

PSYCHOTIC ANXIETIES AND CONTAINMENT

A Personal Record
of an Analysis with
Winnicott

Margaret I. Little, M.R.C.Psych.



JASON ARONSON INC.
Northvale, New Jersey
London

So, thirteen years after first seeking psychiatric help, and now aged 48, I came to D.W. I cannot give as clear, coherent, or detailed an account of the time with him as I could wish. I can only recount some of the things that happened.

My previous acquaintance with him had been slight. The first scientific meeting of the British Psycho-Analytical Society that I attended was on a noisy evening with bombs dropping every few minutes and people ducking as each crash came. In the middle of the discussion someone I later came to know as D.W. stood up and said, "I should like to point out that there is an air raid going on," and sat down. No notice was taken, and the meeting went on as before!

I heard him speak at other meetings and read

papers. Then, at the end of the evening in 1945 when I read my membership paper, "The Wanderer: Some Notes on a Paranoid Patient," which he had not discussed, he came and asked if I would take a child patient. I was very pleased to be asked, but regretfully said No. I had recently finished analysis with a child, for training (in child analysis) which I never completed. It had aroused enormous anxiety and I felt badly about the way I had ended. I was in turmoil about this, about my father's death and the circumstances surrounding it, and could not consider dealing with another child just then, but I left it open for the future.

I heard him read his papers "Reparation in Respect of Mother's Organized Defence against Depression" (Winnicott 1948b) and "Birth Memories, Birth Trauma, and Anxiety" (Winnicott 1949b) and felt that this was someone who could really help me.

The preliminary interview with him was short, perhaps fifteen minutes. At no time did he take a formal history of any kind, but feeling his way, built up gradually his understanding of what was troubling me and of my "heart's need" (George Elliot, *Mill on the Floss*). I made my sexual affair an excuse for not pursuing the analysis; he accepted this but said that he would keep the vacancy open for the time being and I could take it up later if I wished. It was not long before I went back to him, as I found the sexual relationship difficult.

The first session brought a repetition of the terror. I lay curled up tight, completely hidden under the blanket, unable to move or speak. D.W. was silent until the end of the hour, when he said only, "I don't know, but I have the feeling that you are shutting me out for some reason." This brought relief, for he could admit not knowing, and could allow contradiction if it

came. Much later I realized that I had been shutting myself in, taking up the smallest possible amount of space and being as unobtrusive as I could, hiding in the womb, but not safe even there.

In one early session with D.W. I felt in utter despair of ever getting him to understand anything. I wandered round his room trying to find a way. I contemplated throwing myself out of the window, but felt that he would stop me. Then I thought of throwing out all his books, but finally I attacked and smashed a large vase filled with white lilac, and trampled on it. In a flash he was gone from the room, but he came back just before the end of the hour. Finding me clearing up the mess he said, "I might have expected you to do that [clear up? or smash?] but later." Next day an exact replica had replaced the vase and the lilac, and a few days later he explained that I had destroyed something that he valued. Neither of us ever referred to it again, which seems odd to me now, but I think that if it had happened later on he would probably have reacted differently. As it was, it felt as useless as my struggles with Miss Sharpe or my mother, and I forgot it until recently. Many years later, long after termination, when asking for advice about a very disturbed patient who hurt me knowingly and repeatedly, I spoke of having hurt him. He agreed that I had, but added that it had been "useful."

Some weeks after this, throughout a whole session I was seized with recurring spasms of terror. Again and again I felt a tension begin to build up in my whole body, reach a climax, and subside, only to come again a few seconds later. I grabbed his hands and clung tightly till the spasms passed. He said at the end that he thought I was reliving the experience of being born; he held my head for a few minutes,

saying that immediately after birth an infant's head could ache and feel heavy for a time. All this seemed to fit, for it was birth *into a relationship*, via my spontaneous movement, which was accepted by him (Little and Flarshheim 1964). Those spasms never came again, and only rarely that degree of fear.

He soon found that for the first half of every session nothing happened. I could not talk until I found a "settled" state, undisturbed by any impingement such as being asked to say what I was thinking, etc. It was as if I had to take into myself the silence and the stillness that he provided. This was in such contrast with the disturbances of childhood, my mother's anxiety-driven state, and the general hostility from which I had always felt the need to retreat to find quietness. From then he extended the length of the sessions to an hour and a half, at the same fee, until nearly the end of the analysis.

