

**“THE CHILD WHO HAD FALLEN INTO A RAVINE”:
PSYCHOLOGICAL CATASTROPHE , PRIMARY DEPRESSION, MANIC DEFENSE AND
‘REPARATION IN RESPECT OF MOTHER’S ORGANIZED DEFENSE AGAINST DEPRESSION’**

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I. Introduction.

In 1977 Frances Tustin presented the first draft of a paper to the Institute of Child Psychiatry at Rome University, which she was working on as her contribution to the *Festschrift*¹ in honour of Bion.

In discussing clinical material both of her own and that of some of the participants in the audience, she focused on how the therapeutic experience of the psychotic child in psychoanalytic treatment can help him “to transform a psychological catastrophe into a new psychological birth”: in order for the processes of pathological autism to be reversed, the psychological catastrophe should be re-experienced and *elaborated later* in life within the context of psychotherapeutic treatment.

Her description of, and insistence on, the *psychic work* implied in this process was, and remains, in my view, particularly relevant to understanding the *agonies* the child experiences as he approaches the area of the psychological catastrophe during the treatment; and also to understanding the psychic creativity which can be liberated at this point of the treatment, i.e. once the “survival function” of the autistic manoeuvres (J. Mitrani, 1992) can make room for the emerging integration of a psychic self. The link between the “time distance”, or “second time”, which allows the child to re-enact the original trauma he *had experienced* as an infant, *as well as* its *elaboration* in the clinical situation, is one on which I will focus particularly in the

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A first, different and shorter version of this paper was presented in two occasions in year 2000, at the Psychoanalytic Centres of Padua and Rome of the Italian Psychoanalytic Society (S.P.I.) and then published, without the drawings, in Italian (V. Bonaminio, 2000).

¹ The book was published in 1981 with the title *Do I dare to disturb the universe? A memorial to Wilfred Bion*. Edited by James Grotstein (Beverly Hills, Ca.: Cæsura Press). The paper is included as chapter 8 in her 1981 book *Autistic states in children* (London: Routledge and Kegan Paul)

following considerations based on a fragment of psychoanalytic material from a boy of six and a half.

It seems to me that this very question of time is one of the issues Frances Tustin implicitly addresses in her last paper entitled “The perpetuation of an error” (1994) where she reconsiders *afterwards* her clinical work and reformulates the aetiology of pathological autism and autistic withdrawals . She writes significantly that “hindsight is always painful! This whole paper is about hindsight”. Courageously concluding that there is not an early infantile stage of normal primary autism to which pathological autism could be a regression as she had maintained, she asserts she has come “to see that autism is a protective reaction that develops to deal with the stress associated with a traumatic disruption of an *abnormal* perpetuated state of adhesive unity with the mother – *autism being a reaction that is specific to a trauma*” (1994, p.14).

Her argument about the aetiology of autism overlaps Winnicott’s (1967) position on the same issue as is expressed in a paper of his, of which she was clearly unaware, since it was published posthumously (1996). The clinical relevance of this overlap between the positions of Winnicott and Tustin lies, in my view, in understanding autism in terms of a defence organisation. As Tustin clearly puts it in the 1994 paper, this revised view of the aetiology of autism does not merely result in an “academic exercise”: it has clinical and technical consequences; for example, “it will affect the way we respond to and talk to such patients. It means we will talk to them as if we think they can understand what we are saying. We will not talk down to them” (1994, p. 18)

She observes that in this modified view autism is to be considered as “a *two-stage* illness: *first*, there is a perpetuation of a dual unity and *then*, the traumatic disruption of this and the stress that it arouses”(1994, p14, my italics.)

It seems to me that by referring to a *time discontinuity* (a “two-stage” process) in the psychodynamic formation of the illness, she implies that this discontinuity in time is re-enacted in the transference, which in turn, and by definition, is a *second* time, a *new* releasing experience and not just a recapitulation of an old one. So, it is only in the safety of the transference, as far as it is gathered and understood by the

analyst, that the child can have “a view at a distance”, can create an *after* view - one might say – of the traumatic disruption, beyond which lies the retrospectively idealised “dual unity”.

In reading this paper, one also finds plenty of other afterthoughts of hers that seem to await further developments in the understanding of autism and autistic phenomena. One of these “afterthoughts” concerns Tustin’s progressive appreciation of Winnicott’s description of “the type of material...[i.e.] the elemental levels of functioning”, she was encountering and struggling to describe in the early years of her clinical work. Tustin refers particularly to the type of depression Winnicott called “psychotic depression” and distinguished from “reactive depression” which is the “loss of an object recognised as separated from and not part of the body of the subject”(1994, p.12).

