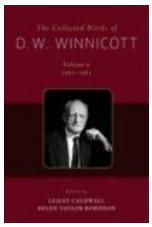

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CHAPTER

19 Ego Integration in Child Development

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Abstract

In this paper describing the integration of the ego in child development, Winnicott proposes that the relative strength of the ego of the child depends on maternal provision from the start. The mother enables the baby to relate to her as a 'subjective object' so that the potential 'unthinkable anxiety' states may never have to be faced. However, if there are failures of this care, then distortions of the ego do occur. Winnicott lists these as falling to pieces, falling forever, no relationship to the body and no orientation sense. Winnicott refers to infantile schizophrenia (autism), to latent schizophrenia and to the False Self defence in relation to the distortions of the ego. If all is well, however, integration, personalization and object relating follow for the infant, together with the sense of 'I am'. A unit self is based on this ego strength and growth is thus enabled.

Keywords: Winnicott, child, ego development, integration, adaptation, subjective object, schizophrenia, autism, distortions of ego, false self, unthinkable anxiety, personalization, object relating, unit self

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The term ego can be used to describe that part of the growing human personality that tends, under suitable conditions, to become integrated into a unit.

In the body of an anencephalic infant functional events, including instinctual localizations, may be taking place, events that would be called experiences of id-function if there were a brain. It could be said that if there had been a normal brain there would have been an organization of these functions, and to this organization could have been given the label ego. But with no electronic apparatus there can be no experience, and therefore no ego.

But id-functioning is normally not lost; it is collected together in all its aspects and becomes ego-experience. There is thus no sense in making use of the word 'id' for phenomena that are not covered and catalogued and experienced and eventually interpreted by ego-functioning.

In the very early stages of the development of a human child, therefore, ego-functioning needs to be taken as a concept that is inseparable from that of the existence of the infant as a person. What instinctual life there may be apart from ego-functioning can be ignored, because the infant is not yet an entity having experiences. There is no id before ego. Only from this premise can a study of the ego be justified.

It will be seen that the ego offers itself for study long before the word self has relevance. The word self arrives after the child has begun to use the intellect to look at what others see or feel or hear and what they conceive of when they meet this infant body. (The concept of the self will not be studied in this chapter.)

The first question that is asked about that which is labelled ego is this: is there an ego from the start? The answer is that the start is when the ego starts.[1]

p. 390 Then *the second question* arises: is the ego strong or weak? The answer to this second question depends on the actual mother and her ability to meet the absolute dependence of the actual infant at the beginning, at the stage before the infant has separated out the mother from the self.

In my terminology the good-enough mother is able to meet the needs of her infant at the beginning, and to meet these needs so well that the infant, as emergence from the matrix of the infant-mother relationship takes place, is able to have a brief *experience of omnipotence.* (This has to be distinguished from *omnipotence*, which is the name given to a quality of feeling.)

The mother can do this because of her having temporarily given herself over to the one task, that of the care of this one infant. Her task is made possible by the fact that the baby has a capacity, when this matter of the mother's supportive ego-function is operative, to relate to *subjective objects.* In this respect the baby can meet the reality principle here and there, now and then, but not everywhere all at once; that is, the baby retains areas of subjective objects along with other areas in which there is some relating to objectively perceived objects, or 'not-me' ('non-I') objects.

So much difference exists between the beginning of a baby whose mother can perform this function well enough and that of a baby whose mother cannot do this well enough that there is no value whatever in describing babies in the earliest stages except in relation to the mother's functioning. When there is not-good-enough mothering the infant is not able to get started with ego-maturation, or else ego-development is necessarily distorted in certain vitally important respects.

It must be understood that when reference is made to the mother's adaptive capacity this has only a little to do with her ability to satisfy the infant's oral drives, as by giving a satisfactory feed. What is being discussed here runs parallel with such a consideration as this. It is indeed possible to gratify an oral drive and by so doing to *violate* the infant's ego-function, or that which will later on be jealously guarded as the self, the core of the personality. A feeding satisfaction can be a seduction and can be traumatic if it comes to a baby without coverage by ego-functioning.

At the stage which is being discussed it is necessary not to think of the baby as a person who gets hungry, and whose instinctual drives may be met or frustrated, but to think of the baby as an immature being who is all the time *on the brink of unthinkable anxiety.* Unthinkable anxiety is kept away by this vitally important function of the mother at this stage, her capacity to put herself in the baby's place and to know what the baby needs in the general management of the body, and therefore of the person. Love, at this stage, can only be shown in terms of body-care, as in the last stage before full-term birth.

p. 391 Unthinkable anxiety has only a few varieties, each being the clue to one aspect of normal growth.

