

Carlos Tamm Lessa de Sá

**AUTISTIC FUNCTIONING AND LANGUAGE
DEVELOPMENT**

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*Climb Left through the zero and watch,
looking back at the blood in its jacket,
the breath in its jacket,
the Absence opening its arms.*

Robert Bringhurst

To Vivien, Branca and Mateus
My best companions in any journey.

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Abstract

This thesis is a retrospective qualitative study based on psychotherapy sessions with children presenting autistic features who use language in atypical ways. The aim was to understand, through the transferential relationship, what psychological context in terms of anxieties and defences prevents the child from using language efficiently.

Hypotheses concerning children's use of language in the context of their emotional oscillation and evolution during the course of treatment were noted and checked against subsequent developments. They were also triangulated with the outcome of a grounded theory analysis. The grounded theory analysis led to the emergence of higher-level themes that were compared within and across cases and allowed factors surrounding the children's use of language to be conceptualized.

The grounded theory method was used in parallel with the usual process of evaluation of the dynamics of each session and patient used by psychoanalysts *a posteriori* and which is part of the researcher's background. This procedure was enhanced by the use of Bion's Grid, here in a version adapted to the aims of the research. This approach is discussed in detail in the Methodology chapter.

The psychoanalytic theoretical background that supported the research was mainly based on the tradition of Object-Relations Theory, particularly the evolution of Kleinian thinking represented by Bion's works, and as far as autism is concerned, by Frances Tustin and Donald Meltzer's formulations. Concerning the subject of language development, Meltzer's explorations on the necessary conditions for its development and the philosopher Wittgenstein's investigations on the social function of language were the main influences of this work. The evolution of the children's use of language in parallel with their emotional development in the context of their psychotherapies was analyzed and some hypotheses about the oscillations in their emotional and mental functioning were made.

The oscillation in the children's emotional state, language use and thinking processes was also studied in terms of a general fluctuation between different mental states that was considered to be present in different degrees and quality in mental life and more strongly when there are limitations in communication skills and social interaction. A few excerpts

from notes on adolescent and adult cases with autistic features were included in the Discussion Chapters to briefly illustrate this aspect.

Contents

Acknowledgements

Abstract

Introduction

1. *Background Experience*.....9
2. *Aims of the Research*.....11
3. *Summary of the Chapters and Structure of the Thesis*.....12

I. Literature Review

1. *Autism*

- a) *Child Psychiatry*.....13
- b) *Developmental Psychology*.....15
- c) *Psychoanalysis*.....18

2. *Language Development*

- a) *Developmental Psychology and Neurosciences*.....32
- b) *Psychoanalysis*.....37
- c) *Language Studies and Philosophy of Language*.....43

II. Methodology

1. *Introduction*.....49
2. *Rationale and Methodology*.....54
3. *Work Plan*.....71
4. *Assessment of the Data*.....76

III. Case Studies

1. *Fred*

- a) *Brief Report on the Therapy*.....79
- b) *Coded Sessions*.....102
- c) *General Categories*.....115
- d) *Discussion: Basic Oscillation*.....120

2. *Chaz*

- a) *Brief Report on the Therapy*.....135
- b) *Coded Sessions*.....145
- c) *General Categories*.....157

d) Discussion: Alternating States.....	161
<i>3. Cross-Case Discussion</i>	
a) Introduction.....	177
b) Fred.....	183
c) Chaz.....	196
d) Final Considerations.....	203
IV. Conclusions	
1. Introduction.....	215
2. Methods Used.....	216
3. Evaluation and Findings	
a) Outcome of Therapy.....	216
b) Emotional and Linguistic Dynamics of Autistic States.....	218
c) General Formulation.....	221
4. Unresolved Problems and Implications for Further Research.....	223
Appendix 1 – Information Sheet.....	225
Appendix 2 – Consent Form.....	226
Appendix 3 – Ethical Approval Letter.....	227
Bibliography.....	229

INTRODUCTION

1. Background Experience

This investigation focuses on the relationship between autistic functioning and disturbance in language development and thought processes. My interest in this particular field of studies resulted from the convergence of several different factors. Having a first degree in Medicine and specializing in Psychiatry, my psychoanalytic interest was initially inclined to the psychoanalytic investigation of psychosis. The discovery of Bion's works represented then a milestone and I took part in study groups on his works for many years. At the same time, the experience of working with psychosomatic patients in the Department of Medical Psychology at the Federal University of Rio de Janeiro led me to become increasingly curious about these states in need of representation that can only be expressed on a bodily level.

On the other hand, even before starting work with children, I happened to see in my practice a few adult, young adult or adolescent borderline patients in whom the "negative" symptoms predominated. These patients were not delusional or overtly aggressive, and would mostly show a marked withdrawal from the external world to which they found it very difficult to relate. They said very little, had a poverty of facial expression and bodily mobility, and seemed to be greatly isolated in their own world, suggesting to me the image of wandering islands. This was what first triggered my interest in Tustin's work. Given that I have been interested in early emotional development since the experience of Infant Observation in my psychoanalytic training, it was also my impression that the study and practice of Child Analysis and the direct observation of emotional conflicts at a stage closer to their origin, apart from its obvious advantages in therapy and prevention, would be a valuable tool for the analyst in his work with adult patients as well. Finally, in 1999 I started working in Child Psychiatry at the Paediatrics Institute at the Federal University of Rio de Janeiro, regularly seeing children who were physically ill and hospitalized. I later started working privately with child psychotherapy, and for the following years had the opportunity of working with children and adolescents who presented problems like eating disorders, learning difficulties, who had been diagnosed as "hyperactive" or who presented psychotic or autistic traits.

In parallel to that ran my personal interest in Literature, with which I have been involved for more than thirty years. During my Masters Degree in Literature at the Catholic University of Rio de Janeiro I had the opportunity to study Literary Theory and Philosophy of Language, particularly Wittgenstein's works. My research at that time focused on the different aspects of the idea of the individual and subjectivity in contemporary thought and how this idea is constituted through language as represented in Literature.

This was an inspiring experience and after exploring the intersections between psychoanalysis, language and literature, I came to realize that my interest in literature and philosophy of language and in the unspeakable and unthinkable in the emotional experience of my patients had a common ground.

I came to think that the poverty of communicative skills so evident in the patients mentioned above could provide grounds for the assumption of a similar problem in different levels and quality in some other clinical configurations, such as psychosomatic symptoms, eating disorders, drug addictions or states of acute anxiety that are often accompanied by terrifying fears of annihilation. All these states, in distinct fashion, seemed to indicate a state of mindlessness, of a deficit in symbolic capacity; in other words, the absence or weakness of the powerful tool of language to communicate emotional states, to think about them, and in many cases even to be able to acknowledge them.

It is to be noted that even when some of these patients are verbally fluent, their speech is so far from their internal reality that there seems to be a gap between experience and the general linguistic code that the patient can master only when referring to external events and circumstances. Their language is therefore limited, allowing only a partial adaptation of the personality to the external reality, with no meaningful bridge with the patient's innermost self. To use Wittgenstein's expression, from our point of view their language is "on holiday", does not work (Wittgenstein, 1997 [1953], p. 19).

I became very interested in what the processes were that led autistic individuals to their puzzling state of mental and emotional emptiness, behind which I suspected there was a hidden nucleus of unbearable pain. Such was the starting point of the present research.

2. *Aims of the Research*

The purpose of this research was to explore what the factors were that could hinder or enhance the development of communicative language and symbolic thinking. This was to be investigated in the context of clinical work with children in whom this development has been atypical.

In summary my aims were the following:

- 1) To investigate the nature of some of the factors involved in the impairment of language development in children included in the Autistic Spectrum.
- 2) To explore how much of the communicative difficulties that had an early start was susceptible to transformation in the context of psychoanalytic psychotherapy.
- 3) To observe the particular dynamics of the transferential/counter-transferential relationship between these children and the psychotherapist in order to assess how the therapist's attitude could help, over time, in the development of the process of establishing links in their minds .
- 4) To explore in which ways the idiosyncrasy of these children's use of language and modes of relating could be contrasted with the less severe but deeply rooted pockets of meaninglessness and lack of words in the mental life of some adult and adolescent patients.
- 5) To derive some understanding from the experience in this work that could help in conceptualizing what psychoanalytic task is involved in reaching communication with the non-symbolically operating parts of the personality of the patients mentioned above.

It was hoped that these preliminary investigations would shed some light on elements of the emotional and linguistic development of children and the way in which it is impaired in children in the Autistic Spectrum and adults and adolescents with autistic traits, which could help to enhance therapeutic intervention. Furthermore, it was expected that it could foster

further exploration in this challenging field, and also that the methods that were tentatively used could inspire further explorations in psychoanalytic research.

3. Summary of the Chapters and Structure of the Thesis

The work which will follow comprises four chapters.

The first chapter is dedicated to a general review of relevant literature in the subjects of Autism and Language Development. The Section on Autism reviews the basic literature on the subject in Child Psychiatry – since Kanner’s inaugural paper (1943) – and some of the most important contributions from Developmental Psychology. It also includes a more specific review on the psychoanalytic literature. The Section on Language Development reviews contributions from Developmental Psychology and Psychoanalysis. A third subsection is added to this part reviewing some fundamental works in Language Studies and Philosophy of Language that were relevant to my thinking and to the research.

This is followed by a second chapter in which some methodological issues in psychoanalytic research are discussed, and the procedures and chosen methods for the research are described.

The third chapter contains the clinical discussion of the cases studied.¹ An account of the treatment is provided for each case as well as process notes of four sessions from different periods of the therapy. The clinical material is analysed following grounded theory methods: the sessions are coded, allowing a number of general categories to emerge, and these are then listed and explained in the discussion of each case. This chapter ends with an extensive cross-case discussion.

The fourth chapter of the thesis is dedicated to the conclusions. It involves a general discussion of the findings and the formulation of the theoretical hypotheses in the context of previous investigations into the themes of the research. This is followed by considerations about the problems left unresolved and implications for further research.

The study received the approval of the Ethical Committee at the Tavistock Clinic and the University of East London (see Appendix 3).

¹ All the names and references to places in the clinical part of the thesis have been changed to protect the identities of the patients and their families.

LITERATURE REVIEW

1. *Autism*

a) Child Psychiatry

Already in the early nineteenth century there were accounts of children with odd behavior which corresponded to the clinical description first made by the Austrian child psychiatrist emigrated to the U.S. Leo Kanner in 1943 and based on eleven child patients (See Rutter et al, 1994, p. 569). In his 1943 paper, 'Autistic Disturbances of Affective Contact', Kanner drew the term autism from Bleuler's clinical description of schizophrenia (1911), of which autism is considered to be an important feature. Since then many child psychiatrists have studied what came to be broadly called "Autistic Spectrum Disorder" (For reviews see Rutter, 1970, Kolvin, 1971, Simpson, 2004, 2008), and whose key diagnostic features include early onset (before 36 months), social impairments, restrictive and repetitive interests and behaviour and delay and deviance in language development and communication skills (Simpson, 2008). Kolvin (1971) and Rutter (1972) established the important distinction between Autism and Schizophrenia, considering that Schizophrenia is a late onset psychosis, so childhood Autism should not be mistaken for a form of childhood schizophrenia.

Childhood autism is now considered one of the "pervasive developmental disorders", which are grouped under the code F84 (F84.0) in the *ICD-10*, the official classification of the World Health Organization (1993). Other developmental disorders listed in the group include Atypical Autism (F84.1), which is considered part of the broader diagnosis of Autistic Spectrum Disorders, and Asperger's Syndrome (F84.5), which shares important features with Autism, although being considered as a particular syndrome in its own right by some authors. Some consider it to be a milder form of Autism, due to the lack of linguistic and cognitive developmental delay, although it is important not to forget that cognitive impairment is not present in high-functioning autistic patients either.