In this context of primary depressive feelings and sensations, one encounters another observation by Tustin which seems to await further developments. It concerns the “role” of mother’s depression as one of the traumatic factors which can contribute to the organisation of the child’s autistic reaction (Grotstein, 1983; S. Maiello, 1997). She writes: “This fear reaction seems to be due to the fact that a *vulnerable* infant (possibly with a predisposition to depression) has become aware of separatedness from the mother in an insecure mental ‘containment’....This can occur, for example, with a depressed mother who, for various reasons, has felt unsupported by the father and by her own infantile and childhood experience”(1994, p.15)

In discussing the “impossible task” of a child in dealing with mother’s depression in the following pages, my aim is also to put forward some clinical considerations on this issue, by making use of some of Winnicott’s concepts and connecting them to Tustin’s, in view of a cross fertilisation which may, I believe, enrich our understanding of autism and autistic defences in autistic and psychotic children.

II. “It wasn’t like that !”

«But it wasn't like that !» This unexpected exclamation from a boy of six and a half is his answer to a suggestion from his therapist, following a period of analysis in

the course of which he had produced an equally surprising series of games with animals and drawings that consistently depicted "a child falling into a hole", with significant variations.

Alessandro was in his third year of therapy - begun at the age of three owing to "a borderline developmental disorder with consistent psychotic risk and an autistic-like defence organisation". Almost intentionally he seemed to want to tell his own story of a catastrophe, his own psychological catastrophe. But, most of all, it appeared that the psychological catastrophe, *intuited* from the very beginning of the analysis, and steadily, laboriously *reconstructed* through the analytic work, could now be *represented* by the child *in the first person*, and at the same time distanced in the *second time of après coup* (*Nachträglichkeit*).

The emerging representation of himself as "a child falling into a void" is the *fall out* of a more cohesive sense of self. On more secure and solid ground, the child looks at himself: the self who *had fallen* into the void. However, that self is no longer his whole self, but a *part* of his self: a generative dissociation within his self has occurred, and this allows recovery of what was not representable before.

From the point of view of the developmental transformations generated in analysis, *representing* and *narrating* advance side by side as a single process. Representing *is* narrating. Any interference with this narrative *in statu nascendi* in the course of a session, and prematurely giving it meaning, not allowing the "*full course of an experience*" (D.W. Winnicott, 1941), implies the risk of destroying representational potential as it occurs. By not interfering and not offering the child the meaning he is seeking to *create*², may imply the risk of letting him fall into a meaningless void, repeating in the transference the break off, the *unbearable separatedness* (F. Tustin, 1981), the *unthinkable anxiety* (D.W. Winnicott, 1956, 1962) or *nameless dread*

² I refer here to the Winnicott concept of the transitional objects and phenomena (1951) and the use of the object (1969) in which the object is *created* where the other *lets it be found*. "The mother places the actual breast just where the infant is ready to create, and at the right moment. (...) The transitional phenomena represent the early stages of the use of illusion, without which there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being (1951, p.239). "The essential feature in the concept of transitional object and phenomena is *the paradox and the acceptance of the paradox: the baby creates the object, but the object was there waiting to be created and to become a cathected object*" (1969, p.104)

(W.R. Bion, 1962) of not being held and understood, and it is to defend himself from this that the autistic protection (Tustin, 1981) has been erected and organized.

This dilemma – it would be reductive to define it simply as a “technical” dilemma – appears with great intensity in the period I am referring to, in the weekly supervision meetings when the child’s therapist³ brought me her reports of her tri-weekly clinical work with Alessandro. After reviewing the series of drawings the therapist has been collecting, all of them insisting on the same subject, my own position in supervision was to ask the therapist to comment to the child on the drawings, using simple, carefully phrased language, in order to get the child to realise that his communication has been *acknowledged* and understood, as well as a more specific intervention that could imply a *suggestion of reconstructive interpretation* in narrative form. In other words, I was relying on Tustin’s advice, mentioned above, that we have “to talk to [the psychotic children] as if we think they can understand what we are saying. We will not talk down to them” (1994, p. 18). The therapist’s position, however, was obviously, and legitimately, much more cautious because she was afraid the child would not be able “to receive” this reconstruction and that the words I was suggesting might prove “too much” for him within the limits of his comprehension, precisely at that moment in the analysis when his emergence from autistic retreat was consolidating.

In other words, the *place* of supervision as a *reflection* upon clinical material had – as often happens – become the transformed scenario of what was occurring in the session, reflecting the Oedipal configuration now establishing itself in the internal world of the child, torn between the *desire to know* and to represent himself – *subjectifying* himself – in his story, and the *terror* that such knowledge would put him in contact with the lack of the primary object, whose absence was *unbearable because premature* , and made him feel “fallen”, “driven away”, “hurled down”.

³ The child's psychotherapist – a former trainee of “The Training Course in Child and Adolescent Psychoanalytic Psychotherapy” - is Dr Ursula POST of Rome, to whom I am indebted for her generosity in allowing me to use the raw clinical material of a fragment of her treatment with this boy in order for me to elaborate it in the context of this paper. I shall go on to comment upon some of these drawings, as they are indicative *per se* of the remarkable progress Alessandro was able to make during his treatment, thanks to the sensitivity and clinical acumen of his therapist.

