"The True Self" Parental Function, the Basis of Ego Integration

Lic. Eva Rotenberg

OBJECTIVES

In this chapter, I will elaborate the conceptualization of parenthood, and its importance as a function in the formation of the psyche of children, based on the idea of the process of formation of the ego. I consider the process of ego integration to be one of the primary tasks of the developing psyche.

I maintain that Ego integration is fundamental to the development of the psyche. I also maintain that there are certain mental processes that are not only of the baby, nor only of his parents, and these processes are constructed out of a mutual interdependence. Thus we acknowledge that the recognition of "the other in us" is always ready to be re-enacted as if it was an independent force.

INTRODUCTORY THOUGHTS

In the 21st century family configurations have changed a great deal. Previously there was a singular arrangement: father, mother and children. From the logical point of view, it is not the setting that has changed as agent, but the one that has suffered the change.

While there are important mechanisms of the parental function which have been connected to the concept of "family function" Alizade, *et al.* 2003), I think that there are differences that justify the conceptualization of the Parental function. One of them is that the "family function" includes the Fraternal Complex and in addition that all members are considered in the same way, including parents. While family

membership and parenting are intertwined, as we (*can* or *shall*) see, there are also specific functions that would benefit from a more detailed exploration in order to tease out related complex mental processes.

In this chapter, I am going to focus on an elaboration of the concept of parenthood. There is no inherent parental quality. One becomes a parent through the daily reality of being a parent within the context of a society that encourages specific modes of relating. In addition, there is a blending of the parent as an individual and the influence of the societal and the material conditions of existence: income, educational level, work, play, societal norms and so on. Society has ethical and moral standards regarding parenting, and the parent's experience of him or herself within or outside of these standards play a part on how the parental function is constructed by the individual parent. Unconscious factors of the maternal function or holding (Brody, 1970), have effects on the methods of upbringing and on affective matches andmismatches.

What we call paternal function or the third provides the experience that the baby does not belong to the mother or the father, this third is the metaphor of symbolic castration. The Parental function lays the foundations of the self; it is essential for psychological development regardless of the conformation of each family due to the utter helplessness with which an infant is born. Evidence of this is that when there are failures, or deficit effects occur in children and if failures are early, they can affect his or her capacity as a desiring subject to varying degrees.

For years, I have been interested in articulating the fundamental importance of the Parental Function, which until now has been considered as maternal and paternal functions. Every adult has potentially maternal and paternal aspects in themselves, since as Freud said, we must take into account not only constitutional bisexuality, but also the expanded Oedipus, cross identifications and desire for bothparents.

Parenthood

Parenthood is a basic function, which includes the so-called maternal and paternal function. Typically, the father is thought of as the provider of a paternal function or thirdness, and the mother is thought of as

providing support. In order to refrain from biological gender designations, I refer to these functions as support and thirdness, respectively (Rotenberg,2014, pp39). These functions can be staggered, shared or fixed. When Recamier started using the term "Parenthood" in 1961, he conceptualized both functions as joined.

The acquisition of subjectivity in the child is not only formed through the fact of generational difference or the difference of gender, but because the child has a connection with an adult who provides the scaffolding necessary for unfolding of the capacity to know and accept difference and because the adult also possesses this capacity as well. This is what I am calling the Parental Function.

Humans are born in a state of helplessness, with the potential to develop his or her self, but the actualization of a well constructed psyche requires affective exchange with an other. The other/others, is what constitutes the Parental function. Parenthood is a state of basic affective availability, available enough so that the infant finds "someone" with whom his/her need for attachment evolves, at the same time, the presence of the parent will make possible the achievement of separation/individuation.

Recamier (1992) called the paradoxical experience of the child being of the parents yet not of the parents' "original mourning" of the mother. This mourning begins before birth. Intrinsic to this concept is the assumption of both Oedipal and Pre-Oedipal castration, which is a form of renunciation that is symbolic and significant.

A good enough upbringing involves helping to build the emotional set-up so that the child is able to internalize emotional encounters. This is accomplished via the parental acknowledgement of his experience, as well as a parental acknowledgement of the child as a separate being. It is "a way of conceiving the internal set-up, the constitution of 'the psychical,' taking the encounter with the Other as a starting point" (…) "normogenic identifications structure the individual's Ego resources, while pathogenic identifications (…) constitute relationships that force the self to transform in order to satisfy the desire of the other" (Badaracco, 1985). I would add that in this way the true self becomes encapsulated.

THE MUTUAL CONSTRUCTION (OR CO-CONSTRUCTION) OF THE INTRAPSYCHIC

Ego Integration occurs in the presence of specific mental processes that are not only of the baby, nor only of the baby's parents, but rather are constituted within a reciprocal interdependence. The capabilities and the difficulties of the parents have more of an impact on this process than the capabilities and difficulties of the baby.

The human paradox is that in order to become subject, first one must have felt subjectified by others that are imbued with meaning. I contend that in the development of the psyche, the second topography is organized in the first place and only once the ego has been formed as an agency can there be thoughts and the possibility of making the unconscious conscious. We must acknowledge from the beginning "the others in us" (Badaracco), and it can also be added that even in cases where pathogenic interdependence prevails, as in psychosis, there is still the capacity for the formation of a differentiated true ego.

Marcia, a 16-year old, consulted because of depression, and a four month period of mutism. She had been medicated with antipsychotic drugs. She was accompanied by her mother. When Marcia was asked for the reason for consultation, she answered: "I'm going to talk to you as my mom would talk, from her perspective."

I said*: You are two different people, it would "be better if you could talk being you. You feel like you could talk like your mom, but you are not in her mind, nor she in yours!*

The mother intruded on her daughter's narrative several times, describing what was happening with her daughter, with a certainty that prevented her from hearing that her daughter said — "you don't understand me, a lot of things have happened to me."

STRUCTURING FIRST PROCESSES

We know the importance of the mechanisms of primary identification that shape the child's early, primitive "I". Piera Aulagnier (2004) describes this as:

"The violence of anticipation," (an aspect of) "primary violence." The (parent) cannot avoid (being the voice of) her infant in all spheres of emotion and the infant has no choice but to swallow. In this encounter, there is a thin margin separating the necessary from the abusive, the structuring from the destructuring. The mother-voicing-the-child must address herself positively to every essential body zone in order to gradually induce body integration. The child may already reflect the neglect or the accentuation of some body parts via somatic dysfunction.