Childhood Autism becomes manifest before the age of three that is necessary for a diagnosis. The ratio of prevalence male/female is 3-4 boys to 1 girl, and the prevalence for the broader definition of Autistic Spectrum Disorder is 60/10000, meaning approximately 1 in 165 children, much more than was believed some decades ago. It is disputed if this can be attributed solely to refinement of diagnostic methods, or if there is a real increase in the

incidence of ASD. In a paper on the epidemiology of Autism, Bryson (Bryson, 1999) defines its prevalence as being of 2:1000, but the U.S. Disease Control Centre found a much higher incidence, of 1:150.

Its features, as described in the ICD-10, are qualitative impairment in reciprocal social interaction and in communications, as well as restricted, repetitive and stereotyped patterns of behaviour, interests and activities. The impairments in communications are manifest in numerous ways:

lack of social usage of any language skills that may be present; impairment in make-believe and social imitative play; poor synchrony and lack of reciprocity in conversational interchange; poor flexibility in language expression and a relative lack of creativity and fantasy thought processes; lack of emotional response to other people's verbal and nonverbal overtures; impaired use of variations in cadence or emphasis to reflect communicative modulation; and a similar lack of accompanying gesture to provide emphasis or aid meaning in spoken communication. (ICD-10, 1993)

Other features involve stereotyped preoccupations with dates, maps, timetables or train routes, lack of spontaneity, initiative or creativity.

Atypical Autism differs from autism either in terms of the age of onset or of "failure to fulfil all three sets of diagnostic criteria" (ICD-10, 1993).

In the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), edited by the American Psychiatric Association in 1994, "Autistic Disorder" features as one of the "Pervasive Developmental Disorders" under code 299.0, while "Not Otherwise Specified" P.D.D or "Asperger Disorder" both come under the code 299.80. The description of the clinical features of Austitic Syndromes in the two classifications is broadly similar.

In 1944, apparently unaware of Kanner's paper, the also Austrian paediatrician Hans Asperger published – in German – his thesis "Autistic Psychopathy in Childhood" (See Simpson, 2004), based on four boys aged six to eleven years of age. He considered autism the basic feature of their clinical picture, which involved severe social limitations. He noted that, in spite of the fact that they presented normal cognition and linguistic development, unlike Kanner's patients, however there was a noticeable impoverishment in their "use of facial

expression, gaze and gesture, and abnormalities in their use of volume, tone and flow in speech”, therefore lacking the “non-verbal and pragmatic aspects of communication” (Idem, p. 29-30).

In 1981, Lorna Wing brought Asperger’s paper to general attention in *Asperger’s syndrome: a clinical account* (Wing, 1981), considering it to be in a continuum with Childhood Autism. Finally, the original paper was translated into English by Uta Frith in 1991 (Frith, 1991).

Approximately half of the cases of Autistic Spectrum Disorder are associated with different levels of Learning Disabilities (Simpson, 2008). Autism is now considered to be a Syndrome with a multi-factorial aetiology and there is still much to be investigated and discovered about it. Most researchers and clinicians agree that nature and nurture both seem to play a role in its genesis, and that there might be genetic, organic, psychological and environmental factors implicated in it, to different degrees according to the clinical presentation. There has been a significant amount of research in the field in the last three decades by neuro-psychiatrists and developmental psychologists. On the other hand, a good few child analysts and psychotherapists have been devoting a lot of work and thinking to it and accumulating a rich and significant clinical experience, observations, and conceptualizing on it. Perspectives from developmental psychology will be further considered, although the focus of the present research is fundamentally psychoanalytic.

b) Developmental Psychology

Three main theories were generated within Cognitive Psychology regarding what would be the “primary deficit” implicated in Autism (Simpson, 2008; Hodges, 2004): the theory of “weak central coherence” (Frith, 1989; Happé and Frith, 1996), the hypothesis of “executive dysfunction” (Ozonoff, 1997; Pennington and Ozonoff, 1996), and the most widely accepted hypothesis of a deficit in autistic children’s development of a “theory of mind” (Baron-Cohen, Leslie & Frith, 1985; Baron-Cohen, Tager-Flusberg & Cohen, 1993b). In *Mindblindness* the “theory of mind” concept was detailed and expanded by Baron-Cohen (Baron-Cohen, 1997) to include “The Intentionality Detector”, “The Eye-Direction Detector” and “The Shared-Attention Mechanism”.

“Weak central coherence” refers to autistic children’s inability to understand the context of a given event, rather than focus on the details of any situation. This impairment in

the capacity to integrate and make sense of experience and see the “big picture” would partly explain autistic individuals’ literalness, their inability to understand irony or metaphors, and their limited ability to make generalizations.

“Executive functionality” refers to complex cognitive functions involved in the ability to control and plan action and behaviour even when facing unexpected events. It involves the ability to understand the factors of a given problem or situation and generate adequate response in terms of problem-solving. This impairment could explain the autistic child’s longing for “sameness” and her attachment to repetitive patterns and behaviour (Ozonoff, Pennington and Rogers, 1991).

“Theory of mind” refers to the faculty of conceiving of others’ and the child’s own minds, i.e., awareness of feelings, thoughts, intentions, beliefs and points of view in others and in oneself, and the capacity to distinguish between one and the other (Baron-Cohen, Leslie and Frith, 1985). It is this ability that usually develops in the second year of life that allows the individual to make sense of and predict others’ behaviour (Baron-Cohen et al., 1993b; Pally, 2007).

While “first-order” theory of mind relates to the capacity to predict others’ mental states, “second-order” theory of mind involves the ability to process “one person’s understanding of another person’s mental state” (Hodges, 2004, p. 45).

There has been recent research in the field of Ethology and Neuroscience on the mechanisms by which the processes of empathy, imitation and language development may take place in humans, involving the “mirror-neurons” system (Rizzolatti, 2005).

More recent developmental theories on Autism include the “empathizing-systemizing (E-S) theory” which expanded into the “extreme male brain theory” (Baron-Cohen, 2002), which connects autistic deficits with delays and deficits in *empathy* as opposed to an intact or highly developed – in Asperger’s Syndrome or High-Functioning Autism – ability to *systemize*. Baron-Cohen justifies the naming of this theory based on the fact that there is not only anecdotal but also empirical evidence that there are sex differences in empathizing – usually more developed in females – and systematizing – in which generally males perform better.

The “shared-attention mechanism” described by Baron-Cohen (Baron-Cohen, 1997) refers to “triadic representations” of “triadic relations”, i.e., relations among an Agent, the Self and (third) Object. The concept of triadic relations was also used by Hobson, who studies

the same phenomenon in a more relational perspective (1993a, 1993b, 2002), referring to triangular relations.

Hobson takes issue with the proponents of the “theory of mind”. He does not believe that children normally develop a “theory” about others’ internal, mental life but, rather, that they acquire through observation of themselves and others in the context of relationships the “knowledge that other people have minds” (Hobson, 1990, p. 199).

Trevarthen also emphasised the inter-relational aspect present in the generation of some autistic mechanisms or defences:

In our attempt to understand autism, it is important to note that when the contact of a two-month-old with the mother has been cut off by her assuming a still face, the baby’s signs of distress may show ‘autistic’ features, such as avoidance of eye-to-eye contact, compulsive fingering of clothes, cessation of smiling and a complaining kind of vocalisation (Murray and Trevarthen, 1985; Trevarthen, Murray and Hubley, 1981; Weinberg and Tronick, 1994). An avoidant or unresponsive state of this kind may persist for a minute or two after the mother resumes normal behaviour and tries to get the infant to communicate warmly with her again. This is not to say that it is autism that is produced, or that autism could be caused by a mother’s lack of response, but there is an important similarity. (Trevarthen et al, 1998, p. 95).

Autistic children’s language disturbances were described, since Kanner, as failing “to convey meaning to those who listen. It is not meant for communication” (Kanner, 1955, p. 520). Kanner stated that their language could be “irrelevant”, with meaningless neologisms, repetitions and echolalia: “automatic, parrot-like repetition of things said by other people”. They also often present “pronominal reversals (the reciprocal substitution of *You* for *I* and *I* for *You*)” (Idem, p. 521). Kanner then quotes Whitehorn and Zipt (1943): “The abnormality of the autistic person lies in ignoring the other fellow”.

The Developmental Psychologists Mundy, Sigman and Kasari (1992) studied the social responses, non-verbal communication and language development in autistic children and concluded that their primary impairment was in non-verbal communication and affective responses (see review in Trevarthen, 1998). This seems to point to an early deficit in social development which would account for the later deficits mentioned above. This impairment in social relatedness includes deficits in “the ability to share common attention, the capacity to

imitate others, and the motivation for social engagement and preference for orientating to other people” (Simpson, 2008, p. 12).

Hobson (1993, 2002) proposed that disturbances in the development of the interpersonal awareness and social relatedness are the core impairment in Autism. As Simpson points out, this is in line with a “return to Kanner’s original hypothesis of ‘reduced affective contact’” (Simpson, 2008, p. 12). Hobson, Ouston and Lee (1988) conducted an experiment in which photographs of facial emotions were presented to autistic children who were asked to match them with vocalizations concerning the same emotions. This was compared with the matching of non-emotive actions and sounds, and they found that these children were much more skilled in matching the non-emotional stimuli. Hobson’s observations are in tune with Trevarthen’s (1979) notions on the interpersonal development of the infant and primary and secondary intersubjectivity. In his own words: “We know what a person is because a person offers us emotional contact and emotional interchange; what we experience with persons but not things are mutual mental connections”. (Hobson, 2002, p. 248). Although emphasizing the primacy of a relational deficit, like Trevarthen, Hobson considers, as also does the former, that its origin is biological.

Tager-Flusberg (1993) suggests that recent research demonstrated that “the majority of joint-attention behaviours are accompanied by positive affect in normal and retarded infants, but positive affect is less frequent during joint attention episodes among autistic children” (Idem, p. 145). She also points out that “a number of recent studies...show correlations between joint attention deficit and language development in children with autism” (Idem).

All this seems to indicate that the absence of a clear idea of the “other fellow” in the autistic individual’s mind inhibits the normal processes that prompt communication skills and language development.

c) Psychoanalysis

Introduction and Kleinian Theoretical Background

Melanie Klein described “projective identification” as the predominant mechanism through which the baby copes with his anxieties at this earliest stage of development which she termed “paranoid-schizoid” position (Klein, 1946). Any anxiety, anger or discomfort the baby feels is projected into the mother’s breast since the baby has no other way of dealing

with it or even acknowledging it as coming from an internal source, that is to say, from himself. Since the mother's breast is taken as responsible for causing it, he feels attacked by it, so that in these moments it is seen as "bad", while it is experienced as the "good" breast when the baby feels safe and comforted by it.

At this point the infant would still be dealing with "part objects", not able to acknowledge the mother as a whole and independent individual. During the second trimester of life, roughly, in normal development, the infant would start to be able to "integrate", that is, to acknowledge that the good breast belongs to the same mother whose breast he found bad and attacked in his phantasy when frustrated. Since this emotional process seems to occur also in parallel with the neuro-motor development and the increase in the baby's visual accuracy and enlargement in the infant's range of visual perception, we could say, metaphorically, that the infant is now able to see the mother behind the breast, whether being breastfed or not. In this phase the infant would be more able to introject his objects, to feel guilt by the acknowledgement of his own aggressiveness and destructiveness, and to develop a wish to repair his damaged objects. Klein termed this "depressive position" (Klein, 1935).

Both these modes of mental functioning would still be present to a lesser or higher degree in older children and adults, and the two important concepts – the two positions and the mechanism of projective identification – were further developed by later analysts (See review in Spillius & O'Shaughnessy, 2012). Bion drew on Freud's seminal paper of 1911, "Formulations on the Two Principles of Mental Functioning", and Melanie Klein's concept of projective identification (Klein, 1946) to develop his ideas about the early stages of the infant's mental development in the classical paper "A Theory of Thinking" (Bion, 1962). The continued and excessive use of projective identification to evade mental pain would still be the predominant mechanism in psychotic patients.