Here I feel it is appropriate to speak of the two things about which there has been most misunderstanding—*holding* and *regression to dependence*. D.W. used the word *holding* both *metaphorically* and *literally*. Metaphorically he was *holding the situation*, giving support, keeping contact on every level with whatever was going on, in and around the patient and in the relationship to him.

Literally, through many long hours he held my two hands clasped between his, almost like an umbilical cord, while I lay, often hidden beneath the blanket, silent, inert, withdrawn, in panic, rage, or tears, asleep and sometimes dreaming. Sometimes he would become drowsy, fall asleep, and wake with a jerk, to which I would react with anger, terrified and feeling as if I had been hit. He has himself described such sessions (Winnicott 1970b). He must have suffered much boredom and exhaustion in these hours,

and sometimes even pain in his hands. We could speak of it later.

"Holding," of which "management" was always a part, meant taking full responsibility, supplying whatever ego strength a patient could not find in himself, and withdrawing it gradually as the patient could take over on his own. In other words, providing the "facilitating environment" (Winnicott 1965), where it was safe to be.

Only rarely did holding mean literally restraining or controlling. He was compassionate, but consistently firm, sometimes to the point of ruthlessness where he felt it necessary for the safety of his patient. Short of bodily intervention he could "forbid" action. This was powerfully effective, for although it might be disobeyed it could not be unnoticed, because it had been said and also because in the context of a delusional transference (Little 1957b) it became automatically the patient's own prohibition, and then joined up with some element of sanity (Little 1959). It worked on both conscious and unconscious levels.

Sometimes the holding had to be delegated, handing over a dependent patient temporarily to someone else so that he could get rest, or a holiday, but always keeping in close touch.

During one of his holidays he arranged, without my knowing, for a friend of mine to invite me to join her and two others in Switzerland: later, when he feared that I might kill myself while he was away, he arranged for hospitalization. (I will come to this again.)

At one time I was liable to rush out of his room in a fury and drive away dangerously. He took charge of my car keys until the end of the session, and then allowed me to lie quietly alone in another room, till I could be safe. He emphasized the need to "come back" (Winnicott 1954a) from the deep regression to

ordinary life, for "regression to dependence" means regression to dependence for life itself—to the level of infancy, and sometimes even to prenatal life.

All of this, of course, was built up on his wide knowledge and understanding of children of all ages, and of parents, recognizing the need for support and for someone to be *there*, to take responsibility. His always growing capacity for empathy, being in touch with id, ego, and superego, in people of all sorts and all ages, including himself, understanding body language in all its forms, was an essential part of him. He did not defend against his own feelings but could allow their full range and, on occasion, expression. Without sentimentality he was able to feel about, with, and for his patient, entering into and sharing an experience in such a way that emotion that had had to be dammed up could be set free.

I told him of an early remembered loss. I had found a friend, "A.," at school, someone who had chosen me to be *her* friend. She had made me free of her home, her nursery, her Nanny, and her toys. One day after a holiday she wasn't there, and then for many days she was "ill"; and then she was "dead." I had been "unkind" and "selfish" in not writing to her. I "couldn't have cared," or I "would have written." He found himself in tears—for me—and I could cry about it as I had never done before, and mourn my loss.

"Why do you always cry silently?" he asked. I told him I had learned that early. Once, crying with toothache at the end of a long day which had been trying for everyone, I was told, "Do stop crying, darling, you make everybody else miserable," and next morning, when the abscess had burst in the night and the pain was gone, "You see, it was all a fuss about nothing." And often, "Cheer up, darling! You'll soon be dead."

This made him very angry. "I really hate your mother," he said. He was "shocked" when I told him how till the age of 10 and over I had to "rest" every afternoon in a darkened room with no toy or book, and was shamed when I had gnawed the candle by my bed until it had a waist and I could get small fragments of wax that I could chew and squeeze and mold.

I found D.W. essentially a truthful person, to whom "good manners" were important; he had respect for the individual, whether patient or colleague, though he could be outspoken in criticism. To demand "associations" or to push an "interpretation" would be "bad manners," as well as being useless. He was as honest as anyone could be, responding to observations and answering questions truthfully unless there was a need to protect another person, but it was essential to know when his answer was not wholly true, and why.

