

Starvation and “The Dead Baby”

There is a pain—so utter—
It swallows substance up —
Then covers the Abyss with Trance —
So Memory can step
Around—across—upon it
As one within a Swoon—
Goes safely—where an open eye—
Would drop him — Bone by Bone.

Emily Dickinson

“A pain—so utter” —Dickinson’s image may be used to speak of the edges of existence, where the body and elemental mind no longer hold together, where one is dropped “bone by bone” into the abyss. Working with adults, I learned well into the psychoanalysis that two patients had histories of failure to thrive as infants. Another suffered a period of non-feeding during weaning. And another experienced severe parental neglect which included periods of not being adequately fed. Some developed eating disorders later in life, others had forms of addictive behavior or somatic anxieties. I will discuss four cases, one in more length. While they vary in degree of starvation, each deeply re-engaged sensations and meanings of hunger during analysis. And each patient had experienced a form of psychic death, a level at which the nascent subject did not survive. In these patients there was an abiding zone of deadness which emerged during psychoanalysis and seemed to reflect the experience of starvation and

its aftermath. All also suffered forms of emotional deprivation. But the added experience of physical hunger accentuated the trauma and carried them into an abyss where full survival was not possible.

In the setting of severe neglect, some children may die a psychic death which is often knowable only in retrospect, pieced together out of fragments of sensation and fantasy, transference and dream: the feared disaster that has already occurred. (Winnicott, 1974) In its aftermath, as with any severe trauma occurring in infancy, no wholeness is possible. As Dickinson's poem suggests, the child may undergo a massive dissociation so that this territory becomes covered with trance: memory does not register the horror. The dead and lost self persists unrecognized until it can be named with another. For my patients, this came about to varying degrees over years, as we gained access to dissociated, traumatized levels of early experience.

André Green (1983) (see discussion below) has written profoundly about "the dead mother" and how the experience haunts the child's mind. His work, Winnicott's (1974) on the "fear of a breakdown," and others' has led me think about "the dead baby. With severe neglect, the infant may or may not survive as a body. Many die of starvation or lack of care before a psyche-soma develops. In situations in which the body continues to breathe, the elemental self is no longer intact. Catastrophe has occurred. This is the zone of the dead baby, where irreparable damage has happened, and the potential of what might have been possible will never be.

The starved child may be unfed due to chaotic circumstances, arriving in a time of war, migration, or family disaster. For others, the disaster may be the maternal state of mind. Many arrive unwanted. Ferenczi (1929) speaks about such a condition:

Both patients came into the world as *unwelcome guests of the family*... All the indications shew that these children had observed the conscious and

unconscious signs of the aversion or impatience of the mother, and that their desire to live had been broken by this. (p 126)

The trauma lands in the territory of an elementary body-mind which lacks the durability to hold together. The child whose will to live is broken may die a psychic death in which this aspect of the self is carried forward invisibly, in mind and body, into adult life.

Winnicott (1975) coined “psyche-soma,” one word to indicate how the mind inhabits and represents the body in a fluid, non-polarized way.

I have referred to this as the psyche indwelling in the soma... As a further development there comes into existence what might be called a limiting membrane, which to some extent (in health) is equated with the surface of the skin, and has a position between the infant's ‘me’ and his ‘not-me’. So the infant comes to have an inside and an outside, and a body-scheme. In this way meaning comes to the function of intake and output; moreover, it gradually becomes meaningful to postulate a personal or inner psychic reality for the infant. (Winnicott, 1965, p 45)

Bick (1968), Tustin (1993), Anzieu (1989) and Ogden (1989) speak about having a skin to contain all that’s inside, developing the sense of being a body distinct from others, while Bion (1962) speaks about “the container.” These writers offer varied images for how body and mind infuse each other. In extreme emotional states, when there is no good-enough object to internalize, the body may become the container of last resort. When the body is the site of actual attack, the real and fantasy coincide. Particularly with starvation, if this deprivation occurs within the oral phase, the

formation of a sense of inside and outside is impinged upon, boundaries and basic trust do not develop fully and Winnicott's "limiting membrane" does not hold. This membrane, and Bick's "psychic skin", led me to imagine a "psychic stomach", an embodied internal container, an organ that makes internalization possible, both in a physical and emotional sense. The ebb and flow of fullness and emptiness in relation to oral satisfaction and deprivation becomes highly charged, forming the ground for recognizing presence and absence, stimulation and frustration, pleasure and its lack. It becomes the basis for one's sense of self and other, inner and outer, for fantasies of the relation to the self, the body and the world. (Abraham (1925); Anzieu (1989); Isaacs (1948); Tustin (1993); Williams (2010b, 2013) Without a sense of self as a solid body, or as being in possession of a receptive organ to digest food, introjection is compromised. Starvation becomes imprinted on mind and body in some forms that may be symbolized, and in others that may appear in the adult only in physical sensations or psycho-somatic experience. (Lombardi, 2006)

Starvation, as remembered by adults, goes through phases. It begins with acute hunger pangs, a desperate internal gnawing. For the infant, one can only imagine whether this is attributed to the inside or outside, to the sadistic, non-feeding breast, or the wailing mouth of the self. (Isaacs, 1948); (Klein, 1975. p68) Adults remembering the child describe a sense of the self as desperate, rageful, disgusting, bad for being enraged at neglect, for being ferociously greedy, for attacking the breast, and then shameful for feeling these emotions, for being unworthy of care. When hunger continues, the experience changes, and when prolonged, as adult anorexics tell us, (Bruch, 1969), or in observations during studies of starvation (Tucker, 2006), there are fewer sensations of hunger pangs, and more of a global inanition. Gnawing and all the associated fantasies

of biting and being bitten, eating and being eaten, may collapse into either a numbed, trance state, or a feeling of carved out emptiness.

In speaking about the emotional devastation of starvation, I am focusing on starvation in the midst of plenty, not that which occurs in many parts of the world in which children starve for lack of resources, where caring parents have no provision to offer, but where resources are available and a child is still unfed. When a child is not fed adequately there is something at work in the mind of the parent that results in neglect. Early on, this may begin with feeding problems: the parent is ill or disturbed and cannot feed, the baby is ill or has food allergies and cannot be fed. Or it may be that the two cannot read each others' signals, there is too much anxiety or anger on either side, or the situation does not allow the two to come together in a quiet place without danger. What should be natural is all too hard to arrive at in a world too full of abuse, destruction, anxiety, madness or dread.

