An Ego Disturbance Model of MBD

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Interest in the concept of "minimal brain dysfunction," or MBD, has led to major efforts to identify the characteristics of the syndrome. The use of the so-called medical model has resulted in an emphasis on diagnosis as a step in planning effective management. The neurologic emphasis of this model has been less than satisfactory probably because patterns of behavior and learning are determined by the complex interaction of numerous factors: genetic, neurologic, psychosocial, and environmental [1]. A unitary approach, that is, neurologic or psychosocial, may be practical only in the extreme cases where clear etiologies are demonstrable. Such examples would more realistically constitute neurologic dysfunction, or emotional disturbance as a diagnosis rather than the label "minimal brain dysfunction," which clearly implies less obvious clinical findings. The inability to replicate or correlate these minimal clinical characteristics stresses the need for a broader approach to the understanding of MBD.

It is the premise of this paper that the identification of MBD is essentially a phenomenological diagnosis based on observable impairments of ego functions rather than on assumptions concerning dynamic structure or other causative criteria [2]. The ultimate goal of an ego disturbance approach to psychopathology is to establish normative procedures for the diagnosis of ego strength and weakness and patterns of variation. Certain ego functions and patterns may be regularly or more crucially involved in the various diagnostic syndromes. The diagnostic issue from the ego frame of reference is the degree to which a specific ego function is impaired in

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the context of impairment or lack of impairment of other ego functions. Such an approach allows one to clearly specify and understand the deficit in relation to other forms of ego disturbance without a presumption of etiology [3: pp. 3-63].

The purpose of this paper is to present the MBD syndrome from the ego disturbance frame of reference describing those ego functions that may be regularly or characteristically involved in the MBD syndrome. In this way, an attempt will be made to define the syndrome in a clear and less diffuse manner, to distinguish, on the basis of both history and behavior, between the MBD child and other diagnostic entities [4].

For assessment purposes it is useful to divide the functions of the ego into the following five categories [2]:

1. **Autonomous functions**: those intellectual skills that are a function of language and perceptual motor organization and the corresponding skill that reflects language and perceptual motor organization—learning [2].

2. **Relation to reality**: a perceptual process with two major components, the capacity to test reality and the capacity to maintain an adequate sense of reality.

3. **Thought processes**: consist primarily of cognitive focusing, reasoning, and concept formation.

4. **Object relation and defenses**: the mode of handling impulses, social skills, and interpersonal relations.

5. **Synthetic functions**: the ability to synthesize experience and integrate functioning effectively.

Previous attempts to conceptualize MBD have resulted in systems that contained many features of these five ego functions. The lack of focus on the ego model resulted in an emphasis on one or two functions without clearly integrating all or differentiating the interrelationships of MBD and other childhood disorders.

Table 1 presents a summary in terms of an ego disturbance model of the MBD syndrome by previous workers.

An analysis of the data in table 1 suggests several important areas of disturbance regularly associated with MBD. All of the authors note disturbance in the three areas of "autonomous function," and all agree on a normal "relation to reality." In the area of though processes, all agree about the deficit in cognitive focusing and the normal area of reasoning. There is no clear consensus about the effect on concept formation. Object relations are usually affected, but in a variable manner. Synthetic function has not been considered in previous reports.

To facilitate a differential diagnosis based on an ego model,