He would answer questions directly, taking them at face value, and only then considering (always with himself, often with the patient) why was it asked? Why then? And what was the unconscious anxiety behind it?

I was allowed to work at my own pace, and he adapted himself to it. Only when some circumstances—usually unforeseen and external—made it necessary would he put on pressure. This was very important for me. It allowed me to be myself, to have a pace that was my own, whereas at an early time I had been alternately pushed and held back, so that neither the pace nor the inconsistencies were mine.

The timing of the full regression could not be mine alone: it depended to a large extent on his case load. He spoke of patients having to "queue up" sometimes to go into such a state, one waiting until

another had worked through it and no longer needed him in that way. But it was mine in so far as it could not be until I was ready.

He gave very few interpretations, and those only when I had already reached the point where the matter could become conscious. Then of course the interpretation would ring true. He was not "infallible," but often spoke tentatively, or speculated: "I think perhaps . . .," "I wonder if . . .," or "It seems as if. . . ." This let me taste or feel what he said, and be free to accept or reject it. Interpretations were not given as if I had access to symbolic function where I had not.

One day his secretary told me that he was not well and would be a little late for my session. He came, looking *grey* and very ill, saying he had laryngitis. I said, "You haven't got laryngitis, you've got a coronary. Go *home*." He insisted that it was laryngitis, but he couldn't carry on; he rang me that evening and said, "You were right, it *is* a coronary." This meant quite a long break, which was very painful, but at last I was *allowed* to know the truth: I could be right, and I could trust my own perceptions. It was a landmark, and he knew it.

He had said of me a little earlier, "Yes, you *are* ill, but there's plenty of mental health there too." I began to react with anxiety, and he added, "But that's for later on, the important thing now is the illness," having recognized my fear that he would deny or lose sight of it. Later he described me as being "like a person suffering from multiple sclerosis whose brain was involved."

This was a very true picture of my "borderline" state, and of my transference to him (Little 1964a), for the lesions in multiple sclerosis are scattered, and cerebral involvement brings patchy mental distur-

bance; and there were, as I knew, "patches" of illness and of health. They also reflected my mother's state, as he spoke of her. "Your mother is unpredictable, chaotic, and she organizes chaos around her" (see Winnicott 1961). "She's like a Jack-in-a-box, all over the place." This had indeed been my earliest environment from which I could not separate myself despite my father's stability and reliability, for her chaos affected him too. D.W. later commented that I would probably have been all right if I had been removed early to the care of a stable foster-mother. (I should perhaps emphasize here that despite my difficulties I did not give an appearance of "abnormality." I had attended school, passed exams, even won scholarships; I had qualified in medicine, run a successful general practice, and trained and qualified as a psychoanalyst. Also, except for three periods each of about eight weeks, plus holidays, I worked continuously as an analyst, throughout my analysis with D.W.)

A note about my family is needed; otherwise much of what I say is difficult to believe or understand. I am surprised to find how little I actually told D.W. about it *in words*, yet his comment about my mother was like a revelation (not an analytic "Interpretation"). It made it possible and allowable for me to understand much of what I already knew, things I had observed or been told.

My mother's childhood, in Australia, was *horrific*, with an alcoholic and unstable father and a loving but dominating, meddlesome and unpredictable mother, to whom my grandfather was unfaithful. Two older brothers, one of whom my mother adored, both teased and petted, frightened and bullied her. A younger brother was born blind, and at the age of 5, she was made responsible for looking after him when

another child was born. Nearby were the frightening world of the convict settlement from which my grandfather drew his labor force, the cannibal Aborigines, and the Bush where children were often lost, and seldom found.

My mother had to be brave, amusing, and clever. Her father too teased, petted, and bullied her, and finally disowned both her and his blind son. She learned to dance for him and kick over the brandy bottle "accidentally," also to defend her mother in parental quarrels. This is not the place for all the details that I know, but she told me shortly before her death that she "could only live at all by turning everything into a game" (see Searles 1959). The wonder is that she *did* live at all, to marry my father who was as devoted to her as she to him. That was never in doubt, though they teased each other and their children often quite sadistically. Her idea of sex was "an unpleasant duty that a woman owed her husband"; childbirth was sheer horror, warded off by padding her body so that her pregnancy could not be perceived, and avoiding labor (which would inevitably be fatal) by "not thinking about it" until this became impossible. Being afraid was "cowardice," "contemptible."