A situation that begins with a hungry infant may evolve into something much more terrible as the parent's own anxieties and persecutions come into play. If the mother feels she is a bad feeder, this is easily projected onto the "evil baby." Or the mother might project her own greedy, intrusive self onto the baby's demands, and then feel that the "right" treatment is the refusal to feed. When the disturbed mother perceives her infant to be a small cannibal, she might feel the need to flee for her own survival. The anorexic mother might perceive the baby's roundness as fat, and read it as a sign of "trouble" to be "solved" by the curtailment of feeding. As analysts of adults, we are often in the dark about parental dynamics, other than as we experience them in the counter-transference. But we do see the results in our patients who come to treatment for an eating disorder, or with whom, in the course of analysis, feeding and its vicissitudes becomes the focus of our work. This might begin as the analyst observes

the interchange of language, who is giving, how is it received, is it swallowed and held, spit out or ruminated, is there hunger or frustration in either person.

At an early age, disorganization might be inseparable from the physical agony of acute hunger, which would be compounded by corresponding fantasies. The absent breast has been described as a biting breast.

“Middlemore suggests that the bodily sensations, i. e. the pangs of hunger, which disturbed the infant were the source of these fierce phantasies of biting and being bitten” (Isaacs, p 86).

As hunger persists, the fantasy of the mother as attacking might resonate with the child’s desire to murderously attack her. Within this whirlwind of hunger, hate, deprivation, and projection, a baby might experience a state of psychic annihilation, or, a massive split leading to psychosis, or, large-scale dissociation to salvage some parts of the self. This might be necessary in order to survive as a biologic entity, even at the expense of psychic wholeness.

As my patients describe, a hollowed out wasteland becomes the ground of being. For the unfed child, disaster occurs both in the real world, and at the same time, in the realm of fantasy, desire and imagination. Starvation then lands a very particular blow, because it arrives at the interface where the literal, metaphoric and sensuous meet: the body.

For the child who is not fed, one imagines varying degrees of devastation, or to use Winnicott’s word, agony. The “dead baby” is one who has experienced an erasure and “rupture of the self” (Laub, 1998) before a self has formed. While parts of the person may appear to survive, at the core, disaster has occurred and the being who has fallen over the edge will not return, not in the form of a human with all of her prior potentials intact. Infant starvation is only one of the severe traumas that can obliterate

the wholeness of the child. There is a wide and growing literature on infant trauma and disintegration from infant observation and attachment researchers. (Alvarez (2006); Beebe and Lachmann (1994). Bowlby,1969; Schore, 2001) And of course many children experience combinations of massive traumas, or undergo starvation in catastrophic settings such as the Holocaust, situations of mass murder, in the aftermath of mass migration or wide-spread societal destruction. Rene Spitz's work on "hospitalism" provides another view of the dead child. (Their horrifically blank faces can be seen in the YouTube version of Spitz's film (1952) on anaclitic depression.) Even in the absence of conflagration, we encounter many individuals in analysis who have experienced versions of such a death, and for whom the naming of it is essential in forming a basis for understanding, and then possibly for growth.

There is also a wide literature describing conceptualizations of the aftermath in adults of extreme trauma experienced as children, including states undifferentiation, dissociation, collapse, breakdown, fragmentation, annihilation and inner emptiness. Each of these images reaches to describe an experience that is far beyond language. We struggle to find words for a territory where there is no longer a subject who is able to speak. Dickinson captures this in her image of the open eye; if one remained aware and conscious, one would be dropped into the abyss "bone by bone," which conjures up a skeleton denuded of flesh, the disintegrated body and mind falling apart piece by piece, dropped into nothingness. Psychoanalysts' efforts to describe such experience yield a host of metaphors which include: blank psychosis (Green, 1983); falling forever, "black hole experience" (Grotstein, 1990; Chessick, 1995); "helpless unintegration" (Bick, 1968); psychic deadness (Eigen, 1995); annihilation (Hurvich, 2003); "the empty circle" (Laub, 1998); and "soul murder" (Shengold, 1991). Shengold (1978, 1991) defines soul murder as "a deliberate attempt to interfere with another person's separate identity, joy in life,

and capacity to love." His use of the word "murder" speaks to the fact that child's survival is at stake. Additional descriptions of extreme, traumatized states come from numerous authors (Bollas, 1999; Freud, A. 1992; Spitz, 1952; Tustin, 1993).

In speaking about "unintegration anxieties," Mitrani (1993, p 321) says, "Before the embodiment of the psyche occurs..., development of a 'psychic skin' (Bick, 1968) must be facilitated by both the physical and mental 'holding' mother of infancy. A deficiency in either aspect of this maternal holding environment gives rise to the unthinkable dreads of falling forever, non-being, dissolving in liquid or diffusion in air; of dissolution and evaporation, without the possibility of recovery."

The "dead baby" describes the situation in which, rather than a *dread* of dissolution, there *is* dissolution.

Considering a patient pulled into "a black hole of depression," Grotstein uses the astronomical metaphor of the "event horizon," a threshold beyond which nothing can exist. A "hollow, bottomless nothingness" articulates the massiveness of the wound, linking this to Bion's beta prime elements, nameless dread. "The dead baby" is a creature who has fallen into this pit of nothing.

". . . nothingness within a container (but not pathologically encapsulated) is healthy because the latter affords a meaningful context for the former, whereas "nothingness" without a container constitutes the "black hole" and approximates chaos or randomness and may invoke the participation of "no-thingness" in order to fill it. Ultimately, I seek to nominate nothingness and meaninglessness as the most dreaded nadir of human experience" (Grotstein 1990, p. 270)

Another image of the unsurvivable:

“The empty circle, a dream element of my patient... is a term that symbolizes the absence of representation, the rupture of the self, the erasure of memory, and the accompanying sense of void that are the core legacy of massive psychic trauma” (Laub 1998, p. 507)

In contrast to many who have written about the dead mother, or the transmission of parental traumas, I am concerned with the situation where a death has occurred within the self, and has occurred so early that “self” is not the right term. But once the baby has “died,” the subject who manages to grow to adulthood will not contain all the possibilities that were there at birth. That original being no longer exists. The loss is absolute: “death” becomes the only word that can capture the grim reality.

