Autism in Childhood and Autistic Features in Adults

Edited by Kate Barrows
AUTISM IN CHILDHOOD AND AUTISTIC FEATURES IN ADULTS
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AUTISM IN CHILDHOOD AND AUTISTIC FEATURES IN ADULTS
A psychoanalytic perspective

Edited by
Kate Barrows

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CONTENTS

ACKNOWLEDGEMENTS xix
ABOUT THE EDITOR AND CONTRIBUTORS xi

Introduction
Kate Barrows 1

PART I: AUTISM IN CHILDREN 19

CHAPTER ONE
A psychiatric approach to autism and its relationship to a psychoanalytic perspective 21
David Simpson

CHAPTER TWO
A significant element in the development of psychogenic autism 39
Frances Tustin

CHAPTER THREE
Finding the wavelength: tools in communication with children with autism 63
Anne Alvarez
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four</td>
<td>Analysis of a little girl with an autistic syndrome</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td><em>Velleda Cecchi</em></td>
<td></td>
</tr>
<tr>
<td>Five</td>
<td>“Playful” therapy: working with autism and trauma</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td><em>Paul Barrows</em></td>
<td></td>
</tr>
<tr>
<td>Six</td>
<td>The creation of psychic space, the “nest of babies” fantasy and the emergence of the Oedipus complex</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td><em>Didier Houzel</em></td>
<td></td>
</tr>
<tr>
<td>Seven</td>
<td>Joining the human family</td>
<td>147</td>
</tr>
<tr>
<td></td>
<td><em>Maria Rhode</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>PART II: AUTISTIC FEATURES IN ADULTS</strong></td>
<td>171</td>
</tr>
<tr>
<td>Eight</td>
<td>Autistic phenomena in neurotic patients</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td><em>H. Sydney Klein</em></td>
<td></td>
</tr>
<tr>
<td>Nine</td>
<td>The rhythm of safety</td>
<td>187</td>
</tr>
<tr>
<td></td>
<td><em>Frances Tustin</em></td>
<td></td>
</tr>
<tr>
<td>Ten</td>
<td>The autistic object: its relationship with narcissism in the transference and countertransference of neurotic and borderline patients</td>
<td>203</td>
</tr>
<tr>
<td></td>
<td><em>Mario J. Gomberoff, Carmen C. Noemi and Liliana Pualuan de Gomberoff</em></td>
<td></td>
</tr>
<tr>
<td>Eleven</td>
<td>Working analytically with autistic-contiguous aspects of experience</td>
<td>223</td>
</tr>
<tr>
<td></td>
<td><em>Thomas H. Ogden</em></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER TWELVE
On the survival function of autistic manoeuvres in adult patients 243
Judith Mitrani

CHAPTER THIRTEEN
Keeping the ghosts at bay: an autistic retreat and its relationship to parental losses 261
Kate Barrows

CHAPTER FOURTEEN
Finding the bridge: psychoanalysis with two adults with autistic features 279
Caroline Polmear

INDEX 302
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Thanks to Ann Alvarez for permission to reprint:

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Introduction

Kate Barrows

This collection draws together papers which are central to today’s psychoanalytic understanding of childhood autism and of autistic aspects of adult patients. Some of these papers are classics in the field while others describe more recent advances in understanding and technique. They show a broad range of psychoanalytic ideas and a variety of views. Many relevant and important authors could not be included in this attempt to cover an area which is paradoxically rich despite the fact that it focuses on such barren and unthinking states of mind. I shall mention some of these authors in this account, to give the wider picture and to offer readers the possibility of following up the ideas that interest them.

Since Leo Kanner (1943) first described a small group of autistic children and focused attention upon the condition, there has been an enormous growth of interest in autism, and there are of course many theoretical approaches to it: psychiatry, neurology, experimental psychology and psychoanalysis, to name but a few. David Simpson in his chapter discusses some of these approaches. Autism is now generally agreed to comprise a “triad of impairments”, as described by Wing and Gould (1979). They are “impairment of
social interaction, repetitive activities in place of imaginative symbolic interests, and impairment of language development”.