The mechanism of secondary identification is "the psychological process by which children actively assimilate features of the other's, movement, speech emotions, behavior in order to be like the significant adults in their environment." "Identification is a process which, in turn, rests on a series of underlying mechanisms: imitation, differentiation, affiliation, learning and the formation of cognitive schemes" (E. Bleichmar, *Homoparentalidades*, 2007).

Freud described the "operation of the psychic apparatus" to explain mental functioning. The father of psychoanalysis worked with adults, for this reason, according to the experience of those of us who work with infants and children, we consider that this explanation did not sufficiently explain early structuralization, nor early failures.

From the perspective of Ego formation in order for there to be an identification process there has to be a subject with his drives, with an Identification Function. But first, I would like to explain a series of previous psychic actions which at the same time are simultaneous to the identification process and make possible its internalization so that they form an integrated part of the ego in process. Otherwise they will not be experienced as part of the true self.

PSYCHIC ACTS INVOLVED IN EGO INTEGRATION

These psychic acts constituting subjectivity are not only developed in the mind of the baby, or not only in the minds of the parents, but in a mutual interdependence.

FIRST PSYCHIC ACTION

Freud says that a new psychic action must develop in addition to autoeroticism for the ego to develop. This Action consists of drives that are gathered into one unit. After the ego is taken as an object, and is libidinized by the drive, early narcissism is established. Freud doesn't explain how the ego becomes libidinized. Laplanche's conceptualization gives us the crucial component of this psychic action. According to Laplanche (1980), it is the mother who awakens and activates the drive of the baby. In my opinion, if this psychic action doesn't take place, the baby doesn't cathect it's own self (or ego) nor does it cathect the outer world.

SECOND PSYCHIC ACTION

The baby at birth has feelings and senses such as smell, touch, sight, taste; he can recognize rhythm and the sound of the voice. It is the other who appears in response to his signals, and either confirms or invalidates the infant's needs. The paradox is that the baby, at this stage, is still unable to distinguish between the internal and the external and this will establish aspects of his psychical reality.

The mother and/or the father decode the baby's needs from a very deep empathic identification. When the baby's need coincides with what the mother (or the father) understand, then the baby is able to start developing a logic of meaning, an experience of match, an encounter (ala Piera Aulagnier, 2004) and his/her Ego progressively develops in a coherent and integrated fashion: the internal feeling coincides with the external response. The baby is increasingly able to trust himself and others, because in the beginning he is still unable to differentiate the representations of the internal from those of the external worlds. If there is a response that confirms his feelings, he will then experience infantile omnipotence and his internal feeling of being safe will continue to develop. However, when the response of the parent is almost always distorting the baby grows up in a state of confusion, he is unable to [*reconcile and*] integrate his/her feelings and vital needs with the re-

sponse s/he gets back from the environment.

Thus, when the mother does not give back to the baby an adequate confirmation of his/her perceptions and needs, she causes a distortion between the baby's awareness of a need, reality, and the desire of the mother. Or else, the mother's response could be mere discharge, no longer desire but something intrusive. An example: if the baby is hungry but the mother looks at him/her and says: 's/he is sleepy, just as I am, we didn't get enough sleep', her 'interpretation' disavows the acknowledgement of otherness, that is, the sensory experiences, the perception, and the reality of the baby and, in contrast, the negation of pleasure is configured according to the reality of the maternal desire: the desire to sleep rather than to acknowledge the other and his/her needs.

Perception is always supported by the pleasure it involves when it coincides with the need and the drive; we should bear in mind that the first Ego is a bodily Ego. Reality is [*thus*] configured in terms of pleasure-unpleasure, match-mismatch or traumatic encounter. If the significant other, who is an individual with his own drives and desires, fails to feed the infant when s/he is hungry, s/he feels unpleasure, feels there has been a mismatch, or else a traumatic encounter which, in turn, could cause a feeling of emptiness. However, if the infant lacks an incipient ego then he is unable to think and, in turn, unable to account for the confusion and the intrusion that he is feeling. If a child is fed when what s/he really feels is anxiety, he will eat not only out of hunger, but in order to 'fill an unthinkable anxiety' when he becomes an adult. This is a product of the distortion caused in the register of pleasure and of experiences: there is a distortion of meaning. The child needs to be held but gets food instead. This provokes in him/her a feeling of loss which will probably continue without his/her ever understanding why.

The desire or *jouissance* that comes from the other may remain encrypted within the Ego of the infant who, however, remains unable to 'realize' the causes for his feelings of 'perplexity, anxiety and/or confusion'. This confusion, in turn, can cause anxiety and then the child may be diagnosed as hyperactive and suffer insomnia or vomit and may therefore be prescribed medication; this is how mismatches are continually repeated. In this case, the perceptions of the other crush the infant's

own perceptions and this intrusion causes an alteration of the infant's intrapsychic constitution.

THIRD PSYCHIC ACTION

The development that is product of a healthy interdependence depends on the ability of the mother (by which I refer to the parental function) to acknowledge her child as someone different from her. Paradoxically, from the very beginning of life, the baby cannot be considered as separate from the parental function, although an external observer might see different people. Also, it is important that the adults accept the difference between the generations, and also are capable of inhabiting the role of parental authority that they acknowledge the baby as a being that will increasingly manifest his own subjectivity.

As the auxiliary Ego of the parental function continues to be good enough, the process of Ego constitution and integration continues with, first, primary identifications, and then secondary ones. Thanks to this process the infant is increasingly capable of developing his Ego resources based on which he will be able to contain partial drives.

The parental function adjusts the baby's partial drives in order to allow ego integration. However, if this does not take place, the child becomes increasingly demanding, anxious and voracious and, while the parents believe that he is 'genetically' restless, what they fail to grasp is that they do not know how to contain their child.

From the perspective of Metapsychology, 'to contain' involves acknowledging that the other can feel pleasure of a different nature than the pleasure felt by the mother or the father. But when the parents do not acknowledge this and love the infant only as 'a part of themselves', that is, not as someone different, then they are unable to offer the singular pleasure that is expected by the child.