My father was by no means a nonentity. He was a mathematician, who gave up prospects of a university career and became instead a schoolmaster, to pay his college fees (unpaid through his father's bankruptcy). He was stable, warm, and companionable, but all his relationships and outgoing activities (yachting, golf, etc.) were systematically destroyed by my mother; only solitary pursuits or those involving his family were tolerated, and he became irritable and short-tempered. He was overconscientious, inhibited, and shy with women, and undemonstrative with

his children. The only woman he was ever known to speak to was my mother; it was love at first sight and for life, and he could seldom stand up to her.

Small wonder then that all their children were disturbed in some degree. She expressed her fear that each one would "turn out badly." My elder sister, Ruth, brilliant intellectually, developed a savage superego and considerable moral courage and power of endurance. She became a legend in her lifetime, and a saint; sadly, for her, "This life would not be worth living if there were not to be a better life hereafter." My younger sister, Cecily, became ill immediately after my parents emigrated to Australia (always the Promised Land) in 1934, and died (aged 28) almost before they got there. (They stayed only four years.) My two brothers—uni-ovular twins ten years younger than I, born prematurely after a near-fatal pregnancy, to a mother aged 42 who already had three children—are both alive and they have had their difficulties.

To Ruth I was "an irritant," and I must have been a threat to her supremacy, for I was sickly both as a baby and later, needing and getting a lot of attention, probably owing to congenital hiatus hernia together with coeliac condition (both genetic), which have troubled me all my life, neither being diagnosed until my late sixties. (Before that, of course, my complaints were "fuss," or "imagination" and later "psychogenic," but always something that I "should control.")

My mother did her level best to be a good wife and mother, sometimes successfully, but anxiety made her a compulsive meddler, possessive and always interfering in other people's concerns and relationships. She was a highly intelligent and gifted person, warm and loving, but in a wholly uncoordinated way, being tragically damaged. The only predictable thing

was that she would be unpredictable; one had to live with it and find ways of dealing with it. The only play possible—whether with toys, balls, or words, etc.—had to be hers; it was often good, but any play of my own would either be stopped or taken over. Spontaneously, "idea, impulse, action. . . all one. . . together, knowing what to do" (Sacks 1985) was aborted. Her own mother, the benevolent tyrant, was never far away, and not always so benevolent.

My blind uncle was almost the only person I could ever talk to. He was a scholar, widely read, musical, and very independent. When he married I lost all contact with him and became deeply depressed and physically ill.

During my analysis with D.W. I went through three periods of serious depression during which I was unable to work. I had long been aware of spells of depression lasting about ten days, at intervals of about three months, quite apart from any known loss, which I had never understood. And there had been two incapacitating depressions that followed losses that I knew.

Early in the analysis, after a severe attack of gastroenteritis (which I recognized later was a flare-up of the coeliac condition), I went on feeling very ill and exhausted physically and deeply depressed. I was not able to go for my sessions. D.W. came to me at home—five, six, and sometimes seven days a week for ninety minutes each day for about three months. During most of those sessions I simply lay there, crying, held by him. He put no pressure on me, listened to my complaints and showed that he recognized my distress and could bear with it. As I recovered physically the depression gradually lifted, and I was able to work again.

Psyche and soma for him were not separable, they

were "body and spirit which deep down are interdependent aspects of the same reality" (van der Post 1982). He was always concerned for my physical state; he kept stethoscope, sphygmomanometer, and clinical thermometer handy, and used them. He would advise me to see my G.P. or a consultant if necessary, but he would also take my word for my own condition. Once, when I had a mild bronchitis, he questioned whether I should not go to my G.P., but I told him, "I'm not ill. I'm unhappy." And that was enough.

The time from the autumn of 1950 to the spring of 1952 was a particularly painful one for me. I had come back from my summer holiday with an appointment fixed to see D.W. again, but found that he had had a second, though less severe, coronary, which again meant a long break.

