

Pre-Natal Life and Birth as Reflected in the Analysis of a 2-Year-Old Psychotic Girl

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My aim in this paper is to describe the behaviour in the analysis of a young psychotic girl whose pathological history seems to date back to the time of her life inside the womb as well as to the moment of her traumatic birth. I will try to show how certain elements which I think belong to her pre-natal state of birth continue to manifest themselves in her behaviour in so far as one can see it in the transference and I will also try to describe the type of pathology which could be linked with such 'remote' past.

Certainly, in working with very young children (I am referring here to patients between the age of 2 and 3) one often has the advantage of knowing more about their pre-natal history. For instance mothers often report about their children's movements inside the womb and how these were or were not perceived by them. They report frequently about their own states of mind or fantasies during their pregnancy. The delivery and particularly any medical complication during pregnancy and birth is usually described in great detail. More and more mothers even come carrying their obstetric file. In the last ten years, particularly since the advent of ultrasounds, we have had the chance of knowing more about the foetuses inside the womb and this seems to have altered our fairly common view of them as totally passive creatures, just having a peaceful time. More and more women are now subjected as a routine to one or more ultrasonographic examinations and probably this has also contributed to their giving more importance to clues about what kind of babies they were carrying inside their womb. Obviously it is also fairly common to obtain detailed information about what kind of babies they were, once born, and to know about their sleeping habits etc. In these descriptions, naturally fathers can participate more. In addition to all this, in child analysis we also have the chance of making acquaintance with the child's actual parents and therefore of forming a more direct impression of them and of what the child's first object relations might have been like.

Phantasies about birth or about being back inside the womb are often acted out with great clarity and with striking concreteness in the play of many young children. These phantasies can at times take on a more defensive quality and in the latter the womb is principally seen nostalgically as an ideal place into which one can retreat safely in moments of distress or pain. At other times they seem to take on a more anti-life, destructive quality of wanting to turn against as well as to attack and destroy the outside world. Useful as they are, as described by Bion (1967), the self as the seat of perception is also mutilated and attacked. Often the border between destruction and defence can be very narrow and defence can easily turn secondarily into attacks.

But for most children, as well as probably for most of us, these mental states are of a transient nature and in any case do not pervade the whole of our lives, as one can easily distinguish at least a movement to and fro. As Freud (1920) taught us, death and life instincts usually coexist; together with the wish to go back and finally die, most of us have a strong wish to be born and live. Though birth certainly represents a major change and one whose traces will always be with us, it is also a natural event which the majority of us survive, adapt and get used to. I am not referring here only to the physical act of birth, but also and especially to 'psychological birth', i.e. to the capacity to live mentally and emotionally in the outside world once out of the narrow boundaries of the womb. Some people

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nevertheless, and my little patient seems to be one of them, for different reasons never seem to go through such vital change and accomplish such a crucial step. Though they are now by now in the outside world, they seem in fact to continue living in another world very similar in its isolation and closure to the primitive uterine scene. As I will try to describe, my little patient seems not only unable to be mentally born and to live on the outside, but she seems also to show constantly what looks like a repetition of her living inside, with all its terrible consequences I will try to illustrate.

Vera started analysis with me when she was 2 years and 3 months old. She could not walk yet and she could hardly stand. She looked flabby and disjointed and in order to move around she used to crawl on the ground like a lizard or a snake. Numerous and thorough neurological investigations had repeatedly excluded any neurological cause. Together with her motor retardation she also showed many other psychological symptoms. I will come back to these a bit later, just mentioning a few for the moment: she sought isolation, she avoided any physical contact, she seemed to ignore people around her etc. She was therefore diagnosed as psychotic and referred to me for analysis by a neuropsychiatrist who knew of my interest in treating young children.