These are children who are restless, anxious, who are not easily soothed. The reason is that in the psyche there usually is a need 'to be oneself'; that is, to recognize reality in terms of pleasure and unpleasure. What is satisfactory to the infant begins in the inside and is 'real,' while what is not is outside or is intrusive.

FOURTH PSYCHIC ACTION

In the opinion of Winnicott (1960), the first year of life is essentially a period of ego development, and integration is the main feature of such development. He says: "In health the id becomes gathered into the service of the ego, and the ego masters the id, so that id satisfactions become ego- strengtheners."

In this aspect, Winnicott concurs with Freud's ideas regarding the experience of satisfaction, to which I would add that it should be 'stable enough.' Winnicott continues to say: "This, however, is an achievement of healthy development and in infancy there are many variants dependent on the relative failure of this achievement. In the ill health of infancy, achievements of this kind are minimally reached, or may be won and lost" (1960, p. 39, The theory of the parent-infant relationship, in *The maturational process and the facilitatingenvironment*).

As I see it, the satisfactions of the id strengthen the Ego, which is in the process of integration, and constitute the 'genuine Ego resources' to which García Badaracco referred but which he failed to define.

Coming back to Winnicott, his position could be connected to Freud's concept of experience of satisfaction, which fits perfectly with the conceptual idea that the satisfaction of the id reinforces the Ego, in the same way as the mnemonic traces of the experience of satisfaction that constitute the Ego are, according to Freud, more connected to the pre-Oedipal aspects rather than with the Oedipus. In fact, Freud claims that: "I may point out that we are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed. The autoerotic instincts, however, are there from the very first; so there must be something added to auto-erotism—a new psychical action – in order to bring about narcissism" (1914, pp. 76-77, SE).

FIFTH PSYCHIC ACTION

Laplanche (1980) says that 'this new psychic action' is formed by the narcissistic exchanges between the mother and the baby. From my point of view he emphasizes the essential importance of the other.

SIXTH PSYCHIC ACTION

The need for safe attachment. The paradox and the metapsychological complexity in the process of the infant's 'humanization' is that the satisfaction of his needs is not enough; the provision of a safe attachment is also an element of the parental function that brings about the psychic action of a transition from primitivism to the capacity for subjectivity.

SEVENTH PSYCHIC ACTION

I believe that there are many founding psychic actions. Theautoerotic drive searches the other and invests the Ego with libido. I consider that although the satisfaction of needs is important, there is one step more, a new psychic action that is no longer satisfaction alone, but the 'understanding' of the need: it's about offering back a gaze to the infant, offering a desire that will make him a subject of desire. In other words, if the infant is to feel real another action is needed, 'the mirror-role of mother', who gives him back a gaze stemming from her own desire and imaginary that in fact predate the baby. Indeed, this involves acknowledging the other as master of his own drives, needs and wishes. This is interesting because then the human subject not only is confirmed by the other, but also by the other 'with his others', as it were. I understand the experience of feeling real, as Winnicott puts it, as trusting one's own perceptions and experiences along with a significant other that gives them meaning.

The mirror role of mother is a metaphor that shows us that the ego is developed in an imaginary way and constitutes a narcissistic, libidinal projection involving both the infant's and the other's drives and their vicissitudes. For both Lacan and Winnicott, who picks it up again, in this metaphor the inevitability of the other with his libidinal compromise is implicit and opens up a structural course, although it will always be a distorting mirror. When Winnicott claims that what the baby sees when s/he looks at the mother's face is him or herself, it means that the baby sees in his/her mother how she sees him/her, and not what the baby projects.

Whereas for Freud ego constitution is intrapsychic, for Lacan it comes from the other. For Winnicott, it is developed within the transitional space. For Badaracco, in turn, it will be the effect of reciprocal interdependence that is not entirely the result of drives, nor of the influence of the other.

There is more, however: from my own point of view, interdependence. An example is the recognition on the part of the mother or father of the effects of their gaze on their infant, and the impact of this effect on them. This would be the reciprocal interdependence.

What does the mother see when she looks at her baby? Does she see the baby, herself, or another? The baby's condition offers back to his mother an imaginary gaze of herself as a mother. This is how interdependence is built.

Catalina, the mother of Cynthia, aged two, who was admitted into hospital several times due to atopic dermatitis, recalls that her own mother (Cynthia's grand- mother) used to tell her: 'I cannot look at you because in your face I see your father' (whom she hated). Catalina says that only now has she realized that the same happens to her with her daughter Cynthia: she looks at her face and can only see the atopic dermatitis, someone ill, not her child. And the face of her daughter, swelled with corticoids, reflects back an accusation: 'you are a bad mother'. That's how she experiences it. This is the pathogenic interdependence. 'When I was little, I felt that my mother rejected me, and now I see that the same happens to me!'.

It is essential to consider the kind of gaze offered back by the mother as mirror, as it will give rise to different qualities of identifications: those encouraging ego integration, the non-integration of the Ego, or else a failed ego constitution. We should remember that the infant also offers back a certain gaze to his parents.

If the child identifies with the maternal ideal, he will then identify with the Desire of the other. There might be a split off mark of detachment. A 'character' might be constituted in order to satisfy the maternal desire. Desire is in a quite different category from that of the drive; it's more passive than the drive, "to be the desire of the desire of the other" (Lacan). To exist in the desire of the other, where the infant's own drives are acknowledged, is a more 'active' desire, as it were. However, when

the ego wishes to become the desire of the other without taking into account his own drives, a passive, alienating desire is constituted.

Nadia was born nine months after the death of her sister, aged four. For the mother her dead daughter was very present, and for Nadia her unknown dead sister was a rival because she, Nadia, had taken the place of her dead sister before her mother's eyes.

It is not the same to take the place of a dead person than that of a little princess in the parents' desire. This is connected to the *imaginary* of the parents, to their drives, that generate pathogenic interdependence. It is not the same to be cared for by an unsatisfied, traumatized mother than by a happy mother.

