is Lily, and that we both are very safe here in the room.

Lily also initiated “role-playing” games. I place “role-playing” in quotation marks because it was not really a play, but rather she was the person she was performing and similarly I was the person I had to perform. There was still no room for fantasy or an “as if” experience, which made playing actually impossible. Instead, it created an atmosphere of existential seriousness, which was hard to bear.

After about 8 months in treatment, Lily began regularly to sit in the waiting room, her back upright, her legs crossed, holding a book in her hands, “reading.” When I arrived, she ignored me, saying in an arrogant tone, “I'm still busy!” and she continued “reading.” I answered that I was going to wait for her in my room. Sooner or later Lily would race in, burdened with several items she had taken with her, emphasizing that she was still very busy and had
to work. “Don't disturb me!” she shouted. “You are really awful! One can't do anything!” She sighed in deep distress. (I had not said a word yet.) She went on “working,” always checking me with her eyes. Sometimes I got angry; very often I was quite amused by her facial expression. Lily was a very close observer, and if she found a sign of amusement in my face, she immediately became mad. After about 5 min, she put her working material away and started cooking in the sand. She was Mama, and I had to be the child who did not like Mama's meal. Any sign on my part that I could also be Mrs. Hilke—meaning a grown-up person—enraged her extremely. Mama Lily explained in detail what I had to eat, what was healthy, what was not, what was good for the stomach, for the bowel, for the hair, and so forth. (Once I asked her if she knew what bowel meant, and she pointed at her head). She used very adult language, many terms I had not even heard of. When I offered to explain a word, she shouted at me, “You needn't say anything. I know!” Then she went on with her explanations and threatened that I shall become terribly ill or die if I did not eat what she prepared. And as a punishment I shall not get a “surprise dessert.” I had to cry and scream. Lily-Mama controlled sharply if I did it right. But when I refused, as a child, to eat or even said that she was a stupid Mama, she either stopped the play or she suddenly became completely confused, where she incoherently uttered words in a shrill voice. Only when I reassured her of the reality could she calm down. It became obvious that when this occurred, she was not able to differentiate anymore between play and reality, between herself and me—and her mother.

The “Mama-plays” were also performed in another context. Lily was always a completely unreliable Mama who could suddenly become very angry, who was only preoccupied with herself, who wanted to be left alone, who did not talk anymore, who left the room. Lily demonstrated this for many hours when she “was” in the fitness center. Apparently she had watched every detail so closely that she was able to perform the exercises flawlessly. Movements, facial expression, breathing, everything was perfect. I had to be the permanently whining child who had to say, “But I also want to.” She again quite frequently got into the previously described confusion, but gained a growing capacity to perceive when she was on the edge of becoming overwhelmed and in danger of losing her boundaries. She then stopped, saying, “It is going to get too exciting. We better stop.”

Here I skip ahead a year. Lily is now 4% years old. She still starts the sessions in the ritualized way, but when I once mentioned to her that I find it a little sad that we spend so much time of our session having me wait for her, it obviously made a thoughtful impression on her. She now arrives more promptly.
The endings of the sessions have also changed. I have to cry when the hour is over and have to ask her to stay, but she answers, “I am sorry. I have to go to the kindergarten now. Yvonne [her teacher] and Lissy [her friend] are waiting for me.” She comes back several times to check if I am still crying, which is what I am supposed to do.

Although the sessions are still in many respects ritualized, there is more flexibility. It is still very seldom that we are just calmly doing something together for a whole session. There are always sequences when she suddenly bursts out in rage and hate, which are always rooted in her feeling unworthy, helpless, subjugated as a child. Especially after vacations or cancelled sessions, she behaves in a way that makes it difficult for me to accept her. But in the meantime, she is able to accept my interpretations, remarking at the last occasion, “You don't have to say that again. I know that myself.”

Above all, Lily still cannot accept that she is a child. She has not yet gained the feeling that childhood is something positive and desirable. She is still dressing in what I want to call “adult clothes.” Her fear to be at the hands of adults and thereby annihilated is always present, although she can now more frequently play and emphasize, “We play that you are … and I am but in reality I am Lily and you are Mrs. Hilke.” Very often, she uses adult language and imitates exactly other adults. It seems she has to provide herself with the necessary equipment not to get in the dangerous position of becoming a child. Unfortunately, that prevents her from developing her own capacities.