When I saw her parents for an initial interview, they immediately started linking her first problems to the time of her stay inside the womb—something apparently ignored or at least not reported by my colleague. Vera was a wanted child. I don't know whether the pregnancy had been planned or not, but certainly both parents seemed very pleased to have another child, as they already had a son of 4. The first months of pregnancy were apparently 'easy' and Mrs T reported no sickness or any other trouble, 'I was feeling well and life went on as before ...' She was also visited monthly by her gynaecologist who thought that the baby was growing well. Mrs T's first worries began around the fifth month of pregnancy when she knew, also from her previous experience, that she should have begun to feel her baby's first movements. 'I began to worry ... I felt nothing at all ... I still remembered very well how Leo (her son) used to move and kick a lot ... in fact he still does it now ... he is always bouncing around and says that he wants to become an astronaut but with her nothing at all ...'

As time went by her worries increased, but in spite of numerous check-ups, including ultrasounds, nothing could be found and, apart from stillness, there was no other indication of danger for the child's life and development. 'But I continued to feel worried ... I felt there was something strange going on ... I was afraid that the child might be born or deformed ... or at least strange ... something was certainly wrong ... still apparently Vera was growing well ...' When the ninth month of pregnancy elapsed, since she was already quite big and slightly overdue, the gynaecologist decided to induce birth. Then something indeed went wrong during the delivery and only an almost miraculous intervention and intervention from the midwife saved Vera from certain death as she was found to have the umbilical cord doubly and tightly knotted around her neck. This is something which is almost impossible to detect so far with ultrasounds.¹ It is impossible to know whether her stillness inside the womb was due to the danger of strangulation should she have moved, or to some kind of preference for lying still while being wrapped by the cord. What the most recent research seems to suggest is that the foetus can frequently be seen playing with the cord and therefore could then remain a victim, especially at birth, of its own action.² What remains undeniable is the fact that Vera's birth must have been an extremely traumatic, excruciatingly painful event. Whatever the intrauterine experience, certainly her birth didn't make the transition to this world an easy and pleasant matter for her. In a later interview

¹ The cord can often be seen as a characteristic image if it is at an angle. If knotted around the neck of the foetus it would be almost indistinguishable from other soft tissues of that region, particularly during a routine examination lasting only a few minutes.

² In the course of my research with ultrasounds that I will mention later, I had the opportunity of asking many obstetricians about the possible causes of strangulation by the cord and they took it for granted that this was something caused actively, though probably accidentally, by the foetus.

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Vera's mother told me that she thought Vera's main problems dated back particularly to her birth.

'I am sure that she was a bit constricted inside the womb ... but on the whole she was probably all right with the cord all wrapped around her neck ... perhaps she even

For a fortnight she was kept under an oxygen tent, as apparently her autonomous breathing was extremely difficult and probably also extremely painful. She also couldn't suck and therefore was given intravenous nourishment and was tube-fed. 'She looked dreadful with needles and tubes all over her body ... even her feet were covered with them ... plus she was cyanotic and looked totally inert ... in order to diagnose her condition better she was also subjected to several traumatic tests, such as three lumbar punctures ... therefore I think that her first month was also a torture for her ...' Vera was discharged from hospital when she was about one month old.

Once outside Vera met with what I am inclined to regard as two basically good parents, though they might have their faults. Vera's mother is an attractive woman in her twenties. Though inexpensively, she always dresses with great care following the latest fashions and it is easy to picture her as the belle of the small town outside Milan where the family lives. Vanity and a slight aloofness could certainly be ascribed to her, but she is somehow rather naive and simple in her vanity. On the other hand she is certainly warmhearted and means well and is genuinely interested in her daughter and ready to sacrifice a lot to her well-being. Vera's father is a few years older than his wife and was in love with her. He is also a very loving and motherly father. He takes great interest in Vera and would be ready to do anything for her and not only in economic or material terms. The economic background of the family is a rather modest one and both parents had to work full-time from the start in order to support their growing family and their respective parents, who live nearby. Mr T works as a company representative and Mrs T as a clerk. Because of her mother having to work, Vera was never breast-fed. Therefore initially she was left mostly in the care of her two grandmothers who took turns with her. Though her mother soon gave up working full-time in order to be with her, it is likely that her conspicuous initial absence also had a strong impact on Vera.

