The International Journal of Psychoanalysis

Int J Psychoanal (2014) **95**:205–223 doi: 10.1111/1745-8315.12148

Fear of breakdown and the unlived life

Thomas H. Ogden

306 Laurel Street, San Francisco, CA 94118, USA
– thomas.ogdenmd@gmail.com

(Accepted for publication 18 June 2013)

Winnicott's Fear of breakdown *is an unfinished work that requires that the reader be not only a reader, but also a writer of this work which often gestures toward meaning as opposed to presenting fully developed ideas. The author's understanding of the often confusing, sometimes opaque, argument of Winnicott's paper is as follows. In infancy there occurs a breakdown in the mother–infant tie that forces the infant to take on, by himself, emotional events that he is unable to manage. He short-circuits his experience of primitive agony by generating defense organizations that are psychotic in nature, i.e. they substitute self-created inner reality for external reality, thus foreclosing his actually experiencing critical life events. By not experiencing the breakdown of the mother–infant tie when it occurred in infancy, the individual creates a psychological state in which he lives in fear of a breakdown that has already happened, but which he did not experience. The author extends Winnicott's thinking by suggesting that the driving force of the patient's need to find the source of his fear is his feeling that parts of himself are missing and that he must find them if he is to become whole. What remains of his life feels to him like a life that is mostly an unlived life.*

Keywords: Winnicott, breakdown, psychosis, experiencing, self, fear of breakdown, unlived life

There is a small handful of psychoanalytic papers and books that have most affected the ways I think, not simply about psychoanalysis, but about what it is to be alive as a human being. I would include in that group Freud's (1917) *Mourning and mela*ncholia, Fairbairn's (1944) *Endopsychic structures considered in terms of object-relationships*, Klein's (1946) *Notes on some schizoid mechanisms*, Bion's (1962) *Learning from Experience*, and Loewald's (1979) *The waning of the Oedipus complex*, as well as the paper on which I focus in the present paper, Winnicott's (1974) *Fear of breakdown*.[1]

[1]This discussion of *Fear of breakdown* is the 9th in a series of articles in which I offer studies of seminal analytic contributions. I have previously discussed works by Freud, Winnicott, Isaacs, Fairbairn, Bion, Loewald and Searles (Ogden, 2001, 2002, 2004a, 2006, 2007a, 2007b, 2010, 2011).

Winnicott thinking aloud about fear of breakdown

Fear of breakdown (1974), written in the last year of Winnicott's life and published three years after his death, is, to my mind, his last major work.[2] Like so many of his most important papers, this one might be summarized in a sentence or two unless one takes the time to look closely at the complexity that lies beneath the deceptively simple surface. In reading the opening lines of the paper, there can be no doubt that Winnicott believed that he had come to understand something that was new to him, and important for him to communicate before he died. The paper begins:

> My clinical experiences have brought me recently to a new understanding, as I believe, of the meaning of fear of breakdown.
>
> (Winnicott, 1974, p. 87)

Unobtrusively, the word "experiences" is there in the opening phrase of the paper – such an ordinary word, and yet it lies at the very heart of the essay. The words "recently" and "new" in this sentence are followed by the use of the word "new" twice more in the next sentence:

> It is my purpose here to state as simply as possible this which is new for me and which perhaps is new for others who work in psychotherapy.
>
> (p. 87)

He writes in the third and fourth sentences of the essay:

> Naturally, if what I say has truth in it, this will already have been dealt with by the world's poets, but the flashes of insight that come in poetry cannot absolve us from our painful task of getting step by step away from ignorance toward our goal. It is my opinion that a study of this limited area leads to a restatement of several other problems that puzzle us as we fail to do as well clinically as we would wish to do…
>
> (p. 87)

Who, other than Winnicott, could have written these words? And even Winnicott, so far as my memory serves me, has not previously written in quite this way. He tells us that if there is any truth in what he believes he has discovered and hopes to convey, it will no doubt be a truth that poets

[2]There is some uncertainty about when Winnicott wrote *Fear of breakdown*. In an editorial note to the initial publication of this paper in the *International Review of Psychoanalysis*, Mrs. Clare Winnicott (1974) writes: "This particular paper was offered for posthumous publication because it was written shortly before Donald Winnicott's death [in 1971] and it contains a first condensed statement based on current clinical work. The formulation of these clinical findings around the central idea contained in the paper was a significant experience. Something surfaced from the depths of clinical involvement into conscious grasp and produced a new orientation to a whole area of clinical practice. It was the intention to study further some of the specific topics in the paper, and to write about them in greater detail, but time did not allow this work to be done" (p. 103). In *Psychoanalytic Explorations* (Winnicott *et al.*, 1989), a selection of Winnicott's published and unpublished papers, the editors, who include Clare Winnicott, date *Fear of breakdown* as "written in 1963?" My own reading of the paper would lead me to believe that the sketch-like nature of this article, written on a subject very important to Winnicott, would support Clare Winnicott's (1974) statement that it was written close to the time of Winnicott's death.

have known and captured in poetry. But we, as therapists, do not have the luxury of settling for flashes of insight. The poets' brief understandings do not "absolve us from our painful task of getting step by step away from ignorance toward our goal." The language is almost religious in tone. Our responsibility to our patients does not allow us to "absolve us from our painful task" of using ourselves in ways that we must if we are to be of help to our patients. To do this we must get "step by step away from ignorance." What sort of ignorance? Certainly not ignorance of analytic theory (a knowledge of which Winnicott twice states later in the paper he assumes the reader possesses). As I understand these words, the ignorance we must overcome is an emotional ignorance of ourselves. It is necessary that we be able to experience what is most painful in our lives and come to understand ourselves with regard to those experiences. The tone is not that of preaching, but of humility and remorse in the face of his own failures (only later in the paper do we learn of the suicide of one of Winnicott's patients).

Winnicott tells us that he believes that what he has learned about "this limited area" ("the meaning of a fear of breakdown") may help us arrive at understandings of other problems that contribute to our failing our patients. It is unmistakable when reading these lines that Winnicott fervently wishes to convey what he has learned while he is still able to do so.

Winnicott's writing throughout his analytic life is moving, not because he wears his heart on his sleeve. In fact, he says very little (directly) about his own inner life, much less the specifics of his life outside of the consulting room. His writing is moving because he is able to convey, through his use of language, what it is to be alive to the experiences he is describing and to the ideas that he is developing (which, as he says in the opening phrase of this paper, are inseparable from his experiences).