(1) Going to pieces.

(2) Falling for ever.

(3) Having no relationship to the body.

(4) Having no orientation.

It will be recognized that these are specifically the stuff of the psychotic anxieties, and these belong, clinically, to schizophrenia, or to the emergence of a schizoid element hidden in an otherwise non-psychotic personality.

From here it is necessary to interrupt the sequence of ideas in order to examine the fate of the baby who misses good-enough care in the early stage before the baby has separated off the 'not-me' from the 'me'. This is a complex subject because of all the degrees and varieties of maternal failure. It is profitable, first, to refer to:

(1) distortions of the ego-organization that lay down the basis for schizoid characteristics, and

(2) the specific defence of self-holding, or the development of a caretaker self and the organization of an aspect of the personality that is false (false in that what is showing is a derivative not of the individual but of the mothering aspect of the infant-mother coupling). This is a defence whose success may provide a new threat to the core of the self though it is designed to hide and protect this core of the self.

The consequences of defective ego support by the mother can be very severely crippling, and include the following:

A. *Infantile Schizophrenia or Autism*

This well-known clinical grouping contains disorder secondary to physical brain lesions or deficiency, and also includes some degree of every kind of failure of the earliest maturational details. In a proportion of cases there is no evidence of neurological defect or disease.

It is a common experience in child psychiatry for the clinician to be unable to decide between a diagnosis of primary defect, mild Little's disease,[i] pure psychological failure of early maturation in a child with brain intact, or a mixture of two or all of these. In some cases there is good evidence of a reaction to failure of ego-support of the kind I am describing in this chapter.

p. 392 B. ↳ *Latent Schizophrenia*

There are many clinical varieties of latent schizophrenia in children who pass for normal, or who may even show special brilliance of intellect or precocious performance. The illness shows in the brittleness of the 'success'. Strain and stress at later stages of development may trigger off an illness.

C. *False Self-defence*

The use of defences, especially that of a successful false self, enables many children to seem to give good promise, but eventually a breakdown reveals the fact of the true self's absence from the scene.

D. *Schizoid Personality*

Commonly there develops personality disorder which depends on the fact that a schizoid element is hidden in a personality that is otherwise sane. Serious schizoid elements become socialized in so far as they can hide in a pattern of schizoid disorder that is accepted in a person's local culture.

These degrees and kinds of personality defects can be related, in investigations of individual cases, to various kinds and degrees of failure of holding, handling and object-presenting at the earliest stage. This is not to deny the existence of hereditary factors, but rather to supplement them in important respects.

Ego development is characterized by various trends:

(1) The main trend in the maturational process can be gathered into the various meanings of the word *integration.* Integration in time becomes added to (what might be called) integration in space.

(2) The ego is based on a body ego, but it is only when all goes well that the person of the baby starts to be linked with the body and the body-functions, with the skin as the limiting membrane. I have used the term *personalization* to describe this process, because the term depersonalization seems at basis to mean a loss of firm union between ego and body, including id-drives and id-satisfactions. (The term depersonalization has gathered to itself a more sophisticated meaning in psychiatric writings.)

(3) The ego *initiates object-relating.* With good-enough mothering at the beginning the baby is not subjected to instinctual gratifications except in so far as there is ego-participation. In this respect it is not so much a question of giving the baby satisfaction as of letting the baby find and come to terms with the object (breast, bottle, milk, etc.).

p. 393 When we attempt to assess what Sechehaye (1951) did when she gave her patient an apple at the right moment (symbolic realization) it is of but little moment whether the patient ate the apple, or just looked at it, or took it and kept it. The important thing was that the patient was able to create an object, and Sechehaye did no more than enable the object to take apple-shape, so that the girl had created a part of the actual world, an apple.

It would seem to be possible to match these three phenomena of ego-growth with three aspects of infant and child-care:

Integration matches with holding.

Personalization matches with handling.

Object-relating matches with object-presenting.

This leads to a consideration of two problems associated with the idea of integration:

(1) *Integration from what?*

> It is useful to think of the material out of which integration emerges in terms of motor and sensory elements, the stuff of primary narcissism. This would acquire a tendency towards a sense of existing. Other language can be used to describe this obscure part of the maturational process, but the rudiments of an imaginative elaboration of pure body-functioning must be postulated if it is to be claimed that this new human being has started to be, and has started to gather experience that can be called personal.

