

AUTISM PSYCHOANALYTIC APPROACHES A CASE STUDY

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ABSTRACT

This paper focuses on the contribution of psycho analysis to the study of autism and aims to highlight the importance of describing the experience of autistic children. An attempt is made to understand and describe the mental processes that run through the child's psyche in order to explain autistic behaviors. It studies the kind of developing stress, the defensive mechanisms used to handle it and the various factors that are able to stabilize or change the autistic function. It assumes that the autistic child, for a number of reasons, is not able to face its individualization that is the double differentiation (local or intro psychic and interpersonal) and puts into function those mechanisms that aim at preventing its separation from its mother. Understanding this element can be a very important tool in the treatment of children with autism.

KEYWORDS: *Autism, Psychoanalysis, Mother-Child Relationship, Individualization, Therapeutic Approach*

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INTRODUCTION

Autism is a complex developmental disorder and it typically occurs during the first 3 years of a person's life. Autism affects the normal brain development tied to social interaction and communication. Autistic children and adults face typical difficulties in verbal and non-verbal communication, social interaction as well as game-related and leisure time activities. The disorder hinders them from communicating with others and relating to the outside world. In some cases, aggressiveness and self-injury behaviors are quite often. The autistic people may show repetitive movements of their body (hands clapping, twisting, etc.), unusual reactions to people or attractiveness to objects and resistance in routine changes. They may also be sensitive in their five senses of sight, hear, touch, smell and taste (Baron-Cohen, Bolton, 1993).

OBJECTIVES OF THE STUDY-AIMS

Through the theories of Bick, Tustin, Meltzer as well as Haag, this study attempts to highlight psycho analytic work and its contribution to people with autism. This theoretical approach is based on the quality of the mother-child relationship and how it affects the daily life of the latter.

At this point, it is important to stress that psycho analysis is not so much interested in explaining or finding the cause of autism as in understanding and describing the psychic processes that run through the child's psyche and the way in which autistic pathology prevents access to the stage of individuation and the sense of continuity of the self. The philosophy of this study is that respect for people with autism goes through their cognition of their personality as a whole.

METHODOLOGY

The study was based on the child's daily observation and evaluation in the learning and socio-emotional and sensory domains. In particular, the child's difficulties in these domains affect its everyday life function in all environments such as family, school, and activities. Besides, an important part of evaluation and intervention was to explore the child's family environment to define the degree at which the student's image is affected. In terms of the family environment, several counseling sessions with his parents took place and relevant interventions were planned accordingly. However, it was found that the child's support by proper services for further evaluation should be arranged. Additionally, parents should receive more specialized therapeutic intervention.

PSYCHOANALYTIC APPROACHES TO AUTISM

The Contribution of Esther Bick

Esther Bick introduced the method of infant psychoanalytic observation. According to Bick, the embryo during its endometrium life is surrounded and supported by the uterus walls. As soon as it is born, it faces the law of gravity and it is forced to find a way to "be held" so as to experience once again the wrapping feeling that allows it to feel the limits of its body and, consequently, a primary sense of security, (Rustin,2009).The quality of its relation to its environment, as this is expressed through the corporal contact and tonality as well as the emotional presence, gradually affects the creation of the feeling that the baby has its own skin and it is something special. Its own skin serves as a means to contact its mother's skin and then absorb elements of the mother skin on which it attached. Bick called this the "attachment identity".

The work of Frances Tustin

Tustin introduced the projective identification, a complex psychological phenomenon during which not only does the person project non-acceptable emotions to another one, but it also functions as if the other person obviously has them. Thus, it exercises a peculiar pressure to the other person by forcing them to unconsciously adopt the projected elements. In this case defense refers to releasing non-tolerant elements of the self to the environment in an attempt to self-discharge. This is a preliminary defensive mechanism by which the limits of the Ego to other people are abolished. At the same time, it is an attack to the relation with these people, (Tustin, 1995).