One could easily rush through "the preliminaries" that I have just quoted from the opening of *Fear of breakdown*, eager to get on to the meat of the paper. But to do so would be to miss the essence of the paper: Winnicott in these initial sentences is *showing* the reader what it means to live (to be alive to) one's experience, both in his own act of writing and (potentially) in the reader's act of reading.

Winnicott says that what he will be addressing are "universal phenomena" (p. 88), though they may be more evident in some of our patients. Most important, these universal phenomena

> indeed make it possible for everyone to know empathetically what it feels like when one of our patients shows this fear [of breakdown] in a big way. (The same can be said, indeed, of every detail of the insane person's insanity. We all know about it, although this particular detail [this aspect of insanity] may not be bothering us [at the moment]).
>
> (p. 87)

How could Winnicott make his point more clearly and forcefully: to be an adequate therapist we must make use of our own personal knowledge of "what it feels like"– what "insanity" feels like – even though we are not in the full grip of a particular "detail" of that insanity at a given moment.

As in *The use of an object* (1967),[3] Winnicott, in *Fear of breakdown*, invents a new, purposefully disorienting language for what he is trying to convey. In *Fear of breakdown*, Winnicott tears terms away from their ordinary usage in a way that succeeds in destabilizing the reader. Principal among these words made anew is the term *breakdown*:

> I have purposely used the term 'breakdown' because it is rather vague and because it could mean various things. On the whole the word can be taken in this context to mean a failure of defence organization. But immediately we ask: a defense against what? And this leads us to the deeper meaning of the term, since we need to use the word 'breakdown' to describe the unthinkable state of affairs that underlies the defence organization.
>
> (Winnicott, 1974, p. 88)

Each time I read this passage, my head begins to spin. A set of interrelated terms is introduced, the meanings of which slip and slide. I try to take it sentence by sentence. Winnicott says:

> On the whole the word [breakdown] can be taken in this context to mean a failure of a defence organization.
>
> (p. 88)

So far so good: breakdown is the failure of a defense organization. The next sentence reads:

> But immediately we ask: 'a defence against what?'
>
> (p. 88)

Winnicott offers an answer to this question:

> We need to use the term 'breakdown' to describe the unthinkable state of affairs that underlies the defence organization.
>
> (p. 88)

Here it gets confusing: Winnicott seems to be saying that "breakdown" (which he said only a sentence earlier was the failure of a defense organization) is also the unthinkable state of affairs 'underlying' the defense organization. I wonder, how can breakdown mean both the failure of the defense organization and the unthinkable that lies beneath that organization?

As if this tangle of questions were not confusing enough, Winnicott adds in the succeeding paragraph: what "lies behind the defences" (p. 88) are "psychotic phenomena" (p. 88) that involve "a breakdown of the establish-

[3]In *The use of an object*, Winnicott uses the term *object-relating,* which ordinarily refers to mature object-relatedness, to refer to primitive relatedness in which the object is "a bundle of projections" (1967, p. 88); and he uses the term *object usage*, which usually connotes taking advantage of another person, to refer to a mature form of object-relatedness in which one recognizes the other as a subject like oneself and grasps the fact that the other person lies beyond the reach of one's psychic omnipotence.

ment of the unit self" (p. 88). (The unit self is "a state in which the infant is a unit, a whole person, with an inside and an outside, and a person living in a body, and more or less bounded by the skin" [Winnicott, 1963, p. 91]. In achieving "unit status … the infant becomes a person, an individual in his own right" [Winnicott, 1960, p. 44].)

So what do we have so far? A 'breakdown' is the failure of a defense organization that was constructed to protect the individual from an unthinkable, psychotic state of affairs that involves the "breakdown of the establishment of the unit self." One problem here lies in the fact that the word 'breakdown' is being used in several different ways. Another problem lies in the fact that the word 'breakdown' is being used repeatedly in the very effort to define the term 'breakdown.'

I believe that the confusing way the word 'breakdown' is being defined is the product of the fact that Winnicott is thinking as he is writing or, to put it the other way round, he is using writing as a medium in which to think. As he said at the outset, all of this is new to him and, I would add, he is not quite sure how to put it into words. His words are not devoid of meaning; rather, the meaning is in the process of being thought out and more carefully defined. Many questions have arisen:

- Is a breakdown a psychotic break, a breaking up of the mind (or of unit status)?
- Does the defense organization (which is itself psychotic in nature) serve to ward off an even worse psychotic catastrophe?
- Is psychosis the "unthinkable state of affairs" that "underlies the defence organization"?
- How does the breakdown become ensconced in the future in the form of a "fear of breakdown"?

The reader must be patient and tolerate confusion as Winnicott works out the problem of defining the nature of the 'breakdown' that is the subject of his paper.

Lived and unlived experience

Winnicott then seems to make a fresh attempt at approaching the topic, which he begins by stating for himself the fundamental processes belonging to the early stages of emotional growth. He begins where we must all begin in reading Winnicott:

> The individual inherits a maturational process. This carries an individual along in so far as there exists a facilitating environment … the essential feature [of which] is that it has a kind of growth of its own, being adapted to the changing needs of the growing individual.
>
> (p. 89)

With this statement of the early mother–infant relationship in mind, Winnicott offers a list of "primitive agonies" (p. 90) – a form of pain for which "anxiety is not a strong enough word" (p. 89) – each followed by the

defense organization that is meant to protect against experiencing the underlying primitive agony "which is unthinkable" (p. 90). These agonies occur during a period when the individual is in a state of absolute dependence – a time when the mother is "supplying an auxiliary ego function … a time when the infant has not separated the 'not-me' from the 'me'" (p. 89). The primitive agonies and the ways we defend against them include:

> 1. A return to an unintegrated state. (Defence: disintegration.)
> 2. Falling forever. (Defence: self-holding.)
> 3. Loss of psychosomatic collusion, failure of indwelling. (Defence: depersonalization.)
> 4. Loss of sense of real. (Defence: exploitation of primary narcissism, etc.)
> 5. Loss of capacity to relate to objects. (Defence: autistic states, relating only to self-phenomena.)
>
> And so on.
>
> (Winnicott, 1974, pp. 89–90)