The many different approaches to autism can at times seem to be mutually exclusive and to represent rival camps. However, over the last twenty years or so, some of these diverse approaches have come together in the minds of child psychotherapists and child psychoanalysts to account for different facets of a condition whose aetiology and presentation can vary enormously and can be particularly enigmatic. For instance, Frances Tustin, a Tavistock-trained child psychotherapist, described (1994a) how she came to discard her original idea of a state of “normal primary autism” in the light of the researches of the developmental psychologists Stern (1983, 1985) and Trevarthen (1979). They demonstrated that there is no stage of primary fusion with the mother and that on the contrary the infant has some considerable capacity to relate to the mother as a separate person from birth. Autistic anxieties and defences may, however, stultify this innate capacity and prevent it from developing.

The last few decades have seen a burgeoning of interest in autistic spectrum disorders which cause enormous suffering to individuals and families and pose extremely serious problems in terms of treatment, education and care. Susan Reid (Alvarez & Reid, 1999, pp. 13–32) has described some of the difficulties of living with an autistic child and the momentous effects that this can have on the whole family. However, the growth of interest in autism may also be due to the intriguing nature of autistic children. While not all such children are attractive, some of them are, and can be beautiful in a way that is characteristically ethereal and enigmatic. They have been compared to sleeping beauties, giving an impression of locked up potential, though this can sometimes cause huge frustration and despair. They can seem to offer tantalising hope that their potential can be set free, though the realisation of that hope may turn out to be unattainable; this can cause those who work with them immeasurable disappointment and grief about unrealised possibilities. Tustin remarked that they can break the hearts of those who try to help them. It takes courage and strength to work with autistic children over time, in whatever capacity.

The growth of widespread interest in autism has led to the recognition that many people employ autistic defences and that even fairly well functioning neurotic adults can be held back from progress in
their lives if the autistic levels of the personality are not addressed. Impasses in adult analysis can be due to autistic functioning which has not been recognised (see Klein, this volume, Chapter Eight). The increased psychoanalytic understanding of childhood autism has expanded our understanding of primitive levels of the human psyche. The fears of bodily and mental catastrophe which can underlie autistic defences are described in the chapters on work with neurotic adults as well as in those chapters which focus on autistic children.

There are by now several psychoanalytic books and many papers on the subject of childhood autism. However, comparatively little has been written on autistic aspects of adult patients. Severely autistic adults, who are likely to live in institutions, do not find their way to psychoanalysis and are not discussed in these pages. The need for early intervention in childhood is usually critical if the autistic state is not to become permanently entrenched. Yet the understanding of childhood autism has a lot to contribute to work with those adult patients who employ autistic defences in order to cope with their anxieties.

A wide range of such adult patients is described in this book. They may be highly articulate, successful people who have nonetheless an encapsulated autistic area which blocks communication and keeps them at one remove from their emotions and contact with others. Sydney Klein and Mario Gomberoff et al describe such patients. Caroline Polmear tells us about two patients with pronounced autistic features who were nonetheless able to use their high intelligence to manage demanding professional lives. Others who have been less able to cope with normal life may exist in a more extreme state of withdrawal which prevents engagement in work or human relationships. Thomas Ogden and Kate Barrows describe patients of this kind, while Judith Mitrani discusses a variety of cases. Frances Tustin writes about a young woman who had originally come to her as a child. I hope that the juxtaposition of child and adult work within the same volume will prove enriching for people who work with either age group.

Before going further, I shall briefly mention the relationship between Asperger’s syndrome and autism, an area which has been much debated in recent years. Hans Asperger (1944) described a small group of boys with particular characteristics, who had good
linguistic and cognitive skills but poor capacity for social relationships. They tended to develop interests in particular areas, such as science or mathematics, or to collect information in an obsessive way, such as timetables or information about cars. They would try to communicate by deluging the listener with information in a way that seemed compulsive and was hard to listen to. They tended to be clumsy. Asperger saw them as having autistic features, particularly in their inability to make emotional contact. His paper was not known in this country until reviewed by Lorna Wing in 1981, and since then Asperger’s syndrome has been widely recognised and has become a condition which has attracted much interest and considerable resources. It was thought by Tustin (1994b, p. 114) to derive, like autism, from a catastrophic experience of separateness, but at a later stage of development, after the acquisition of language. Polmear’s patients (Chapter Fourteen) were variously described as having autistic features or Asperger’s syndrome, and there would seem to be considerable overlap between the two. However, this view is not universally held, as discussed in Simpson’s chapter in *The Many Faces of Asperger’s Syndrome* (Rhode & Klauber, 2004, pp. 25–38). I do not attempt in the present volume to discuss in detail the similarities and differences between the two conditions, but would refer the reader to that chapter.