Then, I was asked to be assistant to the Business Secretary of both the British Psycho-Analytical Society and the Institute of Psycho-Analysis, taking two years to prepare to take over. After attending only three meetings of the Board and Council I knew I did not want this, but the next week my predecessor died suddenly, and I was left with it. I was "the obvious person" to succeed her, and the pressure on me to undertake it was so great that I could not refuse.

This was when the move from Gloucester Place to Mansfield House was being planned and carried out. I was by far the most junior member of the Board and Council of which D.W., as Training Secretary, was a member. I disagreed with much that was decided, and I came to detest the job and everything to do with it. I tried to convey that a *trained* Secretary was needed. I felt guilty, futile, and inadequate and wanted to resign, and I became ill again. Although it was a great relief when at last, in May 1952, I was

replaced, and soon a trained Company Secretary was appointed, the guilt and depression persisted, especially as I found that there was now no place for me to take part in the training scheme, whereas at the time of Miss Sharpe's death I had already been invited to do so. (In fact, D.W. told me that he had intervened to forestall it because I was "too ill.") Also, in 1951, following publication of my paper "Counter-transference and the Patient's Response to it," I had been invited to go to Topeka as a training analyst but had had to refuse as I was deeply involved in my analysis.

At the same time as my unhappiness about all this I was in great anxiety about D.W., who was himself depressed after his coronary. It was like a childhood year, when I was in difficulties at school due to a mistake about my age, and simultaneously in anxiety at home on account of my mother's pregnancy. I don't think we spoke of his depression at all, but I was aware of it (as with Miss Sharpe) from his altered appearance and manner, for every analysand is sensitive to what is going on in his analyst.

I was always afraid that he would have a third coronary and die, which would have been fatal for me. One day when I went for my session I waited to be told that he was ready for me. Several times I asked the receptionist, "Is he still not here?" Finally, after forty-five minutes, I went to his room expecting to find him ill or dead and found he had fallen asleep on the couch and not heard the bell! So I was saved, and again I was allowed to know, and to follow my own impulse. But my depression continued, and at the lowest time I could not sleep at night until I had phoned D.W. ringing repeatedly until he answered.

I learned afterward that both his second coronary

and his depression came about through his distress about the question of breaking up his first marriage—a decision which he did not take lightly. Eventually he told me of his divorce and coming remarriage, lest I should hear of it elsewhere or read of it in the press. I found it difficult, especially as my own love affair was finally falling apart. I was very jealous, and some oedipal material could be worked through, though it remained as an isolated patch that had to be joined up later.

My sessions went on as before, but now at his new home. The analysis seemed unending, and I blamed him for my failures. But then, in the summer (1952), for the first time in my life, I *exploded* at my mother, at some piece of her jibing and "clever" nonsense. I told her exactly what I felt: that she was being unkind and ridiculous, that she had had no business to marry or have children, and a great deal more in the same strain, quite regardless of any effect on her.

D.W.'s comment was, "You've owed it to yourself for a long time." It was an important spontaneous self-assertion that had never been possible before, and although I did not see her again until she was dying, two years later, I have never regretted it.

His holiday and mine came. I went to the far north of Scotland, to wild country where I walked by myself. My mother wrote making an outrageous demand; my "explosion" was ignored and made useless, her possession of me reasserted. I *stomped* furiously up a steep, slippery, and remote mountain path in a thick mist. Next day, still raging, I slipped on wet grass outside my hotel, fell, and broke my ankle. (Had this happened the previous day I might well have lain all night before being found.) I was taken to hospital and cared for; my leg was put up in

a light plaster over a gutter splint. My postcard to D.W. telling him of the accident brought a telegram in reply, and a letter.

The Medical Superintendent of the hospital was most helpful. He spoke of the depression that follows sudden loss of mobility, having experienced it himself as a young man, when he had polio.

At the end of a fortnight I was beginning to get about and was discharged. But then came the difficulty of getting home. My car and other things were sixty miles away in one direction, my home six hundred in the other! Fortunately, two friends I had made in the hotel came to my rescue, one dispatched the car to me, the other invited me to stay in her home, which was on my way, until I could arrange my own journey and the car transport.

By the time I reached home the plaster was loose and had to be replaced. The new cast was heavy and unwieldy with a rocker badly placed under the heel, so once more my mobility was greatly restricted and walking precarious.

