

The Maturation Processes and the Facilitating Environment, by D. Winnicott

a. People / Organizations:

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b. Quotes:

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c. General Notes:

▪ Introduction (pg. 9)

- "The main theme of these collected papers is the carrying back of the application of Freud's theories to infancy. Freud showed us that psycho-neurosis has its point of origin in the interpersonal relationships of the first maturity, belonging to the toddler age." (pg. 9)
- "Dependence in early infancy is a fact, and in these papers I have tried to take dependence right into the theory of personality growth. Ego-psychology only makes sense if based firmly on the fact of dependence, and on the study of infancy as well as on the study of primitive mental mechanisms and psychic processes. The beginning of ego emergence entails at first an almost absolute dependence on the supportive ego of the mother-figure and on her carefully graduated failure of adaptation. This is part of what I have called 'good-enough mothering'; in this way the environment takes its place among the other essential features of dependence, within which the infant is developing and is employing primitive mental mechanisms. One aspect of the disturbance of ego emergence produced by environmental failure is the dissociation that is seen in the 'borderline case' in terms of the true and the false selves. I have developed this theme in my own way, seeing the representatives of this dissociation in healthy persons and in healthy living (private self reserved for intimacies, and public self adapted for socialization), and also examining the pathology of the same condition. At the extreme of illness I see the true self as a potentiality, hidden and preserved by the compliant false self, which latter is then a defence organization that is based on the various functions of the ego apparatus and on self-caretaking techniques. This relates to the concept of the observing ego." (pg. 9)
 - "The origin of the antisocial tendency is discussed. It is postulated that the antisocial tendency is a reaction to deprivation, not a result of privation; in this way the antisocial tendency belongs to the stage of relative (not absolute) dependence. This point of origin of the antisocial tendency in a child's development may even be in latency, when the child's ego has established autonomy and now therefore the child can be traumatized instead of distorted in regard to ego-functioning." (pg. 10)

▪ Chapter 1 - Psycho-Analysis and the Sense of Guilt (pg. 15)

- "The study of the sense of guilt implies for the analyst a study of individual emotional growth. Ordinarily, guilt-feeling is thought of as something that results from religious or moral teaching. Here I shall attempt to study guilt-feeling, not as a thing to be inculcated, but as an aspect of the development of the human individual. Cultural influences are of course important, vitally important; but these cultural influences can themselves be studied as an overlap of innumerable personal patterns. In other words, the clue to social and group psychology is the psychology of the individual." (pg. 15)
- "In his early theoretical formulations [Freud] was concerned with the id, by which he referred to the instinctual drives, and the ego, by which he referred to that part of the whole self that is related to the environment. The ego modifies the environment in order to bring about id-satisfactions, and it curbs id-impulses in order that what the environment can offer can be used to best advantage, again for id-satisfaction. Later (1923) Freud used the term superego to name that which is accepted by the ego for use in id-control." (pg. 16)
 - "There is an implied determinism in all this work, an assumption that human nature can be examined objectively and can have applied to it the laws that are known to apply in physics." (pg. 16)
- "...the two illnesses that must be considered are melancholia and obsessional neurosis." (pg. 20)
 - "In obsessional neurosis, the patient is always trying to put something right; but it is quite clear to all observers, and perhaps to the patient, that there will be no success. We know that Lady Macbeth cannot undo the past and get away from her evil intentions by washing her hands. In obsessional neurosis we sometimes get a ritual which is like a caricature of a religion, as if the God of the religion were dead or temporarily unavailable. Obsessive thinking may be a feature whereby every attempt is made to annul one idea by another, but nothing succeeds. Behind the whole process is a confusion, and no amount of tidying that the patient can do alters this confusion, because it is maintained; it is unconsciously maintained in order to hide something very simple; namely, the fact that, in some specific setting of which the patient is unaware, hate is more powerful than love." (pg. 20)
 - "Melancholia is an organized form of the depressed mood to which almost all people are liable. A melancholic patient may be paralysed by a sense of guilt, and may sit for years accusing himself or herself of causing the world war." (pg. 20)
- "The sense of guilt, seen this way, is a special form of anxiety associated with ambivalence, or coexisting love and hate. But ambivalence and the toleration of it by the individual implies a considerable degree of growth and health." (pg. 21)
- "...those who lack moral sense have lacked at the early stages of their development the emotional and physical setting which would have enabled a capacity for guilt-sense to have developed." (pg. 25)
 - "In the case of the development of a capacity for guilt-feeling, the necessary environmental conditions are, however, of a much more complex order, comprising indeed all that is natural and reliable in infant and child care. In the earliest stages of the emotional development of the individual, we must not look for a guilt-sense. The ego is not sufficiently strong and organized to accept responsibility for id-impulses, and dependence is near absolute. If there is satisfactory development in the earliest stages, there comes about an ego integration which makes possible the beginning of a capacity for concern. Gradually, in favourable circumstances, a capacity for guilt-sense builds up in the individual in relation to the mother, and this is intimately related to the opportunity for reparation. When the capacity for concern is established, the individual begins to be in a position to experience the Oedipus complex, and to tolerate the ambivalence that is inherent at the later stage in which the child, if mature, is involved in triangular relationships as between whole human beings. In this context I can do no more than acknowledge the fact that in some persons, or in a part of some persons, there is a stunting of emotional development in the earliest phases, and consequently an absence of moral sense. Where there is lack of personal moral sense the implanted moral code is necessary, but the resultant socialization is unstable." (pg. 25-26)
- "From our analytic work we can roughly divide antisocial behaviour into two kinds. The first is common and closely allied to the ordinary naughtiness of healthy children. In terms of behaviour the complaint is of stealing, lying, destructiveness, and bed-wetting. Repeatedly we find that these acts are done in an unconscious attempt to make sense of guilt-feeling. The child or adult cannot reach the source of a sense of guilt that is intolerable, and the fact that the guilt-feeling cannot be explained makes for a feeling of madness. The antisocial person gets relief by devising a limited crime which is only in a disguised way in the nature of the crime in the repressed fantasy that belongs to the original Oedipus complex. This is the closest that the antisocial person can get to the ambivalence belonging to the Oedipus complex. At first the substitute crime or delinquency is unsatisfactory to the delinquent, but when compulsively repeated it acquires the characteristics of secondary gain and thus becomes acceptable to the self. Our treatment