(2) *Integration with what?*

> All this tends towards the establishment of a unit self, but it cannot be over-emphasized that what happens at this very early stage depends on the ego-coverage given by the mother of the infant-mother coupling.
>
> It can be said that good-enough ego-coverage by the mother (in respect of the unthinkable anxieties) enables the new human person to build up a personality on the pattern of a continuity of going-on-being. All failures (that could produce unthinkable anxiety) bring about a reaction of the infant, and this reaction cuts across the going-on-being. If reacting that is disruptive of going-on-being recurs persistently it sets going a pattern of fragmentation of being. The infant whose pattern is one of fragmentation of the line of continuity of being has a developmental task that is, almost from the beginning, loaded in the direction of psychopathology. Thus there may be
p. 394 ↳ a very early factor (dating from the first days or hours of life) in the aetiology of restlessness, hyperkinesis, and inattentiveness (later called inability to concentrate).
>
> It is pertinent here to state that, whatever the external factors, it is the individual's view (fantasy) of the external factor that counts. Alongside this it is necessary to remember, however, that there is a stage before the individual has repudiated the not-me. So that there is, at this very early stage, no external factor; the mother is part of the child. At this stage the infant's pattern includes the infant's experience of the mother, as she is in her personal actuality.

The opposite of integration would seem to be disintegration. This is only partly true. The opposite, initially, requires a word like unintegration. Relaxation for an infant means not feeling a need to integrate, the mother's ego-supportive function being taken for granted. The understanding of unexcited states requires further consideration in terms of this theory.

The term disintegration is used to describe a sophisticated *defence*, a defence that is an active production of chaos in defence against unintegration in the absence of maternal ego-support, that is, against the unthinkable or archaic anxiety that results from failure of holding in the stage of absolute dependence. The chaos of disintegration may be as 'bad' as the unreliability of the environment, but it has the advantage of being produced by the baby and therefore of being non-environmental. It is within the area of the baby's omnipotence. In terms of psycho-analysis, it is analysable, whereas the unthinkable anxieties are not.

Integration is closely linked with the environmental function of holding. The achievement of integration is the unit. First comes 'I' which includes 'everything else is not me'. Then comes 'I am, I exist, I gather experiences and enrich myself and have an introjective and projective interaction with the NOT-ME, the actual world of shared reality'. Add to this: 'I am seen or understood to exist by someone'; and, further, add to this: 'I get back (as a face seen in a mirror) the evidence I need that I have been recognized as a being'.

In favourable circumstances the skin becomes the boundary between the me and the not-me. In other words, the psyche has come to live in the soma and an individual psycho-somatic life has been initiated.

The establishment of a state of I AM, along with the achievement of psycho-somatic indwelling or cohesion, constitutes a state of affairs which is accompanied by a specific anxiety affect that has an expectation of persecution. This persecutory reaction is inherent in the idea of the repudiation of the 'not-me', which goes with the limitation of the unit self in the body, with the skin as the limiting membrane.

p. 395 In psycho-somatic illness of one kind there is in the symptomatology an insistence on the interaction of psyche and soma, this being maintained as a *defence* against threat of a loss of psycho-somatic union, or against a form of depersonalization.

Handling describes the environmental provision that corresponds loosely with the establishment of a psycho-somatic partnership. Without good-enough active and adaptive handling the task from within may well prove heavy, indeed it may actually prove impossible for this development of a psychosomatic inter-relationship to become properly established.

The initiation of object-relating is complex. It cannot take place except by the environmental provision of object-presenting, done in such a way that the baby creates the object. The pattern is thus: the baby develops a vague expectation that has origin in an unformulated need. The adaptive mother presents an object or a manipulation that meets the baby's needs, and so the baby begins to need just that which the mother presents. In this way the baby comes to feel confident in being able to create objects and to create the actual world. The mother gives the baby a brief period in which omnipotence is a matter of experience. It must be emphasized that in referring to the initiating of object-relating I am not referring to id-satisfactions and id-frustrations. I am referring to the preconditions, internal to the child as well as external, conditions which make an ego-experience out of a satisfactory breast feed (or a reaction to frustration).

Summary

My object is to make a bare-bone statement of my conception of the beginnings of the ego. I use the concept of ego-integration, and the place of ego-integration in the initiation of emotional development in the human child, in the child who is all the time moving from absolute dependence to relative dependence, and towards independence. I also trace the beginnings of object-relating within the framework of a baby's experience and growth.

Further, I attempt to assess the importance of the actual environment at the earliest stage, that is, before the baby has separated out the not-me from the me. I contrast the ego-strength of the baby who gets ego-support from the mother's actual adaptive behaviour, or love, with the ego-weakness of the baby for whom environmental provision is defective at this very early stage.

Note

1. It is well to remember that the beginning is a summation of beginnings.

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Notes

Editorial Spastic diplegia, a form of cerebral palsy.
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