According to Tustin, in the case of projective identification, the infant pushes out unpleasant experiences by attributing them to external objects, thus, creating a fission, a dichotomy between its inner psychic space and the external world. Yet, the autistic child is not able to project experiences and characteristics to the other person as this presupposes a quite good construction of the corporal Ego (Tustin, 1981).

As regards autistic children, Tustin indicated that their basic defense was mainly to avoid at all costs the realization that they are different beings from their mother (Tustin, 1983).She contends that autism is an effort of protection against this stress, the "black hole". Tustin uses the term "amputation of snout" to describe the psychological pain of autistic children about this experience, referring not only to the mouth, but the whole area around it (Spensley, 1987).

The processing of this concept stems from the clinical material of psychoanalytic psychotherapies. The feeling of falling into the black hole generates the loss of the feeling of the spatial-temporal continuation of the self. As a result, the child tries to "fill" the black hole with "autistic objects" and "autistic forms". The "autistic objects" are not used for their symbolic value, such as toys, but rather for the sensations felt on the surface of the body. Most times they are "hard sensations" that temporarily soothe the child in terms of the continuation of itself.

The “autistic forms” are impressions that the child creates on its body in a sensor-like way with its kinetic stereotypes or with anything released from its body. An autistic form can be the form of a sense, touching, visual, hearing that gives shape to a specific part of the body or the space. They are usually twisting unchangeable forms which are repeated continuously.

Donald Meltzer

Meltzer suggests an important concept about autism, psychic dismemberment, which is a passive experience of separation from the world as well as the feeling of self, characterized by lack of consciousness, attention and unification of sensory information (the information gathered through senses) (Cassese, 2002) This is a situation of non-existence, distinctive among autistic children who seem to disappear for a while from the relation and the surrounding reality, often in a hypotonic state, and come back usually through a limbs stereotypical movement as if this is a basic experience of the self, helping them to come back. In other words, the child, through this automatic movement, gains the possibility of the least connection to its body, self and the world (Cohen, M., Hahn, A. (eds.), 2000)

Genevieve Haag

In terms of psychoanalysis, every relation of treatment is based on the experience of a relation, while the goal is to make the child contact its inner world and attribute form and meaning to it (Stern, 1985). According to Haag, autistic children, even when they do not speak, are expressed through their bodies. The child’s verbalized experience can help it feel that the other person exists and they are there to understand it. Genevieve Haag contends that this process of gradual disengagement from the autistic defensive mechanisms presupposes the creation of the first feeling that the child exists and she calls it “the first wrapping feeling”. The child starts to realize that it is different from the others and, this way, it experiences its body as one more unified entity. This means that the so-called “psychosomatic Ego” is being developed (Kapetanaki, Rizou, 2019)

The somatic Ego begins to acquire its form through a primary sense of wrapping along with its internalization as the primary core of hooking the somatic Ego. The first wrapping feeling is created through the mother – infant touching. In this case, the infant can relate to mother, free from its spatial and corporal stress (Schoore, 2009). This is evident when the mother’s touching the baby’s back makes it calm down. This is also evident among 2-month-old babies when they are naked on the changing table where they express feelings of frustration since they have not released the wrapping feeling as an internal core of hooking (Winnicott, 1986). The first wrapping feeling is further organized through the mutual looking between the infant and its mother during its caretaking, a phenomenon highly observed during the second month in the infant’s life.

The observation of infants with a normal development has greatly helped understand developmental disorders like autism. In this context, the infant’s body expresses the manner of experiencing its relation to the environment (Bowlby, 1973), (Ainsworth, Blehar, Waters, Wall, 1978). This also occurs among autistic children: the autistic child uses its body to narrate its stress and experience. This is exactly the contribution of psychoanalysis: we, as receivers, are able to interpret these non-verbal expressions of psychic pain. This process of non-verbal narration does not merely refer to psychoanalysis, but also to family.

From Theory to Practice-The Case Study

Chris is a 17-year-old adolescent diagnosed with Autistic Spectrum Disorders and Mental Retardation. He currently attends a Special Education school while he has often attended rehabilitation programs. The student has a younger sister and both his parents completed Secondary Education and work.