- is more likely to be effectual when we can apply it before secondary gain has become important. In this, the more common variety of antisocial behaviour, it is not so much the guilt that is repressed as the fantasy that explains the guilt. By contrast, in the more serious and more rare antisocial episodes it is precisely the capacity for guilt-feeling that is lost. Here we find the most ugly crimes. We see the criminal engaged in a desperate attempt to feel guilty. It is unlikely that he ever succeeds. In order to develop a capacity for guilt-sense, such a person must find an environment of a specialized kind; in fact, we must supply for him an environment that corresponds to that which is normally needed by the immature infant. It is notoriously difficult to provide such an environment, which must be able to take up all the strains resulting from ruthlessness and impulsiveness. We find ourselves dealing with an infant, but one who has the strength and cunning of the older child or adult." (pg. 27)
- Chapter 2 - The Capacity to be Alone (pg. 29)
 - "It will be appreciated that actually to be alone is not what I am discussing. A person may be in solitary confinement, and yet not be able to be alone. How greatly he must suffer is beyond imagination. However, many people do become able to enjoy solitude before they are out of childhood, and they may even value solitude as a most precious possession. The capacity to be alone is either a highly sophisticated phenomenon, one that may arrive in a person's development after the establishment of three-body relationships, or else it is a phenomenon of early life which deserves special study because it is the foundation on which sophisticated aloneness is built." (pg. 30)
 - "The main point of this contribution can now be stated. Although many types of experience go to the establishment of the capacity to be alone, there is one that is basic, and without a sufficiency of it the capacity to be alone does not come about; **this experience is that of being alone, as an infant and small child, in the presence of mother.** Thus the basis of the capacity to be alone is a paradox; it is the experience of being alone while someone else is present. Here is implied a rather special type of relationship, that between the infant or small child who is alone, and the mother or mother-substitute who is in fact reliably present even if represented for the moment by a cot or a pram or the general atmosphere of the immediate environment. I would like to suggest a name for this special type of relationship. Personally I like to use the term ego-relatedness, which is convenient in that it contrasts rather clearly with the word id-relationship, which is a recurring complication in what might be called ego life. Ego-relatedness refers to the relationship between two people, one of whom at any rate is alone; perhaps both are alone, yet the presence of each is important to the other. I consider that if one compares the meaning of the word like' with that of the word 'love', one can see that liking is a matter of ego-relatedness, whereas loving is more a matter of id-relationships, either crude or in sublimated form." (pg. 30-31)
 - **"Being able to enjoy being alone along with another person who is also alone is in itself an experience of health."** (pg. 31)
 - **"The capacity to be alone depends on the existence of a good object in the psychic reality of the individual.** The good internal breast or penis or the good internal relationships are well enough set up and defended for the individual (at any rate for the time being) to feel confident about the present and the future. The relationship of the individual to his or her internal objects, along with confidence in regard to internal relationships, provides of itself a sufficiency of living, so that temporarily he or she is able to rest contented even in the absence of external objects and stimuli. Maturity and the capacity to be alone implies that the individual has had the chance through good-enough mothering to build up a belief in a benign environment. This belief is built up through a repetition of satisfactory instinctual gratifications." (pg. 31-32)
 - "In negative terms: there must be a relative freedom from persecutory anxiety. In positive terms: the good internal objects are in the individual's personal inner world, and are available for projection at a suitable moment." (pg. 32)
 - "...the ability to be truly alone has as its basis the early experience of being alone in the presence of someone. Being alone in the presence of someone can take place at a very early stage, when the ego immaturity is naturally balanced by ego-support from the mother. In the course of time the individual introjects the ego-supportive mother and in this way becomes able to be alone without frequent reference to the mother or mother symbol." (pg. 32)
 - **"It is only when alone (that is to say, in the presence of someone) that the infant can discover his own personal life.** The pathological alternative is a false life built on reactions to external stimuli. **When alone in the sense that I am using the term, and only when alone, the infant is able to do the equivalent of what in an adult would be called relaxing. The infant is able to become unintegrated, to founder, to be in a state in which there is no orientation, to be able to exist for a time without being either a reactor to an external impingement or an active person with a direction of interest or movement.** The stage is set for an id experience. In the course of time there arrives a sensation or an impulse. In this setting the sensation or impulse will feel real and be truly a personal experience. It will now be seen why it is important that there is someone available, someone present, although present without making demands; the impulse having arrived, the id experience can be fruitful, and the object can be a part or the whole of the attendant person, namely the mother. It is only under these conditions that the infant can have an experience which feels real. A large number of such experiences form the basis for a life that has reality in it instead of futility. The individual who has developed the capacity to be alone is constantly able to rediscover the personal impulse, and the personal impulse is not wasted because the state of being alone is something which (though paradoxically) always implies that someone else is there. In the course of time the individual becomes able to forgo the actual presence of a mother or mother-figure. This has been referred to in such terms as the establishment of an internal environment'. It is more primitive than the phenomenon which deserves the term 'introjected mother'." (pg. 34)
 - Chapter 3 - The Theory of the Parent-Infant Relationship (pg. 37)
 - "In psycho-analysis as we know it there is no trauma that is outside the individual's omnipotence. Everything eventually comes under ego-control, and thus becomes related to secondary processes." (pg. 37)
 - "[I]nfancy is the period in which the capacity for gathering external factors into the area of the infant's omnipotence is in process of formation. **The ego-support of the maternal care enables the infant to live and develop in spite of his being not yet able to control, or to feel responsible for, what is good and bad in the environment.**" (pg. 37)
 - **"The infant and the maternal care together form a unit."** (pg. 39)
 - "These two things, the infant and the maternal care, disentangle and dissociate themselves in health; and health, which means so many things, to some extent means a disentangle-ment of maternal care from something which we then call the infant or the beginnings of a growing child." (pg. 40)
 - ◆ "I am here supporting the view that the main reason why in infant development the infant usually becomes able to master, and the ego to include, the id, is the fact of the maternal care, the maternal ego implementing the infant ego and so making it powerful and stable. How this takes place will need to be examined, and also how the infant ego eventually becomes free of the mother's ego-support, so that the infant achieves mental detachment from the mother, that is, differentiation into a separate personal self." (pg. 41)
 - "[The] work of Klein concerns earliest infancy, and draws attention to the importance of aggressive and destructive impulses that are more deeply rooted than those that are reactive to frustration and related to hate and anger; also in Klein's work there is a dissection of early defences against primitive anxieties, anxieties that belong to the first stages of the mental organization (splitting, projection, and introjection)." (pg. 42)
 - **"One half of the theory of the parent-infant relationship concerns the infant, and is the theory of the infant's journey from absolute dependence, through relative dependence, to independence, and, in parallel, the infant's journey from the pleasure principle to the reality principle, and from autoerotism to object relationships. The other half of the theory of the parent-infant relationship concerns maternal care, that is to say the qualities and changes in the mother that meet the specific and developing needs of the infant towards whom she orientates."** (pg. 42)
 - **"The key word in this part of the study is dependence. Human infants cannot start to be except under certain conditions.** These conditions are

studied below, but they are part of the psychology of the infant. Infants come into being differently according to whether the conditions are favourable or unfavourable. At the same time conditions do not determine the infant's potential." (pg. 43)