III. Generative dissociation: the division into a "simple" and a "complex" self.

In the first two drawings (Fig.1, *a* and *b*) - which in a way represent the background, also in terms of time, to the starting point of the phase of analysis I am focusing⁴ - there is, indeed, an Oedipal scene with strong sadistic and intrusive components, represented with openly traumatic characteristics for the child. Ever since Alessandro's linguistic communication with the therapist began to develop at a surprising rate - following an initial phase where one of the salient characteristics, on the psychopathological plane, of his autistic-like condition, was the poverty of his prevalently echolalic language - it is certainly not the first time the child, more or less explicitly, brings to the session the anxiety, fear and terror occasioned by the frequent enemas his parents have forced him to undergo on the advice of their paediatrician, in order to combat his serious and recurrent bouts of constipation⁵. But it is indeed the first time, qualitatively different at experience level, that this subject, alluded to implicitly, becomes *transfigured* in a drawing, and elaborated in a complex and articulated picture where the traumatic experience of *passivity* and his helpless subjection is represented; but, for this very reason, it is now contained and framed, *actively* controlled and made a *part* of the experience, not its overwhelming and *unutterable* wholeness.

Owing to these characteristics, the drawings open up a *space of psychic depth*: they not only reproduce and imitate a traumatic interaction, but also describe a scenario of the internal world the child's self can "understand" as *part of his self* and then communicate in order to make it understood.

This generative dissociation, this division in two basic psychic structures - a «simple» and a «complex» self - which Bollas (1990) assigns to the characteristics of *dreaming* as a relation between the «simple self», i.e., the experiencing self in the dream, and the «organising intelligence» which elaborates the dream environment and gives it meaning», and which Fonagy (1991, 1992) describes, from the child's

⁴ For reasons of conciseness I must ask the reader to take for granted the abundant articulation that resulted from this period of treatment. At the same time I shall leave implicit a series of references to the clinical situation, in terms of transference, to the child's story, his life at present, the parent couple and his relationship with them.

⁵ In the clinical and transference material, constipation represents the child's strenuous protection of a nucleus of the his self from the intruding parental subtraction and takeover.

developmental point of view, as development of the *Self-reflective capacity* (P.Fonagy, M. Target, 1996), - is what I referred to earlier in this paper as a *developmental crucial moment of transition* from which to watch and understand the child's experience of psychological catastrophe, despair, loss and mourning – in a word, the whole range of developmentally differentiated depressive feelings.

In the *manic defence* concept, as originally described by Winnicott (1935), that is to say, *denial* (Freud's *Verleugnung*) of internal reality and, in particular, the *sensations* related to depression and *suspended animation*, the notion of basic *dissociation* of the personality⁶ is implied. This is an issue Winnicott was to develop ten years later (1945) in the context of «integration and non-integration», by pursuing a line of clinical research that was to lead him to a final definition of "dissociation in internal reality", in the 1960 paper «Ego distortion in terms of true and false Self». Along this line, Winnicott insists on the basic *dissociation* in personality. It is dissociation, not repression or splitting – both implying an Ego «to do the work» – that forecloses the child's further development if the integration, *facilitated* by the environment, cannot be made or is blocked. «Only after integration - Winnicott writes (1955) - the child starts to have a self».

What I am suggesting is to consider *manic defense*, and its underlying mechanism, as the *psychic hinge* that generates this *developmental dissociation* which, on the one hand, liberates from disintegration and psychotic fragmentation as well as from "auto-sensual autistic protections" (F. Tustin. 1981), while, on the other hand, it introduces, in the *subsequent* mental evolution, the issue of split or dissociated parts of the self, *displaced* somewhere (or possibly «nowhere») with which one must resume contact in order to integrate them in the self.

IV The tear that knows where to go: the "sick cat" and the "encouraging mouse"

So, in this first drawing: where is the «reflective function of the self», the

⁶ Winnicott insists on basic *dissociation* in the personality. It is dissociation, not repression or split which both imply an Ego "to do the work" - which prevents the further development of the child if integration, *facilitated* by the environment is unable to intervene, or is hampered: "only after integration", writes Winnicott (1955),"

«organising intelligence» that elaborates the dream environment (here, the drawing must be considered *as a dream*⁷) and gives meaning to the representation, allowing access to the Oedipal scene with the qualities and features mentioned above and gives meaning to the psychological catastrophe in the later drawings?

Though it was the last part of the picture to be drawn, as in the interpretation of a dream text where an apparently but significantly peripheral element, in regard to the dream scene, suddenly crops up, I will focus on the detail to the lower right of Figure 1a, i.e., on the incredibly expressive *mouse* who is watching the whole scene with the utmost interest: here, as Alessandro explains to the therapist - after quickly sketching out the first *part* of the picture with intense concentration and urgently announcing his intention to begin the session – we have «a man and a woman preparing to give an injection to an *iron cat*». This material becomes much clearer when I mention that this was the time his mother brought home a rather bedraggled stray kitten, to whom she gave the name of Duchess, like one of the characters in the Disney cartoon film, "The Aristocats", a film Alessandro has watched over and over again.