When I saw D.W. again six weeks later, so many things had happened that I was confused and had lost all contact with what had triggered off the accident and so never told him about it. He assumed that it belonged wholly to the transference, to do with his holiday (cf. Miss Sharpe's reaction to my mourning), also that it was a serious suicidal attempt. I might have protested, but the fresh loss of mobility had renewed the depression, and I suppose there was unconscious guilt about my verbal attack on my mother, my refusal of her demand, and the physical attack I had surely wanted to make but had turned against myself.

I find I have no recollection of the content of the next year's work in the analysis, so I think I must

have projected the confusion, etc., and D.W. must have taken it over (Searles 1959), otherwise it is difficult to understand what followed, in particular why the hospitalization and regression that had already happened consequent on the accident were apparently not used as fully as they might have been.

As I understand it now something *had* to be broken—to free me from my mother's hold and to destroy finally the pattern of repetition. Two childhood memories belong here. One is of her gripping both my wrists, and saying emphatically, "*You must control yourself!*" But in fact *she* was controlling *me*.

The second is of being ill with pneumonia — part of an early "breakdown" (aged 5) brought about by massive sudden changes including a move to a new house, where my father was in charge of school boarders; overnight there were nineteen boys, to none of whom I was allowed to speak. At the same time there was a change of kindergarten. I had not liked the first one, but I detested the second, where I was teased by a boy older and bigger than myself. (A year earlier Cecily had appeared overnight, and I was moved to share a room with Ruth, who teased and frightened me.)

At the new kindergarten sexual identity was confused. In a singing game of "Birds in a Nest" the "father bird" was a little boy with long fair curls like my own, dressed in a frock, and with permanently running nose (uncontrolled). But he was a "boy," and I a "girl," so I couldn't have been the "father bird." ("Men and boys have short hair and wear trousers; women and girls have long hair and wear skirts," I had been told!)

Now, suddenly ill with very high fever and delirium, I was moved to my mother's bedroom and my father moved out. The content of the delirium has

never been recalled as such, but I think it must have been concerned with these questions of freedom to be myself and of sexual identity.

My mother's account is that I clung to her night and day and would not let her go. D.W.'s understanding was that "She would not let you die"—which was true (as I learned later) but now I would say: "She would not let me *choose* whether to live or die." I *had* to live, for her.

So, when she reasserted her hold on me after my "explosion," something had to break and it was my own ankle.

I was tied by the leg again on my return from Scotland. The confusion then was a repetition of the delirium in which I could not distinguish between my mother and myself and literally did not know what "myself" was. Being in this confusion meant that I could not make clear to D.W. what it was about, or what had happened to precipitate it, any more than I had been able to make my mother understand the earlier confusion (or to stop vomiting). Then, I had only been able to be ill and threaten to die. D.W. too could not let me choose whether to live or die, and he did not realize that I had already made my choice unconsciously, in falling where I did.

So when the next summer holiday lay ahead, D.W. told me that he wanted me to go into hospital as a voluntary patient, "to make sure that I did not commit suicide." I went for him, wildly; I think I hit him, though I am not certain. He caught my wrists and held me, and was not hurt. Eventually I agreed, on condition that he would ensure that I was not given electro-shock, that I could have a private room, that I could discharge myself if I wished (make my own choice), and that he would take me there himself and bring me back—all of which he agreed and

carried out. He made it clear that he would also keep in touch with the hospital.

We went on the day after the International Congress in London (1953) ended. On the station platform he found that I was clinging to the edge of his raincoat, terrified. He took my arm in his, and when we arrived he said, "You're being very brave," and added something about "innate creativeness," which I did not understand and do not remember, but later found had been important as relating to spontaneity.

He was distressed that the Medical Superintendent had gone on holiday, not having told him this before. The Deputy was a hard man, antagonistic to analysis and not too pleased to be given extensive notes and an absolute ban on ECT!

At first when D.W. had left me I felt protected, but after a few days forlorn and abandoned. I was confused and slightly disorientated. (I made notes from day to day of those five weeks, which I still have.) For ten days I kept to my room, weepy and afraid, but to my surprise I began to write poetry.