- "In the holding phase the infant is maximally dependent. One can classify dependence thus: (i) Absolute Dependence. In this state the infant has no means of knowing about the maternal care, which is largely a matter of prophylaxis. He cannot gain control over what is well and what is badly done, but is only in a position to gain profit or to suffer disturbance. (ii) Relative Dependence. Here the infant can become aware of the need for the details of maternal care, and can to a growing extent relate them to personal impulse, and then later, in a psycho-analytic treatment, can reproduce them in the transference. (iii) Towards Independence. The infant develops means for doing without actual care. This is accomplished through the accumulation of memories of care, the projection of personal needs and the introjection of care details, with the development of confidence in the environment. Here must be added the element of intellectual understanding with its tremendous implications." (pg. 46)
- "Another phenomenon that needs consideration at this phase is the hiding of the core of the personality. Let us examine the concept of a central or true self. The central self could be said to be the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body-scheme. It seems necessary to allow for the concept of the isolation of this central self as a characteristic of health. Any threat to this isolation of the true self constitutes a major anxiety at this early stage, and defences of earliest infancy appear in relation to failures on the part of the mother (or in maternal care) to ward off impingements which might disturb this isolation." (pg. 46)
- "Anxiety in these early stages of the parent-infant relationship relates to the threat of annihilation, and it is necessary to explain what is meant by this term. In this place which is characterized by the essential existence of a holding environment, the 'inherited potential' is becoming itself a 'continuity of being'. **The alternative to being is reacting, and reacting interrupts being and annihilates.** Being and annihilation are the two alternatives. The holding environment therefore has as its main function the reduction to a minimum of impingements to which the infant must react with resultant annihilation of personal being. Under favourable conditions the infant establishes a continuity of existence and then begins to develop the sophistications which make it possible for impingements to be gathered into the area of omnipotence. At this stage the word death has no possible application, and this makes the term death instinct unacceptable in describing the root of destructiveness. Death has no meaning until the arrival of hate and of the concept of the whole human person. When a whole human person can be hated, death has meaning, and close on this follows that which can be called maiming; the whole hated and loved person is kept alive by being castrated or otherwise, maimed instead of killed. These ideas belong to a phase later than that characterized by dependence on the holding environment." (pg. 47)
- "I shall now attempt to describe some aspects of maternal care, and especially holding. In this paper **the concept of holding is important**, and a further development of the idea is necessary...I refer to the actual state of the infant-mother relationship at the beginning when the infant has not separated out a self from the maternal care on which there exists absolute dependence in a psychological sense. At this stage the infant needs and in fact usually gets an environmental provision which has certain characteristics: It meets physiological needs. Here physiology and psychology have not yet become distinct, or are only in the process of doing so; and It is reliable. But the environmental provision is not mechanically reliable. It is reliable in a way that implies the mother's empathy." (pg. 48)
- "Holding: Protects from physiological insult. Takes account of the infant's skin sensitivity—touch, temperature, auditory sensitivity, visual sensitivity, sensitivity to falling (action of gravity) and of the infant's lack of knowledge of the existence of anything other than the self. It includes the whole routine of care throughout the day and night, and it is not the same with any two infants because it is part of the infant, and no two infants are alike. Also it follows the minute day-to-day changes belonging to the infant's growth and development, both physical and psycho-logical. It should be noted that mothers who have it in them to provide good-enough care can be enabled to do better by being cared for themselves in a way that acknowledges the essential nature of their task. Mothers who do not have it in them to provide good-enough care cannot be made good enough by mere instruction. Holding includes especially the physical holding of the infant, which is a form of loving. It is perhaps the only way in which a mother can show the infant her love. There are those who can hold an infant and those who cannot; the latter quickly produce in the infant a sense of insecurity, and distressed crying. All this leads right up to, includes, and co-exists with the establishment of the infant's first object relationships and his first experiences of instinctual gratification." (pg. 49)
- ◆ "The mental health of the individual, in the sense of freedom from psychosis or liability to psychosis (schizophrenia), is laid down by this maternal care, which when it goes well is scarcely noticed, and is a continuation of the physiological provision that characterizes the prenatal state. This environmental provision is also a continuation of the tissue aliveness and the functional health which (for the infant) provides silent but vitally important ego-support." (pg. 49)
 - ◇ "We see therefore that in infancy and in the management of infants **there is a very subtle distinction between the mother's understanding of her infant's need based on empathy, and her change over to an understanding based on something in the infant or small child that indicates need.** This is particularly difficult for mothers because of the fact that children vacillate between one state and the other; one minute they are merged with their mothers and require empathy, while the next they are separate from her, and then if she knows their needs in advance she is dangerous, a witch. It is a very strange thing that mothers who are quite uninstructed adapt to these changes in their developing infants satisfactorily and without any knowledge of the theory. This detail is reproduced in psycho-analytic work with borderline cases, and in all cases at certain moments of great importance when dependence in transference is maximal." (pg. 51-52)
- ◆ "It is axiomatic in these matters of maternal care of the holding variety that when things go well the infant has no means of knowing what is being properly provided and what is being prevented. On the other hand it is when things do not go well that the infant becomes aware, not of the failure of maternal care, but of the results, whatever they may be, of that failure; that is to say, the infant becomes aware of reacting to some impingement. **As a result of success in maternal care there is built up in the infant a continuity of being which is the basis of ego-strength; whereas the result of each failure in maternal care is that the continuity of being is interrupted by reactions to the consequences of that failure, with resultant ego-weakening.** Such interruptions constitute annihilation, and are evidently associated with pain of psychotic quality and intensity. In the extreme case the infant exists only on the basis of a continuity of reactions to impingement and of recoveries from such reactions. This is in great contrast to the continuity of being which is my conception of ego-strength." (pg. 52)
 - ◇ "The important thing, in my view, is that the mother through identification of herself with her infant knows what the infant feels like and so is able to provide almost exactly what the infant needs in the way of holding and in the provision of an environment generally. Without such an identification I consider that she is not able to provide what the infant needs at the beginning, which is a live adaptation to the infant's needs. The main thing is the physical holding, and this is the basis of all the more complex aspects of holding, and of environmental provision in general" (pg. 54)
- "**With 'the care that it receives from its mother' each infant is able to have a personal existence, and so begins to build up what might be called a continuity of being.** On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the