Chris is characterized by the absence of speech and in the school framework he demonstrates dangerous behaviors both towards himself and the others. More specifically, he often shows increased tension and intensive emotional disturbance resulting in severe outbursts of anger, often expressed through self-injuries and attacks against his female classmates and female school teachers. In an attempt to clarify this expression of disturbance, it could be said that this boy seems unable to tolerate his own body. It is as if he wants to get out of his body because it is responsible for several stresses and psychic pain. When feeling this corporal and psychic pain, he seems unable to control his body and he attacks with his body female persons. He is generally rather disorganized because, despite his ability to move regularly, he prefers sitting on the wheel chair and move around with it because this movement calms him down. What is particularly impressive about Chris is that throughout his school life he has not built emotional bonds with anyone, neither his classmates nor the school personnel. His relation to them concerns only his basic needs of food intake and going around with the wheel chair. Furthermore, apart from lack of contact with people, his indifference and lack of relation with objects is another impressive factor. In particular, the student neither expresses the desire to play with specific toys nor to engage him and examine specific objects. Overall, he is not able to develop this kind of relations and this makes it very difficult for the school personnel to build bonds with him.

Hence, he is under medication which does not seem actually to affect anger and disturbance crises. Even during days of calmness, there are moments when he is unable to control his impulses. On top of that, his parents report that his doctor cannot increase the doze of medication as this is already too increased.

As regards the cognitive field, Chris can perceive and follow simple orders. As regards the psychomotor field, the student is self-serviced and eats without help. Taking into consideration all the student's difficulties, the school's priority is to develop a close family-school communication aiming at Chris' smoother integration into the school environment.

Based on the family Social History, both his parents come from family environments in which strict rules of attitudes and behaviors were dominant along with limited personal expression and limited up to absent parent – children emotional contact. Chris' birth initially brought feelings of joy to the family, particularly to his father, who named his son after his father's name. In the course of time the child's difficulties became evident and at the age of 3 he was diagnosed with "Pervasive Developmental Disorders". His parents could not fully perceive what was happening. They reported that in the first place they were devastated and unable to handle both themselves and the child. His mother reported that she lost interest in Chris' upbringing as she no longer had expectations for his future. They could only handle taking care of the boy's immediate needs and his treatments. Then, feelings of guilt were developed in them and, at the moment, they feel intense anger against the State, the school and, more generally, the welfare services.

Their emotional condition has had an impact on their relation to the child. On the one hand, both parents developed a supportive attitude to Chris, since they attached to the rehabilitation treatment program. On the other hand, they could not build emotional bonds with the boy due to their feelings of sorrow, intense misery and anger. They both think of themselves as "tired" and emotionally "empty".

Analysis of Chris' Behavior

This case study helps understand the theory of psychoanalysis on autism. Chris' behavior helps us perceive the lack of the wrapping feeling and its internalization as the primary core of the corporal Ego which influences the sense of the psychic Ego. The sense of the psychosomatic Ego demonstrates the positioning of Ego in relation to the other, i.e. the teacher, the classmate. Therefore, it is conducive to developing the self as corporal and psychic entity, rather different and unique from any other entity.

This feeling of insecurity experienced by the boy sensibly creates feelings of unresolved pain and a lack of wrapping resulting in his getting upset and unable to hold himself. This is expressed through his efforts to bite the arms or breasts of female teachers by activating his mouth meaning that at those moments he intends to use his mouth not to articulate normal speech but to “speak” in a different manner (biting because of his psychic pain and stress). According to Haag, the role of the mouth is at the epicenter of the autistic issue. As from the endometrium period the babies suck their thumbs. This behavior develops after their birth through a rhythmic repetition. The mouth, coated by the libido, becomes the expression of the first psychic conflict with objects as well as of the self-erotic activity. A number of autistic defenses aim at protecting the child from the void due to the lack of mouth – nipple (autistic children face difficulties in breast-feeding), which is very important for the child’s smooth psychic development. As a consequence, the child’s inability to create its own identity as a separate entity makes it unable to verbalize its feelings. The only thing it can do is to narrate through corporal reactions its experience and stress. Thus, as already reported, aggressive behaviors are quite often against others as well as self-injury behaviors. All these are indications about the boy’s feelings.