Nadia's parents were unable to understand their daughter's violence; while they merely tried to establish more limits for her, her problem, instead, was that 'she hadn't been seen' from the day she was born. Nadia's violence towards her younger brother and other children reflected back to them, like a distorting mirror, what had been split-off: 'the feelings of guilt for the death of a daughter and now the confirmation that they were bad parents, that's why their daughter was like this, and why they hadn't been able to save the other one'. This clinical example shows interdependence and the effects of the gaze as an imaginary mirror that returns from an unconscious confirmation from both sides.

TRUE SELF PARENTAL FUNCTION AND GENUINE EGO RESOURCES

This leads us once again to define the concept of 'genuine ego resources', which should not be confused with the so-called 'Ego functions,' described by Anna Freud. The development of genuine Ego resources is achieved when the 'emotional presence of the other' can be conceived, that is, when otherness can be acknowledged by discovering and respecting the pleasure of the baby, which will always be different from that of the 'imaginary baby' as well as from the one experienced by the adults. Adults need to face the difference between the imaginary baby, nearer to Narcissism and the Ego ideal, and the actual baby that not always responds in the way his parents expect.

If the parents are to succeed in achieving this 'primary empathic match,' and to tolerate the difference between the mythic baby and the real baby, they must have submitted to symbolic castration and they themselves should have their own genuine Ego resources. Only then will they tolerate the need to be available for their baby and refrain from considering that the difficulties intrinsic to the development of their children constitute failures that affect the parental narcissism. For this reason, we should establish a distinction between "as if" parents, "false-self parents" and the authentic parental functions that I call "true self parental function."

It is interesting to introduce Sylvia Brody (1970), who studied the maternal relationship according to unconscious experiences. She describes a kind of mother who, I in turn, have named the "false self mothers" (Rotenberg, 2014). Brody says that certain mothers "respond to their children in a highly 'mechanical' way. (...) they perform empty routines with a remarkable lack of perception towards their babies' feelings. They interact with their children with impatience, unwillingness, and tardiness. They ignore the visible affliction of their baby, speak to him in an improper tone and complain about him ..." (Translated for this edition, quoted in *Parentalidad*, 1970, p. 437).

The child's "coming into being" is facilitated by the parents' genuine Ego resources, who encourage the emergence of potential in their children, as Human infants cannot start to be except under certain conditions. In this phase, the ego changes over from an unintegrated state to a structured integration, and so the infant becomes able to experience anxiety associated with disintegration. The word disintegration begins to have a meaning which it did not possess before ego integration became a fact. (Disintegration is different from non-integration). The psyche indwelling in the soma, described by Winnicott, can only take place with the infant's new state of being a person. Therefore, ego-integration not only constitutes the integration of the preconscious ego that speaks, but is essentially the integration of the ego that was held, understood, satisfied from the perspective of drives by the parental function. Indeed, it is the interdependence with the other that allows the infant to have a body, to connect psyche and soma.

The unpleasurable experiences, if they are limited, and tolerable, will allow the ego to distinguish between him/herself and the other from the very beginning. Therefore, this process takes place not only when there has been fusion and attachment, but also when there has been differentiation: when the process of me-not me differentiation is encouraged, the child's autonomy, an important ego resource, is developed.

In my experience when children need to cover up for the lack of their parent's ego function they develop a false self. By so doing, they look after themselves and their parents as well. This is the aspect of reciprocal interdependence that Winnicott did not take into account.

INTERDEPENDENCE AND EGO RESOURCES

These early processes are part of the 'mesh' that constitutes healthy interdependence, which begins to be established within a net of meaning from the earliest infancy: an interdependence between the helplessness of the baby and the *imaginary* life of the parents. Following the ideas of G.J. Badaracco (1985), we understand that the interdependence that initiates the process of becoming a self includes the relationship with the other, the fantasy relationship with the other, the desire of the mother, the intergenerational desire, all of them interconnected with the drives.

This reciprocal interdependence can either be healthy, conflicted or a dilemma. The first two belong to the category of drives and subjectivity, while the third belongs to the category of the desire of the other: there is a struggle to get free from the alienation of the desire of the other, and as a consequence, different mental positions are mastered.

I wish to emphasize that only if there is Ego integration, only if there is continuity in the experience of satisfaction will ego resources develop and, in turn, the Ego will carry out the 'Ego functions' described by Anna Freud. We should bear this in mind when we are faced with behavior disorders and learning disabilities in children because a child whose ego is scarcely discriminated will not be able to carry out Ego functions. Therefore, when there is a failure of self-integration, Ego resources will fail to develop. The child will then have the added burden

of the consequence of fragile or non-existent ego functions These failures manifest themselves in symptoms in the communication with others, in the acquisition of speech, in learning disabilities, in psychosomatic disorders. This is an important issue because, while child psychoanalysis has been mainly concerned with behavior disorders, learning disabilities and somatic disorders have been less of a focus for us. Many learning disabilities are the consequence of disturbed Ego integration and therefore, ought to be approached by a psychoanalyst rather than by an educational therapist.

INTEGRATION FAILURES

I would like to emphasize certain issues that I consider to be essential:

1-In psychoanalytic theory we know quite clearly that the failure of parental functions effects the capacity to symbolize and are the genesis of structural faults. However, if the parents feel criticized, this can activate a superego reaction on the part of the parents, making them feel even more guilty and this becomes an impingement on the process of change. However, what has not been explored sufficiently is how to help parents provide what the baby needs. If we simply state that 'the maternal or the paternal functions have failed' this does not provide sufficiently useful tools to create the possibility of psychic change.

2-The conceptualization of the paternal metaphor is another issue, because in psychoanalysis it was meant to signify someone of the male gender as the organizing agent of the child's psyche. The mother, on the other hand, has been thought of as the one encouraging, distorting, or else hindering the function of the father as facilitator of the process of separation-individuation. These hypotheses have been concretely connected to the masculine and feminine biological genders as if these gender assignments were inherent. Actually, it is culture that has influenced the assignment of parental roles based on biological gender. In my opinion, the notion of paternal metaphor as the organizer of the psyche has been overstated: in clinical practice we notice that functions can alternate. I believe that the maternal and the paternal functions exist as possibilities within each of us: there is a double function, a consequence of the broadened Oedipus complex.