The cat in the centre of the sheet of paper is the first figure Alessandro draws: it is in three sections, the head attached to the thorax by a wire; from there, another wire is attached to the rest of the body. The therapist comments: "I wonder what's happened to this cat, what can have chopped him into pieces?" "He was sick", replies Alessandro, going on with his drawing and giving no sign he has heard what the therapist says about "perhaps he was sick like your Mummy's kitten, Duchess". Alessandro now draws in the figure of a man on the left, "the doctor", giving the cat an injection. Beside the doctor he draws a table with two bottles of medicine: "one is nice and sweet", Alessandro explains, "and the other tastes nasty". When the therapist comments that perhaps he is showing her how the injection broke the cat into pieces, rather like the way he feels when Mummy and Daddy give him enemas, Alessandro draws a huge tear coming out of the cat's head to the left. A few more vigorous strokes of the pen, and he has drawn another figure: "the woman" [his mother] holding the cat for the injection. He appears to want to finish the scene by colouring in the

does the child begin to have a Self." (See also A. Phillips, 1988).

⁷ The reference is to Winnicott ([1964] 1977, 1971).

woman's hair, but suddenly stops: he surveys the picture for a moment, then draws in the mouse on the right watching the scene in an attitude of understanding as it gazes into the eyes of the cat. Adding colour to the mouse, he comments: "the mouse is watching and encouraging the cat".

Then, he asks for another sheet, as if he wanted to continue with the same subject (Figure 1b): this time the iron cat is not in pieces; it lies on a small table, actually a sort of pivot hardly big enough to support it. After a while, he draws the mouse on a stool. The cat is more integrated now and its tear of suffering does not fall into emptiness as in the preceding drawing, but wells out of the sad and suffering eye in the direction of the welcoming mouse, as if to fill up the space that separates and divides the two of them, like a hyphen joining two syllables of a single word. One can see how the identical form and colour of the sky-blue tear and the mouse's feet contrast with the mourning violet of the cat's body, again associated with the mouse through the purple of its feet, the same colour as the mouse's body.

Obviously in the representation of the Self (the 'complex', 'self reflective' self) as a mouse, a series of specific, not to say molecular, elements can be identified, which are also related to the transference configuration. On the one hand, in the gazing of the mouse, there is a reversal into activity of the passive experience of disorganising intrusion that shatters the original unity, but which continues to survive by means of the "connecting" wire: psychotic fragmentation has been avoided and replaced by the "autistic" protection of the "hard" iron wire. The «child-wired cat» manipulation by the two adults likewise hints at the parents' impingement, as well as the operation within the child of «ego-alien nuclei», an aspect on which I am unable to linger for reasons of synthesis and thematic focus⁸. Purely by way of example, and inevitably reductive, I shall do no more than introduce the consideration of parents "having been brought up", each on his or her own account, "on enemas" which "never did anyone any harm"; thus indicating the repetitive, *transgenerational* aspect. In fact, in this active contemplation of the sadistic scene, there are also signs of a process of *identification with the aggressor* (A. Freud, 1936): in terms of "phantasy" as a "multi-

⁸ A more extensive treatment of this subject can be found in some of my other papers (1989, 1993)

entrance scenario” (J. Laplanche-J.B. Pontalis [1964], 1985⁹), this is the position *chosen* by the child. On the other hand, in terms of transference, identification with the mouse is also an identification with the therapist-mother: her function of looking at what the child cannot see on his own, is somehow inevitably intrusive, in the sense that it disturbs the autistic self-protective organisation because it opens his gaze onto *what happened but could not be thought* (D.W. Winnicott, 1974). But just because of this, the function of *looking* is basically comprehensive. I mean *comprehensive* in a triple sense: as it surveys the whole scene, as it affectively understands (the mouse is «encouraging») and binds what was loosely held together by the inanimate wire, replacing it at *psychic* level: however the *tear*, as a crystallisation of an emotion of pain and hopeless despair, now «knows» where to go.

If all these single elements can be identified in the scene, an affective communication emerges from the sequence in which the drawing is inserted within the therapeutic relation which represents the *binding force* that keeps them together, and organises them in a more elaborate articulation, under the aegis, we might say, of an emerging capacity for representation.