Immediately, there is a paradox: starved children who die in childhood *and* go on living. The body may have come close to death, such as in “failure to thrive,” but the baby is hospitalized or somehow fed and her heart goes on beating. Stevie, a starved child who as an adult became anorexic (Case #1 below) said to me,

“If I had broken my leg or had it amputated, people would see and know I had gone through something terrible. But I looked like a healthy body. No one could see I had died. It was invisible. But it *had* happened, and nothing would ever be the same.”

This same patient in a later session said,

“It’s not like coming close to the edge and being saved. There was *no one* there to save me. It’s going *over* the edge. You can’t imagine... I know I died.”

Another day she brought in a newspaper photograph of girls in a Chinese orphanage. There were dozens of toddlers looking at the camera.

“See? The faces are all blank. None of them is alive! People think these are live children. They’re wrong!”

“The dead baby” stands in contrast to “the dead mother” who Green describes as a mother initially present, who then is lost to her child through her own mourning. For my patients, the mother was often unavailable from the start of life, or disappeared during the earliest feedings. In Green’s situation, for the child, “the negative” is an internalized version of the object that isn’t, a missing person. He speaks about the child’s experiencing a hole where the cathexis to the mother should be. In contrast, the “dead baby” describes a hole where the subject should be. For Green, the mother “has been buried alive, but her tomb itself had disappeared.” (1986, p 154) For the dead baby, what has disappeared is the tomb of the infant herself.

Green might speak about the missing person as the mother’s lost object, her own mother, her spouse, a previous dead child. And then in the living child’s mind, the mother who was present becomes dead, absorbed in connection with her absent love. The blank that opens up is then internalized in the child’s mind. I am speaking of the situation in which the mother may be “dead” in Green’s sense, or mourning, or physically absent, insane or sadistic. For the starved child, the non-feeding mother adds a physical void to the child’s psychic void. In this context, the nascent self becomes the void. And this may be compounded by the fantasized mother who is internalized, whether as a persecuting non-feeder, or as a mother who was never there, leaving the child to grow within an echo chamber, where she can only hear herself cry, or cease to care. In this way, it is possible for the two situations, the dead mother and the dead

baby, to co-exist. When it does, the tomb of the baby may be concealed behind the tomb of the mother.

It can be chilling, sometimes far into an analysis to discover evidence of deadness. Whether it appears in dreams, in leaden silences, in the analyst's fantasies or sensory experiences, the natural counter-transference reaction is the wish to turn away from the bleakness, or to interpret in ways that would enliven both patient and analyst. We often want to interpret deadness as a defense against feeling alive. (Moskowitz, 2005) But with people for whom having died in childhood is real, naming of the experience offers a profound acknowledgment of suffering. An example is found in Paul Williams's (2010a) speaking to his patient James who is described as a replacement child for one who died at six months old, possibly of neglect. A central idea of the patient's was, "There is nothing to say." He is described as existing as a non-person, an invented self. When Williams says to James, "You feel you died as a child," (2010a, p160) this provided a moving recognition. For some patients, this might begin a path towards mourning and growth. For others, there will be no moving forward from the devastation that has happened, but to have this experience witnessed, to feel even slightly accompanied means a great deal. It is for this reason it seems to me worth naming the condition of "the dead baby." Our individual and collective memories naturally want to forget the extremity of subjective obliteration that is an everyday occurrence for some children. We are easily pulled towards trying to generate hope in a field of blankness, rather than to remain truthful witnesses to catastrophe.

1) The Case of Stevie

An anorexic patient (Author's name, 2007) who as a child had experienced starvation on both an emotional and physical level, began analysis because of a life-

threatening medical illness. Nothing of less severity would let her seek help. Born to a psychotically depressed mother, Stevie would cry for hours as an infant and her mother would let her cry. The patient heard this story as a child, and imagined herself to be in some kind of physical distress that soon became overwhelming. Given no help, she dissociated. She experienced the dead mother in Green's (1983, p. 146) sense, and the blank psychosis around this experience. And within this, there is something more when Green's "psychic hole" included not only the mother, but the self.

It was years into the treatment that we began to recognize profoundly dissociated aspects of Stevie that existed as if frozen at earlier ages which she called "time capsules." What made for more psychic room for each of us was my inquiring about the compartmentalized feelings. This became the entry point to our witnessing her desperate and extreme states. I experienced this as a form of work that Stevie invented. In her mind, these were not metaphors but characters speaking their disparate minds. And it felt quite important for me never to ask, á la Winnicott, whether these "parts" were real or imaginary. The dead will not speak unless they are spoken to.

I believe this is analogous to what Gurevich articulates (2008):

Phenomenologically speaking, absence does not exist except as potential presence, whose actualization depends on another. If the analyst wishes to talk with this child or contact it, she has to believe in its existence and seek after its silenced and vanished language... It is the task of the analyst to 'address' the dissociated part directly, in the 'language of absence'. It will be revived only if it is alive for the analyst. (p 566)

One self-state (Bromberg, 2001, 2003) seemed to Stevie like a baby and as she recognized this, she flooded with sobbing, feeling if she let herself contact this state, she would die of hunger. The task of our work became creating a solid enough structure,

many years at five times a week on the couch, in which she could begin to bear this experience and we could bring it into language. She feared that re-experiencing being on the brink of psychosis or death, her mind and body could not hold together in the present. She would *be* a dead baby. To her, survival felt so precarious that she asked that I watch her breathe as we spoke, to make sure that she was still alive.