The reader must do a good deal of work here: he must not only read the paper, he must also write it. I view *Fear of breakdown* as something of an unfinished paper (in my opinion, written at the very end of Winnicott's life). In my reading of this paper, I do not try to figure out what Winnicott 'really meant.' Instead, I take Winnicott's explicitly and implicitly stated ideas as a starting point for the development of my own thinking.[4] I approach the primitive agonies listed above from the point of view that each of them, for instance, "A return to an unintegrated state" *is an agony only because it occurs in the absence of a good enough mother–infant bond* (a state of affairs that Winnicott calls a failure of the facilitating environment[5]). As Winnicott (1971) makes clear in *Basis for self in body*, the infant may "at times disintegrate, depersonalize and even for a moment abandon the almost fundamental urge to exist and to feel existent" (p. 261). The capacity to move among these states is a healthy condition when experienced *within the context of a healthy mother–infant tie*.

The infant who is in an unintegrated state, *by himself* – outside of the mother–infant tie – is in a terrifying state. To protect himself, Winnicott suggests, the infant makes use of the psychotic defense of disintegration, that is, he pre-emptively annihilates himself ("defence: disintegration"). The central point here, I believe – though I must read it into the paper – is that feeling states that are tolerable in the context of the mother–infant bond are primitive agonies when the infant must experience them on his own.

[4]A good deal has been written about *Fear of breakdown*. It is beyond the scope of this paper to compare my own reading with those of others. Among the papers and books that discuss this work, a few stand out in my mind as having particular bearing on the aspects of the paper on which I am focusing: Abram (2012), Gaddini (1981), Green (2010), and C. Winnicott (1980).

[5]It seems to me that Winnicott oversimplifies the concept of breakdown in this paper when he attributes its source to "a failure of the facilitating environment." It seems odd that Winnicott, always the pediatrician, does not acknowledge the myriad contributions to breaches in, as opposed to failures of, the facilitating environment, such as hypersensitivity on the part of the infant that makes the infant inconsolable regardless of how good the mothering (the facilitating environment) may be; an infant's severe and/or chronic physical illness; and so on.

I 'write' into Winnicott's stark list of agonies and their defenses, the following: when disconnected from the mother, the infant, instead of experiencing the agony, short-circuits the experience and substitutes for it a psychotic defense organization (such as disintegration).

Similarly, the primitive agony that Winnicott calls "falling forever" is short-circuited (not experienced) because it would be unbearable for the infant to experience it *by himself*. I imagine that the agony of falling forever is an experience like that depicted in Stanley Kubrick's film, *2001: A Space Odyssey*, in which an astronaut floats alone into endless, silent, empty space after the umbilical cord to the space craft is severed.

In order not to experience the unbearable agony of falling forever, the infant defends himself by means of 'self-holding' – a desperate attempt, in the absence of the mother, to hold his very being together. Again, the pivotal idea here is that *the feeling of falling forever is only an agony when the infantile self is disconnected from the mother* (a point left to the reader to write).

Winnicott, still preparing for what he calls his "Statement of Main Theme," says:

> It is wrong to think of psychotic illness as a breakdown, it is a defence organization relative to primitive agony.
>
> (1974, p. 90)

So one of the questions left unanswered in the early part of the paper is addressed: the term 'breakdown,' as Winnicott is using it, is not synonymous with psychotic break; rather, the psychosis resides in the defensive organization that the individual uses to protect himself from the experience of 'primitive agony.' Still left unaddressed, however, is the question: if 'breakdown' is not a psychotic break, what is it?

Only at this point in the paper is Winnicott ready for what he calls "Statement of the Main Theme" in which he addresses the question: what does he mean by breakdown? He begins to explain: "I contend that clinical fear of breakdown is *the fear of a breakdown that has already been experienced*" (p. 90). It seems to me that for some reason Winnicott has mis-stated his main theme. What I think he means, and what he later says several times, is that the fear of breakdown is a fear of a breakdown that has *already happened*, but has *not yet been experienced*. In other words, we have ways of experiencing or not experiencing the events of our lives.

Winnicott's thinking about the relationship of past to present in a breakdown that occurs, but is not experienced, differs from Freud's (1918) concept of 'deferred action' [*Nachträglichkeit*]. The latter refers to the way "experiences, impressions and memory traces may be revised at a later date to fit in with fresh experiences or with the attainment of a new stage of development" (Laplanche and Pontalis, 1973, p. 111). In deferred action, the event *has been experienced*, but its meaning changes with the individual's psychological development. In fear of breakdown, the event has not been

experienced and it is this attribute that defines its relationship with the present.[6]

I believe that closer to Winnicott's conception of an event that is not experienced is the work of the French Psychosomatic School for whom emotional experience that is too disturbing for the individual to bear is foreclosed from psychical elaboration and relegated to the realm of the body where somatic illness or perversion may develop (de M'Uzan, 1984; McDougall, 1984).

Winnicott, in taking up his 'main theme,' focuses first on the difficulty of working with patients who are in pain because they are not able to experience the breakdown that has occurred in the past, and instead suffer from fear of breakdown in the future:

> We cannot hurry up our patients. Nevertheless, we can hold up their progress because of genuinely not knowing; any little piece of our understanding may help us to keep up with a patient's needs.
>
> (p. 90)

I think that what Winnicott is referring to when he says "any little piece of our understanding may help us to keep up with a patient's needs" is: we must be able to know (to *experience* our own) breakdown and primitive agony if we are to help the patient develop the capacity to experience his own breakdown and primitive agony.

Winnicott continues:

> There are moments, according to my experience, when a patient needs to be told that the breakdown, a fear of which destroys his or her life, *has already been*. It is a fact that is carried round hidden in the unconscious.
>
> (p. 90)

The breakdown occurred very early in the patient's life, but it was not experienced then. The fact of the early breakdown is "carried round hidden in the unconscious"; but the unconscious, he explains, is not the unconscious of Freud's repressed unconscious, nor is it the unconscious of Freud's instinct-driven id, nor is it the Jungian archetypal unconscious. Winnicott states:

> In this special context [of a breakdown that has already occurred, but has not been experienced] *the unconscious means that the ego integration is not able to encompass something*.
>
> (pp. 90–1, emphasis added)

[6]Faimberg (2007, 2013) makes an important contribution to the discussion of the relationship between past and present in *Fear of breakdown* (and in *Nachträglichkeit* in general). She conceives of the experiencing of a past event *for the first time* in the present as involving a "*twofold* movement: one of anticipation (primitive agony) and another of retrospection (given by the analyst's words)" (2013, p. 208). It seems to me that Faimberg's idea of "anticipation" and "retrospection" engaged in a "*twofold movement*" conveys a sense of a not-yet experienced past 'seeking' an experiential state in the present, and at the same time, the present 'seeking' in the past what is lacking in its current state.