According to her mother, Vera spent the first five months of her life practically almost completely inert and apparently asleep. She seemed to react to nothing and nothing could wake her up. Even when being fed, her mouth was kept open and motionless with milk dribbling profusely out of it. Yet Vera rather mysteriously continued to grow and gain weight. Then when she was about five months old she seemed to wake up and spent the following five months screaming non-stop, night and day, as if terrified. But it was particularly the slowness of her motor development that worried her parents and pushed them repeatedly to seek medical opinions about her, but even the most organically-minded doctors found no apparent or obvious organic cause.

When Vera was eventually referred to me she could only move round like a snake and if it's possible, like a drunken one at that. She also looked, and partly still does, like a strange creature from another primitive world. Her head was big, her nose flat and dilated, her teeth pointed and small and horribly blackened and eroded by decay. Her eyes were either frightened or completely dull. She seemed to ignore people and always tried to keep away from them. She showed no affection towards her parents or her grandparents and seems indifferent to all of us ... all she wants is to be left alone ... preferably watching a blank TV screen ...' By then Vera was beginning to talk, but her speech too had a non-communicative quality. She went on and on with what sounded like totally incomprehensible and

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endless monologues made of bits of disjointed or oddly fused words. She never addressed people and apparently ignored them when they tried to speak to her. All she seemed to want was to be left alone in her strange and solitary world.

In describing Vera's behaviour in analysis I will focus particularly on those elements which appear to me to show a repetition of what I suspect went on while she was in the womb. I will also try to explain what I have been able to understand of the meaning of the child's experiences and of her picture of these, particularly in the light of the development of her pathology. Unfortunately in Vera's case, I was left with very little opportunity to test my understanding as she always was and still is so little responsive to interpretive work. This is also one of the reasons why it is almost impossible to reproduce any of her sessions in detail.

What immediately struck me in analysis was how Vera seemed constantly to re-live her past imprisonment and entanglement inside the womb. Particularly at the beginning of her analysis Vera always came to her sessions with a huge and heavy chain doubly and tightly knotted around her neck. Often her dummy was hanging from it. Her parents told me that Vera 'lived with it' and 'couldn't part from it', though they made no connections with her previous life. She would then pass from her mother's hand into mine without any interruption, as if still tied to a long rope that she could not or would not let go. She also always came to her sessions holding some object or toy which she pressed horizontally against her navel. As her mother said 'She can't do without it ... she always has to hold something in her hand ...'

Once inside the playroom she would often continue to hold on to some rope-like object such as the belt of my overall or particularly the cord of my curtain which she had all sorts of complicated windings around her face and her neck. For a long time Vera never used any toy but the string and the cellotape which she immediately grasped during her first sessions and then proceeded cleverly to unwind and entangle again around her face and her neck. Then at the end of each session, Vera left again either holding the string as before or else holding the curtain-cord till she reached her mother's hands without any break.

Apart from using my hand as an appendix of her body, not differentiated from the numerous cord-like objects which she almost constantly held, Vera seemed to ignore me almost completely, as if I didn't exist for her. Once inside the room she would immediately retire into one of her interminable monologues made of incomprehensible, broken and fused words, while lying or, later on, standing immobile in a distant corner of the room staring at her hands or at the wall. Or else, always while monologuing, she would roll under the table, curl up in the foetal position and soon fall asleep. Often she would spend her sessions crumpled up inside her drawer or inside the bin. When in the following sessions her body became too voluminous to fit the small size of the bin, she only covered her face with it. But her favourite hiding-place was always my curtain which she used as a screen from the outside world and which she often wrapped tightly around herself till she looked like a mummified corpse. Once inside it, apart from monologuing non-stop or using the cord for all sorts of complicated wrappings, she would also spend hours in a trance-like, nirvanic state seeming totally oblivious of my presence outside.

Sometimes Vera would also lie on the couch with her feet next to me, but her face always had to be covered either by her pillow or by an edge of the curtain, again seeming totally oblivious of my presence. Her best way to obliterate her awareness of the world was to fall heavily asleep. When immersed in her deep sleep she certainly could not see me and she seemed equally impervious to any other noise or presence from the outside. At the end of the session she would not hear the bell or her mother's footsteps approaching. Shaking her was not enough to bring her back to life. This reminded me of the long period up to the fifth month of her life in which she always remained asleep, but I don't know how her sleep in the sessions could be linked with her earlier state. At other times it was not just a matter for Vera of obliterating and not seeing the world through oblivion and sleep, but also of actively attacking and destroying her perception of it. In this process all her senses were attacked and were equally used to attack.