Later in the work, as her fragmented parts began to become less severely split off, each moment of integration would feel to Stevie like a death. She began to speak about what an odd thing it was to be one person, a quiet in her brain. Still, she felt that at the core, there was nothing there; if she allowed herself to fully sink into herself, she would be in a void, dead. She somehow found the courage to go towards this terrifying place. First, she felt she was inside a building like an empty airplane hanger, dark and echoing. Then she felt that at the bottom there would be something shriveled, inert. Then she felt there was absolutely nothing, faint light, blank space, hours of silence. She pictured herself dead in a quarry of gray stone. Some days later she was surprised to feel movement and said, "It's *not* nothing, there's something green there." She envisioned a small shoot of grass spouting from between gray stones. This embryonic shape could then begin to evolve, after all the years of work to discover the dead zone.

At a later time, her lessening dissociation took the form of an "external, manager, caretaker self," a false self structure that interacted with the world, and a "fragile, emotional inside self." She learned to briefly let the manager go, and would then inhabit her "baby self" in various states, some barely alive. There were weeks when she imagined herself as an infant in the crib, crying about why no one came, rage at the absence of anyone to care for her.

S. I was drowning, in black water and it was pulling me under. I couldn't go on. And even if I wanted to, I couldn't... I was dying. And she couldn't *see* me. By the time I had

words enough to say something, I didn't have a *me* anymore. Because it was already dead....

Then hunger began to enter. Hunger was a giant rat, gnawing out her insides as she lay there helplessly, only able to watch. She said.

S. I think I died then. Living in the emptiness was one thing, but then when they added hunger, that was too much. I couldn't bear being eaten alive from the inside. I think that's when I went into pieces. There wasn't an *I* anymore, just the pieces....

Later,

S. Very sad, waiting for myself to be eaten... It took a long time to get there. I wasn't angry anymore. It all drained out ... I had given up. When you're all alone, and you can't *do* anymore... I know I never got out of there... I know I didn't survive....Lying there and being eaten little by little...

The next day,

S. Ironic, that my mind's way of getting rid of the most horrible experiences captures and perfectly preserves them... How did I get *so* crazy?... I think by trying to stay alive..... I got this image of a baby underwater.... trying to get to the top so she could breathe. Though it turned out I left a lot of me underwater.

Later,

S. The last couple of days I've been eating more, because I don't ever want to be hungry.... In my memory, I'm watching the hunger devour me... Sad, in a bare room, no furniture.... Just this thing inside eating you and you sit and watch and wait to die.... And the very saddest thing in the world would be *not* dying.....

About six months later, Stevie recognized a state of having been furious all of her life, a fight with a mother who wasn't there. "I imagined her outside the door. She wouldn't come in to feed me. She stayed out to torment me." Feeling that sadistic

hatred was directed at her rescued Stevie from seeing how alone she was. After a period of focus on this sado-masochistic solution to absence both in her history and in the transference, her anger began to quiet down, "Once it's gone, then there is only the emptiness... Once I'm *in* there, I see and hear nothing. The world is gone then. There is no one. It is like being buried alive." As she said this, I found myself remembering a poem I once read in which an old graveyard is moved and a coffin from the 1700's is opened. Inside there is the skeleton of a woman whose hands are held up to her head, the bones of her fingers holding patches of hair. The image is that she was in a coma, buried alive, woke in her coffin, realized where she was and tore her hair out, imprisoned there until she died. Remembering the poem, Stevie's horror came alive to me. I felt us both to be underground. I spoke to her not of my association, but the horror of a live being, locked inside a dead space, knowing no one will ever come. Stevie responded that she had an image of me sitting beside her coffin, a baby's coffin.

This work was only possible because, after years of denial of need, Stevie had allowed herself to feel that I existed and was accompanying her. Once the dead being was inhabited, this part too slowly began to have a voice. "I want to stay dead. But I like talking to you, because you don't force me to be alive. I can be who I am here." Later came her longing for a connection and recognition she had never had. The work of arriving at the dead core is slow, and requires the tolerance of both people. For Stevie, the experiences of death as an infant and hunger became one thing, only approachable after letting the catastrophe of her early life come into being in an incremental way.

More recently the part who was speaking said she had been left alone in a crib so long with only the walls to stare at, that she became a thing, part of the plaster. Here is Tustin on the "autistic," traumatized child:

In the analysis it is clear that we are dealing with states such as

Freud (1920) described as a “backward pull to the inanimate.” Whether or not we assign them to a “death instinct,” we sense that death, not life, is in the air. As the autism is lifted, waves of destructive rage are let loose. It is like a finger coming out of a hole in a dam. There is suicidal grief, helplessness, and despair. There is murderous rage and frustration. The autism has been a kind of straitjacket to keep this violence in check. (Tustin, 1993, p. 39).

In cracking the shell, whether in Tustin’s autistic form or a dissociated form like Stevie’s, the deadliness of the original experience emerges. We are back in the catastrophic collapse into nothingness. One of Stevie’s images was of an astronaut whose tether is cut, floating off into blackness. This is Dickinson’s abyss. For the rare individual who comes to life in analysis after such trauma, she will never be “good as new.” Stevie said, “I was a shell. I marched along. I watched other kids in school to see what it was that humans do, so I could copy them.”

In this experience of being a robot or zombie (Sekoff, 1999), it is important to distinguish identifications with the mother’s deadness from the child’s own being. The dead child at times has lived in the presence of a dead mother (Green, 1983). But the infant’s subjective death is particular and personal, and must be recognized as such. The experience of incomprehensible deprivation will endure at some level, and it is this that emerges in the analysis, the blank places, the listless empty state, the fragmented or dissociated shell around a void at the center, or the fear of a collapse that has already occurred (Winnicott, 1974).

Stevie: The hole is a hole and will always be a hole... I was imagining sitting in a living room, and there’s fireplace. I was sitting on a couch, wrapped in a blanket. And

on the floor was a big dark hole... Maybe it's a hole that never goes away. But I can at least bear to be in the same room with it.

A. Less terrifying.

S. It used to be. Now it's just sad... I was just thinking, how a mother can help a baby have a soothing object, by holding a blanket while they nurse. In a way, that's what you do. Because it's safe here, I can go places that are terrifying... Still there's a hole in the room. It's one of those things that can't be filled up... (crying)... It's a really deep hole!... No one was *ever* going to love me... There's a grief. Odd, because grief means you lost something you had. But in this case, I don't think I ever had it.