3- In my view, it is essential to consider the effects that the parents' lack of genuine resources have on the upbringing of their children. These shortcomings prevent the function of *reverie* and, in my experience, are part of a vulnerability for postpartum depression; the 'false self parents' project their own insecurities and fears onto the 'failures' or the emotional demands of their children. These are some of the many difficulties that are frequently present when parents have limited capacity. It is one type of experience to be born into a family where parents feel that they have a true self, and the affective encounters are full of life, and another experience to be born to parents who operate with a false self and who lean on "mimetic identifications," and copy actions that supposedly constitute "what parents do."

Even though the concepts of false self, ego deficit, and trauma theory are the result of distinct theoretical frameworks, we can use all these ideas to understand the difficulties parents have in facilitating the development of genuine ego resources in the child.

When Melody comes to fetch her eight year old son John from his session, she is visibly angry and she scolds him: 'you took the sweets from home'. I ask her if she is angry because the boy has eaten too many sweets. No, she says, it's not that, it's the fact that he didn't ask for my permission.'

At another time she tells me: 'When I go to fetch him at school I see the other moms and I think that they are real mums, whereas I 'look like a mom but I'm not really one'. I offer her an interpretation: The time she berated her son because he hadn't asked for permission to have sweets, she was probably angry because she believed that 'being a mom' meant to be asked for permission. Yes! She replies, I hadn't thought about it, but I care more to be asked than to consider whether something is good for him or not. These parents have a feeling of "being trapped" in the urgent demands of the infant because they are incapable of feeling true empathy. They experience themselves as lacking genuine ego resources, as not having enough for the child.

Although the concepts of "oneself," "ego" and "self" have originated in different psychoanalytic theories, I consider that psychic constitution is so complex that establishing a connection between these concepts would be useful. When I treat the families I think of the Self as the part

of my patient that is the focus of treatment. It is through the recognition of the self that the structure of the ego can expand to develop the capacity for healthy interdependence and the capacity for enjoyment.

In *Analysis, Terminable and Interminable,* Freud suggests that Ego distortions constitute an essential cause of psychopathology. Despite the fact that he does not actually work with the notion of "experience of being oneself," he nevertheless, develops it as a feeling of being out of one's wits. Something similar is felt in melancholia, in ego distortions, in the experience of the uncanny, but not as a time constitutive of the Ego.

The difference between the affective contact offered by the true self or the false self could be compared to Harry Harlow's experiment with "wire monkeys," in contact with whom baby monkeys risked depression and even death because they lacked the warmth and affection of their real mothers.

4. Another issue to consider is the 'transference from the minds of the adults to the mind of the child' of unbound contents: the trauma without word- representation. By means of passive primary identification within an emotional atmosphere that cannot be thought to correspond to the present, these traumatic contents are passed onto the mind of the child.

Freud says that: "We have decided to relate pleasure and unpleasure to the quantity of excitation that is present in the mind but is not in any way 'bound', and to relate them in such a manner that unpleasure corresponds to an increase in the quantity of excitation and pleasure to a diminution" (1920, pp. 7-8, SE).

In connection with the theoretical statements that I have so far developed we should ask ourselves what happens if an unconscious attempt at resolving the failed binding of excitation is made by means of projection and deposit of unthinkable anxiety onto the children. In other words, if on trying to bind overwhelming excitation parents project their own anxiety onto their child, what happens to the child? What happens to the adult? This is what could constitute what I have termed the "mute unconscious." I call it this because although there is lack of word-representation, its effects are indeed noticeable. In this way, the pathological parental function continues to develop and the child, as

a depository, becomes the evacuative receptacle of the projections of his parents and his response is hatred. The child tries to cope with the anxiety and mental phenomena that he is incapable of understanding, but s/he feels more and more alienated in the voices and demands of the others, and then s/he becomes alienated. This is reciprocal pathological interdependence. Frequently, the child supports the evacuative role of his parents within the pathological interdependence until something dramatic happens that suggests the need for change. In extreme circumstances it may be a psychotic breakdown, which, from this perspective, could be considered an opportunity for change in as much as it shatters or denounces the pathological structure. Indeed, these kinds of structures or pathological kinds of dependence are frequently unmasked at the price of a psychotic crisis, which at the same time constitutes both a tragedy and the possibility for change.

Following the theoretical conceptualizations made by Norberto Marucco (1999) with regard to different psychic zones, splitting and structural disavowal, I wonder in which way we should consider the effects of parental disavowal and splitting in the structuring of the minds of their children, that is, the effects of these mechanisms on upbringing? We know of successful analyses of adult patients whose children were growing up while they completed their treatments. Could those "split off " zones of the mute unconscious, lacking word-representation, disavowed, produce the effect of emptiness?' The split off, disavowed contents can be seen to be passed onto the following generation, affecting the inner world. In what other way could we explain the prevalence of a sense of emptiness amongst the individuals in a family?

Adrián used to say that he did better at school when he could reason things out, but sometimes he had to study by memorizing. Despite all this, he failed all his exams. We discovered that when he studied by memorizing he was trying to face a situation in which his own Ego was not there, but where was he? He says he is a slacker, he follows routines but he isn't really there. His best attempt at describing the troubling experiences he could barely conceptualize was to say that the year was "gone." I wonder what kind of gaze can a mother that has disinvested her own Ego because of

trauma or grief offer? This is a mother who is "somewhere else," as Green (2005). puts it.

The effects of these failures: I believe it is helpful to consider the notions of "integration" and "non-integration," which are broader than the notion of body-mind integration to which Winnicott referred. I consider that this perspective allows us to understand several cases of children who have been diagnosed with pervasive developmental disorder or infantile psychosis. We can understand the overwhelming anxiety suffered by these children who cannot enjoy inner peace because they have a failed ego integration, a failed constitution of the second topography, which prevents them from adjusting their own drives.

This is the therapeutic challenge that we are faced with, more so if the parents, who represent the external world, continue to 'be hostile' and the parental failures feed the superego of the child, which then becomes cruel. This could be attributed to the fact that the parental failure hinders the flow of the drives, Ego integration, and the path towards the acquisition of a subjective position. Parental failure is experienced as a hostile external world, which is not the projection of the cruel superego, but of "the others in us" (Badaracco), it is the failure of the parental world which continues to exercise influence from the others and from the incorporation of their voices.