It is certainly the case that the earlier autistic spectrum disorders can be diagnosed and treated, the more hopeful the outcome. Colleagues in Caen in Normandy have for twenty years been utilising Infant Observation as a method to treat dysfunctional interactions between mother and infant, including some early cases of infantile autism (Houzel, 1999). Specialist paediatric nurses are trained in Infant Observation, as developed by psychoanalyst Esther Bick, and visit families identified as being at risk to observe the mother or father and infant in the home setting. (This form of observation is well known by now and there are many examples of its application in the *International Journal of Infant Observation.*) The observations entail one or two visits a week, and these are written up and discussed in a seminar group. The visits offer “one hour of close attention in a state of mind that is open and receptive to all that might be expressed by those family members present, whether verbally or non-verbally . . . At times the therapists experience extremely powerful feelings, even to the extent of somatic responses . . . it is of
vital importance to consider the reactions which have been prompted and which are, very often, of profound significance” (Houzel, 1999, p. 43). The family is also visited once a month by the child psychiatrist, and psychotherapy may be offered when the infant reaches two years of age. Through this experience mothers are helped to contain and work through some of their anxieties in relation to the child, and to develop their capacity to give the child a quality of attention which helps the child to move forward: in cases of early autism the infant may be enabled to come out of a state of autistic withdrawal and be freed to develop. Similar home observations of infants at risk have more recently been started at the Tavistock Clinic in London. (For further studies of early characteristics of infants who develop autism and of early intervention, see Acquarone, 2007.)

The first account of the psychoanalytic treatment of an autistic child is Melanie Klein’s paper “The Importance of Symbol Formation in the Development of the Ego” (1930). She describes the analysis of a four-year-old boy who presented with symptoms which would now be taken to indicate a strong likelihood of autism.

In six months Klein helped Dick to make considerable progress, in particular to regain his curiosity and his wish to communicate, both essential building blocks for development. She was puzzled as to a diagnosis, finding that Dick did not entirely fit the description of childhood schizophrenia (p. 231).

As Tustin (1983) was to point out in her discussion of this paper, Klein anticipates Kanner’s description of childhood autism. Klein’s
paper is also a landmark in the understanding of the importance of symbol formation for ego development. She suggests that Dick’s inhibition was due to his fears of aggressive feelings towards his mother, her body and its phantasied contents. She contends that phantasies about the contents of the mother’s body underpin mental and emotional development, and that where fears of damaging the mother and her contents are too powerful, inhibition in emotional and intellectual development sets in to protect the mother from damage and the child from fears of retaliation or feelings of unbearable guilt. Symbol formation occurs in response to anxiety about ambivalence towards the mother and her contents, the child seeking new objects to represent the original relationship with the mother at the same time as diluting the anxiety about damage. However, where the anxiety is too great, the child cannot form symbols but lives in a state where the only option is avoidance of a world which is equated with a dangerous version of the mother’s body and felt to be too terrifying to approach. This avoidance, and the seeming lack of anxiety of some autistic children, thinly masks their anxiety about their objects. Klein identifies a premature concern for the object, and a difficulty in establishing the necessary “ruthlessness” which Winnicott (1965, pp. 21–23) was later to describe as crucial for development. Paradoxically, then, autistic children have retreated to a position of treating others as if they were furniture, and themselves as though they could feel no pain, as a response to an early hypersensitivity to damage.

An adolescent patient of Frances Tustin found a poem—a song by Paul Simon—which eloquently expressed this position:

I’ve built walls,
A fortress steep and mighty
That none may penetrate.
I have no need of friendship.
Friendship causes pain.
It’s laughter and it’s loving I disdain
I am a rock,
I am an island . . .
And a rock feels no pain,
And an island never cries.

Klein describes how, in the normal development of the child, an internal world is built up, mediated through the emotional quality
of the relationship to his parents (see, for example, 1940, pp. 345–353). Klein suggests that at first the infant experiences the mother in terms of extreme contrasts between herself (or her breast) as idealised or persecutory: the mother who satisfies the baby’s needs as ideally good, the absent mother as persecutory or bad. Gradually a more balanced view emerges, and the infant realises that his feelings of love and hate colour the picture, that the mother with whom he is angry is also the mother whom he loves. He begins to recognise the part played by his own ambivalent feelings.