A. Maybe that's a bigger grief, when no one was ever there.

The next day—

S. My emotions became the enemy. They felt like something external, attacking me. No child should have to live in fear the way I did... And then the way I sorted it out in the pre-school years, that became the way things stuck. I was all in different parts... It's like a three year old designs a house. And that's where you have to live the rest of your life.... (crying)... I don't know if I can handle all the sadness... Such a weight... What do people do with lots and lots of sadness?....

A. The feeling you *have to do* something comes from *not* having survived it once.

S. Sad... I lost most of my life.... The train wreck of my life...I don't know if it's better to find yourself and live through the grief, or to never find yourself.

About a year later, Stevie had been functioning mostly in two self-states. One was her external, "thinking" self who functions in the world, pretends to be human. Then behind this was the "part who had been dead."

Stevie. It helped when you said I don't have to DO anything. After that I felt a longing, I felt hungry. It's like the Outside part was a little generator running all the time. But

when I woke up today, it wasn't there. It was quieter.... Yesterday, I could see the two parts, the Inside part, and me. We put our heads on top of each other. It was as if I could see the brains merge. I could see dark areas turning light. This time, it feels not like losing a "part" but like losing a divider. When the generator is running, maybe I'm picking up the divider each day.

A. It's taken effort and vigilance to keep that divider in place.

S. I just *had* to do it each day. When you said I didn't have to, something shifted.

A. You'd also seen how angry you were about having to keep working that way.

S. I saw that the anger was justified. Before, it had just scared me. This is different, to know about the wall.

As we went on, hunger began to become more present. She said, "I don't think I've ever had a body before." Stevie said that her managing self had never registered physical sensation after hunger had been so overwhelming. In the absence of sensory experiencing, her body had become numb. Once we had lived with the dead baby together, her hunger emerged with its own character, the rat eating her from inside, and it then gradually became a more related form of longing, such as her hunger for my presence over weekends. The earlier dissociation of her hunger became clearer as the deadness had begun to be recognized, lived with and then contained. While disparate self-states still co-existed, there were moments of more integration which continue to develop.

I was thinking of starvation while reading *Oliver Twist*. As soon as Oliver is born, his mother dies. He is placed on a farm where one woman is assigned thirty children to care for. She needs to save money for her own survival, so feeds the children watered-down gruel. At nine, Oliver is moved to a work-house where he is regularly beaten and starved. When he dares to ask for "more," he is labeled as evil. When Oliver collapses

from hunger, he is told he is faking. But somehow, Oliver is presented as an intact person, as one who sees what is good and retains the ability to empathize with others' suffering. While Dickens describes people in Oliver's situation who turn to cruelty and abuse of those below them, Oliver is not among them.

How does Dickens account for this possibility? At the moment of his birth, Oliver's mother wants to see and hold him, and it as if in this one gaze, the experience of a good mother is transmitted, even though his mother immediately dies. When, at ten years old, he is taken into a home where he is fed well for the first time, Oliver is enchanted by the portrait of a lovely woman. Oliver feels that all good and beauty reside in this face, which turns out, many chapters later, to be his mother's face. While Dickens never spells it out, the baby-Oliver's experience of care, even for one minute, enables him to have a sense of a good object, of himself as worthy of love. He is then able to locate the pain in the cruel ones around him, rather than inside himself. This is sanity-preserving, to feel the world has an order, how ever dreadful that order might be. While this pushes a premature adult sagacity, forcing him to be precociously self-sufficient, in fiction, it works. The self that forms retains a capacity to love.

I'm afraid Dickens has written a fairy tale. A child requires more than one moment, one gaze on which to build a good internal object. And the person who struggles to do so cannot be without rage. While Dickens exposes the evils of the system of lack of care for the poor, he also endows his hero with an unearthly ability to retain his humanness in the face of starvation. While some quality of endurance resides with those who survive unbearable trauma, the idea of resilience may be mythic, to protect the observer from taking in the fact of deadness. (Williams, 2013) Dickens seems to want one good experience with another to be able to create a receptor site for love.

Without a sustained version of this, there are only varying degrees of collapse, dissociation or falseness.

Additional Cases

2) Eleanor was born several weeks prematurely and remained in the hospital for over a month. Her mother went home to care for an older toddler and rarely visited. In the hospital, Eleanor continued to lose weight and was diagnosed with “failure to thrive”. The story she was later told was that she had been allergic to her formula, so would eat, but soon regurgitate, crying continually. The problem was not quickly recognized, but eventually she was changed to sheep’s milk and began to gain weight. When she went home, her narcissistic mother complained that Eleanor was hungry all the time. To Eleanor’s eye, her mother felt burdened by the return of this difficult baby who interfered with her preoccupation with her older son, the “apple of her eye.”

As an adult, with any distress, Eleanor would find herself eating and drinking in uncontrolled ways. Hunger appeared at any empty moment and would elicit her self-loathing. This shame was one reason she would only agree to a once a week treatment. At first, she felt surprised that I seemed to think several weeks of being cared for by nurses but no mother mattered. But she became curious as to why in almost every short story she wrote, there would be a figure who was some sort of specter. We came to recognize that she was the ghost, having vanished as a child during her weeks of unattended hunger. While she had no conscious memory of her starvation other than the story she was told as a child, she felt a deep recognition of the state of mind and body of desperate aloneness, a sinking bleakness that she urgently needed to fill or flee. Her dread of experiencing this territory had her wish to limit the frequency of our work. This also served to project her hunger onto me. In my disappointment that this

did not develop into an analysis sooner, I was the one left with the feeling of “wanting more.” To agree to analysis would have placed her again in the feeding situation, needing to be more open to me, along with her palpable fear that I would be too absorbed in my own thoughts to offer her anything of substance, and that she could fade away without my noticing.

When Eleanor’s partner died suddenly, she became disoriented. Naturally there was grief, but also some of her childhood bleakness emerged. She had a dream in which she lay on a high ledge in a church. The ledge was narrow and if she fell asleep, she would fall off and die. She was massively tired but forced herself to stay awake. After telling the dream, her first words were, “I’m not suicidal or anything.” Through her associations, we spoke about the dream as containing both her desire to be dead to rejoin her partner, and a sense that she had been dead all along, and the relationship had brought her to life. But she was left feeling this life did not belong to her. Forcing herself to stay awake aligned in the dream with her need to appear as if alive and self-sufficient at all times, a forced march. In the absence of her partner, she felt she would have to rejoin her older self, the starved and dead one, and gather up this figure in order to go on.

