

Mahler, Margaret S. On child psychosis and schizophrenia. In: The psychoanalytic study of the child. Vol. 7. 1952. Pp. 286-305.

Schilder has pointed out that the core of ego development is the differentiation of the body image. At a certain point the infant realizes that hallucinatory fulfillment is inadequate (primary process) and becomes dimly aware of the fact that satisfaction is dependent upon a source outside of his bodily self. "Bodily contact with the mother, that is, fondling and cuddling, is an integral ~~part~~ prerequisite for the demarcation of the body ego from the nonself within the stage of somatopsychic symbiosis of the mother-infant dual unity." The infant experiments with the feel of his mother's body and compares it with the feel of his own. Learning about one's body as separate from the mother's is representative of a ~~high~~ relatively high degree of ego differentiation. "To understand the dynamics of infantile psychosis, observation and study of the most important transitory step in the adaptation to reality is necessary; namely, that step in the development of the sense of reality in which the mother is gradually left outside the omnipotent orbit of the self.....He separates his own self (and his mental representation) from that of the mother. This stage in ego development is a very vulnerable one..."

"...there are infants with an inherent ego deficiency which from the very beginning --that is to say, from the stage of the undifferentiated phase--predisposes them to remain or become alienated from reality; there are others whose precarious reality-adherence depends on delusional symbiotic fusion with the mother image" (p. 289).

Two clinical and dynamically different groups of child psychosis: autistic infantile psychosis and symbiotic infantile psychosis. In the autistic psychotic group, "the mother, as representative of the outside world, never seems to have been perceived emotionally by the infant, and the first representation of outer reality, the mother as a person, as a separate entity, seems not to be cathected. The mother remains a part object, seemingly devoid of specific cathexis and not distinguished from inanimate objects....there are no signs of affective awareness of other human beings" (289-290). In the symbiotic group, "the mental representation of the mother remains, or is regressively fused with--that is to say, is not separated from the self. It participates in the delusion of omnipotence of the child patient" (292). These children rarely show conspicuously disturbed behavior in the first year of life, except perhaps for disturbances in sleep. Disturbance here becomes apparent either gradually or "fulminantly at such crossroads of personality development, at which maturational function of the ego would usually effect separation from the mother, and would enable the child to master an ever-increasing segment of reality, independently of her. As soon as ego differentiation and psychosexual development confront the child and thus challenge him with a measure of separation from and independence of the mother, the illusion of symbiotic omnipotence is threatened and severe panic reactions occur" (292). Usually manifests itself in the third or fourth year or at height of oedipal conflict. Cumulative effect of previous traumatic events very often plays a role. "The world is hostile and threatening, because it has to be met as a ~~xxx~~ separate being. Separation anxiety overwhelms the brittle ego of the 'symbiotic psychotic child'" (292).

Mahler believes that the contention that schizophrenia does not occur previous to puberty, because the schizophrenic picture is based on the psychotic elaboration of the homosexual conflict, is not borne out by clinical evidence. She believes that "the main cause of proclivity ~~for~~ for alienation of the ego from reality and fragmentation.....is the above-described grave disturbance--a specific conflict of the mother-child relationship, be it autistic or symbiotic. Second....bisexual conflict can be, and often is, prominent in the symptomatology, the production, and even the immediate genetic cause of the psychotic breakdown of the ego in childhood" (294).

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In symbiotic infantile psychosis panic reactions are most prominent; in the autistic psychotic child, there is the contrast of seemingly self-sufficiency, if only he be left alone. Any change in the environment in the latter case is resented and found irritating. "The autistic position is defended by catatonic-like temper tantrums. Aggressive ~~acts~~ and destructive acts seem not to be aimed at the interfering person as a whole. The autistic child shoves away the 'hand' that is in his way as he would a wooden block.....Early infantile autism develops...because the infantile personality, devoid of emotional ties to the person of the mother, is unable to cope with external stimuli and inner excitations, which threaten from both sides his very existence as an entity. Autism is therefore the mechanism by which such patients try to shut out, to hallucinate away (negative hallucinations) the potential sources of sensory perception, particularly those which demand affective response" (297).