V. The “original break-up” on the brink of a “mind-blowing” trauma.

Though inevitable, it is always reductive to try and freeze in a frame the nuances of a slow, silent, subtle process like the one I am describing. What emerges at any single point in analysis – as Winnicott says (1968) – has, in fact, just happened. But, since I want to highlight this generative dimension of dissociation when linked to primal depression and manic defence, and later to «reparation in respect of mother's defence against depression», I will show how in the later sequence of drawings – all done within a month and a half of therapy – the «Oedipal statute» that the child could reach alongside the consolidation of the *self reflective function*, opens up the way to the *construction* of a representation. This is related to a more primitive event, i.e. the psychological catastrophe, the «original breakdown», the «fall into the void», but also the contact with mother's depression.

This time, the urge to draw seems to be activated by play. The child comes to

⁹ In Freud's original terminology “Phantasie”, translated in French by Laplanche e Pontalis as “Fantasme”

session with his father and rushes to the toys, "giving voices to the monkey and the frog": «Hullo Alessandro, how are you? Good to see you!». He, then, takes the two toy-dogs and makes them play together for a while. While the child is playing, the therapist comments that the two dogs are different: the *cocker* is bigger and has long ears, while the other is a little dog. Alessandro, as so often, does not seem to listen to the therapist, but only answers by making it clear he wants to do a drawing (Figure 2).

There is a long silent reflection as he looks at the white sheet of paper, which seems to have become – with hindsight – the «white dream screen» mentioned by B. Lewin (1946), as something *onto* which dream imagery is projected, and which Masud Khan (1976), in the Winnicott tradition, assimilates, in a dreaming-playing-drawing continuum, to the transitional space where the child can get in touch with his self and *experience* it (V. Bonaminio - M. Di Renzo, 1996; V. Bonaminio, 1998)

At first with hesitant strokes, then with more determination, Alessandro begins to draw a mountain (Figure 2a). On it, he puts in a "poodle", looking towards the right of the page. On the left, he draws something that is still incomplete and indefinite. The therapist says it looks like "a cat's head", but Alessandro has gone on to draw a "dachshund" at the bottom left, which is looking in the opposite direction to the first dog. He says they are both *strays* and adds a smiling sun.

Then, he starts colouring everything, including the vague form still only half filled in with iron grey. The therapist comments that the two dogs are not walking in the same direction. «Then, the poodle falls...», Alessandro says, pointing to the mountain: «It's a ravine...». He immediately asks for another sheet of paper to draw the following scene, as in a comic strip where the succession of frames gives meaning to the development of the story. The poodle falls *headlong* into the ravine, i.e., the *break-up* has now opened after the separation of the two (Figure. 2b).

On the right, he points to where the dog fell and adds a vertical cliff wall on the left, to depict a *horrific space*, with no hope of a foothold. "How could that happen?", the therapist asks. "He fell, he didn't see the ravine...", the child says. "Isn't anyone there to help him?". Alessandro, then, draws in the other dog and says: "He tried to hold him, but it was no good...". He draws stones falling, and a sad-looking sun contrasting with the happy sun of the first drawing. He asks for another sheet (Figure

2c) to draw the sad dog moving away. A little later, he adds a tear coming out of the dog's eye.

The therapist asks if the dog is going to look for help. "No, there's no one there", Alessandro answers. "But, what about that poor poodle down there? He must be terrified", the therapist comments. On another sheet, Alessandro draws the poodle *after* the fall (Figure 2 d).

He says: "He was alone, it was all cold and dark; he was very frightened and badly hurt". The therapist comments: "It must have been a terrible experience for the poor poodle, when the dachshund wasn't able to save him. He fell into the void, down the ravine, and now he feels lonely, abandoned and frightened. Perhaps, he hid in the dark cave waiting for someone to come and save him from dying". Alessandro answers: "There's no one there", then draws a bone, and water, and a blazing fire near the dog.

The scene as represented is incredibly dramatic.

In the first "frame" of this representation, the retrospectively idealised primary relationship is stressed by the happy feeling expressed in the *yellow* sun. As in the preceding sequence, here too an apparently peripheral detail, added later, *colours* the entire scene with emotion, while the *mood change* towards depression will be expressed in the next drawing by the change in the face of the sun - a "reflecting self", observing and participating emotionally in the scene, and at the same time bearing the signs of *identification* with the mother's depression, as we shall see later on.

But this first "frame" already contains elements that reveal the future breakdown: the «incomplete» figure, drawn *between* the two main characters, seems to allude to the intrusive and separative *traumatic agent* that looms closer and closer. Here, we are in an *original*, pre-verbal area where individual and trans-personal elements are both fused and confused, and we can only suggest some *reconstructive conjectures* supported by elements of the story of the life of the child and his parents, as well as by the quality of clinical data collected during treatment, which I haven't time to detail. The incomplete figure as *traumatic incumbent agent* seems to allude to the *phantom* of an "unborn", "incomplete" child. From Alessandro's point of view, the

drawing outlines and makes concrete the mother's *disappointed expectations* because he has not turned out to be the "narcissistically fantasised child" she hoped to create, and, at the same time, he "thinks" she believes him to be the "disappointing child", "the monster child", "the faecal child", who, because of these characteristics, was expelled through the anus, as the respective positioning of the two dogs with their backs to each other would suggest ¹⁰.

