

**Catch Them Before They Fall**  
***The Psychoanalysis of Breakdown***  
by  
**Christopher Bollas**

**Preface**

The unconscious purpose of breakdown is to present the self to the other for transformative understanding; to have its core distress met and understood directly. If caught in time, a breakdown can become a 'breakthrough'.

It is an event imbued with the most profound personal significance, but it requires deep understanding if its meaning is to be released to its transformative potential.

Hospitalization, intensive medication and CBT/DBT all negate this opportunity. Instead, these patients should be offered extended, intensive psychoanalysis.

**Introduction**

People seek out therapy for many reasons. Few do so in order to have a breakdown, even though some are just barely hanging on. Many are in great private mental pain, unable to imagine surviving life.

If the therapy can lessen their defenses, open up the self to interpretive transformation, and abandon disturbed character patterns – the self will usually break down in a slow and cumulative way that is not traumatic. This is how many long term therapies work.

This content is devoted to the challenges posed by working with people in therapy who, either suddenly or gradually, indicate signs of breakdown that, for various reasons, cannot be met by an ordinary clinical approach.

CBT or DBT treatments enable a client to sideline their internal life by diverting attention to a time limited cognitive project. Such interventions may forestall a *necessary* crisis, or trivialize the deep function of symptomatic behavior.

- If the client's breakdown distills crucial psychic issues that are now open to change because of the self's vulnerability, the therapist's lack of an adequate therapeutic response constitutes a crucial failure to meet the self's needs.
- The breakdown then becomes *structuralized* as a permanent fault within the self, that is nearly impossible to remedy in later therapy work.

Diversion through CBT/DBT will shallow out the self and, for a while, seal over the cracks, often to the relief of the person. But for those who understand breakdown as a profoundly human experience, distracting the self from the meanings of their frailty produces a particular new form of loss.

- *People in breakdown do not need to have someone avert their gaze from the internal world to a self-help homework book; they need to be heard and understood from the depths of the self that are presented to them and that constitute their crisis.*

The vast majority of people that we work with will be 'ordinary' patients, who are suffering for different reasons, can talk about it, enact it in the transference, and with whom conventional therapy is effective.

Working with people in breakdown presents highly unusual circumstances, happening with a client maybe once every year or two, and they require something different from the therapist.

These are comparatively rare occasions when a non-psychotic person indicates, through an altered presentation and behaviors, that they are beginning to crack.

Typically, when a therapist comes across a client in these conditions, they increase their sessions. But there is a key difference: these therapists usually offer the client an extra session here or there, and only when it was already too late. They tended to provide reactive treatment, not proactive care.

Furthermore, they tend to communicate their own ambivalence towards their own actions to their patients, thus unknowingly fomenting greater anxiety that spirals into a vicious circle.

- *The outcome of a breakdown is not necessarily a descent into psychotic decompensation, although this may occur. More commonly, people who suffer a breakdown, which is not transformed at the time into a breakthrough, become broken selves. Then they function in significantly diminished ways for the remainder of their lives.*

There are many people who present the picture of a chronic character disorder when actually they spent months in a state of desperate need. It was a time when their core issues were manifested but received no effective therapy. In Bollas' view, this is a tragedy on a large scale, all the more so for having gone largely unrecognized.

Bollas offered sessions that lasted all day. Radical as this seems, at the moment the decision to do so felt natural and right, in light of the severity of the person's imminent breakdown.

The three day long sessions appeared to substantially shorten the subsequent therapy. Each patient went through such a breakdown worked in therapy for another year or so, but not for much longer than that.

- *From the beginning, Bollas felt convinced that these breakdowns were potentially generative.*

Hospitalizations had been devastating for his clients, and he no longer wanted to lose his clients to hospitalizations and mind-numbing medications. Breakdown was the time when these clients most needed good therapeutic help.

In hindsight, Bollas can see that he failed some of patients by not offering extended sessions in their time of need.

He came to realize that the therapy process was, in itself, so efficacious that he should allow it to be modified for a person in dire straits, with extended sessions, increased frequency, or occasionally, with all-day sessions. He believed that the therapy experience itself functioned as a third object, which could be the vehicle of transformation.

Winnicott had experimented with extended sessions, and he encouraged clients to go into regression, and this was common knowledge at the time.

Bollas' two mandates:

- *Psychoanalysis is the treatment of choice for patients who are breaking down.*

Interpretive work at the core can be deeply transformative. Indeed, when the person is at their most vulnerable – and especially in breakdown – they are usually particularly amenable to help, and to the development of insight into the self.

In formal group presentations, there has been almost uniform disapproval for doing this work. The most commonly held position is that it violates the frame, is seductive, gratifying to the client, or that it constitutes an enactment within the transference and counter-transference that goes untreated.

- *By providing the extended therapy, once the breakdown had passed through, the clients suffering had been greatly relieved.*

In most cases where a therapist had provided additional sessions to people who were having a breakdown, it was with mixed feelings, provided with too much hesitation, far too late in the game, and too few.

The reality is that, moments of a real crisis implies a recognition that the intensification of therapy is a legitimate course of action and, in a sense, the work to be done simply builds on that as a matter of common sense.

- NOTE: People who *consciously* seek a breakdown as a desired event are most unlikely to benefit from this extended work.