Thus, when the subject is faced with scarce Ego resources he is unable to deal with the demands of the Id, and of the cruel super ego; as a result, the external reality becomes very hard to approach. Passive identifications and family imperatives can remain encrypted just like a polyphony of voices, to use an expression of Bakhtin (2008), which, Badaracco in turn, conceptualized as "the others in us." Those voices are characters that continue to act in the mind with a certain degree of detachment. The therapeutic task is for the patient to dis-identify from them.

In the psychoanalytic literature we have long studied the infant's dependence on his mother, but what I have confirmed in my own clinical practice is that adults frequently depend more subtly on their children. 'The child is aware of this dependence and uses it very early on' (Badaracco).

Juan, 29, a chronic patient who had been confined to the Borda Psychiatric Hospital, attended the Multi-family Group Therapy with his parents. After more than a year of treatment, changes in Juan became noticeable: he started to communicate with others after having been catatonic. His father, a very private man, was finally able to tell the Group that he had been in the war, fighting in the army under Mussolini and he had come back feeling extremely phobic and violent. He was terrified of going out. However, when Juan was born, he became able to go out when he took the baby for a ride in his pram. Thus, Juan was the "protective shield" of his father, the one who received the bullets, the deadly projections of his father.

This case illustrates how the father felt supported because his baby kept him company: this is the phenomenon I have termed "inverted holding." He had developed a fusional interdependence with his son and this had probably prevented Juan from being "himself." The son acted as a shield that protected his father from imaginary bullets, but 'the child received the bullets instead', therefore, the father could safely go for a walk because the one in front, in the pram, was his son: "the child was the Infantry."

When the parents unconsciously depend on the infant more than it would be expected this is usually due to the fact that the infant 'has an organizing function in the mind of his parents'. While the child might not be aware of this, it nevertheless encourages pathogenic interdependence.

At the School for parents, at the Dermatology Department in the Ricardo Gutiérrez Children's Hospital, a young mother of English nationality consulted with her fourteen-month old child who suffered atopic dermatitis. We saw the child irregularly because the mother interrupted his treatment at the hospital and then consulted somewhere else. The Paediatric dermatologist suspected this could be a case of Münchausen Syndrome, as the mother wandered from one hospital to the other, and her child had been admitted into different paediatric centres while his condition worsened more and more. When she came to the School for Parents, Susan, the mother, put up a charming smile which, in fact, attempted to conceal her strong rejection of the therapeutic group (Multifamily School for parents).

When the child, who was already two and a half years old, had been in the hospital for five months in 2012, the doctors considered changing corticoids for an immunosuppressant drug.

Faced with the seriousness of the situation, and as I had come to know the mother a little better, I inclined towards a more direct approach and asked her what was going on. On the one hand, she came and appeared to be very helpful but, then she disappeared and her child was getting worse. I have always taken into account Winnicott's interventions in London, where he sometimes considered that the possibility existed that there would only be one session. So he regarded the encounter as a unique opportunity for the family to leave with some understanding of what was happening. This was a difficult session because in the beginning Susan, far from welcoming my genuine concern and interest in helping them, felt attacked. I will now briefly describe the development of our meeting.

The mother, a highly cultured woman, spoke three languages and used to be an actress in London. However, the birth of her son coincided with an accident suffered by her husband, who remained an invalid. They came back to Argentina, where the family of origin of Susan's husband lived. But Susan didn't want to remain here with him and decided to file for divorce. Her husband, very upset, in turn refused to grant authorization for his child to leave the country [due to?] emotional demands of their children, among other factors. Anxiety, traumatic events and legal proceedings had prevented Susan from bonding with her child. Susan couldn't admit this until she was able to remember that, when she was sixteen, her parents had divorced. Her mother stayed in London and her father moved to Belgium. Both, however, considered her as their confidante. This stage, as well the previous rows between them had been very painful. At the time Susan promised herself that she would never do what her parents had done to her; she would never pass on her own anxieties to her children.

For Susan, establishing a connection between the atopic dermatitis and emotional aspects was intolerable because it meant she had done what she didn't want to do, and at a time when her own child was a lot younger. Her mechanism of disavowal caused her to reject her son, she went so far as to say: "sometimes I could throw him out of the window." When she could acknowledge, make conscious, what had been split off and disavowed she could come to the group. Her rejection of her son was remarkable, even though she tried to hide it.

A mother who doesn't gaze into the eyes of her baby, who doesn't invest in him even if she does not reject him, who is "somewhere else" (Green, A. 2005), does not play the mirror-role; she gives back emptiness rather than integration. In any case, it is the child, non-invested but socialized, who then becomes an inverted mirror that reflects the mother's difficulties, the maternal introversion that is experienced as rejection of the child, and the expression of her own shortcomings. In this pathogenic interdependence the guilt-ridden or cruel Superego becomes strengthened.

Coming back to the clinical material we were examining, Susan used to say:

When I go back home, at night, I have to take a deep breath in order to go in and face seeing him'. The following week Peter (the child) for the first time came in with a clear skin, without any rashes. There were only traces of disease on the corner of his mouth and on the neck.

They continued to come, but Peter not only suffered from atopic dermatitis, that was the 'visible' part; in fact, he presented a state of non-integration of the Ego. The other children in the group used to say he was a little animal. He would run all over the room while screaming. He didn't make eye contact with anyone, not even his mother. He did not communicate in a socially acceptable way, and he hurled anything within his reach. His mother didn't look at him in the eye either. She didn't talk to him, but rather, talked about him. Susan, who had previously so flatly refused to join the group, started to attend without missing any sessions and brought along her new partner, an Italian man. Peter began to draw and to acknowledge the presence of other children. He tried to play with some of them, his way of making contact was to throw pencils to them, so that they could throw the pencils back. Through playing, he was trying to discriminate me- not me possessions. The others did not always return the pencils, and this was a frustration that Peter still found intolerable.