In this sentence, I believe that Winnicott is proposing an extension of the analytic conception of the unconscious. The unconscious, in addition to constituting a psychic domain for experiencing the repressed aspects of life that have occurred and *have been experienced*, but are so disturbing as to be banned from conscious awareness, also involves an aspect of the individual (often more physical than psychical) where there exist registrations of events that have occurred, but *have not been experienced*. The latter is the aspect of the individual that carries one's unassimilated traumatic experience, one's 'undreamt dreams' (Ogden, 2004b).

Now it is possible to respond to other questions raised, but not answered, earlier in this paper. What does Winnicott mean by 'breakdown'? Is breakdown the breaking down of the mind in psychosis? Is the 'defensive organization' a defense against psychosis, a defense against breakdown, or a defense against primitive agony? Again, what I am about to say is my own reading/writing of Winnicott's paper. To my mind, the term 'breakdown' refers to the breakdown of the mother–infant tie, which leaves the infant alone and raw, and on the verge of not existing. The infant, in this state – disconnected from the mother – is thrust into what might become an experience of primitive agony. But the experiencing of the primitive agony does not occur (or is short-circuited) because the infant, whose very being is threatened, makes use, in a thorough-going way, of a defense organization that shuts out the experience of primitive agony. So, it seems to me, that the term *breakdown* refers to the break in the mother–infant tie, not to a psychotic break. The psychosis lies in the *defense* against the experience of the break in the mother–infant tie.

Winnicott elaborates in the subsequent sentence:

> The ego [of a person who has experienced breakdown] is too immature to gather all the phenomena into the area of personal omnipotence.
>
> (p. 91)

In reading this paper, I am always stopped dead in my tracks here. What does it mean to not be able "to gather all the phenomena into the area of personal omnipotence"? What is the area of personal omnipotence? Is this form of omnipotence "personal" because the individual is sufficiently mature to be able to engage in this way of thinking on his own? Winnicott makes it clear that he views this type of thinking (in the "area of personal omnipotence") as a part of healthy development.

What follows is my own interpretation of Winnicott's statement concerning the inability of the immature ego to gather phenomena into the area of personal omnipotence. I think that the term "personal omnipotence" refers to the background feeling state of the internal world of a person who has achieved unit status, someone who has become a person in his own right. If this supposition is accurate, omnipotence, in this context, refers to an internalization of early experience with a mother who was able to create for the infant the illusion that the world is just as he wants it and needs it to be. Although the mother (the facilitating environment) matures in a way that is

responsive to the infant's growing need for "negative care and alive neglect" (Winnicott, 1949, p. 245), which facilitate the infant's development toward unit status, the early experience of "omnipotence" – the experience of the world being just as it should be – remains an element of the healthy, unconscious internal world of the individual.

With this conception of the unconscious in mind, Winnicott goes on to address another of the questions raised at the outset of the paper: how does the breakdown become ensconced in the future in the form of a 'fear of breakdown'? Winnicott's response to this question constitutes what I find to be one of the most beautifully written passages in his paper:

> It must be asked here: why does the patient go on being worried [fearing what will happen in the future] by this that belongs to the past? The answer must be that the original experience of primitive agony cannot get into the past unless the ego can first gather it into its own present time experience and into omnipotent control now (assuming the auxiliary ego-supporting function of the mother (analyst)).
>
> In other words, the patient *must go on looking* for the past detail which is not yet experienced. The search takes the form of a looking for this detail in the future.
>
> (1974, p. 91, emphasis added)

So, the past event that occurred, but was not experienced, continues to torment the patient until it is lived in the present (with the mother/analyst). And yet, despite the beauty of Winnicott's response to the question he poses, I find his answer incomplete. It seems to me that *a principal, if not* the *principal motivation for an individual who has not experienced important parts of what happened in his early life is the urgent need to lay claim to those lost parts of himself, to finally complete himself by encompassing within himself as much of his unlived (unexperienced) life as he is able*. I read this as a universal need – the need on the part of every person to re-claim, or claim for the first time, what he has lost of himself and, in so doing, take the opportunity to become the person he still holds the potential to be. One does so despite the fact that attempting to realize that potential to become more fully oneself involves experiencing the pain (of breakdown and the primitive agony that results from breakdown), which had been too much to bear in infancy and childhood and has led to the loss of important aspects of self.

There are two critical differences between experiencing these events when they happened in infancy and experiencing them as a patient in analysis: the patient is an adult now, not an infant or child, and consequently has, to some extent, a more mature self-organization; and, even more importantly, the patient is not alone when he is with an analyst who is able to bear the patient's and his own experiences of breakdown and of primitive agony.

It seems to me that we all, to differing degrees, have had events in our early lives that involved significant breakdowns in the mother–infant tie to which we have responded with psychotic defense organizations. Each of us is painfully aware that, regardless of how psychologically healthy we may

appear to others (and at times to ourselves), there are important ways in which we are not capable of being alive to our experience, whether that be the experience of joy, or the ability to love one or all of our children, or the capacity to be generous to the point of giving up something highly important to us, or the capacity to forgive someone (including ourselves) who has done something that has hurt us profoundly, or to simply feel alive to the world around us and within us. These are but a few of the myriad forms of emotional limitation that derive from having been unable to live the breakdowns that occurred when we were infants and children. Each of these limitations is an aspect of our unlived life, what we have been, and continue to be, unable to experience. We all have our own particular areas of experience that we have been unable to live, and we live in search of those lost experiences, those lost parts of ourselves.