Wilfred Bion significantly developed psychoanalytic understanding of how these developments come about, describing how the infant communicates unbearable feelings to his mother, who is able to “contain” them—to take them in, digest them and modify them so that they can be handed back to the baby in a form that is now bearable (1967, p. 114). The same idea of containment is applied to the psychoanalytic setting, the analyst or child psychotherapist taking in the feelings that their patients project into them and gradually, through being able to bear these feelings and think about them, transforming them into communications which the patients can manage to take in and think about. This is no easy process, and it takes thorough training and the support of insightful colleagues to maintain. Autistic manoeuvres prove particularly difficult to bear, since the therapist has to contend with feeling very isolated and shut out by the patient, as well as the pull towards mindlessness, towards the autistic state.

Tustin refers in Chapter Two to her autistic patient John, aged three years and seven months when he started twice weekly psychotherapy, and aged five years (and in five times weekly psychotherapy) at the time of the material which she discusses. John was initially mute, though he understood a few words. He began to speak, and in his sessions it emerged that in phantasy he created a breast for himself to which he was joined up, as if he had the nipple permanently in his mouth. She states that this situation arose from a lack of clear differentiation of his mouth from the breast. She adds: “It is difficult for us, as differentiated individuals, to get in touch with such undifferentiated modes of operation. In these states objects which, in sensuous terms, have a rough-and-ready ‘clang’ similarity with each other are grouped together and treated as if they were the same.” He felt that he could lose the “red button” from his
mouth, that he and the breast could become broken asunder. The absent breast became in his mind a “black hole with a nasty prick”, or “broken”. It was after these feelings were expressed by him and understood by his therapist that he became aware that “the red button grows on the breast”. This realisation led to his also understanding that he had “a good head on my shoulders! Can’t fall off! Grows on my shoulders!” He became much more able to use his mind. In three years he recovered sufficiently to attend school, and subsequently went on to do well at university.

This work showed Tustin how the child felt that his mother was part of his body, and how separation was experienced as a bodily catastrophe. Whilst, like Klein, she was aware of the child’s fears of damaging the mother, she felt that the autistic defences of mindlessness and illusions of being physically joined up to the mother protected him from more primitive terrors based in bodily experiences—fears, for instance, of having a bit torn out of his mouth, fears of liquefaction, or of falling into nothingness. Tustin suggests that these anxieties are lived mainly in terms of unbearable physical sensations which are kept at bay by defensive sensation-manoeuvres: hard autistic objects, soft autistic shapes and other protections. The hard “autistic sensation object”, as Tustin called it (Chapter Two), is an object with which the autistic child feels equated. This may be an actual object, such as a hard toy, or a part of the child’s body used to block out anxiety. The bodily sensation of hardness fortifies the child against his fears, and the objects are used not in terms of their objective functions but in terms of the hard sensations they engender. “Autistic sensation shapes” (Tustin 1986, Chapter 7), on the other hand, are soft sensations experienced on the surface of the body. They are not associated with appropriate objects but remain as idiosyncratic bodily sensations. This impairs the development of percept and concept formation and hence prevents cognitive development, so that the autistic child may appear to be mentally defective. No shared perceptions can develop, for instance those that would involve proto-declarative pointing at objects to express a shared interest in them.

Donald Meltzer and his colleagues (1975) offered a somewhat different account of the basis of the lack of cognitive and emotional development. They came to the conclusion that the autistic children whom they studied had dismantled their perceptual apparatus,
separating the senses of sight, touch, hearing and smell so that they could not come together to form a realistic picture of the world. “Common-sense”, or the working together of the different sensory modalities towards integration and perceptual development, is replaced with isolated sense impressions and mindlessness. “Dismantling occurs by a passive device of allowing the various senses . . . to attach themselves to the most stimulating object of the moment . . . This scattering seems to bring about the dismantling of the self as a mental apparatus, but in a very passive, falling-to-bits kind of way” (ibid., p. 12). Meltzer talks of an initial sensual intensity and possessiveness in the child which makes unbearable the integration of the senses, the bringing together of the infant and mother or her breast; the child fears that the intensity of his feelings may be too damaging, particularly if the mother is fragile in some way. This view of the characteristics of autistic children is in agreement with Tustin’s observations that they are highly sensitive, possessive and afraid of damage, and that they experience objects and people in physical or sensual terms. However, Tustin places greater emphasis on the physically experienced primitive terrors of separation and annihilation from which the child’s sensuality protects him.