These developments brought at least two important shifts of focus:

First, Bion opened the path for psychoanalysts to think about the processes involved in the development or impairment of the capacity to think, of the mental apparatus, and so understand in which mental level the patient we are talking to is.

Secondly, the elaborations of "A Theory of Thinking", which although not a clinical paper also stemmed from Bion's clinical experience, particularly his experience with psychotic patients, allowed for a real consideration of the role played by the actual external object and his relationship with the infant in the development of the latter's internal world. This development was of major importance in considering the function of the analyst in the

relationship with his patient, changing the technical instance of child psychotherapy and adult analysis alike.

John Steiner accurately described the psychic retreats where some borderline patients get stuck, out of the depressive or the paranoid-schizoid position, and described their use of projective identification (Steiner, 1993). I believe, concerning some of the patients approached in this research, that there is a different quality for their refuge, based in what Tustin called “adhesive equation” (Tustin, 1984) rather than projective identification.

One of Bion’s great contributions to our comprehension of mental life is the model of fluctuation between the paranoid-schizoid and the depressive positions. I think we should consider something analogous to that in terms of a fluctuation between the paranoid-schizoid, or the depressive position, and an autistic functioning, which occurs in the patients we are investigating here.

Another important aspect of the subject would be the distinction between the destructive narcissistic patients, described by Rosenfeld (1965, 1971 and 2008) as being largely motivated by envy, from what we could call the “autistic” narcissistic patients, who are terrified of the consequences of relating.

As is well known, Freud believed that narcissistic patients had no capacity for transference (Freud, 2001e [1914]) and therefore the analytic treatment for them would be extremely difficult, if not impossible. In spite of that many analysts tried to approach and investigate the phenomenon, from Abraham (Abraham, 1949) to, more recently, André Green (1983). The first distinction that needs to be made is about the Freudian concept of primary narcissism, which would be an objectless state that occurred in normal development. For most of the authors of what we know as the Object Relations theory, such as Fairbairn (1952), Klein and Kleinian authors, there is not such a thing. Rosenfeld, one of the main investigators of this phenomenon, and certainly one of the Kleinian analysts most devoted to this subject and those patients, believed that “...much confusion would be avoided if we were to recognize that the many clinically observable conditions which resemble Freud’s description of primary narcissism are in fact *primitive object relations*” (1965, my emphasis). The main concepts used adequately by Rosenfeld to describe these patients’ mental functioning are the ones of projective identification described initially by Melanie Klein (see above), and which promoted a major development in our understanding of the mental world of children and adults – and oral incorporation, an important element of the oral-sadistic phase studied by Abraham (1949 [1916]) and later M. Klein.

Rosenfeld's descriptions of the narcissistic structures are extremely important for every clinician who faces patients with this kind of mental functioning. Nevertheless, some of the phenomena and clinical situations described by him could be re-examined today in the light of other mechanisms described in the last decades by those who investigated the first steps of mental development in the context of the interactions between infant and mother (Bick, 1968, 1986) or by clinicians who dared to face a difficult challenge: to try to understand and treat patients in the Autistic Spectrum or who present autistic traits. Bick, Tustin and Meltzer described, in addition to projective identification, an even more primitive phenomenon that seems to predominate in some patients, that Meltzer called "adhesive identification" (Meltzer, 1975c) and Tustin "adhesive equation" (Tustin, 1984).

These patients' withdrawal from the external and internal reality derives from another kind of primitive, and terrifying, anxieties, different from the ones present in patients whose main mode of functioning seems to be linked to projective identification and incorporation. In Rosenfeld's view, this would be connected to an unbearable envy of the breast, and the patient's confusion between self and object derived from a ruthless incorporation of the object which denied the object's own reality. In these cases, so to speak, there is already an object to be incorporated, denied, and somewhere to project what is undesirable, like feelings of dependence. This mode of functioning becomes clear in the relationship those patients develop with the analyst, and which is described at length by Rosenfeld in his papers on Narcissism. In the autistic patients, on the contrary, it is as if there was not an object "out there" to be incorporated or into which to project.

Melanie Klein

Melanie Klein was the first psychoanalyst to theorize on the mental functioning and evolution of autism during the analysis of a four-year-old boy whom she described as a case of "infantile schizophrenia". She described this patient, whom she called "Dick", in her paper "The Importance of Symbol-Formation in the Development of the Ego", which was published in 1930, thirteen years before the first clinical psychiatric description of infantile autism by Leo Kanner. Her detailed description of Dick's clinical picture makes it clear that he was a child in the autistic spectrum. She identifies in him a "lack of any affective relation to the things around him" (Klein, 1930, p. 30), which makes Dick unable to develop

emotional contact with anyone. She also observes that, in contrast to neurotic or, to a lesser extent, normal children, he “had only rarely displayed anxiety”. She aptly relates this indifference to his environment to his intellectual inhibition, shown by his poor vocabulary and his arrested development. She observes that he had no curiosity or interest of any kind, and that he “did not play”. He oscillated between automatic compliance and passive resistance. In terms of his poor communication skills she registers that he did not seem to have “the wish” to communicate. She also remarks that “the expression of his eyes and face was fixed, far away and lacking in interest”. There is a description of his behaviour while in the consulting room which is absolutely familiar for anyone who has the experience of working with these children: “There he ran to and fro in an aimless, purposeless way, and several times he also ran around me, just as if I were a piece of furniture, but he showed no interest in any of the objects in the room” (p. 27). Klein goes on to suggest an important link between the lack of object-relatedness in the child and his impaired capacity to symbolize, which accounted for his cognitive and linguistic deficits.

She elaborates her theory on symbol-formation, based on the sadistic phantasies directed against the inside of the mother’s body, and the anxieties generated by it. This anxiety, when it can be tolerated by the child, impels her to avoid the original objects of her curiosity in the phantasised organs inside the mother, and to displace it onto new things. These in turn, due to the same equation, will “become objects of anxiety”, and the child will be impelled “to make other and new equations”. Klein states that the anxiety connected with the sadism and the ego’s capacity to tolerate the pressure of these earliest anxiety-situations are necessary for ego-development, and goes on to describe “Dick” as presenting an “unusual inhibition of ego-development” (p. 26). She considers that in Dick there was a “constitutional incapacity of the ego to tolerate anxiety” (p. 29), and that the ego’s premature and strong defences against sadism prevented him from developing symbolic capacity and a solid-based relation to reality. She does not explore much further the reasons for these premature defences, but remarks on one important aspect of his environment. In this paper, as in others, Klein does not show the complete disregard for the importance of the environment provided by the external objects in the child’s development that is usually attributed to her by her detractors:

Undoubtedly his development was affected by the fact that, though he had every care, no real love was lavished on him, his mother’s feelings for him being from the beginning very cold.

As, moreover, neither his father nor his nurse gave him any tenderness, Dick grew up in an environment unusually poor in love (p. 28).

Bettelheim

Bettelheim, head of the Orthogenic School, nevertheless, in his book with the evocative title of *The Empty Fortress* (1972 [1967]), seems to have gone too far in considering the importance of the environment, suggesting that children's autism was simply a consequence of their parents' emotional detachment and coldness. This is a complex and controversial issue, since the generalization of this idea makes parents who are already struggling with the painful and difficult reality of having an autistic child feel blamed for the problem (Simpson, 2008).

Mahler

Another American psychoanalyst, Margaret Mahler, one of the pioneers in the field of child psychosis, studied symbiotic psychosis as a difficulty in the normal developmental process of differentiation/individuation, but distinguished it from childhood autism (1968). In spite of Mahler developing her observations from a different perspective, intra-psychoic instead of inter-relational, unlike the authors that inspire the present research, connected with the Object-Relations School, since the clinical phenomenon being observed is the same, some of her observations strikingly resemble those of Tustin and other authors, as can be seen from the following quotation: "Autism is an attempt at dedifferentiation and deanimation" (Mahler & Furer, 1968, p. 69). The following passage of Peter Hobson's account of her ideas confirms the point:

The autistic child's echolalia and his use of parts of the other person's body as an extension of himself appear to reflect incomplete separation of the self from the other, whilst his self-directed aggression may be seen to constitute an attempt to feel alive and whole (Hobson, 1990, p. 328).

Rodrigué

Rodrigué, in 1955, published his important clinical paper ‘The Analysis of a Three-Year-Old Mute Schizophrenic’, in which he describes the treatment of a boy who did not speak, using the Kleinian technique. In spite of his initial perplexity with the child’s behaviour he approached it very sensitively and the therapy seemed to be successful. Regardless of the title of the paper, the boy was clearly autistic and at one point Rodrigué himself states that he presented “Kanner’s Syndrome”.

Tustin

Frances Tustin (1972, 1981, 1986, 1992) started working with autistic children in the 1960s after training as a Child Psychotherapist at the Tavistock Clinic. Her lifelong interest and extensive experience in the area, allied to her great observational and creative skills allowed her to, from repeated clinical observations, identify some important psychodynamic factors and patterns in the children she treated. This changed the then current views on the pathology and the possibility of evolution in their clinical presentation as well as about the possibility of psychoanalytic psychotherapeutic help for these children. Her thinking was clearly influenced by that of Bion, by whom she was analysed, and her clinical findings are documented in the various papers and four books she published in her lifetime.

Tustin found out that these children seemed to be terrified of the acknowledgement of separateness. She postulated that they had gone through particularly traumatic and early acknowledgement of bodily separation – due to their particular vulnerability or a relative lack of maternal containment, or both – which provoked their “freezing” in a state of withdrawal from external reality. To protect themselves from the terrors – felt concretely on the body level – of spilling, liquefying, disintegrating, they “shut off” from the perception of everything around them that was felt to be “not me”. This meant that they would not be able to project into a mother or a breast that should not be there as a separate body. Instead, they would use adhesive mechanisms, in a bi-dimensional world, the sensory experience of adhering to the surface of the object as an attempt to keep the integrity of their own surface: this can be done by imitation and mimicry which greatly differs from relationships based on

identification. In denying the separation, one also denies the other's real existence – an experience of “everything is me”. Rather than projective identification with the mother, there is denial of the separation from the mother with whom the child is equated in his/her mind. Meltzer called this “adhesive identification” (1975c), a concept also used by Bick and to which Tustin preferred the expression “adhesive equation” (Tustin, 1984),² rightly so, in my opinion, since there is not someone real out there with whom to identify. Tustin drew an important distinction between schizophrenic-type personalities, “confusional children” which use massive projective identification - or “intrusive identification”, according to Meltzer (Meltzer et al., 1975) - and enter the mother's body, blurring the limits between *I* and *not I*, and these encapsulated personalities which, within the autistic manoeuvre, through “adhesive equation”, generate their own shell: all is *I*. Thus the extreme anxiety that emerges when these patients begin to acknowledge, emotionally, the separateness of objects:

On the basis of an entangled relationship with his mother, the *schizophrenic* child has made tenuous psychological development from which he regresses when faced by difficulties which are too much for him. The *autistic* child appears to be cut off from the mother, and manifests an almost complete arrest of psychological development at an early stage (Tustin, 1983, p. 119).

Differentiating “entangled” from “withdrawn” children, Tustin says that withdrawn children live in a “sensation-dominated world”, and present a bodily sensations-seeking behaviour, rather than object-seeking – a “world of forms and shapes and patterns” (Tustin, 1983, p. 122). This relates to her concepts of “autistic-shapes” (1984), i.e., shapes felt in terms of the sensory impression provoked by soft surfaces, and of “autistic objects” (1980), the experience of a hard sensory surface on the skin when a hard object is pressed against it. She observes that these children engender a protective shell of “me” sensations to keep the “not-me” at bay, and that they resort to auto-sensuous manoeuvres. Lacking the dimension of object-relatedness, their communicative skills are impaired, and language, if present, is merely echolalic or very sparse. (Tustin, 1983).

² Tustin was following, by analogy, Hanna Segal's term “symbolic equation” (1957), used to describe a different process, in which there is no real symbolization. Dr. Rosa B. P. M. Ferreira drew my attention to some imprecision in the use of this term, since in mathematics what is called “equation” involves in fact a high degree of abstraction, not the kind of similitude that Segal was describing (personal communication). Although this is clearly the case, we will keep the term “equation” for now for the sake of simplicity.