- personality becomes built on the basis of reactions to environmental impingement." (pg. 54)
- Summary: "(i) An examination is made of infancy; this is not the same as an examination of primitive mental mechanisms. (ii) The main feature of infancy is dependence; this is discussed in terms of the holding environment. (iii) Any study of infancy must be divided into two parts: Infant development facilitated by good-enough maternal care; infant development distorted by maternal care that is not good enough. (iv) The infant ego can be said to be weak, but in fact it is strong because of the ego support of maternal care. Where maternal care fails the weakness of the infant ego becomes apparent. (v) Processes in the mother (and in the father) bring about, in health, a special state in which the parent is orientated to the infant, and is thus in a position to meet the infant's dependence. There is a pathology of these processes. (vi) Attention is drawn to the various ways in which these conditions inherent in what is here termed the holding' environment can or cannot appear in the transference if at a later date the infant should come into analysis" (pg. 55)
 - Chapter 4 - Ego-Integration in Child Development (pg. 56)
 - "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." (pg. 56)
 - "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." (pg. 56)
 - "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." (pg. 56)
 - "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." (pg. 57)
 - "...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." (pg. 57-58)
 - "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." (pg. 60)
 - "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." (pg. 61)
 - Chapter 5 - Providing for the Child in Health and in Crisis (pg. 64)
 - "It is the emotional development of the child that concerns us, and the laying down of the foundations of a lifetime of mental health." (pg. 64)
 - "**Emotional development takes place in the individual child if good-enough conditions are provided, and the drive to development comes from within the child. The forces towards living, towards integration of the personality, towards independence, are immensely strong, and with good-enough conditions the child makes progress;** when conditions are not good enough these forces are contained within the child, and in one way or another tend to destroy the child. We have a dynamic view of childhood development, and we see this becoming converted (in healthy conditions) into the family and social drives. If health is maturity, then immaturity of any kind is mental ill health, and is a threat to the individual and a drain on society. For whereas society can use individual aggressive tendencies it cannot use individual immaturities." (pg. 65)
 - "**childhood is a progression from dependence to independence.**" (pg. 66)
 - Chapter 6 - The Development of the Capacity for Concern (pg. 73)
 - "**Concern is an important feature in social life.** Psychoanalysts usually seek origins in the emotional development of the individual. We want to know the aetiology of concern, and the place where concern appears in the child's development. We also are interested in the failure of the establishment of an individual's capacity for concern, and in the loss of concern that has to some extent been established. The word 'concern' is used to cover in a positive way a phenomenon that is covered in a negative way by the word guilt. A sense of guilt is anxiety linked with the concept of ambivalence, and implies a degree of integration in the individual ego that allows for the retention of good object-imagos along with the idea of a destruction of it. **Concern implies further integration, and further growth, and relates in a positive way to the individual's sense of responsibility, especially in respect of relationships into which the instinctual drives have entered. Concern refers to the fact that the individual cares, or minds, and both feels and accepts responsibility.** At the genital level in the statement of the theory of development, concern could be said to be the basis of the family, where both partners in intercourse beyond their pleasure—take responsibility for the result. But in the total imaginative life of the individual, the subject of concern raises even wider issues, and a capacity for concern is at the back of all constructive play and work. It belongs to normal, healthy living, and deserves the attention of the psycho-analyst. There is much reason to believe that concern—with its positive sense-emerges in the earlier emotional development of the child at a period before the period of the classical Oedipus com-plex, which involves a relationship between three persons, each felt to be a whole person by the child." (pg. 73)
 - "It is usual to describe the origin of the capacity for concern in terms of the infant-mother relationship, when already the infant is an established unit, and when the infant feels the mother, or mother-figure, to be a whole person. It is a development belonging essentially to the period of a two-body relationship. In any statement of child-development, certain principles are taken for granted. Here I wish to say that the maturation processes form the basis of infant- and child-development, in psychology as in anatomy and physiology. Nevertheless, in emotional development it is clear that certain external conditions are necessary if maturation potentials are to become actual. That is, **development depends on a good-enough environment,** and the earlier we go back in our study of the baby, the more true it is that without good-enough mothering the early stages of development cannot take place. A great deal has happened in the development of the baby before we begin to be able to refer to