A good deal of analysis might be thought of as centrally involving the analyst helping the patient to live his unlived life in the transference–countertransference. Winnicott describes how the analyst might facilitate the patient's ability to experience what I am calling the unlived aspects of his life:

> [I]f the patient is ready for some kind of acceptance of this queer kind of truth, that what is not yet experienced did nevertheless happen in the past, then the way is open for the agony to be experienced in the transference, in reaction to the analyst's failures and mistakes. These latter can be dealt with in doses that are not excessive, and the patient can account for each technical failure of the analyst as countertransference. In other words, gradually the patient gathers the original failure of the facilitating environment into the area of his or her omnipotence and the experience of omnipotence which belongs to the state of dependence (transference fact).
>
> (p. 91)

Here Winnicott presents in a few words his conception of how analysis works: in order for the experience of breakdown to get into the past tense, the individual must live the experience of what happened (then) in the transference (now). The way this happens in analysis is by means of patient and analyst living an experience together over time, an experience of failure on the part of the analyst that is significant, but not more than the patient can tolerate. Winnicott is clear that the analyst attempts to keep the experience of breakdown contained in the consulting room so that hospitalization is not necessary. Also, the experience of breakdown "is not good enough if it does not include analytic understanding and insight on the part of the patient" (p. 92). Winnicott does not envision a cure by catharsis. Psychological growth occurs by means of experience in, and understanding of, a lived analytic experience of failure of the mother/analyst in a situation of total dependence. Paradoxically, the analyst must simultaneously *fail* the patient in a significant way that breaks the tie between patient and analyst during a period of dependence, and *not fail* the patient by living the experience of the current breakdown with the patient and helping the patient to understand his experience of the breakdown.

Clinical illustrations

Winnicott offers only four brief clinical accounts in *Fear of breakdown*. In one of these, a discussion of emptiness (pp. 93–5), he describes his work with a patient who did not experience a fear of emptiness or a fear of breakdown, and instead "supplied experience of an indirect kind" (p. 94). The state of mind that Winnicott views as underlying yet-to-be-experienced emptiness is merely a sense that "something might have been" (p. 94).

In the two clinical examples that I will offer, my focus, like Winnicott's in his discussion of emptiness, will not be on the ways in which fear of breakdown manifests itself as a projection into the future of a breakdown that occurred in the past. Instead, I will be focusing on the ways in which breakdown of the mother–infant tie in infancy and childhood generate unlived portions of an individual's life that become a continuous presence in the form of a sense of incompleteness of the self (analogous to Winnicott's idea that yet-to-be-experienced emptiness manifests itself in the present as a sense that "something might have been" [p. 94]).

In the present paper, beginning in my discussion of theory, and now in the presentation of clinical material, I hope to convey the ways in which I conceive of, and work with, the patient's fundamental need to capture lost parts of himself or herself which have never come to life, have remained unlived (and thus persist only as a potential aspect of self). As I will illustrate, fundamental to helping a patient experience aspects of himself that have been 'lost' (i.e. unrealized) is an analytic attitude that recognizes and values the most subtle and unlikely ways in which a patient may attempt to experience for the first time unlived events of the past.

The first clinical experience that I will discuss occurred in a four-session per week analysis with a woman who had suffered from severe neglect as a child. Her mother was depressed – often unable to get out of bed – and her father deserted the family when the patient was 2 years old.

During this long analysis, Ms. L would repeatedly "fall in love" with men who seemed to her to return her love, but very soon acted as if they had never expressed any interest in her at all. After Ms. L had spent some time shopping for a car, she told me that a salesman at one of the dealerships had been very affectionate in the way he spoke to her. When they took a test drive, he talked about how much fun it would be to drive the car on the road that runs along Big Sur.

After buying the car, Ms. L returned to the dealership to see the salesman. She felt "crushed" when time and again, after talking with her for a few minutes, he "dropped her" to talk "with just anybody" who walked through the front door of the showroom. After being "ignored" by him during that visit, the patient felt "devastated by his duplicity." For the subsequent two weeks, Ms. L each day parked her car across the street from the dealership to watch the salesman. During the months that followed, the patient could think of little other than how much she longed for this man.

I spoke with Ms. L about the possible connection between her disappointing, maddening, humiliating experience with the salesman and her

feeling that I, too, drop her repeatedly at the end of each session, during the weekends, and when I am away on vacation breaks. Ms. L, infuriated by such a suggestion, accused me of not believing that the man she "was involved with" had shown genuine interest in her. I did not challenge her belief or persist in commenting on the transference.

Even as I was talking with Ms. L about the similarities between the way she felt about the salesman and the way she felt about me, I experienced my comments as stereotypic and formulaic. It seemed to me that Ms. L had every right to object to them – the comments were impersonal, "off the rack," not made uniquely for her and what was going on between the two of us consciously and unconsciously. With Ms. L's help, I put a stop to the way I was talking to her.

I then attempted to let my mind 'go loose' in order to attend to whatever thoughts and feelings occurred to me (my own reverie experience) during the sessions with Ms. L. But during the months subsequent to my thoughtless transference 'interpretations,' I became aware that that my new tack also felt like just another prefabricated 'analytic technique.' I could not will myself into freedom and aliveness of thought. I slowly came to the realization that what was most real about what was occurring between Ms. L and me was the experience of sterility on both our parts.

After many more months of living with this type of sterility in the analysis, I said to Ms. L: "You came to me originally because you felt humiliated by the way you get rejected by a man and then make it worse for yourself by what you call 'tracking' him. This may surprise you, but I've come to believe that whatever it is in you that makes you persist in tracking these men is the healthiest part of you."

Ms. L: Are you making fun of me?

Analyst: No, I've never been more serious. As we've talked about, when you were a child you were left to raise yourself – your father left you, your mother withdrew from you. But your world of make-believe people was not an adequate substitute for a real childhood with real parents and real friends. I think that it's not an overstatement to say that you died when you were a small child for lack of affection and want of being seen for who you are. When you described watching the car salesman from across the street, it felt to me that you were like a dedicated detective who won't quit until she finds the missing person.

Ms. L: I've had the impression for some time now that you've given up on me, that you're continuing to meet with me only because you don't know how to get out of this.

I could not remember the last time that Ms. L had said anything that felt as honest and personal as this. I said: "That's why I told you that I thought that your tracking is the healthiest part of you. It's the part of you that hasn't given up on yourself, the part of you that refuses to give up on yourself before you've had a love relationship with a real person, a love that is genuinely returned as strongly as you give it."