Genevieve Haag, a psychiatrist and psychoanalyst from Paris, has continued both Meltzer’s and Tustin’s work on the bodily experiences of autistic children. Through infant observation and her work with autistic children, she has come to the conclusion that it is through the medium of the physical and emotional relationship to his caregiver that the baby acquires a detailed sense of the integrity of his own body. She sees the gradual development of control over the joints in the body—the neck, arms, back and legs—as crucial to the developing sense of self. Where this development has not been successful, the infant will not develop a bodily and emotional sense of identity, will not feel that his body and mind are properly connected, but will live in fear of being disjointed or of loss of parts of the body (Haag, 2000).

Tustin found that she had to adapt the psychoanalytic technique used in child psychotherapy to reach her autistic child patients. When she felt they were ready, she would stop them perseverating with repetitive habits and would speak to them with more obvious liveliness and emphasis than would be needed by a neurotic, functioning child. Here her resilient personality undoubtedly helped;
indeed, it takes a robust individual, with a deep conviction about the possibility of rescuing the child from his autism, to stand up to its deadening and discouraging impact. She also spoke candidly about how bearing the child’s autistic fears entailed being able to bear her own.

Other contributors to this volume have also found that modifications in technique have helped them to reach the autistic child, though this is not a recipe for “anything goes”, and the modifications are carefully thought out and take place in a consistent and rigorous psychoanalytic setting. The times of the sessions are regular, each child has a box of toys which is kept for them, and above all the therapist is there to attend to the child’s communications, thinking both about the child’s behaviour and about the feelings which are communicated in the session. In this way, the availability of the therapist and her mind as a tool for containing and understanding are the same as they are in the setting of the analysis of an adult patient. However, an imaginative use of technique may sometimes help the therapist to get through the child’s habitual and chronic defences.

Velleda Cecchi describes how she used song to gradually make contact with a little girl whose parents had been violently abducted in front of her eyes. Cecchi gradually built up contact from singing one note, through tunes without words, to songs with meaningful lyrics. She gives a moving account of how she intuitively came upon this means of communication and then discovered from the little girl’s grandmother that her parents had been amateur musicians. She had got in tune with a way to connect to her young patient in a modality which could reach her. She shares with us the anxiety entailed in adapting her technique. As she puts it, “With these deeply disturbed patients, we often feel we are transgressors on account of alleged deviations from the technical guidelines. But in fact the transgression implies only trying to penetrate into that strange defensive world, the psychotic creation.”

Paul Barrows describes carefully introducing an aggressive element into the play with his young patient, who had been traumatised through early illness and separation. The sensitive inclusion of a more vigorous and challenging element into the play had the effect of helping the child feel safer to be aware of and to express his own aggressive feelings.
Anne Alvarez has studied ways of talking to her autistic patients, which she describes as “motherese” and “fatherese”. Her carefully timed use of these ways of talking to the child can provide a means to enliven the relationship and demonstrate the possibility of a constructive combination of softness and firmness. These qualities can be brought together by the therapist rather than being split into irreconcilable opposites, as is so often the case with the autistic polarisation of sensual experience.

Didier Houzel also addresses the issue of bringing together maternal and paternal elements, developing Tustin’s idea of the autistic child’s intense rivalry with a “nest of babies” who he feels occupy the mother. Houzel notes the need for the sense of a firm and understanding paternal figure to mediate the child’s extreme possessiveness and the persecutory anxieties which can result from it.

Maria Rhode describes in a different way the need for the child to feel that he or she can find a place in relation to the parental couple and other children, real or imaginary. She discusses the importance of the infant’s relationship to the mother’s eyes in developing the sense of there being a human family within the mother’s mind. She suggests that this is a part of normal development which is usually taken for granted, but has not been possible for many children on the autistic spectrum. It seems to me that this may also be the case with some relatively well functioning adults, as for instance with the patient whom I discuss in Chapter Thirteen, who declared after two years in psychoanalysis that she felt she had become a member of the human race.