The improvement in Peter's skin was very quick. Once I could understand the meaning of the maternal anxiety and her rejection of Peter, I began (first within myself) to transform the rejection we all felt towards Susan, due to her utter lack of maternal feeling, into an understanding that

we were facing the inevitable compulsion to repeat infantile traumas that had not been worked though, that were unconscious and involuntary. I believe that in the group Peter felt that he was being looked at in a different way. Previously, he had been an "object with a skin disease" that had to be cured. There was no acknowledgement of Peter as an individual with desires. This was the first time that he blew us kisses with his little hands when he left. We were greatly surprised! Back from the holidays, both Susan and her partner noticed important changes in Peter's behavior and communication: before that he had been considered a "hyperactive little animal" However, someone unfamiliar with Peter's early state might still only notice his present serious condition. Susan's partner told us that it was very important for him to come to the therapeutic group and to see how I talked to Peter. Because when Peter screamed, he could only respond by screaming even louder, telling him not to scream! This is evidence that when the parental function started to change and Peter's early Ego slowly started to respond in a more human way, a process that can hardly be considered an easy one, given Peter's state of non-integration. In one of the sessions Peter started screaming and his little hand got rigid as if he were a robot, thus expressing his fury. His mother gave him a rice cake. Peter began to scratch himself, which in my opinion constitutes evidence of the discordant response of the mother. We should bear in mind the seriousness of his atopic dermatitis, due to which he had had to be admitted into hospital on several occasions. I went close to Susan and affectionately told her: It must be very hard for you. You are very lonely! But try to hold him as if he was a small baby. She did so and I held them both in mind. Peter calmed down.

We could explain Peter's improvement not only as the product of an analytic interpretation that brings back to the mother awareness of conflict that has been split off, by acknowledging repetition, but also as a kind of "betting on drives," as it were, on the part of the therapist, which allowed Peter and his mother to experience the containment of drives that diminishes the feelings of annihilation and madness. This also limits "the effects of the persecuting aspect of the maternal superego that had been projected onto the therapists."

Reciprocal Interdependence

I believe that the concept of "interdependence," coined by Badaracco, along with a number of others, is very useful as it not only includes the notions of relationship, and internal objects, but is even broader, and, as I have been trying to explain, it accounts for unconscious and conscious phenomena, character traits that are supported by the parents and their children.

The concept of interdependence includes a factor that has hardly been taken into account in the psychoanalytic conception of neuroses: the notion of dilemma. I understand interdependence as a psychic mesh that includes the trans-generational, the internal object, the inter-subjective, the trans-subjective, without leaving out the drives in each of the members. There is an original interdependence between 'the infant's helplessness, the parent's *imaginary* and the wish for a child (we must always consider what kind of wish it is). In the notion of "interdependence" the word dependence is included and, in fact, dependence is real for the infant and emotional for the parents.

From my point of view, the most interesting aspect is the paradox involved in the fact that these relationships can be at the same time indiscriminate and discriminate, narcissistic and oedipal, confusing. As they are supported by all those individuals included in the mesh, when they are pathological, they constitute a dilemma. Within pathogenic meshes, parents and their children cannot separate because they need each other in order to survive psychically.

When this traumatic overload intrudes upon primary interdependence the infant's mind is unable to develop ego integration for two reasons:

1- the excessive quantity of parental mental energy invades his/her mind

2- the imaginary gaze given back by the "mother as mirror" is distorting.

Illness could be a primitive unconscious attempt to calm down the adults, to ease endless anxious feelings of emptiness, as well as fantasies of persecution and death.

For some reason, the child who is to become a "seriously disturbed patie"' has constructed a false self in order to look after his parents and himself. We could also suppose that he has identified with the pathogenic structures imbued in the pre-psychotic self or the hidden psychosis of both, or at least one, of his parents. These identifications prevent him from developing libidinally according to his chronological age and what is more, they constitute the cause for the arrest in his psychological development. Drives are prevented from investing libido towards his objects of interest.

Badaracco gives new value to the observations made by Ferenczi (1952), when he says that intellectual disability is generated mainly between the id and the superego while the ego remains excluded. In this sense, Badaracco says that: "These relationships tend to structure following a perverse mode, and condition a kind of mental functioning that promotes permanent intra-psychic "acting out," which puts a stop to further development of "other ego resources" (1985, page).

In "Reparation in respect of mother's organized defense against depression" (1948), Winnicott describes "false reparation" as deriving from "the patient's identification with the mother and the dominating factor is not the patient's own guilt but the mother's organized defense against depression and unconscious guilt."

I think that this could be applied to both parents and we should add that the infant plays an active role in 'taking care of his parents' with his illness. I emphasize once again that these mechanisms are what we call pathogenic interdependence.

When the integration process fails, the child's ego is unable to contain his own drives (this is something relative and according to each life stage), and to face (with his incipient, unintegrated ego) what for other integrated egos could be a 'relative frustration' coming from the environment. When this failure takes place in the beginning of life it can be serious; the children who cannot contain the tolerable postponement of their drives because their egos have not incorporated satisfactory experiences are unable to make a synthesis of identifications and they become ill.

Those children that have been diagnosed as suffering from "pervasive developmental disorder," infantile psychosis, early psychosomatic

disorder, in fact feel that they are invaded by the environment. The children whose egos have not yet been integrated are not in the slightest [way] capable of containing their drives, their anxieties. Their parents, on exercising a failed parental function, believe that 'establishing limits' is the answer. They lack the representation of what "comforting their baby or their child" really is.

When I speak of "failed parental function," I am not speaking of "bad parents" or bad people. In my clinical practice, I have seen many families, parents who love their children and yet have been unable to develop healthy parental functions, that is to say, they themselves lack ego resources to curb their own anxiety and avoid passing it on to their children. Some parents come with pitiful life histories; many disorders have a psycho-social nature. The essential task of the ego is that of articulation and elaboration for the constitution of subjectivity and the appearance of the person's own desire.

The difficulty in working through personal traumatic experiences, or else those of past generations, is a human trait that those of us who work in the field of mental health must understand. This is not about being "good or bad parents as persons' indeed, the quality of being "good or bad" is not attributed to individuals, but to their ability to transform, so that subjectivity is born in the infant. By subjectivity, I mean that the individual owns his own body, his own desire and is therefore able to plan a personal project.