Ms. L: It's the part of me I feel most ashamed of. I feel pathetic when I'm sitting in my car watching a man, but I don't know what else to do.

A: I think that the tracking is what keeps you alive, it's a way of holding on tightly to a final thread connecting you to life. The alternative is to let yourself die, either literally or by living as a zombie.

Ms. L: I was terrified of zombies as a kid. I wasn't afraid of spiders or snakes or vampires or serial killers, but I was scared shitless of zombies.

This was the first time that Ms. L had used any obscenity, and the importance of her doing so now was not lost on either of us. It seemed to me to reflect a genuine loosening up of the patient's freedom to think and to speak her thoughts and feelings. In the very act of telling me how frightened she was of becoming one of the living dead, she was able to sling shit, so to speak, into the formerly sterile analytic field.

A: A person will die if you somehow remove the shit from his or her bowels. People need the bacteria that makes their shit smell so bad.

Ms. L's voice was much less constricted than usual as she said to me: "It's funny to hear you use the word 'shit.' I like it. It feels like we're school-aged kids breaking the rules and that you don't do that with anyone else but me. Strangely enough, I'm not feeling afraid of being expelled from analysis."

In the subsequent period of work with Ms. L, the liveliness of the session I have just described remained a presence along with bouts of intense fear, on Ms. L's part, that I was manipulating her. She said that she was afraid that I was playing an "analytic game" with her in which I was duping her into taking seriously what happens between us while I look on, unmoved, from the outside. Her accusations were wounding to me to a degree, and in a way, that was unusual for me. I was fond of Ms. L and felt that I had been as honest with myself and with her (in my role as her analyst) as I was able to be.

A: I think that when you accuse me of being manipulative with you, you're showing me what it feels like not to be seen, to be invisible. You know far more than you want to about what it feels like to be invisible to the point that you don't exist, even to yourself.

Ms. L was silent for the remainder of that session in a way that felt profoundly sad to me.

As I look back now on this period of work with Ms. L, it seems to me that we persisted through a very long period of emotional sterility. During these years, one or the other of us would try to evade recognizing the state of affairs that existed between us (for example, in the form of my attempts to imitate an analytic experience with 'pre-packaged' transference interpretations and reverie experiences). We pressed on despite the sterility (her absence as a living, breathing, shitting human being), perhaps because we somehow knew that we had to experience it together before anything else

could occur. The truth of the idea that she had died when she was very young could only have felt real to her after experiencing *with me* the lifelessness of the analysis – and feeling powerless to do anything about it. Only then, were we able to find words – although it felt like the words, such as the word "shit," found us – to express what we were experiencing in the present moment.

In thinking about this clinical experience, one might ask how my understanding of what occurred in Ms. L's analysis differs from the ways I have found some of Fairbairn's (1944) ideas to be useful in my own clinical work (Ogden, 2010). I have had experiences with patients that I have understood in terms of addictive attachments between unconscious internal objects, for example, between Fairbairn's 'libidinal ego' and 'exciting object,' and between 'the internal saboteur' and 'the rejecting object.' I would say that there is a critical difference between Fairbairn's conception of addictive internal object relationships and the way I conceive of Ms. L's compulsive 'tracking' behavior. Fairbairn's internal object world is constructed as an internalized version of *lived experiences* in unsatisfactory object relationships with the mother. By contrast, Ms. L's unconscious world was a world shaped primarily by *unlived experience* in unsatisfactory early object relationships with her mother. Ms. L's fierce determination to claim her unlived life was the motor that drove her symptomatic (tracking) activity. In that tracking behavior, Ms. L unwaveringly sought out the unlived, unexperienced aspects of herself and her life, past and present.

It seems to me that patients who experience the most extreme forms of fear of breakdown, such as Ms. L, feel oppressed by the fact that they have been unable to live (have been unable to be alive to) most of their life experience. Such patients find it excruciatingly painful to feel alive – even to the extent of feeling pleasure in response to the sensation of the soft warmth of the sun on their skin – because it stirs the pain of recognition of how much of their life has been unlived. They often feel bitter about the fact that life has been taken from them that they will never get back. That pain, I find, usually takes the form of a combination of physical pain (often as a part of actual physical illness) and emotional pain.

Since a good deal of the pain of unlived experience is stored in the body in what Bion (1948–51) called a "protomental state" (p. 154), it is not surprising that my unconscious understanding of that pain very often takes the form of my own bodily experience while working with a patient. For a period of time while working with one such patient, Ms. Z, I experienced gnawing physical hunger during her sessions, which abated when I met with my next patient. It took quite a while for me to understand the way in which Ms. Z used me (took me in) as a substitute for her own unlived life.

Early in the analysis, Ms. Z told me that when she was asked by a neighbor whether she liked a certain restaurant in the neighborhood, she told the person that she had never been there, when in fact she had eaten there many times. As I look back on it, Ms. Z, in telling me this story, was saying more of the truth than either of us knew at the time: she had frequented the restaurant, but had never really been there, in the sense of having been alive to her experience of being there.

She told me years later that, during those first years of the analysis, she had made a journal entry after each of the five sessions we had each week, but recorded only what I said, not a single word of her own. I understood Ms. Z's absence from her journal of the analysis as her way of recording her own non-existence, her own breakdown in the form of having broken from life.

The analysis was very difficult and I was never confident that I was helping Ms. Z to come alive to her experience. After many years of analytic work, I brought up the subject of ending the analysis. I said to the patient that it seemed to me that I had ceased being of help to her in making changes in the way she lived her life and that she might benefit from working with someone else.

Ms. Z responded by saying: "It never occurred to me that we would end this analysis before one or the other of us died." I thought, but did not say, that both of us were, in many respects, already dead. She continued: "In fact, I never thought of the analysis as being connected with change." For Ms. Z, change was a concept that held no meaning. The dead do not change, and she was dead. We would not end until one of us died physically (we both had already died mentally in the analysis).

It came as a surprise to me that my bringing up the idea of ending the analysis would serve as a powerful impetus for a discussion of the patient's deadness, my deadness with her, and the deadness of the analysis. Ms. Z said in the session following the one in which I brought up ending the analysis that there were some things she wanted to accomplish in her life before we ended: she wanted to get married, complete her research, and publish that research as a book. In the course of the subsequent years of analysis, Ms. Z did accomplish all these goals. She and I discussed the fact that getting married is different from making a marriage, and that there was a great deal of work ahead of her after we stopped, if she was to achieve that goal. We ended the analysis five years after I first broached the topic.