As in an *expressionist* picture, the moment of the breakup, of the intolerable separation from the primary relation with the object, finds its *centre of attraction* in the dog's terrorised look as it falls into a *bottomless void*, observed with a desperate awareness. The dog falls *without breaking*; it is not under the threat of fragmentation like the "iron wired cat". Only some small pieces, the two stones breaking off the sheer face of the mountain, are lost during the fall. Maintenance of bodily integrity alludes to the protection provided by the autistic defence to prevent self-fragmentation (D.W. Winnicott 1952, 1969; F. Tustin 1981; 1990) but that puts the *capacity for thinking* at risk: the red cap on the dog's head (the mind) seems to risk flying away under the pressure of the fall into the abyss; the break-up is on the brink of a "mind-blowing" trauma (F. Tustin, 1994), but the red cap still remains «sitting» on its head. Like a *Michelangelosque* detail, only reversed, the mother's and child's hands (the legs of the two dogs) strain to touch. But the hold is in vain, break up is inevitable.

Again, we find the child (Figure 2d) looking sad and *depressed*, cold and lonely, injured and dying in the hole¹¹: the bottom of the ravine is also the "place" of survival in respect to what the child feels as a denied existence. It is the "place" of the basic dissociation of self, the place of autistic defence, a double shell coloured in with the black of depression and death. It could also be the mother's body from which he

¹⁰ The child imaged narcissistically and the "monster-child" are both clinical elements belonging to Alessandro's story, not only in terms of the clinical evidence that emerged in the psychoanalytical material, but more specifically internal experiences of the mother, referred to on various occasions in the course of her occasional meetings with the therapist, in her efforts to help with her child's treatment. The "monster-child" in particular is a recurrent image which crops up in a dream the mother told the therapist during Alessandro's first year of therapy.

For a more detailed account of the "monster-child" who has no right to exist, see *Fusionalità* (1990) and especially the contributions from L. Pallier (1988), R. Tagliacozzo (1988) and G.C. Soavi (1988).

¹¹ For the description of similar configurations see also E. Fe' D'Ostiani (1980), A. Alvarez (1992)

feels anally expelled, while inside it he feels anally confined ¹².

"Outside" the autistic shell, are the bone, the bare "oral survival", and also a blazing fire, similar to the transfiguration of the sun *after the fall*, and this is what *remains* of the light and heat, as a symptom of hope of what was retained by the autistic-like defence and which, as *experience of an object which was present*, seems to guarantee the child, at psychopathological level, prevention from more serious psychotic damage: also the red cap-mind has remained firmly on his head, and will ensure "communication".

Until now, I have deliberately passed over reference to the third "frame" in the sequence (Figure 2c), because, discussing it last, will allow us to make some considerations on the representation of the "depressed mother" and his contact with her. The tear drop of suffering and depression, welling from the eye, was added later, and is the same as the one in the preceding drawings of the "wired cat-child". But there are other, more significant, analogies between mother and child in this sequence: looking at the two drawings (Figures 2 b and 2c) side by side, we see an *identity* of position and posture, as well as the same colours, red and brown. In this process of *identification with the mother*, she too lonely and depressed like her child, I think we can identify the original basis, the *identification precipitate* of the relational mechanisms which will later become what Winnicott (1948) describes in terms of «the child's reparation in respect of mother's organized defence against depression».

VI. Mother's depression as the "unthinkable" that becomes representable.

Actually, the concept Winnicott expressed in his 1948 paper refers to the "false reparation" we meet in clinical practice: *false*, because it is not specifically tied in with the patient's "guilt", but refers to *another*. Although this theory, a very radical one compared to the Kleinian ideas of the time, gives rise to his clinical discoveries on dissociation in connection with the *false self* (1960), I believe that the central core of the configuration described by Winnicott, has a much more comprehensive relevance. It is capable of explaining, along a continuum, both more primitive and earlier

¹² In regard to these primitive claustrophobic configurations, see also the concepts of D. Meltzer (1992) on "Life inside the *claustrum* " and in " Sections of the internal mother".

psychopathological phenomena in the structuring of the self, as well as the more developed schizoid phenomena to which Winnicott's concept was initially associated.

At the outset of his paper, a crucial one to my mind, Winnicott wrote: «this false reparation appears through the *patient's identification with his mother* and the dominating factor is not the patient's own guilt but the mother's organized defence against depression and unconscious guilt"(1948, p.91). Further on, he writes: "the depression of the child can be the mother's depression in reflection. [He] uses the mother's depression as an escape from his or her own; this provides a false restitution and reparation in relation to the mother, and this hampers the development of a personal restitution¹³ capacity (...). It will be seen - he goes on - that these children, in extreme cases, have *a task which can never be accomplished*. Their task is first *to deal with the mother's mood*. If they succeed in the immediate task, they do no more than succeed in creating an atmosphere in which they can *start on their own lives*"(D.W: Winnicott 1948, p. 92).