- concern. The capacity to be concerned is a matter of health, a capacity which, once established, presupposes a complex ego-organization which cannot be thought of in any way but as an achievement, both an achievement of infant- and child-care and an achievement in terms of the internal growth-processes in the baby and child. I shall take for granted a good-enough environment in the early stages, in order to simplify the matter that I wish to examine. What I have to say, then, follows on complex maturational processes dependent for their becoming realized on good-enough infant-and child-care." (pg. 74)
- "Instinct-drives lead to ruthless usage of objects, and then to a guilt-sense which is held, and is allayed by the contribution to the environment-mother that the infant can make in the course of a few hours. Also, the opportunity for giving and for making reparation that the environment-mother offers by her reliable presence, enables the baby to become more and more bold in the experiencing of id-drives; in other words, frees the baby's instinctual life. In this way, the guilt is not felt, but it lies dormant, or potential, and appears (as sadness or a depressed mood) only if opportunity for reparation fails to turn up. When confidence in this benign cycle and in the expectation of opportunity is established, the sense of guilt in relation to the id-drives becomes further modified, and we then need a more positive term, such as 'concern'. The infant is now becoming able to be concerned, to take responsibility for his own instinctual impulses and the functions that belong to them. This provides one of the fundamental constructive elements of play and work. But in the developmental process, it was the opportunity to contribute that enabled concern to be within the child's capacity. A feature that may be noted, especially in respect of the concept of anxiety that is 'held', is that integration in time has become added to the more static integration of the earlier stages. Time is kept going by the mother, and this is one aspect of her auxiliary ego-functioning; but the infant comes to have a personal time-sense, one that lasts at first only over a short span. This is the same as the infant's capacity to keep alive the imago of the mother in the inner world which also contains the fragmentary benign and persecutory elements that arise out of the instinctual experiences. The length of the time-span over which a child can keep the imago alive in inner psychic reality depends partly on maturational processes and partly on the state of the inner defence organization." (pg. 77)
 - Chapter 7 - From Dependence Towards Independence in the Development of the Individual (pg. 83)
 - "Maturity of the human being is a term that implies not only personal growth but also socialization. Let us say that in health, which is almost synonymous with maturity, the adult is able to identify with society without too great a sacrifice of personal spontaneity; or, the other way round, the adult is able to attend to his or her own personal needs without being antisocial, and indeed, without a failure to take some responsibility for the maintenance or for the modification of society as it is found. We get left with certain social conditions, and this is a legacy we have to accept, and, if necessary, alter; it is this that we eventually hand down to those who come after us. Independence is never absolute. **The healthy individual does not become isolated, but becomes related to the environment in such a way that the individual and the environment can be said to be interdependent.**" (pg. 83-84)
 - "We can say that the facilitating environment makes possible the steady progress of the maturational processes. But the environment does not make the child. At best it enables the child to realize potential. This term 'maturational process' refers to the evolution of the ego and of the self, and includes the whole story of the id, of instincts and their vicissitudes, and of defences in the ego relative to instinct." (pg. 85)
 - "All the processes of a live infant constitute a going-on-being, a kind of blue-print for existentialism. The mother who is able to give herself over, for a limited spell, to this her natural task, is able to protect her infant's going-on-being. Any impingement, or failure of adaptation, causes a reaction in the infant, and the reaction breaks up the going-on-being. If reacting to impingements is the pattern of an infant's life, then there is a serious interference with the natural tendency that exists in the infant to be-come an integrated unit, able to continue to have a self with a past, present, and future. With a relative absence of reactions to impingements the infant's body-functions give a good basis for the building up of a body-ego. In this way the keel is laid down for future mental health." (pg. 86)
 - "Adults must be expected to be continuing the process of growing and of growing up, since they do but seldom reach to full maturity." (pg. 92)
 - Chapter 8 - Morals and Education (pg. 93)
 - "My main point is that there does exist a good alternative, and that this good alternative is not to be found in a more and more subtle teaching of religion. The good alternative has to do with the provision of those conditions for the infant and child that enable such things as trust and 'belief in', and ideas of right and wrong, to develop out of the working of the individual child's inner processes. This could be called the evolution of a personal superego." (pg. 94)
 - Chapter 9 - On the Contribution to Direct Child Observation to Psycho-Analysis (pg. 109)
 - See text
 - Chapter 10 - Child Analysis in the Latency Period (pg. 115)
 - See text
 - Chapter 11 - Classification (pg. 124)
 - "The term regression therefore has now a clinical application in regression to dependence. It is a tendency towards a re-establishment of dependence and therefore the behaviour of the environment becomes something that cannot be ignored if the word regression is used. The term regression continues to contain the idea of regression to primary process." (pg. 128)
 - Chapter 11 - Ego Distortion in Terms of True and False Self (pg. 140)
 - "From the evolution of this case it was easy for me to see the defensive nature of the False Self. Its defensive function is to hide and protect the True Self, whatever that may be. Immediately it becomes possible to classify False Self organizations: (I) At one extreme: the False Self sets up as real and it is this that observers tend to think is the real person. In living relationships, work relationships, and friendships, however, the False Self begins to fail. In situations in which what is expected is a whole person the False Self has some essential lacking. At this extreme the True Self is hidden. (II) Less extreme: the False Self defends the True Self; the True Self is, however, acknowledged as a potential and is allowed a secret life. Here is the clearest example of clinical illness as an organization with a positive aim, the preservation of the individual in spite of abnormal environmental conditions. This is an extension of the psycho-analytic concept of the value of symptoms to the sick person. (III) More towards health: The False Self has as its main concern a search for conditions which will make it possible for the True Self to come into its own. If conditions cannot be found then there must be reorganized a new defence against exploitation of the True Self, and if there be doubt then the clinical result is suicide. Suicide in this context is the destruction of the total self in avoidance of annihilation of the True Self. When suicide is the only defence left against betrayal of the True Self, then it becomes the lot of the False Self to organize the suicide. This, of course, involves its own destruction, but at the same time eliminates the need for its continued existence, since its function is the protection of the True Self from insult. (IV) Still further towards health: the False Self is built on identifications (as for example that of the patient mentioned, whose childhood environment and whose actual nannie gave much colour to the False Self organization). (V) In health: the False Self is represented by the whole organization of the polite and mannered social attitude, a 'not wearing the heart on the sleeve', as might be said. Much has gone to the individual's ability to forgo omnipotence and the primary process in general, the gain being the place in society which can never be attained or maintained by the True Self alone." (pg. 142-143)
 - "In seeking the aetiology of the False Self we are examining the stage of first object-relationships. At this stage the infant is most of the time unintegrated, and never fully integrated; cohesion of the various sensori-motor elements belongs to the fact that the mother holds the infant, sometimes physically, and all the time figuratively. Periodically the infant's gesture gives expression to a spontaneous impulse; the source of the gesture is the True Self, and the gesture indicates the existence of a potential True Self. We need to examine the way the mother meets this infantile omnipotence revealed in a gesture (or a sensori-motor grouping). I have here linked the idea of a True Self with the spontaneous