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Apart from sleeping, Vera had, I think, other more active ways of closing her ears and her eyes. Often she did this concretely by using her hands to cover all possible sources of information and bridges of communication with the outside. When Vera was about 3 and was beginning to walk, each time she came into the playroom, she immediately took away her glasses so as not to see me. (Vera by now was wearing glasses as she was found to be slightly astigmatic.) Then she would proceed to cover her eyes with her hands. When her back was turned to me and therefore she could not see me any more, she then used her hands to cover her ears and her mouth like the three Indian monkeys. Sometimes when covering her face with some other thing such as the curtain, the pillow or the bin, I could distinguish clearly within her monologues a few intelligible words 'I don't see you ... I can't hear you ... not any more ...'

Her monologues too, with their interminable, monotonous quality seemed often to serve the function of enveloping her in a stream of meaningless words, while at the same time screening her head and covering her ears from any other source of sound. Often when interpreting, I had the impression that for a split second Vera had actually, if not registered my words, at least heard my voice, but each time with incredible swiftness my words were immediately fused and engulfed inside her monologues, as if she were the original source and the event of my talking had never taken place. Mostly my words were completely ignored, though they may often have appeared in disguised form at a later date and therefore, at least superficially, they had entered her brain in a way that reminded me of how, as a baby, she appeared not to eat, while at the same time continuing

blindness towards the world, but also appeared at times strongly eroticized and hypersensual. Vera spent hours playing with her hair, her tongue and her hands, endlessly caressing and stroking them and while doing this she often seemed enraptured as if in a kind of voluptuous dream. When in that state, she seemed drunk with sensuousness and mindlessly lost in a kind of nirvanic oblivion which rendered her as impervious to the outside as when asleep. But her sensuality didn't just seem to have a quality of being another device to close and protect her from the outside. A wild excitement of all her senses was often sought by Vera as something just pleasurable in itself and no other pleasure seemed more pleasurable to her than the one derived from it. Nothing and no-one could stop her while she voluptuously stroked her skin and her hair or when she became enraptured with excitement while violently rubbing her vagina.

Her sensuousness and excitement seemed to serve other important functions too. When masturbating wildly, often behind my curtain, one frequently had the impression that Vera somehow projected herself right inside some kind of wild and obscene intercourse. Her voice then took on a sexy tone and her movements became like the motions of a core film. From behind the curtain I could hear all sorts of extremely realistic 'boudoir' laughs and sighs which made me feel an unwilling spectator of an improvised performance. The main actor of all her sex scenes was always the cord of my curtain which she treated as a cord and a penis at the same time. She wrapped it sensuously around her neck, licked it frenziedly with her tongue, she inserted it deeply inside her throat and between her legs. But it was particularly the wrapping of it around her neck (something that she did frequently and seemed almost addicted to) that seemed to rouse the most intense orgasmic frenzy in her. Other cord-like objects such as the string and the sellotape or a long plasticine, which she made by joining different strips, were all used for the same purpose at other times.

All this, as well as providing a source of endless and intense sensuous pleasure while at the same time isolating her from the world, seemed also to serve the purpose of sheltering her from something akin to, yet I think much

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more primitive than, ordinary jealousy. What seemed intolerable to Vera was the fact or the thought of something else concretely occupying her physical uterine space, be it another foreign body such as the body of another child. During the orgasmic scenes Vera was right 'in', watching, participating and orchestrating any detail of this kind of primeval primal scene. Her sensuality was therefore also used defensively for not feeling outside and to combat the thought of some other concrete object occupying her physical space.