The sense of a human family within the mother’s mind may sometimes be impeded by an experience which she has not been able to overcome. This may in some instances be a death or trauma which remains lodged in her mind and blocks access (see also Fraiberg et al., 1975). I describe work with a young woman whose autistic symptoms and retreat from life seemed linked to unmourned losses in the lives of her parents. This area has also been written about by Bianca Lechevalier, a child psychiatrist and psychoanalyst from Caen, who has described how she found that intergenerational trauma led to pockets of autistic functioning in her patients (2003). Through the dreams of her adult patients and the play of her child patients, as well as through work with mothers and infants, she managed to identify these areas of autistic functioning and to help
her patients free themselves from the paralysing hold of the family traumas upon their emotional lives.

Autistic conditions may be attributed to constitutional vulnerability in the child, to emotional factors in the family, or to some combination of the two. In the treatment of any childhood mental disturbance, this is a balance that needs to be considered if appropriate treatment and support are to be provided. The picture is always complex and may never be completely possible to clarify. David Simpson, in his chapter on psychiatric approaches, discusses the balance between nature and nurture and the way in which this should be given careful consideration in each individual case.

Whatever the balance between the child’s constitution and environmental factors, child psychotherapists and child psychoanalysts have found addressing the concrete fears of the child to be essential in helping him to emerge from his autistic state. Some of the chapters in this book show how these physically experienced fears can also operate in adults, and that awareness of this concreteness and mindlessness may help the analyst to understand the patient and prevent an impasse.

As well as developing psychoanalytic understanding of childhood autism, Tustin also went on to explore the autistic aspects of adult patients (1986, 1990), and her chapter in the second section of this volume discusses a young adult who had first come to her for psychotherapy as a child and returned for twice weekly psychotherapy in her mid-twenties. She describes how the young woman’s need for an illusion of bodily continuity gave way to an experience of a “rhythm of safety” based on a reciprocal interaction with her therapist and with her own deeper feelings, and how this in turn enabled her to feel that she could leave her therapy and move forward on her own. Tustin also describes a more active technique than that which is generally practiced by psychoanalysts who work with adults. She tells the young woman that she should break her habit of chewing on the insides of her mouth, explaining to her in depth how she is using the habit to protect herself from powerful anxieties about bodily separateness. The young woman agrees to stop this habit, and the therapy takes a step forward. Tustin developed this active technique in her work with children; its use with adults has been controversial and has been met with questions: did the
instruction to the patient deprive her of the possibility of gaining more insight into the feelings underlying her habit, or did it help her to internalise a firm but kind aspect of her therapist and move on in her development? The reader may be interested to think further about these questions.

In his seminal paper, reprinted here, Sydney Klein (1980) showed how encysted autistic areas of the personality could lie behind impasses in the psychoanalyses of highly intelligent, articulate and successful patients. An absence of direct contact, a use of words to avoid emotions rather than to express them, a lack of depth, and a clinging tenacity which revealed profound insecurity could all stem from an encapsulated autistic area of the mind. Klein found that fears of death and disintegration underlay the autistic defences, and that analysis of this area could free these patients to make more contact both with their analyst and with their own deeper feelings, ultimately to feel more alive. Klein also described how language itself can be used as a barrier to prevent communication. This is a theme which has been developed by Mario Gomberoff, Carmen Noemi and Liliana P. de Gomberoff, who describe in detail in their chapter how the analyst can be subtly pulled into using words as a screen rather than to deepen emotional contact. They describe the pressure on the analyst to be drawn into a relationship of mutual idealisation in which separateness is denied.

Thomas Ogden also found that awareness of autistic functioning led to greater understanding of primitive states in his patients. He writes in terms of an “autistic-contiguous position” which, he suggests, “involves a sensation-dominated way of organising experience. One might think of it as a psychic perspective or vantage point from which earliest experience is viewed by the infant and which continues as a dimension of all subsequent experience at every stage of life.” He views this position as the most primitive form of psychic organisation. This is in contrast to the view that Tustin reached when she abandoned her earlier idea of normal primary autism and came to see autism as a defence against anxiety. These two approaches—the idea of autistic manoeuvres as defensive on the one hand or as based on normal early sensory experience on the other—have been much debated.

Ogden makes it clear that recognising the autistic aspects of his patients makes it more possible for him to maintain sympathy for
them in difficult circumstances: for instance, he describes a blind patient who did not wash and brought a pervasive body odour into the room; of course the analyst felt intruded upon by this aspect, which lingered long after the patient had left the room. Ogden gradually came to realise that the smell created a comforting shape with which the patient surrounded and protected himself.

