

# Putting Together the Fragments to Being Alone

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It is a truth nearly universally acknowledged that a human infant comes into the world at a notable developmental disadvantage compared to other mammals that, otherwise, are less evolved.

This state, which has come to be called “prematurity,” represents a prolonged period during which the infant develops schemes and tools that will prepare him for life outside the womb, for growth and development.

But, beyond the most obvious of these features of prematurity – e.g., inability to move independently or obtain nourishment or create the necessary warmth for survival – there is another feature that has been of great interest to numerous disciplines and authors, both within and outside of psychoanalysis.

If we observe a newborn infant for a few moments, we will notice that he evinces a marked lack of motor coordination.

In a relaxed state, his body remains at near absolute rest. If, instead, he undergoes a state of need, a kind of tension starts to build. His body will shake unsteadily; we will notice his limbs extending and contracting, prisoners to some uncontrolled reflex response; and, finally, he will scream or burst into tears until, somehow, he is soothed by the help of another.

Let us now think about the same infant weeks or months prior to his birth.

His universe was another. His body moved within the protection of the uterine cavity, which spared him from any sudden movements by tempering his violent reflex responses. The environmental pressure, increased by the uterine tone, was spread evenly across every part of his already sensitive skin, endowing him with an additional skin. The stable temperature kept him warm in his mother's body.

He did not need to breathe by himself, he did not hunger, and, when he opened his eyes during the last few months, should his mother's womb be exposed to sunlight, he could see his mother's body and his own, seamlessly together without break in continuity, illuminated by reddish light through translucent membranes.

Suddenly, violent contractions, an endless voyage through an overly narrow canal or the appropriate maneuvers in an operating room, and momentary suffocation give way to birth.

And with it the loss of almost all known sensations – all mechanisms of homeostasis change. Stability disappears. The environment becomes uncomfortable and unfriendly. The skin that covered his own, which had taken the form of fluids and membranes, the layer that regulated his movements and kept him from the discomfort of motor dysregulation, has also disappeared.

The bodies have separated. The experience of birth is also an experience of fragmentation. Sigmund Freud describes these earliest moments in his *Project for Psychology*. In it, he talks about the need

for external source that attends to soothing internal tension, something that the infant is not yet able to achieve alone.

The child in distress cries as a reflexive expression of its discomfort. Other species may attempt more complex behaviors in the face of need: approaching the mother's body, beginning to walk, etc.

A human screams before there is yet any inside or outside to which to attribute the source of discomfort. This very scream may, itself, become a novel stimulus that further feeds into tension and screaming.

The mother will then come to lay claim and give meaning to the child's cry, be that hunger or loneliness or cold, compelled by her own wish.

It is the wish of the mother, her wish to rear, that goes out to meet the child.

When the mother successfully tends to the child, then does the first experience of pleasure imprint on him. But a strong feeling of satisfaction appears, too, in his mother's experience; thus, the experience first appears as a shared feeling. This shared feeling transforms a need into a wish and gives this encounter human specificity.

For Freud, the ego refers the body-ego. But bodily perception does not seem to exist from the beginning, at least not as an integrated unit, although it does exist in a fragmented way as the seat of tension and relief and the domain of autoerotic drives: the mouth, hunger, skin, cold.

But which will be the precise psychic event that will transform a severed body into a body that is integrated, more or less?

Moving ahead from Freud's developments, we are informed by Lacan, who deepens our understanding of this transformation.

Lacan begins by explaining that, from the sixth month and through the eighteenth month of his life, an infant is able to recognize himself jubilantly in front of his image in the mirror, and this characteristic, the jubilation it exhibits, is radically different from this phenomenon as observed in other species, which quickly lose interest in the reflected image.

This image, which is constituent of being human for Lacan, traps the child, and makes him recognize and desire himself in the image, and also to build himself retroactively from his fantasy of a fragmented body.

His gaze is trapped by the reflection, which also includes the gaze of the mother who holds him. The desire awakens in him to be gazed at by being one with that gaze.

Primary narcissism enters the scene, and, through basic identification, moves toward the form of the body that was recently integrated by the external imago that trapped it and made it foreign. This process lasts no less than a year of life.

However, the course of the first months remains unexplained: who gazes at that image? Whom does the image trap? Which fragment is responsible for summoning the others in basic alienation?

At this point, Winnicott puts at our disposal his *Theory of Emotional Development of the Individual*, which, he says, includes the absolute history of the individual child's specific environment.

Donald Winnicott discusses the inherited potential, the central self, which must necessarily experience a continuity-of-being in order to acquire a psychical reality and a personal body scheme. And this potential is the potential for growth.

Unlike Freud, who considers the experience of tension, satisfaction, and frustration as elements of the Id, Winnicott introduces the idea of an ego that is rudimentary but also experiencing, and essential to achieving the degree of psychic organization necessary for the attainment of personal experience.

It is through this Ego that the bodily fragments – limbs, intestines or tears – converge into a nascent Self. Neurocognitive functioning and the perceived universe are attached strongly to the Ego, allowing the configuration of two spaces, exterior and interior, with a membrane as barrier.