When Winnicott puts forward considerations like these, he is starting to describe the "psychic work" done on behalf of the *other* within the self, through identification. The amount of this work varies widely until it includes *occupation of the self* by the *other*.

The "presence" in the self of this depressed object is dealt with in André Green's paper on "The Dead Mother" (1980). Starting out by considering the problem of mourning and loss, Green goes on to make it clear that he intends to describe the clinical configuration of "an imago which has been constituted in the child's mind,

¹³ The terms "restitution", "reparation" and "guilt" which Winnicott uses in this paper reflect the Kleinian concepts of the period by which he was considerably influenced and with which he established a dialogue, at the same time attempting to differentiate in the search for an idiom of his own that would explain, in a clinically different way, the phenomena described by M. Klein. Here I can only refer in passing to the fact that although "reparation" and "guilt" are terms which remain as part of the concept of the depressive position - from which Winnicott began to distance himself precisely in this paper - it is in the term "restitution" and particularly "*personal restitution*" that the allusion to this process of the development of the true Self can be clearly seen, in contrast to that of *false* reparation and hence *false* analysis - a subject already touched on in his paper on "Manic Defence" (1935) and further developed here. Moreover the term "restitution" as a process of integration and cohesion anticipates the subjects dealt with by H. Kohut and the ensuing development of self psychology (*restoration of the self* and *the cohesive self*), or at least describes those very areas which are at the basis of the constitution of the self, where what is central is not the conflict but the primary relation with the environment (*mother-environment*) or *self-object* (in Kohut's terminology).

following maternal depression, brutally transforming a living object, which was a source of vitality for the child, into a distant figure (...) [The] "dead mother"... is a mother who remains alive, but who is, so to speak, psychically "dead" in the eyes of the young child in her care"(1980, p.142).

Even though Green does not specifically quote this paper of Winnicott on "Reparation in respect of mother's organized defence against depression", he, however, explicitly declares that Winnicott's contributions are the "source of his reflection" on this theme. It is precisely the primary *identification with the dead object* (i.e., "identification with the *hole left* by the decahexis") which is at the centre of his analysis.

This "mirroring identification" – Green continues - is almost obligatory once the reactions of complementarity (artificial cheerfulness, agitation, etc.) have broken down. This reactive symmetry is the only medium available to establish union with the mother, via a sympathetic process. *It is not in fact an authentic reparation, but mimetism* aimed at possessing the object - since it is no longer possible to possess the object in another way - by becoming not only like the object, but becoming the object itself. Identification occurs without the Ego being aware of it, and against its will. Hence, its *alienating* character. (1980, pp. 276, my italics*).

I have dealt more extensively with this identification which Green calls *alienating* in previous works on child analysis (1989, 1993), defining it "ego-alien" in developing a concept expressed by Winnicott in his later period, in his 1969 paper on "Mother's madness appearing in the clinical material as an ego-alien factor". However much this identification may be out of tune with the individual's own peculiarities, it is not directed towards growth, but towards psychic survival. It turns up, like a cyst, in the child's internal world as a "foreign body"¹⁴, which he must get around, isolate (dissociation mechanism), but also annex (identification elements): on the one hand, guaranteeing for himself, albeit in a "compliant" way (*false self*), the love of the primary object; and on the other hand, to protect and "secretly" hang on to the

* This quotation from Green is my translation into English from the Italian edition of his paper

¹⁴ In a recent essay of Bollas (1999) which, significantly, was written for the collection of papers devoted to Green's work on "The Dead Mother" (G.Kohon, 1999), I have found a further definition of this internal object, as "an '*interject*', not a introject"

existence of the potential true Self.

The *intrusion*, the *presence* of the *other’s* unconscious core, the *impingement* and the primary defence against it, is the principal mechanism of these psychopathological configurations, and not the child’s projective identification of parts of the self onto the object.

From this viewpoint, autism – as extreme defence against “primary depression” and “primitive agonies” – is conceived by Winnicott (1967) as «a highly sophisticated defence organisation», characterised by “invulnerability”. “The child carries round the (lost) *memory of unthinkable anxiety*, and the illness is a complex mental structure [“there is only obscurity to be got from thinking of the autistic picture in terms of regression”] ensuring against recurrence of the conditions of the unthinkable anxiety¹⁵ (...) The very primitive kind of anxiety can only happen in states of extreme dependence and trust, that is, before there has been established a clear distinction between the I-AM central «me» and the repudiated world that is separate or external. This is the reason why - says Winnicott - Bettelheim’s title *The Empty Fortress* has value. *It is not necessarily true, however, that the fortress is always empty* [my italics]. When the disorder develops very early, there may indeed be almost nothing there to be defended, except just something of a self that carried the body memory of anxiety that is completely beyond the infant’s capacity to cope with. The mental mechanisms for coping have not yet become established. In many cases, however, this condition starts late as when the child... is 12 or 13 months old. In such cases, it is to be presumed that there is a very great deal that is being defended in the fortress”.(1967, p.220-1).