- gesture. Fusion of the motility and erotic elements is in process of becoming a fact at this period of development of the individual." (pg. 145)
- "It is necessary to examine the part played by the mother, and in doing so I find it convenient to compare two extremes; by one extreme the mother is a good-enough mother and by the other the mother is not a good-enough mother. The question will be asked: what is meant by the term 'good-enough? **The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions. The mother who is not good enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs.** It is an essential part of my theory that the True Self does not become a living reality except as a result of the mother's repeated hallucination. (This idea is closely linked with Sechehaye's idea contained in the term 'symbolic realization'. This term has played an important part in modern psycho-analytic theory, but it is not quite accurate since it is the infant's gesture or hallucination that is made real, and the capacity of the infant to use a symbol is the result.)" (pg. 145)
 - "In the first case the mother's adaptation is good enough and in consequence the infant begins to believe in external reality which appears and behaves as by magic (because of the mother's relatively successful adaptation to the infant's gestures and needs), and which acts in a way that does not clash with the infant's omnipotence. On this basis the infant can gradually abrogate omnipotence. The True Self has a spontaneity, and this has been joined up with the world's events. The infant can now begin to enjoy the illusion of omnipotent creating and controlling, and then can gradually come to recognize the illusory element, the fact of playing and imagining. Here is the basis for the symbol which at first is both the infant's spontaneity or hallucination, and also the external object created and ultimately cathected. In between the infant and the object is some thing, or some activity or sensation. In so far as this joins the infant to the object (viz. maternal part-object) so far is this the basis of symbol-formation. On the other hand, in so far as this something separates instead of joins, so is its function of leading on to symbol-formation blocked. In the second case, which belongs more particularly to the subject under discussion, the mother's adaptation to the infant's hallucinations and spontaneous impulses is deficient, not good enough. The process that leads to the capacity for symbol-usage does not get started (or else it becomes broken up, with a corresponding withdrawal on the part of the infant from advantages gained). When the mother's adaptation is not good enough at the start the infant might be expected to die physically, because cathexis of external objects is not initiated. The infant remains isolated. But in practice the infant lives, but lives falsely. The protest against being forced into a false existence can be detected from the earliest stages. The clinical picture is one of general irritability, and of feeding and other function disturbances which may, however, disappear clinically, only to reappear in serious form at a later stage. In this second case, where the mother cannot adapt well enough, the infant gets seduced into a compliance, and a compliant False Self reacts to environmental demands and the infant seems to accept them. Through this False Self the infant builds up a false set of relationships, and by means of introjections even attains a show of being real, so that the child may grow to be just like mother, nurse, aunt, brother, or whoever at the time dominates the scene. **The False Self has one positive and very important function: to hide the True Self, which it does by compliance with environmental demands.** In the extreme examples of False Self development, the True Self is so well hidden that spontaneity is not a feature in the infant's living experiences. Compliance is then the main feature, with imitation as a speciality. When the degree of the split in the infant's person is not too great there may be some almost personal living through imitation, and it may even be possible for the child to act a special role, that of the True Self as it would be if it had had existence. In this way it is possible to trace the point of origin of the False Self, which can now be seen to be a defence, a defence against that which is unthinkable, the exploitation of the True Self, which would result in its annihilation. (If the True Self ever gets exploited and annihilated this belongs to the life of an infant whose mother was not only 'not good enough' in the sense set out above, but was good and bad in a tantalizingly irregular manner. The mother here has as part of her illness a need to cause and to maintain a muddle in those who are in contact with her. This may appear in a transference situation in which the patient tries to make the analyst mad (Bion, 1959; Searles, 1959). There may be a degree of this which can destroy the last vestiges of an infant's capacity to defend the True Self.)" (pg. 146-147)
 - "The concept of 'A False Self' needs to be balanced by a formulation of that which could properly be called the True Self. At the earliest stage the True Self is the theoretical position from which come the spontaneous gesture and the personal idea. The spontaneous gesture is the True Self in action. Only the True Self can be creative and only the True Self can feel real. Whereas a True Self feels real, the existence of a False Self results in a feeling unreal or a sense of futility. The False Self, if successful in its function, hides the True Self, or else finds a way of enabling the True Self to start to live. Such an outcome may be achieved by all manner of means, but we observe most closely those instances in which the sense of things being real or worth while arrives during a treatment. My patient to whose case I have referred has come near the end of a long analysis to the beginning of her life. She contains no true experience, she has no past. She starts with fifty years of wasted life, but at last she feels real, and therefore she now wants to live. The True Self comes from the aliveness of the body tissues and the working of body-functions, including the heart's action and breathing. It is closely linked with the idea of the Primary Process, and is, at the beginning, essentially not reactive to external stimuli, but primary. There is but little point in formulating a True Self idea except for the purpose of trying to understand the False Self, because it does no more than collect together the details of the experience of aliveness. Gradually the degree of sophistication of the infant becomes such that it is more true to say that the False Self hides the infant's inner reality than to say that it hides the True Self. By this time the infant has an established limiting membrane, has an inside and an outside, and has become to a considerable extent disentangled from maternal care. It is important to note that according to the theory being formulated here the concept of an individual inner reality of objects applies to a stage later than does the concept of what is being termed the True Self. The True Self appears as soon as there is any mental organization of the individual at all, and it means little more than the summation of sensori-motor aliveness. The True Self quickly develops complexity, and relates to external reality by natural processes, by such processes as develop in the individual infant in the course of time. The infant then comes to be able to react to a stimulus without trauma because the stimulus has a counterpart in the individual's inner, psychic reality. The infant then accounts for all stimuli as projections, but this is a stage that is not necessarily achieved, or that is only partially achieved, or it may be reached and lost. This stage having been achieved, the infant is now able to retain the sense of omnipotence even when reacting to environmental factors that the observer can discern as truly external to the infant. All this precedes by years the infant's capacity to allow in intellectual reasoning for the operation of pure chance. Every new period of living in which the True Self has not been seriously interrupted results in a strengthening of the sense of being real, and with this goes a growing capacity on the part of the infant to tolerate two sets of phenomena: These are: (1) Breaks in continuity of True Self living. (Here can be seen a way in which the birth process might be traumatic, as for instance when there is delay without unconsciousness.) (2) Reactive or False Self experiences, related to the environment on a basis of compliance. This becomes the part of the infant which can be (before the first birthday) taught to say "Tá", or, in other words, can be taught to acknowledge the existence of an environment that is becoming intellectually accepted. Feelings of gratitude may or may not follow. In this way, by natural processes, the infant develops an ego-organization that is adapted to the environment; but this does not happen automatically and indeed it can only happen if first the True Self (as I call it) has become a living reality, because of the mother's good-enough adaptation to the infant's living needs. There is a compliant aspect to the True Self in healthy living, an ability of the infant to comply and not to be exposed. The ability to compromise is an achievement. The equivalent of the False Self in normal development is that which can develop in the child into a social manner, something which is adaptable. In health this social manner represents a compromise. At the same time, in health, the compromise ceases to become allowable when the

issues become crucial. When this happens the True Self is able to override the compliant self. Clinically this constitutes a recurring problem of adolescence. If the description of these two extremes and their aetiology is accepted it is not difficult for us to allow in our clinical work for the existence of a low or a high degree of the False Self defence, ranging from the healthy polite aspect of the self to the truly split-off compliant False Self which is mistaken for the whole child. It can easily be seen that sometimes this False Self defence can form the basis for a kind of sublimation, as when a child grows up to be an actor. In regard to actors, there are those who can be themselves and who also can act, whereas there are others who can only act, and who are completely at a loss when not in a role, and when not being appreciated or applauded (acknowledged as existing). In the healthy individual who has a compliant aspect of the self but who exists and who is a creative and spontaneous being, there is at the same time a capacity for the use of symbols. In other words **health here is closely bound up with the capacity of the individual to live in an area that is intermediate between the dream and the reality, that which is called the cultural life.** (See 'Transitional Objects and Transitional Phenomena'. 1951.) By contrast, where there is a high degree of split between the True Self and the False Self which hides the True Self, there is found a poor capacity for using symbols, and a poverty of cultural living. Instead of cultural pursuits one observes in such persons extreme restlessness, an inability to concentrate, and a need to collect impingements from external reality so that the living-time of the individual can be filled by reactions to these impingements." (pg. 148-150)