Then, one morning I asked and was promised to be left alone and undisturbed. One after another, no less than eight people came, and when the eighth, a ward maid, was on the floor by my bed I spanked her bottom. Immediately the Deputy-Superintendent came. I felt he threatened me; there were "other ways of treating mental illness besides analysis which were sometimes necessary." I reminded him of the ban on ECT. By the evening I was full up with anger. I let fly at my supper tray; I hurled the reading lamp and anything I could find across the room in an orgy of smashing. I was promptly secluded for the night, and all night long was paranoid, seeing the nurses who came as "devils." But I had clung to two things that later proved to be "transitional objects" (Little 1950).

a handkerchief that D.W. had given me and a soft blue woolly scarf that I had liked and bought. In the morning I was moved to an open room in a locked ward, and the ward Sister came. Later, bathed and fed and cared for like an infant, I was settled in the room where I stayed for the rest of the time.

In my sessions with D.W. there had been "token" infant care; he always opened the door to me himself, each session wound up with coffee and biscuits, he saw to it that I was warm and comfortable, and provided tissues, etc. But here was the full "regression to dependence," an extension of what he had given me; and he kept in constant touch with the hospital and sent me postcards letting me know where he was.

The hospital care was total and interference minimal; everything was provided and no demand made. I spent the time sleeping, reading, writing, and painting, sometimes on the walls of my room; playing, in fact. I wandered in the garden and roamed the streets; when it rained a ward orderly would fetch me in with umbrella and waterproof. When my feet were blistered the Sister dressed them and told me, "You should have telephoned for a car to fetch you."

There might be distress or disturbance going on round me but the place went on *being*, and holding and looking after me, calm and apparently unperturbed. (Nothing could have been more different in that way from my early environment. I recalled a day in 1944 when Ruth and I were both visiting our parents; there was no time when all four of us were sitting down together for as long as five minutes, for something had always to be fetched or done. It couldn't have been quite so bad earlier, but then I would have been less well able to cope with it than I was now.)

Something had again been broken (plates, lamp, etc.) but not me, and I was now in what had become my real "nursery," where it was *safe* not to control myself. The boundaries were wide and flexible. It was psychically an extension of D.W.'s consulting-room where, earlier, I had smashed his vase. I could now make clear to *myself* my choice between life and death ("To be . . . or . . . not to be"—*Hamlet*, III. i, *pace* Winnicott 1971b). His putting me in hospital was a repetition of his reaction to that earlier smashing, but this time the contact was not broken as it had been then, when he left me alone with the wreckage I had made.

It was only much later that I realized that the wreckage *itself* was a creation, for destruction and creation are inseparable—you can't paint a picture without destroying a white canvas and tubes of paint (and everything has ambivalency), "for there is nothing lives but something dies, and nothing dies but something lives" (Thompson 1924), and "love involves destruction" (Winnicott 1963b).

Though there were plenty of things I didn't like in the hospital, overall it was kind and cozy, and at times even fun. One day I painted a sea, and added suddenly a huge monster's head emerging, with flaming eyes and fierce jaws. It was pinned up, and the occupational therapist stood looking at it with his back to me. I said, "A nice piece of schizophrenic art, what?" He shot out of the room and down the corridor, and the Sister came in chuckling, "What *have* you done to poor Mr. Y?" she said. "He looked as if the devil was after him!" And we laughed together, not at him, but at my painting. Spontaneity was restored, and even welcomed.

But I couldn't have accepted living so for long. That I had to be there at all depressed me further, and one

day seeing a bit of rope in the garden I thought again of suicide. All at once I realized that it would be no real solution, only a victory for the crazy world I had struggled against all my life and too often complied with (Winnicott 1963b), and a really mad act. I never considered it again, and I came back from the regression to ordinary life (Winnicott 1954a).

I started work about a fortnight after going home. My analysis had begun to move toward termination. There was plenty to tell D.W. about the time in hospital, working through the experience, talking over the content of my paintings and poems, telling of my play and my phantasies much as a child would tell its mother. I still sat up half the night painting wild pictures and writing melancholy poems. D.W. would look at them and comment. He was not critical or judgmental though he would say what he *felt*, and it was some time before I realized that his disliking a picture didn't mean I should destroy it. It had a value simply as a creation, for him as well as for me.