"The mechanisms which are characteristic in the symbiotic infantile psychosis, on the other hand, are the introjective-projective mechanisms and their psychotic elaboration.....These mechanisms aim at a restoration of the symbiotic parasitic delusion of oneness with the mother and thus are diametric opposites of the function of autism.the lack of separation of the representation of the self from the representation of the non-self is clinically not discernible in the first two years of life. Hence clinical evidence for symbiotic conflict of the order and unequivocality which points to autistic disturbance in the first two years of life cannot be expected. But it seems that the symbiotic psychosis candidates are characterized by an abnormally low tolerance for frustration, and later by a more or less evident lack of emotional separation or differentiation from the mother, Clinical symptoms manifest themselves between the ages of two and a half to five, with a peak of onset in the fourth year of life. These infants' reality ties depend ~~mainly~~ upon the early delusional fusion with the mother (unlike those of the autistic child who had no reality ties to begin with)." (297a298).

Differential diagnosis: Can be attempted by reconstruction and appraisal of the earliest mother-infant relationship. Specific factor "is mother's role as reflected in the baby's nursing behavior during the process of individuation...period when the infant's body ego and representation of the self should emerge from the primal somatopsychic symbiotic stage and the fused representation.....the autistic baby behaves quite differently during the nursing period than either the normal infant or the symbiotic baby.....the primarily symbiotic child ~~cannot~~ often cannot be detected before awareness of separateness from the mother image throws these infants into a state of panicky separation anxiety. When we meet cases of child psychosis at a later stage, it seems that pure cases of autistic child psychosis as well as pure cases of symbiotic-parasitic psychosis are rather rare, whereas mixed cases are frequent; by this time, symbiotic mechanisms have been superimposed on basic autistic structures and vice versa" (301).

Rx and outcome: First requirement for treatment of the autistic child is "to lure him into contact with a human love object. At that point of development or of treatment, reactions which resemble parasitic-symbiotic mechanisms appear spontaneously or as an artefact of treatment. On the other ~~hand~~, children who begin with a symbiotic psychosis will use autism as a desperate means of warding off the fear of losing whatever minimal individual entity they may have succeeded in achieving, either through development or through treatment, which they then attempt to ~~be~~ preserve by the opposite psychotic mechanism of autism.....the autistic child is most intolerant of direct human contact. Hence he must be lured out of his autistic shell with all kinds of devices such as music, rhythmic activities and pleasurable stimulation of his sense organs.....In the symbiotic type, on the other hand, it is important to let the child test reality very gradually at his own pace. As he cautiously begins this testing of himself as a separate entity, he constantly needs to feel the support of an understanding adult, preferably the mother or the therapist as mother substitute. Such continual infusions of borrowed ego strength may have to be continued for a lifetime. In other words, separation as an individual entity can be promoted only



very cautiously ~~in~~ the case of the symbiotic psychotic child" (302).

Prognosis ~~is~~ in regard to arrest of the process and consolidation of the ego is moderately favorable...outlook as to cure is bleak. In cases of symbiosis, development of individuation has been missed "at a time when essential, basic faculties of the ego are usually acquired.....In the autistic...the deficiency is even more severe because the specific matrix itself was nonexistent, and therefore the growth which it fosters, could not take place. Establishment of contact and substitution therapy over a long period of time may sometimes give spurts of impressive and gratifying results. But they are usually followed by an insuperable plateau of arrested progress, which usually taxes the patience and frustrates the renewed hopes of the parents" (303).

"Any pressure in the direction of sudden separate functioning must be cautiously avoided in the symbiotic child. If the ego ~~is~~ of the symbiotic type is overrated and expected to be able to cope with reality without continual ego infusion~~is~~ from the therapist, who substitutes for the mother, the panic reactions and acute hallucinations may cause regressions and withdrawal into stuporously autistic states or hebephrenic deterioration. Therefore simultaneous supportive treatment of the mother~~is~~, if at all possible, seems to constitute the optimal and, perhaps, even a sine qua non approach to the problem" (303).

Mahler does not write this, but from what is described in this paper, it would appear as though the autistic infantile psychosis is more severe than the symbiotic infantile psychosis in the ~~sense~~ of earlier onset, constitutional factors, and prognosis. It would also appear that early traumatic events may be of more importance in the onset of a symbiotic reaction (as found in mother-child interaction) than they are in the ~~autistic~~ autistic reaction.