In the years since we stopped working together, Ms. Z has written to me about twice a year. In those letters she has told me that she feels that the end of the analysis was not an arbitrary thing; it now makes sense to her that we ended when we did and how we did. It was imperative that she live a life of her own, not one borrowed or stolen from me. Her life now feels like her own to do with what she can, and she feels grateful to me for waking her up to that fact before "I wrote off the entirety of my life."

I believe that Ms. Z did not consciously experience a fear of death because she was, in an important sense, already dead. For Ms. Z, being dead, being absent from her own life, was a way of protecting herself both from the pain of experiencing in the present a yet-to-be-lived past, as well as the pain of realizing that she was "missing" (in both senses of the word) important parts of herself.

Summary

Winnicott's *Fear of breakdown* is both an ending, in the sense of being his last major paper, and a beginning, in the sense that the paper introduces a

new line of thought to be developed by others. It is a difficult essay, often confusing and opaque. It requires that the reader be not only a reader, but also a writer of this work that often gestures toward meaning as opposed to presenting fully developed ideas. My own interpretation of *Fear of breakdown* begins with the idea that the breakdown on which Winnicott is focusing is a breakdown in the mother–infant bond. Unable to bear, *on his own*, the primitive agonies that result from the break in the bond with the mother, the infant short-circuits the event in such a way that he does not experience it, and substitutes for it defenses of a psychotic nature. By not experiencing the breakdown when it occurred in infancy, the individual creates a psychological state in which he lives in fear of a breakdown that has already happened, but which he did not experience. I suggest that the driving force of the individual's need to find the source of his fear is his feeling that a part of his life has been taken from him and what has been left for him is a life that is, in important ways, an unlived life.

Translations of summary

Angst vor dem Zusammenbruch und das ungelebte Leben. Winnicotts "Angst vor dem Zusammenbruch" ist ein unvollendetes Werk, das dem Leser abverlangt, nicht nur Leser zu sein, sondern darüber hinaus zum Verfasser dieser Schrift zu werden, die häufig auf Bedeutung verweist, nicht aber ausgereifte Überlegungen präsentiert. Der Autor versteht die häufig verwirrende, mitunter opake Argumentation dieses Winnicott-Beitrags in folgendem Sinn: In frühester Kindheit kommt es zu einem Zusammenbruch der Bindung zwischen Mutter und Säugling, der das Baby zwingt, emotionale Vorgänge auf sich zu nehmen, die es nicht bewältigen kann. Es weicht seiner primitiven Agonie aus, indem es Abwehrorganisationen psychotischer Natur aufbaut; weil diese die äußere Realität durch eine selbsterzeugte innere Realität ersetzen, wird ein Erleben kritischer Lebensereignisse unmöglich. Indem das Erleben des Zusammenbruchs der Mutter-Baby-Beziehung nicht wahrgenommen wird, entsteht ein psychischer Zustand, in dem das Individuum in der Angst vor einem Zusammenbruch lebt, der sich bereits ereignet hat, aber nicht erlebt wurde. Anknüpfend an Winnicotts Überlegungen vermutet der Autor, dass als treibende Kraft hinter dem Bedürfnis des Patienten, die Quelle seiner Angst zu finden, das Gefühl steht, Selbstanteile verloren zu haben und sie wiederfinden zu müssen, um „ganz" zu werden. Was von seinem Leben geblieben ist, fühlt sich für ihn wie ein weitgehend ungelebtes Leben an.

El temor al derrumbe y la vida no vivida. 'El temor al derrumbe' de Winnicott es un trabajo inacabado que requiere que el lector no sea solo un lector, sino también un escritor de esta obra que a menudo apunta a ciertos significados y no a la presentación de ideas plenamente desarrolladas. La comprensión del autor del argumento a menudo confuso y opaco del trabajo de Winnicott es la siguiente: en la infancia ocurre un derrumbe en el vínculo madre–infante que fuerza al infante a hacerse cargo de acontecimientos emocionales que no es capaz de gestionar. Él realiza un cortocircuito de su experiencia de agonía primitiva generando organizaciones defensivas que son psicóticas en su naturaleza, i.e. ellas sustituyen la realidad externa por auto-creaciones de la realidad interna y de este modo excluye su experiencia real de los acontecimientos de la vida. Al no experimentar el derrumbe del vinculo madre–infante cuando ocurrió en la infancia, el individuo crea un estado psicológico en el que vive con el temor al derrumbe que ya ha ocurrido pero que no experimentó. El autor extiende el pensamiento de Winnicott sugiriendo que la fuerza impulsora de la necesidad del paciente de encontrar una fuente de su miedo es su sentimiento de que partes de él están perdidas y que debe encontrarlas si quiere devenir una persona total. Lo que queda de su vida es sentido como una vida que en gran medida es una vida no vivida.

La crainte de l'effondrement et la vie non vécue. L'article de Winnicott, « La crainte de l'effondrement » est un travail inachevé qui exige du lecteur qu'il ne soit pas simplement un lecteur, mais qu'il se fasse également auteur d'un travail qui est davantage orienté vers la recherche d'un sens que vers la présentation d'idées pleinement abouties. L'auteur de cet article nous livre sa compréhension de l'argument souvent confus et parfois opaque de l'essai de Winnicott : il advient dans l'enfance un effondrement du lien mère–nourrisson qui contraint ce dernier à endosser, tout seul, des événements émotionnels

qu'il est incapable de gérer. Il court-circuite ses angoisses disséquantes primitives en mettant en œuvre une organisation défensive de nature psychotique, c'est-à-dire des mécanismes qui, substituant à la réalité externe une réalité interne auto-créée, excluent donc toute possibilité chez lui de pouvoir faire l'expérience des événements cruciaux de la vie. N'ayant pas éprouvé l'effondrement du lien mère–nourrisson survenu dans l'enfance, l'individu crée un état psychologique où il vit dans la crainte d'un effondrement qui a déjà eu lieu, mais qu'il n'a pas éprouvé. L'auteur de cet article prolonge la pensée de Winnicott en suggérant que le besoin du patient de trouver la source de sa crainte tire sa force du sentiment de ce dernier que des parties de lui-même sont manquantes et qu'il doit les trouver pour devenir entier. Ce qui de sa vie subsiste lui paraît n'être qu'une vie non vécue.