Further on, while discussing the question of the etiological factors seen in the background of his theory of emotional development, which includes the “*mother’s capacity to adapt to the infant’s needs through her healthy ability to identify with the baby*”, Winnicott notes that “it seems necessary to add to this the concept of the mother’s unconscious (repressed) hate of the child. Parents naturally love and hate their babies in varying degrees. This does not do damage. At all ages, and in earlier infancy especially, the effect of the repressed death wish towards the baby is harmful, and it is beyond the baby’s capacity to deal with this. At a later stage than this one that

concerns us here, one can see a child all the time making efforts *in order to arrive at the starting post* - that is, to counteract the parents' unconscious wish (covered by reaction formation) that the child should be dead" (D.W. Winnicott, 1969. p. 221-22).

I would like to dwell on this issue: this effort to *arrive at the starting post*, by managing the *occupation* of the potential self by the parents' unconscious wish – this occupation hampers the development of personal capabilities – is similar to the task of the depressed child in *dealing with the mother's moods*¹⁶, which we have already seen in the essay on "Reparation in respect of mother's organized defence against depression" – in order to be able to create an atmosphere in which he can begin *a life of his own*.

So, it is in this perspective of *psychic work* done for the *other*, that I suggest we should also see in *manic defence*, as the "more developed" organisation described above, the traces of this mental mechanism of anxiety management, through identification with the intrusive and disorganising object, who may abandon and allow the fall into the bottomless ravine.

In that outburst, "but it wasn't like that" - which Alessandro turns on the therapist when she maps out for him a reconstructive interpretation of his own personal history in the course of playing, which is on the same lines as his drawings - there is a crystallisation, I think, of this very mechanism. Negation ("it *wasn't*") protects the child from contact with the unthinkable that has now become

¹⁵ See also Winnicott's paper "Fear of Breakdown" (1963).

¹⁶ This topic of *dealing with* parental affects, and particularly of the mother's depressed mood, has recently become an area of specific interest for psychoanalytic-oriented observational research (among others: Emde, 1983; Murray, 1988, 1992; Osofsky et al., 1990; Stern 1994). Stern (1994) in particular compares "reconstructive" with "observational" viewpoints in order to describe, at research level, four "schemata of being with", illustrated by the probable subjective experience of a child with a depressed mother. Even though the references he makes to Green's "dead mother" configuration seems to me an oversimplification, his clinical descriptions are certainly important, especially in so far as concerns the schema of the experience of repeated micro-trauma (connected with micro-depressions which occur in the therapy of adults as sudden short lapses of positive affect, and with the schema of "the child's experience of being [the mother's] restorer; this last schema touches on an area of clinical phenomena described 50 years before by Winnicott at the beginning of his paper on "Reparation in respect of mother's organized defence against depression."

With reference to L. Murray's study (1988, 1992) on the effects of post-partum depression on the child's development, I have gone into the issue of "transmission of affects" in early mother-child relationships in a research group on "Concordances and Discordances between the 'imaginary child' and the real child in the mother's mental representation. A preliminary study using video recording" (1993).

representable: that is, the *depressed, sad mother* with whom he identifies, and whose "guilt" must be repaired by trying to carry out an impossible task, since recognising it implies repositing the traumatic separation from the primary, fusional, idealised object.

In the transference, the "it *wasn't* like that" also carries a double meaning: that of defending the mother against the therapist, and defending that part of the self which is identified with her; and, at the same time, that of establishing, for this very reason, the developmental differentiation, and not the break-away, from the therapist-mother whose viewpoint has not been passively accepted.

But in the "it *wasn't*" which, like the manic defence, is an attempt to negate the psychic internal reality, we also have the function of negation (Freud's *Verneinung*, 1925) as a "judgement mechanism" that, in the course of negation actually recognises and "places" an inevitable internal reality and, according to the words of J. Laplanche and J.-B. Pontalis (1967, p.263), indicates "the moment when an unconscious idea ...begins to re-emerge".

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SUMMARY

This paper considers Tustin’s conceptualisations of psychological catastrophe and of autism as a protective reaction that is specific to a trauma, linking them to Winnicott’s view of autism as an extreme, highly sophisticated, defence against primary depression and primitive agonies.

Clinical material from the psychotherapy of a boy of six is brought to show how the emerging representation of a more cohesive sense of the self is based on a generative dissociation the child can achieve in the safety of the transference relationship with his therapist. It is argued that *manic defense* is the *psychic hinge* that generates this *developmental dissociation*.

A series of impressive drawings of the child is examined in detail, which depict this newly established capacity to represent the psychological catastrophe, i.e. the original break-up from the mother, and his attempt to deal with his mother’s depressive mood he is identified with.