Tustin equates the autistic child's terror of "the unfamiliar 'not-me'" with Bion's "nameless dread" (Bion, 1962), although he refers to anxieties that were projected by the infant into the mother but did not find acceptance in the mind of a mother incapable of reverie, and did not become mitigated. Tustin suggests that the autistic child experienced an early and traumatic bodily separation from her mother, and completely avoids awareness of this, becoming frozen in her development. The most primitive expression of this would be the realization that the nipple of the breast is not part of the child's mouth, which is poignantly expressed by her patient John when he tells her that his mouth is "a black hole with a nasty prick" (Tustin, 1983, p. 125).

Tustin abandoned the idea of an autistic normal development phase (Tustin, 1994) – or even an "autistic position", as Thomas Ogden puts it (Ogden, 1989) – in favour of the idea that a long-term autistic state is always an indication of developmental pathology. However, she argued for the presence of what she called "autistic barriers" in some neurotic patients (Tustin, 1986), autistic traits that exist only to some extent in normal development. Despite it being seen in the moments of withdrawal presented by every infant, or of any of us in adult life, however, this autistic functioning, when too prominent, consists in a strong and early defensive mechanism that occurs in autistic children and which – alongside parts of the personality that might be in another level of functioning – can also happen in some borderline or even neurotic patients (Tustin, 1986, 1990). Similarly to Bion, whose concepts about the psychotic part of the personality were useful to think about psychotic nuclei in neurotic patients, Tustin expanded her observations of autistic patients to these autistic barriers in neurotic patients, which could be seen in adult patients with anxieties related to a fear of annihilation. This was first described by Sydney Klein (Klein, S., 1980), although the same phenomenon was also observed and registered, in other terms, by Winnicott in "Fear of Breakdown" (Winnicott, 1974).

Sydney Klein

In his paper "Autistic Phenomena in Neurotic Patients" Sydney Klein observes that patients whom he initially considered "only mildly neurotic" (Klein, S., 1980, p. 395) in fact presented an encysted part of their personalities which paralleled phenomena observed in the treatment of autistic children. He suggests that "the autistic defence is primarily due to the

avoidance of the pain caused by the intensity of the fear of death and disintegration caused by the absence of the containing nipple or breast” (Idem, p. 399-400). He identifies in them terrifying feelings of non-existence and emptiness underlying their apparently ego-syntonic adaptation to reality and suggests that what the patients are not communicating are feelings of hate and love that normally accompany the realization of separateness and the establishment of a mature responsibility with the self and objects (p. 400).

Winnicott

Winnicott’s posthumously published paper revolves around a primitive part of the personality of some adult patients. He describes “primitive agonies” leading to the “fear of breakdown” that are very close to Tustin’s description of the autistic child’s terrors, i.e., a “return to an unintegrated state, falling forever, loss of psychosomatic cohesion, loss of capacity to relate to objects”, and its respective associated defences: “disintegration, self-holding, depersonalization, exploitation of primary narcissism, autistic states” (Winnicott, 1974, p. 104). The fourth of these defences we could relate to the fear of the “black hole” (Tustin, 1988a) and its associated defence, if we do not subscribe to the notion of primary narcissism, could be thought of as the resort to the “protective shell”. The fifth “agony” is more problematic. Winnicott included “autistic states” as a defence against the loss of a capacity which is already lost in such states, namely, of relating to objects. We might rather think in terms of an unbearable agony of separateness, against which the autistic states are a defence.

There is nevertheless a striking originality in his formulation of mental illnesses not being a breakdown, but on the contrary, defence organizations “relative to a primitive agony”, felt to be worse than the illness itself. Winnicott states that “the underlying agony is unthinkable” (and unspeakable, we could add), and adds that the terror defended against by the patient is “the fear of a breakdown that has *already been experienced*”. Although the strength of the autistic child’s phantasmatic terrors – falling forever, spilling out, etc – can be overwhelming, the experience of not being held together that the child is avoiding has already happened. The same is true for adult patients with similar defences.

Bick

Esther Bick's concept of "second skin" (1968, 1986) describes a type of early defence that has parallels with the manoeuvres of some autistic children. She details a manoeuvre in which there is an attempt to create a carapace between the self and the world which could provide a sensation of cohesion from the surface which the individual doesn't find internally, and which defends him from the terrifying threat of internal fragmentation, of literally falling into pieces. She also studied the same phenomenon later developed by Meltzer, that is, adhesive identification.

Ogden

Thomas Ogden, although starting from an idea that Tustin later abandoned – that is, that of a "normal" autistic phase of development – which he calls "autistic-contiguous position" (1989), also investigated this aspect of the infant's experience, and its presence in some adult neurotic patients. See his description:

Contiguity of surfaces (e.g., "molded" skin surfaces, harmonic sounds, rhythmic rocking or sucking, symmetrical shapes) generate the experience of a sensory surface rather than the feeling of two surfaces coming together either in mutually differentiating opposition or in merger. There is practically no sense of inside or outside or self or other; rather, what is important is the pattern, boundedness, shape, rhythm, texture, hardness, softness, warmth, coldness and so on (Ogden, 1989, p. 33).

He also describes the huge anxiety connected with separateness that underlies autistic conditions: "the experience of one's skin becoming a sieve through which one's insides leak out and fall into endless, shapeless space devoid of surface or definition of any sort" (Idem, p. 39).

Ogden accurately remarks that self-soothing provided by autistic shapes and objects is not subject to the imperfect reliability of the comfort provided by human beings. The absolute control the autistic individual has over these manoeuvres at the same time leads to him being tyrannized by them (pp. 42-43). This seems extremely important concerning certain clinical aspects of drug-addiction or eating disorders.

Mitrani/Barrows

The issue of autistic features in adult patients was also investigated by Judith Mitrani (2001, 2008) and Kate Barrows (1999, 2008). While Mitrani emphasises the presence of “extra-ordinary” defences manifest as “adhesive pseudo-object relations” in these patients, which she sees as stemming from “unmentalized” experiences, Barrows, developing Fraiberg’s concept of “ghosts in the nursery” (1975), considers the importance of “unmourned losses” in the family constellation, “ghosts” inside the patient’s parents which can be so terrifying as leading to autistic defences as a protective manoeuvre.³

Aulagnier

From a different perspective, Piera Aulagnier also studied the sudden emergence of unthinkable and unspeakable phenomena in the context of an analytic session with adult borderline patients (Aulagnier, 2009 [1985]). She suggests that these phenomena are very similar to the “autistic retreats” described by Tustin and Meltzer in their work with autistic children, and postulates that they should correspond to “a very specific type of hallucinated sensation” and that the patient is at that moment “retreating into hallucination”.

Meltzer

The model developed by Meltzer (Meltzer et al, 1975) is built basically on three principal ideas: the concept of Adhesive Identification, already mentioned, the idea of the dismantling of the senses and of the self and the bi-dimensionality of object-relations. The second of these concepts is related to the idea of “suspension of attention”. There is a passive dismantling of the senses which prevents autistic individuals from using their apparatus of sense-perception to have an integrated image of the world. The bi-dimensionality refers to their incapability of conceiving their own and others’ selves with an “inside” and seeing

³ For the transgenerational transmission of these unmentalized experiences, see also Faimberg’s ‘The Telescoping of Generations’ (1988, 2005).

beyond the surface. This prevents the child from the use of projective identification, the first means of communication in normal development. The important aspects of Meltzer's work connected with the necessary conditions for communication and speech development will be later mentioned in the section on Language Development.

Alvarez

Anne Alvarez (1992, 2005, 2008) highlights that the definition of the communication difficulties of autistic patients should include a description of the communicative difficulties of the internal object. In a similar fashion, she considers that their social impairment could be regarded as involving the deficit in "sociability" of the internal object. Rather than simply not being interested in the object, the child may also expect that the object will not be interested in her (Alvarez, 1992). Alvarez suggests a vicious circle developing between mother and baby, in which a fragile or de-vitalized baby, possibly presenting a minimal cerebral dysfunction, and born from an already depressed mother, might increase the mother's depressive feelings since she can feel her failure in dealing with her apathetic baby. The baby in his turn may then grow even more detached from the mother, increasing her depression, and so on.

Rhode

Maria Rhode (2003, 2005, 2011a) has been studying for many years impaired emotional development, relatedness and language in autistic children. She postulates that in autistic children there is a disjunction between "sound and sense" (Rhode, 2003, p. 12). This concreteness associated to words also shows itself in the way these children can experience them as a physical link to someone rather than a communicative, symbolic one. Her contributions are related to aspects of the more primitive levels of emotional development, such as neonatal imitation (2005). Rhode distinguishes introjective identification at the service of the growth of the sense of identity in contrast to mimicry, in which adhesive identification is operative. She has also been studying the presence of primitive oedipal aspects in autistic children.

Haag

The French psychoanalyst Geneviève Haag called “the mother and baby in two halves of the body” (Haag, 1985, 2005), the process in which, in the presence of an effective containing function, the two sides of the baby’s body, one representing himself and the other his mother, get attached to each other by identificatory processes that underlie the construction of the body ego: “Connections within the body ego are formed through the incorporation or introjections of links” (In Houzel and Rhode, 2005, p. 111). She implies that the process in which the child incorporates an experience of a “vertical body axis” and a unified body ego is interfered with in autism, and mentions an autistic girl who expressed in different ways her feeling of not being “properly ‘stuck together’ down the centre of her body”, until the analyst was able to understand and verbalize her communication. She also proposed a developmental model of the construction of the body ego, according to which the “dual penetration of nipple-mouth and eye-to-eye” is successively incarnated in the bodily joints that the child takes emotional ownership of in the course of the first years or so of life.

Houzel

Didier Houzel (2000, 2001a, 2005), developing Anzieu’s concept of “psychic envelope” (Anzieu et al, 2000), investigates its “bisexual qualities” and its disturbance in autistic pathology, recalling Tustin’s formulations about psychic bisexuality. Dwelling on Bion’s concept of container/contained and its “commensal” relationship, he suggests that

in autism, if the male and female elements of bisexuality are not integrated but rather felt as being in a potentially destructive relationship, this is because of the lack of a container with the correct balance between closely interwoven maternal and paternal elements...The container must have some degree of elasticity: it should not be too inflexible, otherwise it will prevent the child projecting anything that can leave a trace or an imprint, but at the same time it must not be too soft because then the child’s projections would be forever swallowed up with no hope of ever re-emerging (Houzel, 2001a, p. 45).

Another important aspect of his contributions is his development of Tustin’s concept of the “nest of babies” fantasy (Houzel, 2001b). After reviewing psychoanalytic theories on sibling rivalry starting with Freud and passing through Lacan and Melanie Klein, he focuses

on Tustin's ideas on the subject. Describing the phase in the treatment of the autistic child in which she develops an awareness of her and others' independent existence, Tustin observes that previously absent rivalry starts to appear, a fantasy that "special babies" are given "special food", and want to "snatch the nipple away from him" (In Houzel, 2001b, p. 133). What Houzel highlights as Tustin's originality in her contribution to the theme of sibling-rivalry is the fact that, unlike all her predecessors, Tustin identifies it as *the more primitive rivalry*, taking place "long before the establishment of even the early stages of the Oedipus complex", instead of it being a derivative and a wilder version of oedipal rivalries:

The 'nest of babies' fantasy develops when the child experiences rivalry too early in life. Tustin linked this to what was for her the pivotal experience of the autistic child: the premature awareness of bodily separateness from the object of instinctual gratification...In the 'nest of babies' fantasy, the child is faced with a vast number of greedy, threatening mouths, the principal source of paranoid activity (Houzel, 2001b, p. 134).

Houzel believes that the rivalry present in oedipal phantasies, which involves the development of sexual identity, occur in a different level of the psyche, i.e., in the context of the object relatedness, while the primitive sibling rivalry evident in the "nest of babies" phantasy belongs to a narcissistic part of the personality.