It is not possible for me to tell from where and when Vera derived her picture of intercourse. Was it related to the time when she lived inside or outside? Was it derived from some kind of awareness of a primitive intercourse a child may have once outside or from a dim perception of an event taking place while inside? Was it derived from her experience of her relationship with the cord which still could make her so excited and wild? Or was it derived from a fantasy of still living inside while watching and sharing everything that was going on outside?

Probably it was also her almost extraordinary capacity to project herself through projective identification right inside a sex scene, and to know with incredible crudity and realism all its details, that rendered it even more unbearable for her to be left outside. Being outside while something else was inside was absolutely intolerable for her and she had to be annihilated or denied. Vera found it particularly intolerable waiting in the waiting room. She banged and screamed at my door and often when I opened I found her already precipitously right inside. Once inside I was usually ignored and I often felt that my playroom was concretely equated with my inside. At other times, as soon as she was in the waiting-room (which is not illuminated from the outside) Vera immediately switched off the light making it as dark as the darkest cave and then, having annihilated her perception of being outside, sat there silent and immobile usually in some sheltered corner of the room. I could often hear her mother saying phrases like 'But why on earth do you have the space you have here, do you always have to end up in some kind of hole?' Sometimes if the waiting had been particularly long (coming from outside Milan they often arrived early) or else when approaching some longer break, once inside she would often push her head violently between my legs screaming, this time clearly, 'Open' or 'I want to be inside'.

Often the contents of my pockets seemed equated with hated entities which lived inside. Whenever she noticed a tissue inside the pocket of my overall, she tried to pull it out then viciously tore it to bits and quickly tried to put her hands in its place. The contents of her drawer too were seen at times, particularly towards the end of her sessions, as evidence that something else remained inside and she would then proceed to stamp on them and throw them out. Though she mostly ignored any other noise coming from my house, on a couple of occasions Vera heard the voice of my younger son (who is about a year younger than her) and her immediate reaction was to throw herself on my stomach saying 'I'. A moment later she was back inside the curtain and everyone else was left outside.

One day she met my son in the street and I was later told by my *au pair* that she had immediately spotted him amongst other children who were playing outside and looked at him with a long, murderous look. I was unaware of this when I opened the door, but I found her spread on the carpet of my waiting-room, as if trying to take possession of a piece of space, and with her head turned towards the entrance in the guise of a watch-dog. When during the session I interpreted correctly, but generically, that she wanted to occupy that space so as not to let any other child in, she curled up in the foetal position and then replied clearly and distinctly in a deep tone of voice, 'Roberto your son'. I was shocked later that she had actually recognized him and probably guessed his name.

This was not the only episode where I felt that through some mysterious channel Vera could actually cross the barrier of my mind and omnipotently project herself right inside it too. On my birthday, within her confused monologue, the word 'birthday' appeared together with my correct age. Other times, always inside her monologues, she mentioned the name of people I had just seen the day before or she mentioned something that had just been said by the patient before. Through what mysterious antennae Vera managed to monitor part of my life and in a way too how she managed to project herself with

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such incredible realism inside an orgasmic sex scene, remains a puzzling and somehow almost frightening and disquieting mystery to me.

Whenever her fantasy of living inside occupying all my space proved to be just a fantasy and even for a second Vera felt outside or couldn't deny my separate existence, her usual reactions were fury or terror and often a mixture of the two. Her fury was accompanied by sudden kicking, biting and scratching fits during which Vera looked like a savage beast. Often her attacks ended suddenly in superior laughter and then Vera quickly withdrew into one of her favourite hiding places and again ignored me.

Her terror of coming out and of being outside was particularly evident at the beginning of her analysis. At times my door, every tiny hole or any crack in the wall seemed to suddenly terrify her as the sight of an abyss. Passing through my door at the end of a session could be accompanied by strangulated screams. The sight of a hole in my wall could make her suddenly choke and withdraw in terror, while searching frantically for the safe and familiar wrapping of the curtain. Even defaecating and urinating gave the impression of being equated with birth and Vera usually tried to resist her uncontrollable urges by straining and squeezing her legs, while screaming and sweating profusely, looking like a woman in labour left alone in the coldness of a delivery room.