It was at this point that she began to think it made sense to increase the frequency of our work to three times a week on the couch. While Eleanor did not massively dissociate in the way the Stevie had, she still relied on various forms of splitting and projection to manage physical and emotional states of hunger. Once she was allowed to feel her wish for more time with me, she began to become aware of longing and rage which had been sealed off, and which acted autonomously, taking over her eating at unplanned moments. As she began to tolerate need, she also felt her

writing evolving in ways that surprised her. Spontaneity began to appear. It had been precluded when her hunger and deadness were unknown.

For Eleanor and others there is a turn to the use of food or alcohol to simultaneously create a semblance of self-feeding and an affect of numbness. The somatic false-self, described by Goldberg (2004) is another possible outcome. In this state, repetitive physical activities such as exercise or eating, generate a sense of false vitality. A shell of stimulation and excitement is created, which covers over the profound lack of any real appetite or satisfaction, and conceals the inner deadness.

3) Frank, who struggled with and against his sense of being dead, had during his infancy been hospitalized for “failure to thrive.” He imagined that his mother, depressed after the death of her first child, was anxiously trying to force him to feed. What he felt he would have to swallow was her guilt and anger. Late at night, after his wife and sons were asleep, he would go down to the refrigerator and eat ice cream. The sweet milkiness would slightly sooth him. Then he would then be harshly berated by an internal “voice” criticizing him for this form of comfort. Talking about it became one way in to our recognition of the place in which he was still starving, still dead.

As an infant, not feeding might have felt like his only way to stay psychically alive, even if that meant starving to death. Refusal to eat would be the only barrier to swallowing his mother’s massive fear, hostility and need to control. This is not as a conscious choice, but the need to retreat from overwhelming maternal emotion would be paramount and reflexive. This might be like the anorexic’s refusal to ingest her mother’s projections, which could feel protective, like a refusal to swallow poison.

At the start of his analysis, Frank described his intense transference experience as a kind of “delirium,” saying, “It’s like a starving child being offered chocolates, tasty

and so dangerous.” He remembered reading about starving people who were re-fed too quickly and died as a result of eating more than their bodies could process. When his anger at me flared up, he said,

F. I feel like I’m biting the hand that feeds me.

A. What other hand would you bite?

Grateful to feel that I was available for both “the feeding and the biting,” he let his zone of deadness become more present in the hours.

Frank was beset by a cruel and deadly internal voice (Rosenfeld, 1971) which would meet each sign of life with internal attack. But at least the state of embattlement felt somewhat alive. More frightening, he felt, was the state where there was nothing to say, a listless lack of energy, words, emotion, a collapse into silence that I imagine was like his unfed and unfeedable state. When I would try to speak about this lifeless state, he would hear me as pushing him towards mourning, as if I wanted an alive sorrow from him. He said, “You don’t get it! There’s not a good cry in there. There’s *nothing* there!” We tried to speak about the sense of his having indeed died as a child, and this dreadful silence being one way of allowing what had been most real, his death, to be present between us. Whether his degree of starvation was more extreme, or the family’s trauma more severe, our work in analysis did not change Frank’s fundamental experience of the constant background presence of deadness. But our witnessing it allowed the deadness to be partly acknowledged, and eventually made for a sense of being more at peace, and more capable of the work he enjoyed.

This analysis brings to mind a segment of a poem, “Medusa” by Louise Bogan (1977, p.4) in which the medusa is a maternal figure with “stiff bald eyes.” The poem speaks of deadness and its permanence:

This is a dead scene forever now.

Nothing will ever stir.
The end will never brighten it more than this,
Nor the rain blur.

The water will always fall, and will not fall,
And the tipped bell make no sound.

The bell that cannot ring, an open mouth that yields nothing, is like the cry of a child that cannot be heard. And it is like an open mouth which receives nothing. This image conveys something of dead zone the starved child within the adult inhabits.

4) Early in her analysis, Stephanie told me the story she had been told about her infancy: shortly after she was born, her mother's milk dried up. When offered a bottle, she refused to drink. This went on for three days, with Stephanie crying, not eating, starving. At the end of this time, she was in a state of physical and emotional enervation and submitted to being fed.

When it was first told, I heard the story as an image of the state of the transference at that point: that I was unable to offer Stephanie anything, that she would refuse for as long as possible, and only a life or death situation would allow her to acknowledge any need of me. We came to see this dynamic in many other situations. Her omnipotent solutions multiplied. Stephanie provided to others, as she felt she had provided her mother with the experience of being a capable feeder, unable to refuse for long the mother's anxiety and anger which were forced upon her. At the same time, she became terrified of draining her mother and me if she accepted nourishment.

Being beaten by her volatile mother as a latency age child fortified Stephanie's stance of self-sufficient, long-suffering struggle. Need had to be projected, since to inhabit it directly pushed her towards those early days of starving, the agony of barely surviving. For Stephanie to feel vulnerable in an immediate way led her into an

impossible place: either being herself and dying, or, living but agreeing to being taken over by another's will. In her mind, the reality of early hunger affirmed the life or death nature of her emotional struggle. Trauma and fantasy came together in her experience of deprivation.

About one year into the analysis Stephanie told me this dream: There was a small bird which she had put inside a box for protection, and hidden the box inside a closet. After some days or weeks she "remembered" the bird and came to find it. She was desperate to open the box quickly so the bird could breathe. When she did, it was barely alive. The frail bird looked at her, took one breath and died in her hand.

Stephanie immediately saw the bird as herself, and connected the lack of air to her early lack of food. This then became a way in towards the extremity of her early situation, her non-survival. The traumas of being beaten became layered upon those of infancy, and coalesced into a dread that any desire or aggression of her own would risk killing her mother. In this way, her mother and I were also the dying bird. If we died, Stephanie would not survive. Seduced and battered, Stephanie felt punished for her love of a tumultuous mother who was absorbed in her own forms of self-loathing. In this constellation, Stephanie felt cornered in an omnipotent, narcissistic and masochistic position, where she was always the burdened one in charge, besieged by others' demands and then the victim of anger when others' needs were not met. In fantasy, this position also, protected others from her own voracious need, but left her living with the projected voraciousness assailing her. The sado-masochism created a scene of fierce embattlement, which functioned to further distance her from that fragile bird about to die.