2. *Language Development*

a) Developmental Psychology and Neurosciences

Recent findings in Neurobiology regarding the fundamental role of the first three years of life in mental development (Schore, 1994) as well as those from the mentioned research on the early communication between babies and their mothers seem to confirm that those early experiences of non-verbal communication between babies and their mothers (or caretakers) set the scene for the development of verbal language (see Trevarthen, 1974, 1979 and 1993; Malloch and Trevarthen, 2009). The brain of a six-week embryo, richly irrigated by blood vessels, is almost as big as its body. Coordinated waves of neural activity which are particularly active at 10 to 12 weeks after conception, shape the brain, developing mental

circuits that in due course will enable a newborn to perceive the mother's voice and touch as well as patterns of light and shade swirling around him. The same processes also drive the "explosion of learning" that takes place immediately after birth and which is at its most striking speed during the first three years of life (see Shotz, 1997).

When a baby, for instance, listens to a lullaby, "tiny bursts of electricity shoot through the brain, knitting neurons into (well-defined) circuits" (Shotz, 1997). Between the end of the first and the beginning of the second year of life, in optimal conditions, the brain's speech centres are ready to produce the first articulated words, marking the beginning of the development of verbal language. The infant's process of language development is helped by the parents' intuitive adoption of the rhythmic, high pitched, vowel-rich singsong style which is known as "Parentese". The psychologist and researcher Anne Fernald (1989, and in Shotz, 1997) found that parents from many different cultures, when speaking to their babies, change their speech patterns in the same way: "They put their faces very close to the child...use shorter utterances...speak in an unusually melodious fashion" (in Shotz, 1997). It was also observed that the infant's heart rate increases when they hear Parentese, even when it is delivered in a foreign language, while they will follow instructions given in Parentese more often than if the instruction is delivered in the normal use of their mother tongue (Bateson, 1971).

Combining research from animal and human studies to investigate the development of the infant's ability to self-regulate affect states, Schore (1994) suggests that in the "sensitive period" (approximately between six months and one year) – related to developments in the pre-frontal cortex – the infant needs finely attuned interaction with a responsive caretaker (see also Stern, 1985 and Pally, 1997). These "mutually responsive face-to-face gaze, vocalization and smiling interactions" (Pally, 1997) start from a visual dialogue between mother and infant, whose intensity and importance to the baby is wonderfully explored in the sequences of photographic observations of the infant's first interactions with mother, father and the environment in *The Social Baby* (Murray & Andrews, 2005). Early non-verbal experience is therefore experienced through perception, affects and action (Novick, 1990; Pally, 1996). When things go well, infants innately stimulate nurturing responses from their mothers or caretakers (Stern, 1985; Emde, 1988; Brazelton and Cramer, 2002).

The processes of language and thought development have been studied by Developmental Psychologists for many years, firstly from a more cognitivist basis, and gradually having moved to a more pragmatic approach, considering their inter-relational and

contextual aspects. Piaget (1969) studied the evolution of articulate language from an initial phase of “spontaneous vocalization” which would develop between six and ten or eleven months. It would appear at the end of what he called the “sensori-motor” period, with one-word sentences, developing over time to the “gradual acquisition of grammatical structures”. (Piaget, 1969, p. 85)

He defines the specificity and sophistication of verbal behaviour in contrast to the sensori-motor level:

- (1) “...verbal patterns, by means of narration and evocation, can represent a long chain of actions very rapidly”.
- (2) “...language enables thought to range over vast stretches of time and space”.
- (3) “...thought, particularly through language, can represent simultaneously all the elements of an organized structure.” (Idem, p. 86)

Vygotsky (2012 [1962]) put emphasis on the socio-cultural aspects of individual development, highlighting the relationship between social learning and language development. He describes how thought processes, cultural aspects and behaviour are internalized by the child from parents and other adults, emphasizing the importance of spoken language as a mean to organize experience, in the development of thinking, and in behaviour regulation.

While language development is interconnected with the development of thought processes, at the same time its development in itself offers the tools for further developments in the same processes, in a kind of “virtuous circle”: “Language may increase the powers of thought in range and rapidity” (Piaget, 1969). The power of language in fostering mental development is also mentioned by Miller and Chomsky, when studying the formal properties of languages:

An organism that is intricate and highly structured enough to perform the operations that we have seen to be involved in linguistic communication does not suddenly lose its intricacy and structure when it turns to non-linguistic activities. In particular, such an organism can form verbal plans to guide many of its non-verbal acts. (Miller and Chomsky, 1963)

Other authors, like Bruner, took the relationship between thinking processes and language development further: "...in order for the child to use language as an instrument of thought, he must first bring the world of experience under the control of principles of organization that are in some degree isomorphic with the structural principles of syntax" (Bruner, 1966).

However, the most remarkable development in the field came from the studies that focused on the inter-relational context that supports language development, in its three facets: syntax, semantics and pragmatics. Bruner states that: "language acquisition 'begins' before the child utters his first lexico-grammatical speech. It begins when mother and infant create a predictable format of interaction that can serve as a microcosm for communicating and for constituting a shared reality" (Bruner, 1983, p. 18). The formulation derived from his research synthesizes the main point of this paper: "...early language acquisition...depends heavily on the use of context by both mother and child in forming and interpreting messages" (Idem, p. 128). Bruner's position stands in contrast to Skinner's behaviourist approach. Skinner (1957) argued that language was wholly learned step by step, an idea that was fiercely opposed by Chomsky (1959), who believed there was an innate capacity for people to acquire language. Following in Chomsky's steps, Roger Brown started his lifelong research. In a paper written with Fraser in 1964 on the acquisition of syntax, he states that: "Every child processes the speech to which he is exposed so as to induce from it a latent structure. This latent rule structure is so general that a child can spin out its implications all his life long" (In Brown and Bellugi, 1964). Nevertheless, his research still concerned the content of mother-child interaction only in terms of linguistic training. Later researchers would examine the role that "conversation" and social interaction – initially between babies and mothers – or caretakers – play in children's language development.

The successful development and mastery of communicative language itself, in turn, broadens the scope of the apprehension of the world and the development of symbolic functions, to the extent that, in due course, language can come to represent a link with objects, people, ideas, and even feelings that are not there at the very moment in which the child refers to them, for instance in a sentence like: "I was sad when my grandmother went away". Baron-Cohen stresses the power that words have to refer to objects and states of affairs that are absent or unavailable (Baron-Cohen, 1993). Tomasello also emphasizes the "transforming effects" of language mastery in children's cognitive and symbolic abilities: "Language does not create new cognitive processes out of nothing, of course, but when children interact with other persons intersubjectively and adopt their communicative

conventions, this social process creates a new form of cognitive representation” (Tomasello, 1999, p. 213).

Describing the major developments that, in ideal conditions, a child acquired by the end of her first year of life, Hobson states that “the adventure of exploring the world is one she can now enjoy with and through others” (Hobson, 2002, p. 75).

The child psychiatrist Michael Rutter observes that usually around the age of nine months “the babble is beginning to acquire speech-like cadences with rising and falling intonations” (In Rutter & Rutter, 1993, p. 220).

Both Developmental Psychology and Neuroscience have been demonstrating that for optimal development infants need emotional responsiveness from their parents (Panksepp, 1998; Davidson et al, 2000; Greenspan and Shanker, 2004; Beebe et al, 2005).

Over the first months of life, Regina Pally states, infants

show a typical pattern of responsiveness to the variation in timing, repetition, rhythm, and pitch of speech. Mothers, responding to the cues of their infants, innately seem to know to vary these nonverbal features of their speech, in synchrony with the infant’s developing capacity. For example, with respect to timing, a mother’s speech is slower for a newborn and becomes progressively faster as the infant get older, a pattern which parallels the infant’s responsivity to timing. Infants appear to innately expect reciprocity from their caretakers. If a mother is instructed to keep her face expressionless, when looking at her baby’s face, the infant will increase its responsive feedback. If the mother still remains expressionless, the efforts become frantic and disorganized until the infant lapses in pained immobility. (Pally, 1996, p. 16-17)

This shows that babies are not only passive recipients of information, but active partners in these first interactions or “proto-conversations”, as was already postulated by Trevarthen in 1974, after research undertaken with Bruner and Richards involving once-weekly filming of five babies from birth until they were six months old. Infants of a few weeks of age showed intention to speak and soon “were entering into well-organized, sometimes even witty or humorous conversation-like exchanges with adults” (Trevarthen, 1974). He concludes that from the start the infant’s intelligence develops as an “interpersonal process”, summarizing it brilliantly in one sentence: “Infant communication needs a partner” (Trevarthen, 1974). Similar processes were investigated by William London (1974) – through analysis of videotapes – that demonstrated that, like adults, infants “make small unconscious movements in synchrony with speech to which they are listening”, and that this starts from

the first few hours after birth. He suggests that this interactional synchrony may exist even earlier than that. We are then justified in believing that babies are introduced to human language when they come to this world, if not before – see research on the foetus getting familiar with the mother’s voice from the womb (De Casper and Spence, 1986; Music, 2011).

After recognizing the role of the affect as the means and mode of “primary intersubjectivity” (1979), in 1993 Trevarthen developed the concept of “secondary intersubjectivity”, which would emerge at 9-10 months, in the paper “The self born in intersubjectivity: the psychology of an infant communicating”. The child’s interactive experiences accumulated until then will enable her to share an intersubjective space with the mother, or caretaker, in which each of the partners participates in the state of the other (Lichtenberg, 1989; Beebe and Lachmann, 1994).

In a very accurate definition, Trevarthen and Aitken (2001) described the parents’ attunement to their baby’s mental states as the function of being “a companion in making meaning” (In Music, 2011, p. 46).

In the last years much attention has been paid by researchers on the “rhythmic patterns of engagement” between young infants and their mothers, or “communicative musicality”, which seems to be an extremely promising field of research on language studies (Malloch and Trevarthen, 2009, p. 1).

b) Psychoanalysis

The relationship between mental life and the development of thinking processes and language has been studied since Freud from different perspectives by numerous psychoanalytic authors (some examples being: Segal, 1957; Winnicott, 1963b; Lacan, 1966; Money-Kyrle, 1968; Dolto, 1981; Stern, 1985; Meltzer, 1986; Golse, 1999a). Problems in language development correspond to limitations in symbolic capacity and in thinking processes (Klein, 1930; Bion, 1955; Segal, 1957; Meltzer, 1975; Rhode, 2003). Authors like Bion (1962), Bick (1968) and Winnicott (1971a), also investigated the first processes of communication between babies and mothers. Bion, in *A Theory of Thinking* (1962), developed Freud’s thesis in “Formulations on the two principles of mental functioning” (Freud, 2001b [1911]), and M. Klein’s concept of projective identification (Klein, 1997a [1946]) in order to study the origin and the conditions for the development of thought, and

related it to the early interaction between the infant and the mother. Thus, the infant, whose mental apparatus is still not sufficiently developed to elaborate unbearable feelings, projects them, in ideal conditions, into the mother. It is important to note the communicative aspect of this process, which can be expressed through the infant's cry. In ideal conditions, the mother then receives and accepts the infant's projections, and then returns them to him transformed and given meaning through the use of her α -function. This is the case with the mother whose tolerance – *reverie*, in Bion's terms – can bear the infant's despair even when at first she cannot be sure of its cause. The mother's understanding and containing mental attitude communicates itself to the infant, who then develops the confidence that these anxieties can be tolerated and overcome. On the other hand, when, due to rejection, depression or great anxiety, the mother is unable to accept the difficult feelings coming from the infant and incapable of containing his anxieties, these return enhanced to him, increased by the amount of anxiety or rejection they have caused in the mother. The excessive use of projective identification by infants with limited tolerance of frustration and/or by mothers with limited *reverie* would prevent the development of thinking, of the capability to symbolize and contain and of the verbal expression of feelings. André Green describes the infantile psyche as emerging “from the mother's dynamic activity, which unites the α -functions of both partners” (Green, 2011, p. 82).