Sometimes her usual perspective seemed reversed and my dark waiting room seemed to be felt as a safe and peaceful inside, while I had the impression that my room could be equated with a terrifying outside filled with unbearable persecution to which Vera often reacted with a sudden deep sleep reminiscent of the deep sleep in the first five months of her life.

Nor did all the dangers come from living outside and the only safety and pleasure from living inside. Vera in fact seemed to be caught in a sort of impossible trap: if she went outside she risked dying, if she remained inside she equally died. At times the inside of my room seemed to become a deadly trap, the inside of my body a mortal device, the room her prison and her grave. Vera would then try desperately to disentangle herself from the suffocating wrapping of the curtain or the strangling turns of the cord and when her struggle became particularly intense, she would try to stagger off from the room while calling desperately her otherwise unmentioned parents' names. Usually, soon after, she was back

to draw me into a perverse relationship with her. If there has been any change in her analysis it is that now Vera seems much more aware of what she is doing and much more provocative in her insistence in doing it. She also seems much more aware of people than she would wish. Unfortunately it is almost impossible to try and reproduce any of her sessions in detail, as most of them are made of meaningless, non-reproducible sounds interspersed by some interpretations of mine, usually eliciting no response. Therefore my conclusions are based more on impressions than actual facts. Yet Vera has probably made some progress as she can now move and walk almost like any other child, is responsive and be more affectionate at home and she also looks less alien and strange.

Most of the time though, working with Vera feels to me like a lost cause and a hopeless enterprise, as no matter how hard one can try to pull her towards another world she feels that her attachment to the cord and to the uterine universe is always bound to win in the end and I am not at all sure it will be only a matter of time.

I am well aware that in this paper I have dealt very little or not at all with many crucial topics such as Vera's external experiences, her relationship with her parents, her Oedipus complex etc. and therefore could rightly be criticized for this, but my aim was to concentrate

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on the impact of her pre-natal life and birth on her actual state.

In a case like Vera's one is certainly left with many questions and doubts as to why she is the way that she is, and she seems to be hopelessly stuck in her past. Had I met her just a few years ago, probably I would have simply judged her an impotent victim of a horrible fate. But a recent interest and research of mine has now led me to think that there may be more complicated answers to this basically unanswerable question. I can only mention my research sketchily here as it will form part of another much longer work. Having observed intra-uterine life with ultrasounds for a while, I have certainly been struck by the variety and amount of activities of each foetus inside the womb. Each of them, within the limits of its chronological development, seems to show a definite 'character' in their activities and each of them seems to relate differently to the same objects such as the placenta and the cord. Therefore what I used to imagine as a world of passivity and nirvanic oblivion has been transformed under my eyes into a world of much more complex and 'personal' activities than I would ever have suspected. The dawn of each individual character seems to continue to develop in the initial direction once outside.

Some of the unanswerable questions could then be: What kind of foetus was Vera inside the womb? Did she accidentally, while playing with the cord, wrap it round her neck and then become a prisoner of it? Did she then become almost erotically subjugated and enslaved to her captor as one of the victims of the so-called Stockholm syndrome? Or did she already have in the uterus such a strong and sensuous experience with her cord as to obliterate and refuse any following more human one? Was her tragedy in a way already accomplished in her fifth intrauterine month? Or else was it her horrible birth and her difficult first months of life outside that led her to idealize and relinquish her past?

I am well aware that there is probably no solution to all these and many more questions, but a case like Vera's has certainly stimulated me to further thinking and further research into when, if and how psychological birth can take place.

SUMMARY

This paper describes the behaviour in analysis of a 2½-year-old psychotic girl whose pathology seems to date back to her pre-natal life and traumatic birth. It describes how she seems constantly to be reliving her past life inside the womb, trying to re-create it through various means. This, as well as providing her with a source of seemingly endless sensuous pleasure, seems to protect her from very strong feelings of jealousy of a very primitive kind and from having to re-experience her traumatic birth. A particular emphasis is given to her complicated and often strongly eroticized relationship with her umbilical cord. Some consequences of her regressive state are also described. The paper concludes with some questions and hypotheses on the origins of this kind of pathology in this particular child.

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