The wish to avoid genuine need troubled her patterns of eating and drinking. Several years into our four times a week work, she began to say that her early starvation

created an enduring hunger for a mother. She saw it as a huge shift to be able to tell her teenage children and job she would take a day off to pursue her own interests. In doing so, she was assailed by internal pressures telling her she was selfish, a diva, neglectful and cruel. In hours with me, if she enjoyed a relaxed, reflective state of mind for a moment, she would begin to panic, certain that I must be about to strike her. Gradually the focus of fear shifted from embattlement, to feeling always on the brink of death. The specter of the dead baby pressured each small choice so the least degree of separation was experienced as potentially lethal.

Conclusion:

Each starved child has to, at some unspoken level, deal with the question of *why* she was not fed. One answer to a child's mind is— because she is bad and doesn't deserve to be fed, or, because she is greedy and has already drained her mother too much, as Stephanie and Stevie felt. For many, it is only as an adult that there is room to think those caring for her were cruel or crazy, depriving or dead themselves. The starved comes to see herself as a ravenous monster who drives people away, omnipotently claiming the deprivation as her own doing. Stevie felt it was because she was murderously enraged that her mother had decided not to feed her. She described one of her dissociated parts as a wolf who wanted to do nothing but rip my throat out. As a baby with no comprehension of her mother's psychosis, she "knew" that the problem must be herself. And within her there was nothing but emptiness and impotent rage.

At the most basic level, we are all animals trying to stay alive. For the starved, this reality is all too pressing. Rey speaks of this in relation to an anorexic patient, " 'Eat or be eaten'—this is the sense we are giving to food and eating; the universal situation of

all things, and not only living organisms, is 'capture or be captured' " (Rey, 1997, p. 63). This tooth and claw level is present in all eating disorders. But the basic need to survive has become perverted, or coercive to the patient; her body tyrannizes the mind. For some, this may represent a form of protection from primal fears, or for others, a kind of psychic collapse, where there is no coherent or symbolic thought possible and the body has taken over all mental space, where food and feeding become stale, repetitive emblems of a basic form of breakdown or death.

For the starved patient who has had the experience of dying as a child, an empty, desperate place is left at the center. Creating conditions of trust requires a great deal of time and effort. This is what allows for recognition of deadness at the core. The analyst has to tacitly invite the dead child into the room for this area of experience to begin to be approachable. Need itself feels as perilous as inhabiting the body of the helpless infant. Once need, anger and emptiness are opened up, one can acknowledge the deadness and collapse that have been endured. To be in contact with the deadness in a real way may then feel as if it would kill both patient and analyst.

For many, the experience of being a dead baby will endure. For others, this zone is too dreadful and is quickly shut down. In the most positive situations, the dead baby can be met with recognition and the abyss can be spoken to, about, within, along side of, or witnessed in the presence of another. The fear of and desire for the existence of another may begin to become possible. Maybe this is what Dickens hoped for when he provided for Oliver one moment of loving gaze at the start of his life. If an attentive presence was offered in a more sustained way, it might allow a growing possibility towards connection with another and oneself, even in the setting where life begins with death.

References:

- Abraham, K. (1925) The influence of oral eroticism on character-formation. *Int. J. Psycho-Anal.*, 6:247-258.
- Alvarez, A. (2006). Some questions concerning states of fragmentation: unintegration, under-integration, disintegration, and the nature of early integrations. *J. Child Psychother.*, 32:158-180.
- Author's Name. (2007). *Int. J. Psycho-Anal.*
- Bach, S. (2008) On digital consciousness and psychic death. *Psychoanal. Dialogs.* 18:784-794
- Beebe, B., Lachmann, F.M. (1994). Representation and Internalization in Infancy: Three Principles of Saliency. *Psychoanal. Psychol.*, 11:127-165
- Bick, E. (1968) 'The experience of the skin in early object-relations' *Surviving Space: Papers on Infant Observation* ed. Briggs, A. London: Karnac Tavistock Clinic Series 200255-59
- Bion, W. (1962) *Learning From Experience* London: London. Karnac Books.
- Bion, W. (1965) *Transformations: Change from learning to growth.* London. Karnac Books.
- Birksted-Breen, D. (1989). Working with an Anorexic Patient. *Int. J. Psycho-Anal.*, 70:29-40.
- Bogan, L. (1977) *The Blue Estuaries.* The Ecco Press. New York.
- Bollas, C. (1999). "Dead mother, dead child. In *The Dead Mother: The Work of André Green.* Edited by Gregorio Kohon. London and New York: Routledge, in Association with the Institute of Psycho-Analysis, London.
- Bowlby, J. (1969) *Attachment and Loss, Vol. 1: Attachment.* New York: Basic Books.
- Bromberg, P. (2001) Treating patients with symptoms — and symptoms with patience: Reflections on shame, dissociation, and eating disorders. *Psychoanal. Dialogs.* 11:891-912.
- Bromberg, P. (2003) One need not be a house to be haunted: On enactment, Dissociation, and the dread of the "not-me" — A case study. *Psychoanal. Dialogs.* 13:689-709.
- Bruch, H. (1969). Obesity and orality. *Contemp. Psychoanal.*, 5;129-143.
- Bruch, H. (1973) *Eating Disorders.* Basic Books. New York.
- Chessick, R.D. (1984). Clinical Notes toward the Understanding and Intensive Psychotherapy of Adult Eating Disorders. *Ann. Psychoanal.*, 12:301-322.