- Chapter 13 - String: A Technique of Communication (pg. 153)
 - See text
- Chapter 14 - Counter-Transference (pg. 158)
 - See text
- Chapter 15 - The Aims of Psycho-Analytic Treatment (pg. 166)
 - "In doing psycho-analysis I aim at: Keeping alive; Keeping well; Keeping awake. I aim at being myself and behaving myself." (pg. 166)
- Chapter 16 - A Personal View of the Kleinian Contribution (pg. 171)
 - See text
- Chapter 17 - Communicating and Not Communicating (pg. 179)
 - "Looking directly at communication and the capacity to communicate one can see that this is closely bound up with relating to objects. Relating to objects is a complex phenomenon and the development of a capacity to relate to objects is by no means a matter simply of the maturational process. As always, **maturation (in psychology) requires and depends on the quality of the facilitating environment. Where neither privation nor deprivation dominates the scene and where, therefore, the facilitating environment can be taken for granted in the theory of the earliest and most formative stages of human growth, there gradually develops in the individual a change in the nature of the object.** The object being at first a subjective phenomenon becomes an object objectively perceived. This process takes time, and months and even years must pass before privations and deprivations can be accommodated by the individual without distortion of essential processes that are basic to object-relating. At this early stage the facilitating environment is giving the infant the experience of omnipotence; by this I mean more than magical control, I mean the term to include the creative aspect of experience. Adaptation to the reality principle arises naturally out of the experience of omnipotence, within the area, that is, of a relationship to subjective objects." (pg. 179-180)
 - "The infant experiencing omnipotence under the aegis of the facilitating environment creates and re-creates the object, and the process gradually becomes built in, and gathers a memory Undoubtedly that which eventually becomes the intellect does affect the immature individual's capacity to make this very difficult transition from relating to subjective objects to relating to objects objectively perceived, and I have suggested that that which eventually gives results on intelligence testing does affect the individual's capacity to survive relative failures in the area of the adapting environment." (pg. 180)
 - "In health the infant creates what is in fact lying around waiting to be found. But in health the object is created, not found. This fascinating aspect of normal object-relating has been studied by me in various papers, including the one on Transitional Objects and Transitional Phenomena' (1951). **A good object is no good to the infant unless created by the infant.** Shall I say, created out of need? **Yet the object must be found in order to be created. This has to be accepted as a paradox**, and not solved by a restatement that, by its cleverness, seems to eliminate the paradox. There is another point that has importance if one considers the location of the object. The change of the object from 'subjective' to 'objectively perceived' is jogged along less effectually by satisfactions than by dissatisfactions. The satisfaction to be derived from a feed has less value in this respect of the establishment of object-relating than when the object is, so to speak, in the way. Instinct-gratification gives the infant a personal experience and does but little to the position of the object; I have had a case in which satisfactions eliminated the object for an adult schizoid patient, so that he could not lie on the couch, this reproducing for him the situation of the infantile satisfactions that eliminated external reality or the externality of objects. I have put this in another way, saying that the infant feels fobbed off by a satisfactory feed, and it can be found that a nursing mother's anxiety can be based on the fear that if the infant is not satisfied then the mother will be attacked and destroyed. After a feed the satisfied infant is not dangerous for a few hours, has lost object-cathexis. Per contra, the infant's experienced aggression, that which belongs to muscle erotism, to movement, and to irresistible forces meeting immovable objects, this aggression, and the ideas bound up with it, lends itself to the process of placing the object, to placing the object separate from the self, in so far as the self has begun to emerge as an entity." (pg. 181)
 - "In health, when the infant achieves fusion, the frustrating aspect of object behaviour has value in educating the infant in respect of the **existence of a not-me world.** Adaptation failures have value in so far as the infant can hate the object, that is to say, can retain the idea of the object as potentially satisfying while recognizing its failure to behave satisfactorily. As I understand it, this is good psycho-analytic theory. What is often neglected in statements of this detail of theory is the immense development that takes place in the infant for fusion to be achieved, and for environmental failure therefore to play its positive part, enabling the infant to begin to know of a world that is repudiated. I deliberately do not say external. There is an intermediate stage in healthy development in which the patient's most important experience in relation to the good or potentially satisfying object is the refusal of it. The refusal of it is part of the process of creating it. (This produces a truly formidable problem for the therapist in anorexia nervosa.)" (pg. 181-182)
 - "These matters, although I have stated them in terms of object-relating, do seem to affect the study of communication, because naturally there comes about a change in the purpose and in the means of communication as the object changes over from being subjective to being objectively perceived, in so far as the child gradually leaves the area of omnipotence as a living experience. In so far as the object is subjective, so far as it is unnecessary for communication with it to be explicit. In so far as the object is objectively perceived, communication is either explicit or else dumb. Here then appear two new things, the individual's use and enjoyment of modes of communication, and the individual's non-communicating self, or the personal core of the self that is a true isolate. A complication in this line of argument arises out of the fact that the infant develops two kinds of relationships at one and the same time - that to the environment-mother and that to the object, which becomes the object-mother. The environment-mother is human, and the object-mother is a thing, although it is also the mother or part of her. Intercommunication between infant and environment-mother is undoubtedly subtle to a degree, and a study of this would involve us in a study of the mother as much as of the infant. I will only touch on this. Perhaps for the infant there is communication with the environment-mother, brought into evidence by the experience of her unreliability. The infant is shattered, and this may be taken by the mother as a communication if the mother can put herself in the infant's place, and if she can recognize the shattering in the infant's clinical state. When her reliability dominates the scene the infant could be said to communicate simply by going on being, and by going on developing according to personal processes of maturation, but this scarcely deserves the epithet communication. Returning to object-relating: as the object becomes objectively perceived by the child so does it become meaningful for us to contrast communication with one of its