Caroline Polmear, in her detailed paper on work with two women with autistic features, likewise describes how understanding the autistic nature of her patients’ experiences enabled her to develop an understanding approach to negative aspects of their communication: “The experience of others’ feelings as if they were in one’s own body is so strong, so overwhelming that it must be evacuated or dissociated if the patient is not to be assaulted by feelings which cannot be moderated or contained. So for ‘mindlessness’ I would say ‘mind over-fullness’ or perhaps more accurately ‘mind body over-fullness’.” Polmear goes on to say that she believes this has important implications for technique and for the analyst’s capacity to empathise with the patient: “This shift in thinking is important because it allows the analyst to be ready to catch the wish to make contact, or to recognise the need for the retreats for a recovery period at a particular moment in the session; to realise when language and action are being used not simply as a barrier, but as a communication too. Without this state of mind in the analyst, communication could be experienced and understood simply as destructive attacks.” She describes the intense feelings evoked by her patients, as well as the analyst’s struggle to stay emotionally alive and to understand the patients’ oscillations between extreme emotions and withdrawal and retreat.

Judith Mitrani also found that an awareness of the autistic aspects of her adult patients gave her a framework for understanding the physicality of their anxieties, and she talks in terms of “unmentalised” experiences which the patients have never felt that they could translate into feelings and thoughts. Mitrani suggests that it is clinically important to be precise about the nature of the autistic retreat as compared to other kinds of retreats, such as triumphant manic retreats from persecutory or depressive states. She emphasises the importance of the analyst being open to some very uncomfortable states of mind which the patient induces in her as a central way of communicating his difficulties. This communication of almost unbearable feelings is an involuntary or unconscious manoeuvre, and
the analyst’s capacity to bear the emotions and communicate her thoughts about them makes it possible for them to be brought into the patient’s conscious domain.

There is still work to be done to elucidate the connections between autistic functioning and other constellations which have been more widely written about in the mainstream of psychoanalytic literature. I shall take as one example the concept of pathological narcissistic organisations in adult patients. Herbert Rosenfeld (1971) and Donald Meltzer (1966) described how the patient as it were hands over his mental capacities to an idealised bad figure, such as a mafia leader, invested with seemingly protective power. The patient aims to feel tough and invulnerable. The powerful but corrupt figure and its values control the personality and prevent the real distinction between good and bad, positive and negative, which could lead to emotional development. Tender feelings, curiosity and concern are all looked down on as pathetic or weak, to be despised or feared. Separateness is denied, along with the desires, anger and vulnerability that accompany it. But this ambiguous organisation can also serve to protect the individual from intense anxiety. John Steiner describes how the whole personality may be “invaded by anxiety, which can result in an intolerable state”. He suggests that this “may be so unbearable that defensive organisations are needed to create some kind of order out of chaos” (1993, p. 30).

There is a striking similarity between the accounts of this type of narcissism in adults and descriptions of childhood autism: for instance, one might see the defensive turning to an organisation with a “hard” gang leader as being similar to the way that the autistic child will cling to a hard toy for protection, as though it has the power to prevent annihilation by anxiety. In both instances, the individual attempts to deny the possible loss of someone or something which is experienced as an extension of the self rather than as a separate person or thing to be valued in their own right. The more sophisticated, highly symbolised narcissistic retreat could be seen to be based on sensory experiences involving such polarities as hard-soft or powerful-helpless. (Freud, after all, wrote that “the ego is first and foremost a bodily ego” [1923, p. 26].) The threatened loss of the object as if it were part of the self exposes the child or adult to catastrophic anxieties experienced in a concrete way, described vividly in various ways by the authors of this volume.
With autism, as with other conditions, the heart and the sustaining interest of psychoanalytic work lies in the relationship between the individual’s symptoms and his personality and creative capacities. There may be a danger that the similarity of some of the presenting features and major anxieties shown by children on the autistic spectrum can obscure the fact of each child being different, having his own identity, and of the autism being interwoven with the individual personality in a unique way in every case (Alvarez & Reid, 1999). Psychoanalytic work with autistic children, or adults with autistic features, is a way of understanding their need to retreat from inner and external reality. When their fears can be faced, this can free them, to some extent and to varying degrees, to join the human family: to develop their own personalities, emotional lives and capacities for thought, imagination and relationships with other human beings.

References