Donald Meltzer, developing Bion's concepts of the processes of thinking, postulated that there are five essential factors for developing language (Meltzer, 1975): the formation of “dream thoughts”, the transformation of dream thoughts into language, the building of a vocabulary for describing the outside world, the finding of an object in the outside world with psychic reality and adequate differentiation from the self, and the desire for communication. I would add to this the hope of being understood by this external object.

As mentioned earlier, we could say that over the abyss of separation which can be accepted by the baby and his mother, both must try to build a bridge of gestures and expressions that will be the foundation of the later bridge of meaningful words. Verbal language usually develops in the second year of the infant's life, relating to another step in the separation from the mother, namely, weaning. Bernard Golse expresses it in a poetic metaphor: “The mouth empty of the breast can then be filled with words” (Golse, 1999a, p. 224). The distance of the primary object that can be tolerated is necessary for the development of symbolic and linguistic capacities. Stern takes into account also the limits of

language in representing reality and particularly internal experience, and the losses involved in acquiring verbal language:

In this area, then, the advent of language is a very mixed blessing to the child. What begins to be lost (or made latent) is enormous; what begins to be gained is also enormous. The infant gains entrance into a wider cultural membership, but at the risk of losing the force and wholeness of original experience (Stern, 1985, p. 176).

This point of view is not entirely divergent from Lacan's ideas about the alienating effect upon the subject's desire – though necessary for development – of entering into the linguistic-symbolic order of the culture (Lacan, 1966).

Urwin, following Bion's ideas, emphasises, in contrast, "language development as an aspect of a broad process concerning emotional experience to become thought" (Urwin, 2002, p. 73). This involves the pressure in the mental apparatus to develop thinking and to make links that comes from the emotional experience. The links thus formed through the α -function of the child will in its turn enlarge the child's ability to make sense of experience and organize it into meaningful narratives to contain and process the feelings triggered by experience (Bion, 1962, 1984b). Disturbances in this process will lead to "attacks on linking" and a push to evade emotional and mental experience which is felt as unbearable, compromising the development of thinking.

Besides the previously mentioned acceptance of separateness, the other essential condition for the development of language is the baby's growing capacity to keep an internal link with someone who is physically absent. Those conditions allow that the child's babbling, sometimes merely self-soothing, evolve into symbolic speech, as can be seen in the paper by Maria Rhode, "Sensory aspects of language in relation to primitive anxieties" (Rhode, 2003). Therefore, some difficulties in language usage or articulation are also related to difficulties in thinking, as we will see in the cases later described. It should be added here another aspect of the mouth's function in the infant's development studied by Meltzer (1986) and Rhode (2007a) and which Meltzer called the "Theatre of the Mouth": it is first through the child's experience and interpretation of shapes, textures, tastes and the sensory properties of words in the space of the oral cavity, that meaning is generated. This aspect will, in normal development, in great part recede, giving way to the symbolic and semantic aspect of language use. Abraham, in 1916, observed the same phenomenon when he considered that his

mute adolescent patient could not speak because he was more interested in using his mouth for auto-sensuous manoeuvres.

The rhythmical and musical aspects of language, as Rhode puts it, “provide a foundation for the semantics of speech” (Rhode, 2007a, p. 227). Meltzer (1975) called it the song-and-dance level of language. This formulation of language is called by Golse (1999a) “analogic communication”, which he describes as the communication that allows for the sharing of psychic states on an emotional level. An example of the communication through gestures in the baby are the “boucles de retour” mentioned by Geneviève Haag (Haag, 1991), the circular movements made by the baby with his arms and feet and that express his feeling that something that comes from him to the mother returns from her to him, that feelings that “one has communicated do not get lost” (In Houzel and Rhode, 2005, p. 120). Françoise Dolto describes how the response to the baby’s first facial movements by a delighted mother transforms something, that in the beginning was not, into an inter-human expression. This happens thanks to the encounter of the baby’s facial rictus with the mother’s “singing” voice and smile when she exclaims: “Ah, what a beautiful smile!”, and is heard by the baby (Dolto, 1981, p. 272). The same phenomenon was studied by Papousek & Papousek (2002): when parents do not consider the sound produced by their babies as imperfectly articulated words, language development is set back. This analogic language provides the basis on which, later, the semantic and symbolic aspects of verbal language – which Golse calls “digital communication” – will be laid. Although these two dimensions of language are perhaps only fully integrated in poetry (Rhode, 2003, 2007), it is needless to say that this song-and-dance level of language still impregnates the fully developed verbal language of meaning, except in cases where the language seems to open to a deserted space, split from the body and affects of the speaker. Joyce McDougall, in *Theatres of the Body*, describes this kind of speech of the patients that she calls “normopathics” as “dis-affected” (McDougall, 1989).

Therefore, it is the non-verbal “language games” – to use Wittgenstein’s expression (1997) – between mother and baby that provide the foundation for language acquisition and development, indicating the inter-subjective nature of the process, as powerfully defined by Stern:

Just as the being-with experiences of intersubjective relatedness required the sense of two subjectivities in alignment – a sharing of inner experience of state – so too, at this new level of verbal relatedness, the infant and the mother create a being-with

experience using verbal symbols – a sharing of mutually created meanings about personal experience.

The acquisition of language has traditionally been seen as a major step in the achievement of separation and individuation, next only to acquiring locomotion. The present view asserts that the opposite is equally true, that the acquisition of language is potent in the service of union and togetherness. In fact, every word learned is the by-product of uniting two mentalities in a common symbol system, a forging of shared meaning (Stern, 1985, p. 171).

Nevertheless, some factors can interfere with this process, like the mother's depression. Winnicott (1971a) showed how the reflection of the baby's image in the eyes of the mother – how she sees and reacts to him – perform the role of a mirror in which the baby sees himself through the mother's reactions to him, to his gestures and signs. If the baby sees a still and unresponsive face, these first exchanges are interfered with. Later, if there is not an expectation of being understood, Rhode, following Tustin (1972), states that “words can feel like something that is concretely lost from the mouth” (Rhode, 2007, p. 228). Therefore a sense of bodily integrity which includes the “possession of an intact, undamaged mouth” (Idem, p. 229), seems to be essential to language development. On the other hand, some babies' signals can be difficult to read, and disturbances in these early processes of communication can be frustrating and depressing to the mothers or carers, which will in turn increase the difficulties and affect language development in various ways.

These first contacts between mother and infant that prompt the development of a sense of self, and later of a “verbal self” (Stern, 1985), also take place on the surface of the body, through the skin (Bick, 1968, 1986; Anzieu, D., 1974, 2000; Houzel, 2000). Describing the function of the mother's handling of the baby's body in enhancing the communication between them, Anzieu summarizes: “The massage conveys a message” (Anzieu, D., 1974, p. 206).

The development of the symbolic capacity in the child was studied by M. Klein in “The Importance of Symbol-Formation in the Development of the Ego” (Klein, 1930) and later by Hanna Segal in “Notes on Symbol-Formation” (Segal, 1957). Klein theorizes on the importance of the child's oral-sadistic phantasies involving explorations of the interior of the mother's body as a powerful starter to the development of the intellectual curiosity, when these explorations will be displaced onto the external world. Segal suggests, as a first step in the process of development of “symbolic equations”, the moment when the symbol adheres to what is symbolized. This would be a more primitive stage of symbolization, different from

proper symbolization, when the distance between the two would be clear. This further level would not be achieved successfully in the cases of psychosis.

Bion, in “Language and the Schizophrenic” (1955), investigated the massive interference in the capacity for symbol-formation and development of verbal thought that is a result of intense psychotic splitting. He related symbolic capacity to the ability to integrate and to “grasp whole objects” that is typical of the depressive position (In Klein, Heimann and Money-Kyrle, 1955, p. 228). In his analysis of the problem, he makes it clear what losses are involved in developing verbal thought that can be unbearable to some patients: “Verbal thought sharpens awareness of psychic reality and therefore of the depression which is linked with destruction and loss of good objects” (Idem).

We have mentioned the importance of acknowledging the separateness of an object that can be internalized and whose occasional physical absence must be tolerated, to the development of symbolic capacity and verbal thought. It is also important to emphasise the importance in this process of a third party between mother and baby. The early stages of the Oedipus Complex, according to Klein (1928), reach their peak at around the sixth month of life, concomitantly with the climax of the depressive position. This third party – not necessarily the father, but the presence of a paternal function, of the concrete world of culture besides the dyad – will allow for what Britton called “a third position” (Britton, 1989, 1998a), and which “provides us with a capacity for seeing ourselves in interaction with others” and for “observing ourselves while being ourselves” (Britton, 1998a, p. 42). As Haag puts it (in personal communication quoted by Rhode, 2003, p. 13), it is necessary that the child can bear the noises in the room besides hers for her to begin to speak. This point is also mentioned by Melanie Klein in the paper mentioned above, who points out the Oedipal connotations of language development.

It seems that, from all these different perspectives, two aspects are repeatedly observed. On the one hand there needs to be the impulse to speak, to communicate, to give up the auto-sensuous world of infancy to be able to speak; on the other hand, in order for this impulse to develop, there needs to be someone from the start who is interested in our tentative efforts to communicate, and who will become a communicative internal object.

c) Language Studies and Philosophy of Language

Introduction

This section has no intention of being a review, even if brief, of the immense body of work on the subject of language in linguistics and in philosophy. Its aim is solely to point out some paths that are relevant to our research in the emotional factors affecting language use and development.

Language is a prominent issue in numerous mystical and mythological texts which state that the world begins with the rupture of a primeval silence. In the book of Genesis, everything starts with the voice of God: “In the beginning God created the heaven and the earth...And God **said**, Let there be light”.⁴

Still in the Old Testament, Adam will start naming all the living beings in the world, conferring human meaning on them. In the New Testament, the Gospel According to St. John opens with the sentence: “In the beginning was the Word”. Later in the text, Jesus’s arrival is expressed thus: “And the Word was made flesh”.

The connection between the myth of creation and an inaugural sound breaking the primeval silence appears in an old Polynesian hymn in the following way:

In those days was no voice, no sound,
No living thing yet in motion.
No day there was as yet, no light,
Only a gloomy, black-dark night.
Tananaoa it was who conquered the night,
And Mutuhei’s spirit the distance pierced.

(In Cassirer, 1953, p. 46 n21)

In this legend, Mutuhei, the primeval silence, is pushed away by the genesis of sound (Ono), and from Tananaoa, who “reigned in the sky”, Light is born (Atea), and will marry Dawn (Atanua).

In a similar fashion, the “Discourse”, named in a Hindu mystical text as the “world’s divine navel” – if it exists at all, is unreachable to us, all we have are its reflections.

⁴ All references to the Bible are taken from The King James Version.

We can see from these examples that, even in mythical and mystical narratives, the revelation of the world's mysteries that comes from language is far from being complete. However, this does not prevent language from being such a powerful tool as to be considered the beginning of the world, despite the belief that the longing for a *unity* will never be completely fulfilled. If there was an equally single origin for language itself it would not be accessible to us. Jeanne Marie Gagnebin, upon evoking the connection between Walter Benjamin's philosophy of language and the Jewish holy texts, considers that even "in the theological discourse that links to the first and essential truth derived from the divine verb...a doubt emerges: beneath the piles of comments, notes and glosses the primary word vanishes" (Gagnebin, in Benjamin, 1985). The same question about the limits of language is posed by Wittgenstein in his famous *Tractatus Logico-Philosophicus* (2007 [1922]) where he suggests that there are issues that are beyond the realm of our possibility of verbal communication. Nevertheless, language has been a central problem in Philosophy, from Plato to Foucault, through Saint Augustine, the eighteenth-century Port-Royal Logics and Saussure's Structuralism. Linguistic speculation in Antiquity, both in Greece and in the Far East, predated the systematic grammatical descriptions of the languages.