- opposites." (pg. 182-183)
- "In this way I am introducing the idea of a communication with subjective objects and at the same time the idea of an active non-communication with that which is objectively perceived by the infant. There seems to be no doubt that for all its futility from the observer's point of view, the cul-de-sac communication (communication with subjective objects) carries all the sense of real. Per contra, such communication with the world as occurs from the false self does not feel real; it is not a true communication because it does not involve the core of the self, that which could be called a true self." (pg. 184)
 - "Here is a picture of a child establishing a private self that is not communicating, and at the same time wanting to communicate and to be found. It is a sophisticated game of hide-and-seek in which it is joy to be hidden but disaster not to be found." (pg. 186)
 - "I suggest that **in health there is a core to the personality that corresponds to the true self of the split personality; I suggest that this core never communicates with the world of perceived objects, and that the individual person knows that it must never be communicated with or be influenced by external reality. This is my main point, the point of thought which is the centre of an intellectual world and of my paper.** Although healthy persons communicate and enjoy communicating, the other fact is equally true, that each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound. In life and living this hard fact is softened by the sharing that belongs to the whole range of cultural experience. **At the centre of each person is an incommunicado element, and this is sacred and most worthy of preservation.** Ignoring for the moment the still earlier and shattering experiences of failure of the environment-mother, **I would say that the traumatic experiences that lead to the organization of primitive defences belong to the threat to the isolated core, the threat of its being found, altered, communicated with. The defence consists in a further hiding of the secret self,** even in the extreme to its projection and to its endless dissemination. Rape, and being eaten by cannibals, these are mere bagatelles as compared with the violation of the self's core, the alteration of the self's central elements by communication seeping through the defences. For me this would be the sin against the self. We can understand the hatred people have of psycho-analysis which has penetrated a long way into the human personality, and which provides a threat to the human individual in his need to be secretly isolated. **The question is: how to be isolated without having to be insulated?"** (pg. 187)
 - "I suggest that an important basis for ego development lies in this area of the individual's communicating with subjective phenomena, which alone gives the feeling of real. In the best possible circumstances growth takes place and the child now possesses three lines of communication: communication that is forever silent, communication that is explicit, indirect and pleasurable, and this third or intermediate form of communication that slides out of playing into cultural experience of every kind." (pg. 188)
 - "**I am putting forward and stressing the importance of the idea of the permanent isolation of the individual and claiming that at the core of the individual there is no communication with the not-me world either way. Here quietude is linked with stillness.**" (pg. 189-190)
 - "This preservation of personal isolation is part of the search for identity, and for the establishment of a personal technique for communicating which does not lead to violation of the central self." (pg. 190)
 - "**That which is truly personal and which feels real must be defended at all cost,** and even if this means a temporary blindness to the value of compromise. Adolescents form aggregates rather than groups, and by looking alike they emphasize the essential loneliness of each individual. At least, this is how it seems to me. **With all this is bound up the crisis of identity.**" (pg. 190)
 - "**I have tried to state the need that we have to recognize this aspect of health: the non-communicating central self, forever immune from the reality principle, and forever silent.** Here communication is not non-verbal; it is, like the music of the spheres, absolutely personal. It belongs to being alive. And in health, it is out of this that communication naturally arises. Explicit communication is pleasurable and it involves extremely interesting techniques, including that of language. The two extremes, explicit communication that is indirect, and silent or personal communication that feels real, each of these has its place, and in the intermediate cultural area there exists for many, but not for all, a mode of communication which is a most valuable compromise." (pg. 192)
 - Chapter 18 - Training for Child Psychiatry (pg. 193)
 - See text
 - Chapter 19 - Psychotherapy of Character Disorders (pg. 203)
 - "**Character is a manifestation of successful integration, and a disorder of character is a distortion of the ego structure, integration being nevertheless maintained.**" (pg. 204)
 - "Character disorder, then, according to my way of looking at things, refers most significantly to the distortion of the intact personality that results from the antisocial elements in it. It is the antisocial element that determines society's involvement. Society (the child's family and so on) must meet the challenge, and must like or dislike the character and the character disorder. Here then is the beginning of a description: Character disorders are not schizophrenia. In character disorder there is hidden illness in the intact personality. Character disorders in some way and to some degree actively involve society. Character disorders may be divided according to: Success or failure on the part of the individual in the attempt of the total personality to hide the illness element. Success here means that the personality, though impoverished, has become able to socialize the character distortion to find secondary gains or to fit in with a social custom. Failure here means that the impoverishment of the personality carries along with it a failure in establishment of a relation to society as a whole, on account of the hidden illness element." (pg. 204-205)
 - "**The maturational processes became dammed up because of a failure of the facilitating environment.**" (pg. 207)
 - "Behind a child's maladjustment is always a failure of the environment to adjust to the child's absolute needs at a time of relative dependence." (pg. 207)
 - "Character disorder indicates that the individual's ego structure can bind the energies that belong to the stunting of maturational processes and also the abnormalities in the interaction of the individual child and the family." (pg. 210)
 - Chapter 20 - The Mentally Ill in your Caseload (pg. 217)
 - "Health is emotional maturity, emotional maturity of the individual person." (pg. 218)
 - Chapter 21 - Psychiatric Disorders in Terms of Infantile Maturational Processes (pg. 230)
 - "What are **the main things that take place in the emotional growth of the infant in the early weeks and months** (consolidated at later stages)? Three of these are: **Integration; Personalization; Relating to objects.** The ego of the infant is very strong, but only so because of the ego-support given by a good-enough mother who is able to throw her whole self into adapting to the needs of her infant, gradually withdrawing from this position as the infant needs her to adapt less and less closely. Without this ego-support the infant's ego is unformed, weak, easily disrupted, and incapable of making growth along the lines of the maturational process." (pg. 234)
 - "**The maturational process only takes effect in an individual infant in so far as there is a facilitating environment.** The study of the facilitating environment is almost as important at the beginning as the study of the individual maturational process. The characteristic of the maturational process is the drive towards integration, which comes to mean something more and more complex as the infant grows. The characteristic of the facilitating environment is adaptation, starting almost at 100 per cent and turning in graduated doses towards de-adaptation according to the new developments in the infant which are part of the gradual change towards independence. When the facilitating environment is good enough (this always means that there is a mother who is at first given over to her job of infant-care, gradually, and only gradually, reasserting herself as an independent person) then the maturational process has its chance. The result is that the infant personality achieves some degree of integration, at

first under the umbrella of ego-support (the mother's adaptation) and in time more and more an achievement that stands on its own legs. As I have said, in the course of these early weeks, months, years, the infant also becomes able to relate to objects, becomes a dweller in his own body and body-functioning, and experiences an I AM feeling, and is ready to meet all-comers. These developments in the individual that are based on the maturational processes constitute mental health. It is to the opposite or the reversal of these same processes that we must look if we are to understand personality disturbance of schizoid kind." (pg. 239)

- Chapter 22 - Hospital Care Supplementing Intensive Psychotherapy in Adolescence (pg. 242)
 - See text
- Chapter 23 - Dependence in Infant-Care (pg. 249)
 - See text

d. Further Readings:

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