- Chessick, R. D. (1995) Nothingness, meaninglessness, chaos and the "black hole" revisited. *J. Am. Acad. of Psychoanalysis*. p 581-605.
- Dickens, C. (2003) *Oliver Twist*. Penguin Classics. New York.
- Dickinson, E. (1960) *The Complete Poems of Emily Dickinson*. Little, Brown and Company, Boston.
- Eigen, M. (1995). Psychic Deadness: Freud. *Contemp. Psychoanal.*, 31:277.
- Ferenczi, S. (1929). The unwanted child and his death-instinct. *Int. J. Psycho-Anal.*, 10:125-129.
- Freud, A. (1992) In *Too scared to cry: Psychic trauma in Childhood* by Lenore Terr. New York: Basic Books.
- Freud, S. (1920) Beyond the pleasure principle. *SE*. 18.
- Gergely, G. (2001). The obscure object of desire: "Nearly, but clearly not, like me": Contingency preference in normal children versus children with autism. *Bull. Mennin. Clinic*. 65:411-426.
- Goldberg, P. (1995). "Successful" Dissociation, Pseudovitality, and Inauthentic Use of the Senses. *Psychoanal. Dial.*, 5:493-510.
- Goldberg, P. (2004). Fabricated bodies: A model for the somatic false self. *Int. J. Psycho-Anal.*, 85:823-840.
- Goldberg, P. (2012). Active perception and the search for sensory symbiosis. *J. Amer. Psychoanal. Assn.*, 60:791-812.
- Green, A. (1983). The dead mother. In *On Private Madness*. London: Hogarth, pp. 142-73.
- Green, A. (1997). The intuition of the negative in *Playing and Reality*. *Int. J. Psycho-Anal.*, 78: 1071-1084.
- Grotstein, J. Grotstein, J.S. (1990). Nothingness, Meaninglessness, Chaos, and the "Black Hole" I—The Importance of Nothingness, Meaninglessness, and Chaos in Psychoanalysis. *Contemp. Psychoanal.*, 26:257-290.
- Gurevich, H. (2008). The language of absence. *Int. J. Psycho-anal.* 89:561-578.
- Hurvich, M. (2003). The Place of Annihilation Anxieties in Psychoanalytic Theory. *J. Amer. Psychoanal. Assn.*, 51:579-616.
- Isaacs, S. (1948) The nature and function of phantasy. *Int. J. Psychoanal.*, 29:73-97.

Klein, M. (1975). *Envy and Gratitude and Other Works 1946–1963*: Edited By: M. Masud R. Khan. The International Psycho-Analytical Library, 104:1-346. London: The Hogarth Press and the Institute of Psycho-Analysis.

Kohon, G. (1999) *The Dead Mother: The Work of André Green*. Edited by Gregorio Kohon. London and New York: Routledge, in Association with the Institute of Psycho-Analysis, London.

Lafarge, L. (1989). Emptiness as Defense in Severe Regressive States. *J. Amer. Psychoanal. Assn.*, 37:965-995.

Laub, D. (1998). The Empty Circle: Children of Survivors and the Limits of Reconstruction. *Journal of the American Psychoanalytic Association*, 46:507-529

Lombardi, R. (2008). The Body in the Analytic Session: Focusing on the Body–Mind Link. *Int. J. Psycho-Anal.*, 89:89-109.

Mitrani, J. “Unmentalized” experience in the Aetiology and treatment of psychosomatic asthma. *Contemp. Psychoanal.* 29: 314-342.

Moskowitz, S. (2005). Playing Dead: An Unconscious Fantasy, Bodily Focused Defenses, and Their Roots in Infancy. *J. Amer. Psychoanal. Assn.*, 53:891-916.

Ogden, T.H. (1989). On the Concept of an Autistic-Contiguous Position. *Int. J. Psycho-Anal.*, 70:127-140.

Ogden, T. H. (1995). Analyzing Forms Of Aliveness And Deadness Of The Transference-Countertransference. *Int. J. Psycho-Anal.*, 76:695-709.

Rey, H. (1997) *Universals in psychoanalysis in the treatment of psychotic and borderline states: factors of space-time and language*. Free Association Books.

Rosenfeld, H. (1971). A Clinical Approach to the Psychoanalytic Theory of the Life and Death Instincts: An Investigation Into the Aggressive Aspects of Narcissism. *Int. J. Psycho-Anal.*, 52:169-178.

Rosenfeld, H. (1983). Primitive Object Relations and Mechanisms. *Int. J. Psycho-Anal.*, 64:261-267.

Schore, A.N. (2001). Minds in the Making: Attachment, the Self-Organizing Brain, and Developmentally-Oriented Psychoanalytic Psychotherapy. *Brit. J. Psychother.*, 17:299-328.

Sekoff, J. (1999) *The Undead: Necromancy and the inner world*. In *The dead mother: the work of André Green*. Routledge. London and New York.

Shengold, L. (1991) *Soul murder: The effects of childhood abuse and deprivation*. New York. Ballantine Books.

Shengold, L. (1978) Assault on a child's individuality: A kind of soul murder. *Psychoanal Quarterly*. 47: 419-424.

Spitz, R. (1950). Anxiety in Infancy: A Study of its Manifestations in the First Year of Life. *Int. J. Psycho-Anal.*, 31:138-143.

Spitz, R (1952) Emotional deprivation in infancy. A film available on YouTube.

Tucker, Todd (2006). *The Great Starvation Experiment: Ancel Keys and the Men Who Starved for Science*. New York. Free Press.

Tustin, F. (1993) On psychogenic autism. *Psychoanal. Inq.* 13:34-41.

Williams, G. (2012) *Internal Landscapes and Foreign Bodies: Eating Disorders and Other Pathologies*. London. (The Tavistock Clinic).

Williams, P. (2010a) "The worm that flies in the night" in *Invasive Objects: Minds under siege*. London and New York. Routledge.

Williams, P. (2010b) *The Fifth Principle*. London. Karnac Books.

Williams, P. (2013) *Scum*. London. Karnac Books.

Winnicott, DW. (1965) The maturational processes and the facilitating environment: Studies in the theory of emotional development. *The International Psycho-Analytical Library*, 64:1 -276. London: The Hogarth Press and the Institute of Psycho-Analysis.

Winnicott, DW. (1975) Mind in its relation to psyche-soma. *In Through pediatrics to Psychoanalysis*. New York. Basic Books.

Winnicott, DW. (1974) Fear of breakdown. *International Review of Psycho-Analysis*, 1:103-107