Paura del crollo e vita non vissuta. 'La Paura del crollo' è un lavoro incompiuto di Winnicott che richiede al lettore di non limitarsi a leggere ma di farsi anche scrittore di questo lavoro che tende più ad alludere al significato che a presentare argomenti pienamente siviluppati. Quanto segue è una sintesi dela comprensione che questo autore ha delle idee, spesso vaghe, che Winnicott propone in questo lavoro. Secondo Winnicott, nell'infanzia si produce una frattura nel legame madre–bambino che spinge quest'ultimo a farsi carico di emozioni che non è ancora in grado di gestire. Il bambino evade da questo precoce terrore di morire generando organizzazioni difensive che sono di natura psicotica, in quanto sostituiscono la realtà esterna con una realtà interna autogenerata. Il bambino non può in tal modo partecipare 'in persona' a importanti, reali, eventi emotivi. La mancanza di partecipazione emotiva nel momento in cui il crollo del legame madre–bambino avviene nell'infanzia crea nell'individuo uno stato psicologico in cui egli vive nel timore di un crollo che è già avvenuto, ma che non è stato vissuto a livello psichico. L'autore estende il pensiero di Winnicott proponendo che la pulsione che spinge il paziente a a esplorare l'origine della propria paura provenga dal suo sentirsi incompiuto e dalla sua intuizione della necessità di trovare e riintegrare alcune parti del Sé. Ciò che resta da vivere è percepito da questi pazienti come vita per lo più non vissuta.

References

Abram J (2012). On Winnicott's clinical innovations in the analysis of adults. *Int J Psychoanal* **93**:1461–73.

Bion W (1948–51). Experiences in groups. In: *Experiences in groups and other papers*, 29–141. New York, NY: Basic Books, 1959.

Bion W (1962). *Learning from experience*. New York, NY: Basic Books.

De M'Uzan M (1984). Slaves of quantity. *Psychoanal Q* **72**:711–25, 2003.

Faimberg H (2007). A plea for a broader concept of *Nachträglichkeit*. *Psychoanal Q* **76**:1221–40.

Faimberg H (2013[1998]). Nachträglichkeit and Winnicott's 'Fear of breakdown'. In: Abram J, editor. *Donald Winnicott today*, 205–12. London: Routledge.

Fairbairn WRD (1944). Endopsychic structures considered in terms of object-relationships. In: *Psychoanalytic studies of the personality*, 82–132. London: Routledge & Kegan Paul, 1952.

Freud S (1917). Mourning and melancholia. SE **14**, 242–58.

Freud S (1918). From the history of an infantile neurosis. SE **17**, 7–121.

Gaddini R (1981). Bion's 'catastrophic change' and Winnicott's 'breakdown'. *Riv Psychoanal* **27**: 610–21.

Green A (2010). Sources and vicissitudes of being in D.W. *Winnicott's work. Psychoanal Q* **79**:11–36.

Klein M (1946). Notes on some schizoid mechanisms. In: *Envy and gratitude and other works, 1946–1963*, 1–24. New York, NY: Delacorte Press/Seymour Laurence, 1975.

Laplanche J, Pontalis J-B (1973). *The language of psycho-analysis, Nicholson-Smith D, translator*. New York, NY: Norton.

Loewald H (1979). The waning of the Oedipus complex. In: *Papers on psychoanalysis*, 384–404. New Haven, CT: Yale UP, 1980.

McDougall J (1984). The 'dis-affected' patient: Reflections on affect pathology. *Psychoanal Q* **53**: 386–409.

Ogden TH (2001). Reading Winnicott. *Psychoanal Q* **70**:299–323.

Ogden TH (2002). A new reading of the origins of object-relations theory. *Int J Psychoanal* **83**:767–82.

Ogden TH (2004a). An introduction to the reading of Bion. *Int J Psychoanal* **85**:285–300.

Ogden TH (2004b). This art of psychoanalysis: Dreaming undreamt dreams and interrupted cries. *Int J Psychoanal* **85**:857–77.

Ogden TH (2006). Reading Loewald: Oedipus reconceived. *Int J Psychoanal* **87**:651–66.

Ogden TH (2007a). Reading Harold Searles. *Int J Psychoanal* **88**:353–69.

Ogden TH (2007b). Elements of analytic style: Bion's clinical seminars. *Int J Psychoanal* **88**:1185–200.

Ogden TH (2010). Why read Fairbairn? *Int J Psychoanal* **91**:101–18.
Ogden TH (2011). Reading Susan Isaacs: Toward a radically revised theory of thinking. *Int J Psychoanal* **92**:925–42.
Winnicott C (1974). Editorial note. Fear of breakdown, D.W. Winnicott. *Int Rev Psychoanal* **1**:102.
Winnicott C (1980). Fear of breakdown: A clinical example. *Int J Psychoanal* **61**:351–7.
Winnicott C, Shepherd R, Davis M, editors. (1989). *Psychoanalytic explorations*. Cambridge, MA: Harvard UP.
Winnicott DW (1949). Mind and its relation to the psyche-soma. In: *Through paediatrics to psychoanalysis*, 243–54. New York, NY: Basic Books, 1958.
Winnicott DW (1960). The theory of the parent–infant relationship. In: *The maturational processes and the facilitating environment*, 33–55. New York, NY: International UP, 1965.
Winnicott DW (1963). From dependence towards independence in the development of the individual. In: *The maturational processes and the facilitating environment*, 83–92. New York, NY: International UP, 1965.
Winnicott DW (1967). The use of an object and relating through identifications. In: *Playing and reality*, 86–94. New York, NY: Basic Books, 1971.
Winnicott DW (1971). Basis for self in body. In: Winnicott C, Shepherd R, Davis M, editors. *Psychoanalytic explorations*, 261–71, 1989. Cambridge, MA: Harvard UP.
Winnicott DW (1974 [1971]). Fear of breakdown. In: Winnicott C, Shepherd R, Davis M, editors. *Psychoanalytic explorations*, 87–95. Cambridge, MA: Harvard UP, 1989.