*At three weeks old, B. is brought by his mother, M., to the office. Towards the end of the consultation, M. says that she must leave for three weeks on a business trip that cannot be postponed. To the question of why not take B. with her, she is unwavering: "It would be a nuisance . . . It's inconceivable." The father, who is unemployed at that time, agrees with her. At six months, B. is brought in with a different presenting issue: he has begun to develop severe eczema that will be with him years of his life. "Inconceivable." "A nuisance."*

*Might such a deficiency in the development of a functional membrane between interior and exterior—a healthy skin—be associated with difficulty "thinking" of the baby as a person?*

For Winnicott, at the beginning of life there is

"an armful of anatomy and physiology, and added to this a potential for development into a human personality. There is a general tendency towards physical growth, and a tendency towards development in the psyche. "

Winnicott considers continuity-of-being the basis for the Theory of Development – the term refers to the sum of experiences, both positive and negative, whether or not the latter has been tended to and mitigated. Nothing that has been experienced will be lost.

Development potential, basic Ego, self-id, continuity-of-being: these are the basic concepts upon which Winnicott builds his Theory of Development.

*The father of V. and M., four-month-old twins, has been envious of the time and work that his wife, C., devotes to the children. He demands that they go somewhere "as a couple," without the children, for two weeks. C. She agrees to the trip in spite of the pediatrician's warning about the importance of her presence during the first few months.*

*Two months later, both children develop bronchial hyper-responsiveness and cases of "asthma," resulting in the first of several hospitalizations.*

*Might we associate the emergence of their condition – unusual, too, for having occurred simultaneously in both twins – with the "temporary absence" of the supportive function, the break in that continuity, necessary for the early psychic organization?*

Integration, then, refers to a set of processes of motor and sensory elements upon which rests primary narcissism, which is sustained by the tendency toward the feeling of existence.

Winnicott proposes that, on top of bodily functioning, there comes to be a basic development of imagination, which realizes that a new human being that has begun to be and to exist and combines into an experience that can now be called personal.

The process during which Integration takes place is the transition from dependence to independence. Add to those requirements the necessity of a good enough environment.

“There is no such thing as a baby . . .” With this admirable synthesis, he accounts for the extreme dependence on the environment of the first moments of life, when there is still no difference between Me and Not-Me for the child, when the baby fashions for himself a single body with his mother in an attempt to continue the state prior to birth.

It may be that we find in Winnicott, as in no other author, direct reference to the necessary function of the environment, the primordial maternal function. And see it defined, moreover, as sufficient.

In Winnicott, the adjective “sufficient” assumes its full meaning, since, in addition to referring to the presence that comprises and is necessary for the Self, it also refers to the one that overwhelms and must be avoided.

*P. is a very agreeable and good-humored lady. She is happy with her baby, R. – so much so that she cannot get away from him, even when she sleeps.*

*R. has slept in his parents’ bed since his birth, more than eighteen months ago. Instead, the father has been the one to leave the bed, choosing to move into what was supposed to have been R.’s bedroom.*

*This arrangement goes on for the first several years in spite of a series of failed attempts to address it.*

*Faced with a pediatrician’s recommendation to consult a psychologist, the mother decides, instead, to change pediatricians, and the father, despite voicing his opposition to the decision, also declares himself impotent.*

*At five years old, R. is severely obese. Moreover, he has more difficulties at school than most of his classmates. There, they also have suggested that she consult a psychologist.*

*Once again, we witness the collapse of the maternal and paternal functions. This collapse of both the holding and limiting functions seems to portend the destiny of a developing individual.*

The fragmentation that Winnicott proposes is even more complex; not only the body but time, too, is fragmented.

“I think an infant cannot be aware at the start that while feeling this and that in his cot or enjoying the skin sensations of bathing, he is at the same time screaming for immediate satisfaction, possessed by a an urge to get at and destroy something unless satisfied with milk...”

“and I think there is not necessarily an integration between a child asleep and a child awake.”

For Winnicott, *integration* includes both spatial and temporal dimensions.

Finally, Winnicott also refers to the dream as a return to the state of disintegration, or rather to unintegration. And he defines a child's capacity to enter this state without risk to its continuity as a precursor to the capacity to be alone as an adult.

"It is only when alone (that is to say, in the presence of someone) that the infant can discover his own personal life ... In this setting, the sensation or impulse will feel real and be truly a personal experience."

Only "in the presence of someone." This great Winnicottian concept, almost like a *kan*, reveals the importance of a non-intrusive presence. We understand that a mothering person is fundamental to the development of the personal safety, i.e., someone who is available, not demanding, who decodes the signals from the environmental, who transforms them with their presence, sometimes absolute, sometimes partial, holding that which enriches the experience of pleasure while keeping it from annihilating the nascent Being.

"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."

We will never recover the whole of what we lost at the moment of birth, but that which we are able to piece together afterwards, if we are sufficiently helped, will accompany us, in our solitude, to the end.

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