The lack of the wrapping feeling makes Chris unable to perceive his body and have an explicit picture of it. When one perceives their body, they understand that their body is different from that of their mother and any other person. However, this is not the case here. Thus, the boy cannot understand that he is an autonomous entity and for this reason he is unable to build a relation with other people or objects. This means that a person can be able to build a relation with someone else under the condition that they have shifted to the stage of individualization. Chris has not shifted to this stage of development and, hence, he cannot build bonds with people or objects.

Last but not least, in terms of his intense desire to move around on the wheel chair and avoid walking we can infer that this is proof of lack of security, as analyzed above, which contributes to lack of confidence to his motor skills and perhaps he feels that walking may make him fall down.

Treatment Intervention

Taking into consideration all the above, the scientific group of the school (special teachers, psychologist, work therapist) has reached the conclusion that the corporal behaviors stemming from the psychosomatic Ego can be decreased on the condition that the student feels secure. To achieve this, it is important to go back to the stage of the first wrapping feeling through touching his back. Furthermore, in the context of the sessions with the work therapist, the tendency to touch the student’s back as a means of support was included in a more general intervention program. What is more, apart from touching his back, an attempt was made to use a piece of cloth, as a surface (a sheet) in direct contact with his back serving as a place of isolation for him. Both interventions were particularly effective since the student responded positively to both forms of touching. Chris’ acceptance of the touching stimuli was a simple essential step since this enabled the intervention and, consequently, his progress. After all, from one moment onwards, he took the piece of cloth and put it on his back to experience the wrapping feeling. This effort should necessarily be continued at the student’s home to generalize this feeling. For this reason, parents attended counseling sessions in order to perceive and assimilate the specific intervention. As regards his movement with the wheel chair, it can be said that it has been gradually limited since the student sometimes felt secure to stand up and walk.

Aggressive behaviors and self-injuries were relatively decreased. This was helped by the feeling of security and holding for some time during the day and not throughout his presence in the school. Of course this is natural since it takes some time to establish this behavior so that the child can perceive its needs and feelings and then accept them and,

consequently, accept the self and become autonomous. From the moment he internalizes himself as a separate entity, he builds greater confidence in his environment, a fact that can help him remain calmer regarding his relations to it.

CONCLUSIONS

The intervention both in the school and family context is continuously developing. The study of the specific case revealed the importance of psychoanalytic theories and interventions for autism. Their study and implementation were conducive to reinforcing self-confidence both in the school and family environments, as this had only been supported by medication up to that moment. Finally, as regards the student, his improved behavior is seemingly proof of an organized wrapping feeling which is interpreted through the relations of the child with space and objects (Alvarez, 1992). After all, this is the goal of this effort: the creation of an initial relation between the child and himself as well as the surrounding environment.

As stated above, dance therapy is based to the “therapeutic relationship” between the therapist and the child with autism. This relationship symbolizes on the one hand the primary relationship with the mother, a relationship which gives security to the child and on the other hand the ability to separate from the mother and therefore to fight the fear of separation from her. This is made possible by the creation of the "transitional object" in the person of the therapist. The therapist therefore takes the role of the "transitional object" which helps the child with autism to become independent from the mother by using the security offered by this transitional object (Winnicott, 1986). In this way, the child becomes independent from the previous state of complete fusion with the mother, understands himself, understands his own potential and strengthens his self-image and self-esteem. This element helps the child to communicate and interact socially with those around him / her.

Aristotle said that “man is a being with a political and social entity” (Ross, 1993). Although people with autism have very serious difficulties in communication and social interaction, they have a great need for human contact, like all people. The psychoanalytic approach and intervention for children with autism demonstrates this need and contributes to its implementation.

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