Pathogenic interdependence starts to be transformed with therapeutic help, within healthy interdependence that allows both the structuring of the ego and the flow of the drives in search of adequate objects: we must remember that the ego can work through what he is able to feel, with the help from the parents' ego resources. The virtual potential of the infant can be either inhibited or developed according to the facilitating environment that is set in motion when the parental function has ego resources and therefore can transform, within the relationship, the catastrophic anxieties felt by the infant, anxieties that, if they fail to be thus transformed, directly affect his or her potential development.

FINAL THOUGHTS

In this chapter, I have tried to establish connections between concepts that serve as clinical tools in order to consider the complexity of psychic structuring. From my clinical experience with very young patients and their families, I have noticed that the 'non-integration of the ego' in some cases can explain emotional states that can be reversed with clinical practice. From this perspective, I wish for my paper to be considered as an invitation to carry on revisiting psychoanalytic theory, technique, and psychopathology during childhood and adolescence.

REFERENCES

Alizade, M. et al. (2003). Gender and family function: Theoretical and clinical contributions. Revista de Psicoanálisis., vol. 60, no. 3 (Julio-Septiembre). Buenos Aires, Asociación Psicoanalítica, pp. 727-739

Aulagnier, P. (2004). The Violence of Interpretation. NY: Brunner-Routledge.

Badaracco, G.J. (1985). Identification in Psychosis, Psychoanalytic Review, vol. XLII, May-June, pp. 214-242.

Badaracco, G.J. (2009). Alienating Identifications, The Future of Multi-family Psychoanalysis.

Bakhtin, M. (1980) The Esthetics of Verbal Creation. Ed. Nueva Vision, Spain.

Benjamín, J. (2006). Equal Subjects: Love Objects: Essays on Recognition and Sexual Difference. New Haven: Yale University Press.

Bleichmar, S. (1986). On the Origins of the Psychic Subject: From Myth to History.

D. Amorrortu Publishers.

Bleichmar, E. (2007). Same Sex Parents: New Families.

Sylvia Brody (1970). Sticking to a mother: an instinctive sapling and baby care. in, E.J. Anthony & T. Benedek, Parenting. Assapia, D. Amorrortu, pp.429-449.

Sylvia Brody and S. Axelrad, (1970). Eds. Anxiety and Ego Formation in infancy, New York: International Universities Press.

Judith Butler (1990). Gender Trouble: Feminism and The Subversion of Identity. NY: Routledge

Ferenczi, S. (1952). Transference and Introjection. In First Contributions to Psycho-Analysis (45:35-94). London: The Hogarth Press and the Institute of Psycho-Analysis Retrieved from http://www.pep-web.org/document.php?id=ipl.045.0001a#p0035

Freud, S. (1920-1922). The Id and the Ego. Vol. III Complete Standard Edition.

Freud, S. (1937). Analysis Terminable and Interminable. Complete Standard Edition.

Frisch, S. and Frisch-Desmarez, C. (2010). Some thoughts on the concept of the internal parental couple. The International Journal of Psychoanalysis, vol. 91 # 2,pp. 325-342.

Ginestet-Debreil, S. (2002). Trauma: Terror thinking about the Effects of Transgenerational Trauma. Publications Department of Investigations Psychoanalytic Research Family and APA, Pareja.

Glocer de Fiorini, L. (2001). The Feminine and the Complex Thought. — Buenos Aires: Lugar Editorial Place.

Glozman, M. (2012). Perspectives from Dialogs, Critical Spaces and Production. Published by the Faculty of Philosophy and Letters. Buenos Aires: UBA.

Green, A. (2005). Guidelines for Contemporary Psychoanalysis. Amorrortu.

Green, A. (1986). Narcissism of life, Narcissism of Death. NY: Routledge.

Laplanche, J. (1980). Castration- Symbolization Problems II. Amorrortu.

Laplanche, J. (1987). New Foundations for Psychoanalysis: The Original Seduction. Oxford: UK. John Wiley and Sons, Ltd. Press.

Lussier, A. (1989). La Violence De L'Interprétation: In, Piera Aulagnier. Paris: Presses Universitaires de France, 1975, 375, J. Amer. Psychoanal. Assn., 37: pp. 842-847

Levin de Said, A.D. (2004). The Support of Being: Contributions of Donald W. Winnicott and Piera Aulagnier. Cambridge: UK. Polity Press.

Marucco, N. C. Narcissism in the structuring of the couple and the family: Between family ideals and cultural ideals. Revista de Psicoanalisis, pp. 135-152.

Marucco, N. (1999). The Analytic Cure and Transference. Buenos Aires: Amorrortu, pp. 277-89

Mitre, M.E. (1998). The Voices of Madness. Buenos Aires: Emece.

Mitre, M.E. (2014). Fear of being Oneself as a result of Mutual Maddening Interdependencies. In, Parentalidades: Transforming Interdependencies Between Parents and Children. E. Rotenberg [Ed], pp. 95-108

Racamier, P.C. (1992). The Engineering of Origins. Paris: Payot Publishers.

Rotenberg E. (2014). [Ed.]. Transforming Interdependencies Between Parents and Children. Buenos Aires: Lugar Compilation.

Rotenberg, E. (2005). Processes of illness in the family context. Buenos Aires: Psychoanalytic Research Department for Families and Couples. APA Press.

Rotenberg, E. (2007). Difficult Children-Disoriented Parents, Difficult Parents-Disoriented Children. Lugar [Ed].

Rotenberg, E and Agrest, B. (2007). Same Sex Parents, New Families. Lugar [Ed].

Rotenberg, E. and Stenger, E. (2012). Therapy Consultation in a School for Multifamilies. Latin American Meeting on the Thought of Donald Winnicott: Dialogue with Winnicott in the 21 Cen.

Solis–Ponton, L. (2002). Parenthood. Challenge for the Third Millennium. An International Tribute to Serge Lebovici. The Red Collection.

Stenger, E. (2014). In, Rotenberg E. Ed.]. Transforming Interdependencies Between Parents and Children. Buenos Aires: Lugar Compilation.

Winnicott, D.O. (1958). Collected Papers: Through Paediatrics to Psychoanalysis. London: Tavistock.

D.W. Winnicott. (1965). Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development. London: Hogarth Press. Child: Studies