At some point in this terminal phase D.W. gave me one particularly important interpretation that had the same quality of "revelation" as had, earlier, his observation about my mother's "chaos." He told me that such fear of annihilation as I felt belonged to "annihilation" that had already happened: I *had been* annihilated psychically, but had in fact survived bodily, and was now emotionally reliving the past experience. It was some time before I could assimilate this and use it (Winnicott 1968). Even now I tend to forget it in times of stress, but as soon as I recall that interpretation the anxiety is relieved. ("Dread is only memory in the future tense" — Elizabeth Ayrton, *Day Eight*); and "Survival is the twin brother of annihilation" — Churchill, Speech in 1941.)

It was true that I had been annihilated, before I

even existed. I was not a person in my own right, only an appendage of someone else: introduced, "This is my daughter"; known as, "Ruth's sister"; one of three Margarets in my class and two M. Littles in the school. My second name, Isabel, was useless too: "It's always *I,I,I*," I was told, and in trying to get rid of the self-centeredness I discarded the initial, and have only used it lately to distinguish myself from another psychiatrist of the same name!

By now the character of the sessions had largely changed, for so much grief and pain and anger had been worked through that play, the ground of creativeness (Winnicott 1971a), could take its place and the relationship born years before could develop. There are analysts who apparently believe that every session *ought* to be painful, but while D.W. was fully aware that analysis could only work for someone who really suffered, he believed in the value of a relationship that could also be encouraging and enjoyable. Quite a lot of the play through which I now grew psychically *could* have been like my mother's: jokes, stories, and nonsense (I once asked him why he had chosen to join the Navy rather than Army or Airforce: "The uniform suited his blue eyes better"!), bits of gossip, information, and serious discussion about analysis. But these things were not used to defend against anxiety, to ward off anger or excitement, or to deflect pain or unhappiness by making me laugh. They were not forced on me, I could have them or not as *I* wished. Being *human* was the all-important thing and play an essential part of human life at any age.

D.W. could let me see something of the demands that such an analysis as mine made on him, demands that he was willing to meet, and not only on condition that the analysis should succeed: standing

anxiety, guilt, pain and grief, uncertainty and helplessness, standing what couldn't be stood. There was no defense against paradox or ambivalence, whether in a patient or in himself. He told me of one patient who for many months had threatened suicide seriously enough for him to arrange hospitalization. The suicide happened, unnecessarily and for the wrong reason as he felt, because his instructions had been ignored. He had gone through a long period of anxiety before it, and guilt because he hated the patient for making him suffer (Winnicott 1947). He wanted to scream, "For God's sake, get on and do it." When it did happen, there were fresh guilt and helplessness (he should have been able to prevent it), fury with those who had failed to carry out his instructions, and finally a deep sense of loss of someone about whom he cared intensely and in whom he had invested so much feeling.

All the same, he made it clear that total self-sacrifice was just not on. If he did not care for himself, providing for his own needs, bodily and emotional, he would be no use to anyone, including himself. Hence the importance of his marriage, holidays, music, friends, etc. I came to see changes in him, growth and development, alterations in his way of working: intangible things perceived only after they had happened. I once spoke of regretting that I had not come to him earlier; he answered that he could not have done my analysis earlier.

His letting me share something of this made it safe for me; it increased my own sense of being valued and therefore valuable, and so my ability to value myself could build up. I became aware that the D.W. whom I knew was different from the D.W. known to anyone else, even though others might know some of the same aspects of him. I "created" him imaginatively for myself, and this because they and I were different,

however much we might all seem alike; it gave them their values and reality. Above all, D.W. became a real living person with whom I had a relationship born years earlier and no longer based only on transference.

Other relationships followed with colleagues and friends. Early in 1954 my mother died; I had not seen her or Ruth since my "explosion," and now some relationship with Ruth became possible for the first time. I was finding pleasure and satisfaction in my work and elsewhere, especially in painting and in my garden, which seemed to be my only positive tie with my mother.

We began to cut down both the length and frequency of the sessions, and to increase the fee at my insistence, and in the summer of 1955 I agreed to finish. Once again I became involved sexually, and unsuccessfully, for again it was an oedipal situation. I went back to D.W. for help and he saw me once a week for about eighteen months, at the end of which he told me plainly that it was time I took over my own responsibilities and got on with my life—"be yourself," but now for me, not for him.