I try to describe what I mean by this by using an example: Lily came into her session apparently suffering from a severe cold (she had never been ill before). It was quite clear that she was not able to do anything. I addressed her state and proposed to read her a story. First, she refused, saying she was not ill at all, but then later chose a book called “No, I do not want to go to bed!” From this session on, I had to read this book for hours and hours. What impressed and troubled me was that while I was reading, Lily was hanging on my words, my voice, my facial expression in a way that did not feel like fascination, tension, or even normal identification. Rather, it seemed as if Lily was absorbing me and everything around us in a way that she herself dissolved more and more while she became, at the same time, somebody else, Mrs. Hilke. In the meantime, I address these incidents without delay, and it helps her to get back to herself again.

At the time of this writing, Lily and I have our first, very long break—6 weeks. She will be 5 by the end of the month. She has two girlfriends, with whom she spends a lot of time, and her integration in the kindergarten has made considerable progress. The relationship between Lily and her mother
has improved but is still far from satisfying. Lily is making her first attempts at accepting herself as being a child, and sometimes she even enjoys it.

I conclude this article by describing some sequences of our last session before the summer vacation. Lily had been very aware of the long break for quite a while. In the previous few weeks, she had started picking a quarrel during the last 15 min of each session. I had addressed this issue several times, relating it to the threatening break (i.e., separation).

Lily is sitting in her usual posture in the waiting room, but she gets up immediately when she catches sight of me and rushes into the room. I follow. She shuts the door in front of me, opens it again, and generously lets me in. I comment, “Today it is almost like you are waiting for me and letting me in. And you don't want to lose time.” Lily looks at me snootily and says, “See! I go for a holiday and you don't! You are not even allowed to! Serves you right! You have to sit here! Ha, ha!” Her face is full of hate. I answer,

Well, Lily, I think we both know that we shall have a very long break, something we have never had before. And actually we both don't know how you are going to feel about that, about the fact that we won't see each other for such a long time.

Lily calms down and takes out a board game, which we play relatively harmoniously. Then she decides to be a horse. She gets on the floor, snorts and neighs, and emphasizes that she is a very wild horse, one that has a very long, bushy tail and one that can kick, which she demonstrates. All of a sudden, the horse gallops up to me, climbs on my lap, and wants to bite me. I try to protect myself and ask why the horse is biting me. Lily says, “Because it hates you.” I say, “And why?” Lily says, “Because it loves you.” I say, “I understand. The horse hates me because it loves me. And soon the horse won't see me for long. That hurts.” Lily wants me to build a stable for the horse and a grazing paddock so that it can eat. We are building quietly when suddenly she begins to call me names. It is exactly 15 min before the end of the session—the fighting time! I say, “Now we have the same thing again. I know that you are actually very sad that you have to leave soon and therefore you start quarreling and want me to get mad at you.” She comes very close, seems to be on the edge of becoming manic, then goes behind me and breathes into and tousles my hair. I say, “You have done that very often at the beginning when you were not sure whether I was still there and alive.” Lily calms down, deep in thought, and she answers, “Yes, it is really sad, but you won't die, will you?”

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She puts the horse in the stable, says goodbye to it, and quietly leaves the room.

**Translations of Abstract**

En este artículo describo los dos primeros años de tratamiento de una niña de 3 a 5 años. En mi opinión se demuestra como se puede observar y entender, dentro de la relación terapéutica, el desarrollo de la patología psicótica y/o borderline en la primera infancia.

Dans cet article, je décris les premières deux années du traitement d'une fillette de 3 à 5 ans. Selon moi, ce cas démontre comment on peut observer et comprendre dans la relation thérapeutique le développement d'une pathologie psychotique et/ou d'état limite durant la petite enfance.

In questo lavoro descrivo i primi due anni del trattamento di una bambina dai tre ai cinque anni. Dal mio punto di vista si dimostra come nella relazione terapeutica si possa osservare e comprendere lo sviluppo di una patologia psicotica/o borderline nella prima infanzia.

In dieser Ausarbeitung beschreibe ich die zwei Jahre dauernde Behandlung eines Mädchens, das bei Behandlungsbeginn drei Jahre alt war. In dieser Darstellung kann man anhand der therapeutischen Beziehung die Entwicklung einer psychotischen und/oder Borderline-Pathologie der frühen Kindheit beobachten und verstehen.