The ontological link between language and the genesis of the world exemplified by the texts above has a correspondence in the link between language and "psychological" birth (Tustin, 1981). We can consider the first fundamental action that inserts us in the human community that of a "communicative action" (Habermas, 1984). This seems to be illustrated in a fragment of the Egyptian *Book of the Dead*, from around 2000 BC. In this passage a strip of hieroglyphs, reading from top to bottom, displays two scarab signs – which mean "to come into existence" – between which is displayed the sign for a mouth, meaning "to speak" (In Jean, 2000). This seems to be a wonderfully evocative illustration of the correlation between "speaking" and "coming into existence". But to come into existence means having one's own existence acknowledged by others while acknowledging their own existence, which is a necessary condition for communication with others.

Hegel had considered that in order for consciousness to exist in the world it needs the acknowledgement of its existence by other consciousnesses. In order for meaningful verbal communication to take place, there must be an acknowledgement of the first person, "I", in relation to others, as the linguist Émile Benveniste puts it: " 'I' indicates who speaks and at the same time implies a statement about the 'I'" (Benveniste, 1976, p. 250).

A similar viewpoint is argued by the German philosopher E. Tugendhat in *Selbstbewusstsein und Selbstbestimmung*, quoted by M. C. Dias (Dias, 2000) in *Kant e Wittgenstein: os Limites da Linguagem*: “Thus the “I” has the role of discriminating someone in a specific speech event, and we would never be able to understand him outside an inter-subjectivity in which different words may refer to the same element and express the same state of affairs” (Dias, 2000, p. 95, my translation). In turn, the function of language in the definition of reality and identity should not be underestimated.

Language’s power to connect human beings with each other has attracted the attention of numerous linguists and philosophers. In Gadamer’s hermeneutic approach in *Truth and Method* (1989), he suggests that the human world is constituted by language and cannot exist apart from language. The literary theorist Walter H. Sokel, upon analysing a passage of Kafka’s fiction and its portrayal of alienation, “Description of a Struggle”, states that “it is a shared language, a dialogue, that seems to guarantee a graspable word, a stable cosmos” (Sokel, 1979, p. 366). Analysing Kafka’s literary works and biography, Sokel goes on to state that “implicitly he blamed his family for having deprived him of a true language, and thus turned him into a cold son and inauthentic speaker” (Sokel, p. 371).

Kierkegaard (In Cloeren, 1988), already in the nineteenth century postulated that philosophy should focus more attentively on the role language plays in cognitive processes, thus anticipating some of the more recent formulations coming from Developmental Psychology (Trevorthen 2001; Tomasello, 2003a and 2003b) and Neuroscience (McGilchrist, 2009). One of the main focuses of investigation in contemporary language studies have been the relationship between language and thought (Davidson, 2001). The other fundamental aspect of contemporary linguistic investigation is into what is done with language in communication by speakers and listeners, the nature of the social use of language (Austin, 1990). But the capital work in the “linguistic turn” in philosophy (Rorty, 1967) was Wittgenstein’s *Philosophical Investigations* (Wittgenstein, 1997), published in 1945 and presenting a pragmatic conception of language.

Philosophy of Language

In the traditional representational definition, symbol and sign, of which the best example is a word, are equally described as an object which refers to and represents the original one through convention, as is shown by Lampreia (2007).

Following a pragmatic perspective, in the first paragraph of his *Philosophical Investigations*, Wittgenstein's definition to the same question is given by his notion of "language games":

Now think of the following use of language: I send someone shopping. I give him a slip marked "five red apples". He takes the slip to the shopkeeper, who opens the drawer marked "apples"; then he looks up the word "red" in a table and finds a colour sample opposite it; then he says the series of cardinal numbers – I assume that he knows them by heart – up to the word "five" and for each number he takes an apple of the same colour as the sample out of the drawer. – It is in this and similar ways that one operates with words. – "But how does he know where and how he is to look up the word 'red' and what he is to do with the word 'five'?" – Well, I assume that he acts as I have described. Explanations come to an end somewhere. – But what is the meaning of the word "five"? – No such thing was in question here, only how the word "five" is used. (Wittgenstein, 1997, p. 2e and 3e).

A similar example had been given earlier by Wittgenstein in the notes that would be posthumously collected under the title *The Blue Book* and published with other notes in an edition called *The Blue and Brown Books* (Wittgenstein, 1980). In this perspective, language is basically a social activity and its value and meaning rests on its social use. Although the processes of language acquisition by the child were not the real focus of his investigations, in the mentioned notes, Wittgenstein states that: "Language games are the forms of language with which a child begins to make use of words" (Wittgenstein, 1998, p. 16 and 17). In the *Philosophical Investigations* he explains that "the term 'language-game' is meant to bring into prominence the fact that the *speaking* of language is part of an activity, or of a form of life." (Wittgenstein, 1997, p. 11e, § 23). In the § 7 he defines his concept: "I shall also call the whole, consisting of language and the actions in which it is woven, the 'language game'". To defend his idea on the social use of language defining its meaning, Wittgenstein gives an explanation on how children learn how to use language. Although his example focuses on a child and her teacher, it strikingly matches what developmental psychologists have been

finding in their experimental research focusing on the infant's acquisition of language through the interaction with his mother or carers (See Tomasello and Farrar, 1986 and Tomasello, 2003b). According to Wittgenstein: "An important part of the training will consist in the teacher's pointing to the objects, directing the child's attention to them, and at the same time uttering a word; for instance, the word 'slab' as he points to that shape" (§ 6).

The anti-metaphysical aspect of Wittgenstein's philosophical thinking is clear in his assertion about the "therapeutic function" he prescribes to the philosopher, only where something is not working, intervening "when language *goes on holiday*" (§ 38). In his own words: "The results of philosophy are the uncovering of one or another piece of plain nonsense and of bumps that the understanding has got by running its head up against the limits of language. These bumps make us see the value of the discovery" (Wittgenstein, 1997, p. 48e).

The importance Wittgenstein attributes to the social context of language use leads him to assert that "Every sign *by itself* seems dead. *What* gives it life? – In use it is *alive*. Is life breathed into there? – or is the *use* its life?" (§ 432). For the child to learn how to use words, she would need to know "what is the language game that is being played" (Lampreia, 2007, p. 6). The context of this learning process is given long before the state of learning words, in the "language game" that is played between mother and infant, based on gestures, smiles and vocalizations.

Linguistic signs are used by people to provoke certain reactions and interpretations in other people. Any given utterance can only be analysed within the context of its use (See Austin, 1990 and Tomasello, 1999). This raises the question whether there can be such thing as a "private language": "But could we also imagine a language in which a person would write down or give vocal expression to his inner experiences – his feelings, moods, and the rest – for his private use?" (§ 243). Wittgenstein expands on the subject, considering the most private of sensations, that of pain, which is impossible to be shared in the sense of someone else being able to know exactly what it is that one is feeling. This is one of those situations that we could connect with what he calls the "limits of language". Nevertheless, if the sensation is private, it does not follow that the language used in trying to describe it can be equally private:

Now, what about the language which described my inner experiences and which only I myself can understand? *How* do I use

words to stand for my sensations? – As we ordinarily do? Then are my words for sensations tied up with my natural expressions of sensation? In that case my language is not a ‘private’ one. Someone else might understand it as well as I.. (Wittgenstein, 1997, pg. 91e)

Therefore, there is no such thing as a “private language”. A mere utterance of sounds not shared by a community of speakers, no matter how small – cannot be considered as *language*.

Marcia Cavell, in *The Psychoanalytical Mind, From Freud to Philosophy* (Cavell, 2003), considers that both philosophical reflexion and Infant Observation show that a baby has been learning a great deal of things that prepare him for entering into the realm of language much earlier than he can really speak, and most of this learning is of an interpersonal nature.

In “On Certainty” (1969), Wittgenstein goes far in developing some ideas already present in his argument against a private language, stating that “a man cannot even make a mistake unless he already judges in conformity with mankind” (Wittgenstein, 1969, p. 156). Wittgenstein also points to the fact that, even when there is an external conflict between two individuals with opposing ideas – or an internal conflict between two different sets of mind in the same person – these beliefs share a common ground, which the Australian philosopher Renford Bambrough (1991) called “human understanding”. This was already clear in the *Philosophical Investigations*: “If a lion could talk, we could not understand him” (Wittgenstein, 1997, p. 223). There is a development and a subtle reformulation of these ideas in Habermas. In one of his early papers, “On Systematically Distorted Communication” (Habermas, 1970) he addresses the problem of “pseudo-communications”, based on non-acknowledged misunderstandings, and considers psychoanalysis as a particular kind of communication that can help to overcome these “distortions”, decoding meanings that “had become privatized” (see Steurman, 2000). This is very close to the “therapeutic function” that Wittgenstein prescribes to philosophy and has a striking similarity to the therapeutic function of the analyst in the consulting room in relation to what does not seem to “work” or make sense for the patient in his mental life. See the §464: “My aim is: to teach you to pass from a piece of disguised nonsense to something that is patent nonsense” (Wittgenstein, 1997, p. 133e). All these arguments point to the essentially inter-relational aspect of effective linguistic communication.

I. METHODOLOGY

1. *Introduction*

The development of psychoanalytic clinical investigation technique and conceptualization, since Freud, has followed mainly the pattern of single-case studies. This brought several criticisms of the psychoanalytic method, coming from academic researchers or practitioners of other fields. The celebrated philosopher of science Karl Popper argued against a scientific status for psychoanalysis, since the psychoanalytic findings and hypotheses could not be subjected to refutation or disproof (Popper, 1963). More recently, Adolph Grunbaum (1984) criticized the whole psychoanalytic endeavour based on its alleged impossibility of objectivity. He assumed that supposed psychoanalytic clinical evidence could not be taken as fact because its interpretation was unavoidably subject to the influence of the analyst. Thus, the validity of psychoanalytic findings could not be tested, since they would be determined by the analyst's own previous theories or frame of mind.

These difficulties and issues are not totally ignored or dismissed by the psychoanalytic community.⁵ In fact, Bion's Grid (1989, 1997) and all of his work contained a constant exercise in trying to question and explore how psychoanalysts can assess their own work, or "know what they know", as Rustin puts it (Rustin, 2009). Nevertheless, there is not exactly such a thing as the supposed isolation that could, according to these criticisms, allow the analyst to develop freely and unchallenged any theory of his liking about the patient. First, the challenges and refutations come from the patients themselves – not simply through stated disagreements that could be seen by the analyst as "resistance", but more importantly through regression or lack of evolution in response to the analyst's work.

Secondly, the constant debate on the clinical material with other colleagues is established in the psychoanalytic community as one of its main tenets, not only as part of the training – supervision and clinical seminars – but as a necessary and continuous exercise, in clinical post-graduate groups, CPD groups, etc. Any progression in the career is also subject to clinical material being evaluated by senior colleagues.

⁵ See a propos the 1994 International Journal of Psycho-Analysis Debate on Clinical Facts.

In the philosophy of science, Kuhn's classical book *The Structure of Scientific Revolutions* (Kuhn, 1970) provided a rich development in response to Popper. In contrast to the latter's theory of scientific reliability being anchored in the possibility of a hypothesis generating experiments to disprove it, Kuhn looked at the history of science and argued that scientists in each field had always worked together within their own "paradigms", which evolved over time, and this was the normal process of accumulation of knowledge in each discipline. The periodic crises and changes in these "theory clusters" (Rustin, 2001, pg. 32) would correspond to "scientific revolutions", when new paradigms would emerge. Rustin argues that, in light of Kuhn's formulations, we might think of Freud "not as adding particulars to what neurologists or psychologists already knew, but as redefining the human subject, and identifying quite new phenomena – those of the unconscious – as the key to understanding it" (Idem).

Our contention is: if psychoanalysis can be thought of as a (still) new paradigm in terms of the previous methods of investigation in Biomedical Sciences, the previous criteria cannot be used to evaluate its scientific status, which, strikingly, is still done after one century.

At the same time, if the assumption above is true, there would be no reason for not feeling comfortable in talking about "psychoanalytic research", and trying to define and undertake it.

It was the use of the case study by Freud and later analysts that has generated the remarkable evolution in our field. This can be confirmed through important and major developments in both metapsychological theorization and therapeutic technique that the discipline has undergone during the little more than one hundred years of its existence.

We can briefly refer here to a few of these developments: it was through the detailed study of each of her child cases that Melanie Klein made her important observations concerning the emotional life of the infant and the child. This led her to develop the ideas about the power of primitive unconscious phantasies and the predominant mental mechanisms at the early stages of life. The remarkable developments of some Kleinian (and Freudian) ideas by Wilfred Bion stemmed from his clinical experience with psychotic patients, and were developed firstly in a series of papers containing detailed descriptions of individual cases with recording of sessions or fragments of sessions. These papers would be later published together, with the addition of the now classical *A Theory of Thinking*, in a

single volume entitled *Second Thoughts* (Bion, 1984b [1967]) due to the presence of the author's afterthoughts, years later, on the cases and questions posed by them.

Among the many contributions to psychoanalytic theory and technique developed by Bion in these papers and in his subsequent papers and books, starting with *Learning from Experience* (Bion, 1984c[1962]), we could highlight the concept of the container-contained (mother-baby, analyst-patient, etc), the Theory of Functions (α -function = function of containing feelings and developing thinking, in contrast to projective mechanisms), the notion of the mother with "reverie", i.e., the capacity to contain her baby's projections, and therefore help him to take them back mitigated, the concept of fluctuation between the two positions – paranoid-schizoid and depressive, and the notion of the two different parts of the personality of the same patient, namely the psychotic and the non-psychotic part, both present and not only in psychotic patients, but in different levels, in all of us.

The usefulness of the concepts mentioned here has been tested by clinical practice of analysts and psychotherapists worldwide. The survival of some formulations among so many that are made seems to be a measure of their efficacy and helpfulness. To these we should add the method of Infant Observation developed by Esther Bick – an apostle of empirical observation – and largely used today in training and research.

This very brief review demonstrates the advances and vigour of the psychoanalytic method. Nevertheless, the method carries with it two significant limitations:

The real evolution in the field still relies heavily on the pioneering work of some specially gifted and committed individuals who happen to focus their attention on specific problems of human behaviour and pathology due to their particular clinical experience, as mentioned above. The narrative and analysis of clinical cases used in psychoanalytic literature was not thought of by its users in terms of a generally acceptable method of scientific investigation in the Humanities, namely the single-case study.

Another important limitation of the psychoanalytic clinical narrative then consists in the difficulties in its more systematic application in a broader context that would allow for a wider dissemination of its general techniques and tools, creating the possibility of thinking about and supporting its own procedures and validity, disseminating in a broader context its resources, findings and effectiveness. This would facilitate its more general application outside the private consulting room in more extensive and repeated observation and testing of hypotheses that would allow for refinement of its tools and for new findings eventually to emerge, relying less exclusively on the efforts and insights of a few gifted individuals.

In this sense, the search for a possibility of more generalized research in our field does not stem from any idea of inefficacy or lack of credibility of the usual tools of its methods of generating and developing hypotheses and concepts regarding the emotional and mental life and development of individuals and of evolutions in its therapeutic techniques. On the contrary, its aims seem to be ones of expanding the applicability of its powerful findings and creating a more extensive area of application in which to observe, develop and confirm or contradict its hypotheses.

Added to this there is the fact that, according to the development of the field, there is already by now a significant amount of psychoanalytic or psychotherapeutic institutions and publications, so hundreds of papers are published every year. The relative independence of the psychoanalytic field from the general academic milieu, although posing some advantages, has also its drawbacks. The lack of academic standardization can enhance independence and creativity while at the same time generating unclear standards in each institution or publication which in its turn can arbitrarily suffocate individual creativity and autonomy. It is well known that a frequent response to a paper that provokes disagreement is simply: "This is not psychoanalysis!" Klein's and Bion's works did not escape this fate.⁶ The nature of the object of study of psychoanalysis is the human mind with all its complexity and its exploration demands a high level of abstraction. The psychoanalyst's laboratory is the consulting room⁷, and the investigation involves only two people, the analyst or psychotherapist and his patient. The only recordings of the process we usually have are the analyst's notes about one or more sessions. This sometimes is a source of tension among the analysts or psychotherapists who struggle to find a common language in the field. These perplexities and controversies were explored in a few conferences centring on "Clinical Facts", organized in celebration of the International Journal of Psychoanalysis' 75th Anniversary, which happened in London, West Point and São Paulo between 1994 and 1995. Several of the papers presented on these occasions were published in a special issue of the IJP and some points raised by a few of them can give us an idea of the methodological issues and debates involved. To mention just a few, Roy Schafer and Sandler & Sandler discussed "The Conceptualization of Clinical Facts", while Quinodoz, Ahumada and O'Shaughnessy expanded on the discussion of what defines a clinical fact. In his paper titled "The Special

⁶ See *The Freud-Klein Controversies 1941-45* (King and Steiner, 1991) and the comments on *Notes on Memory and Desire* (In Spillius, 1988).

⁷ See M. J. Rustin, *Reason and Unreason* (2001).

Nature of Psychoanalytic Facts”, Donald Spence comments on a paper published by Thomas Ogden three years earlier (Ogden, 1991). Spence says:

Reading between the lines of this account, we can imagine that the author was very probably shaping his presentation in a way that would make it seem to conform to standard theory and to his sense of how a scientific paper should look – *long on principle, short on example*. [my emphasis] But we miss the unexpected or surprising clinical fact that can often teach us more, simply because it falsifies a longstanding clinical or theoretical assumption...so long as cases are...more influenced by theory than by thick description...our theory will never change...we need to ...find a way for theory to grow *out of* [author’s emphasis] these facts as in other disciplines. But with the facts in such short supply, this kind of inductive reasoning almost never takes place. (Spence, 1994, p. 920)

One does not need to agree with the full content of Spence’s paper to acknowledge this statement as accurately identifying a problem in our discipline: that is, not the fact that we do not have an anatomic or microscopic verifiable basis for our assumptions, or even an extensive quantitative measurement of databases to substantiate them, but the lack of a habit and methodology to use “thick” clinical description of repeatedly observed phenomena to support and demonstrate the basis of our clinical intuition.

The concept of “thick description” was developed by the anthropologist Clifford Geertz (1973), who believes that the anthropologist’s task is that of explaining cultures through a detailed description that involves conceptual structures and meanings, as opposed to “thin description”, a factual account without any interpretation. The social scientist Michael Rustin, who for many years has been thinking about the problem of research methods in psychoanalysis (1989, 2001), argues that the traditional psychoanalytic method has already been generating new hypotheses and formulations. Nevertheless, he points out that this happens because the “brief fragments” of clinical reports – what we call “clinical vignettes” – will be intelligible to those “versed in the relevant tradition of clinical work” – and only so, we could add. Moreover, the development of implicit theories and assumptions behind the use of a particular jargon shared by colleagues to describe clinical phenomena can lead to

automatic repetition. Bion was well aware of this latter problem and tried to address it in some of his papers, like the (still) polemic “Notes on Memory and Desire” (1988 [1967]).

Concerning the former problems – the lack of “thick” clinical description of repeatedly observed phenomena and the difficulties found in the dialogue of psychoanalysts with other disciplines and research programmes – these are issues that have been addressed lately by various authors trying to conceptualize research in psychoanalysis (Fonagy & Moran, 1993; Fonagy & Roth, 1996; Rustin, M. J., 1989, 2001; Midgley et al., 2009). A brief review of what had already been done in terms of research in child psychotherapy is made by Rustin in *What do Child Psychotherapists Know?* (Rustin, 2009) and Kennedy, in *Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches* (Kennedy, 2004).

This interest in research shown in the last decades also generated the creation of a Programme of Professional Doctorate in Child Psychotherapy at the Tavistock Clinic in partnership with the University of East London which has led to various doctoral theses (Anderson, 2001; Quagliata, 2008; Wakelyn, 2010).

By the very nature of its object of study – the human mind in all its complexity and singularity – the methodology of qualitative research seems more suitable for psychoanalytic studies, except for a few cases, as is the case of quantitative studies of the outcome of psychotherapeutic treatment, particularly involving comparison with cases not treated or treated by other means.

2. Rationale and Methodology

This is a qualitative clinical case study involving two cases. Each case was first studied as a single case using grounded theory methods. An attempt was also made to evaluate the clinical material using an adapted version of Bion’s Grid. At a later stage the cases and findings were compared and cross-case discussion was made leading to cross-case conclusions.

The single-case study has often been stereotyped as a “weak sibling among social scheme methods” (Yin, 1994, p. xiii). Nevertheless, they continue to be used extensively not only in psychology, sociology, anthropology, political science, economics and history – traditional disciplines in the Humanities – but also in non-academic fields such as public administration, urban planning, public policy and even business. Its use even in evaluation

research suggests that the stereotype – that its investigations lack prevision, objectivity and rigour – might be wrong.

In general, case studies have been the chosen method of investigation when questions that are posed involve “how” and “why”, the researcher has “little control over events” (Yin, 1994, p. 4), and the focus is on “a contemporary phenomenon within some real-life context” (p. 13). The question then seems to be, more than trying to judge hierarchically the different research methods, to define what type of research question is being posed. The explanatory questions “how” and “why” are the ones we have in mind when working in psychoanalytic psychotherapy. Such questions, rather than leading to a mapping of frequencies and incidence, deal with links and correlations that are traced over time in the context of a relationship between psychotherapist and patient that is also built and developed over time.

The case-study strategy should not be simply identified with “qualitative” methods (See Yin, 1994; Strauss and Corbin, 1998) used in ethnographic research, since neither does the latter always produce case studies (Van Maanen et al, 1982; Jacobs, G., 1970), nor is the former limited to the conditions of the latter. Nevertheless, in terms of psychoanalytic research the case study comes close to the qualitative methods, since it always include direct and detailed observations as a source of evidence.

Within the range of the qualitative methods of research and analysis, Grounded Theory as described by Glaser and Strauss (1967) and later developed by Strauss and Corbin (1998), a method developed in the realm of the Social Sciences in the 1960s, seemed to be an appropriate choice for a number of reasons. One of the main reasons for this choice was the fact that Grounded Theory seems to match the need in psychoanalysis of a method that could meet, without constraining it, the empirical nature of traditional psychoanalytic repeated observation, investigation and formulation of hypotheses resulting from the gathered clinical evidence. This particular nature of the psychoanalytic method is felt by some to place it somehow in a crossroad between medical investigation and technique on one hand, and philosophical speculation on the other. In fact, the psychoanalytic approach is equally distant from both disciplines.

Its investigation demands accurate, methodical and repeated clinical observation, which points out to its empirical nature; it happens in the context of long-term and singular treatments that are based on the nature of the relationship between patient and therapist, and the associated transference phenomena, and the minutiae of this intersection constitutes the only reliable source for exploring and understanding the complex constellation of each

patient's mental functioning; the generated hypotheses, therefore, stem from this detailed study of a few cases, and not from the quantitative testing used in contemporary medical research. From this detailed study, general formulations of similar phenomena observed in the clinical descriptions will be developed, to be subsequently confirmed or not. This procedure involves two different sets of capacities in the researcher. First, the discipline of the empirical observer, who should not attempt any explanation until enough evidence has been observed or a "selected fact" has emerged, as Bion puts it. Bion borrows the idea of "selected fact" from the mathematician and philosopher of science Jules-Henri Poincaré, who states that

if a new result is to have any value, it must unite elements long since known, but till then scattered and seemingly foreign to each other, and suddenly introduce order where the appearance of disorder reigned. Then it enables us to see at a glance each of these elements in the place it occupies in the whole. (In Sandler, P. C., 2005, p. 725-6)

After quoting Poincaré's definition of the concept, Bion adds:

The name of one element is used to particularize the selected fact, that is to say the name of that element in the realization that appears to link together elements not hitherto seen to be connected...The selected facts, together with the selected fact that appears to give coherence to a number of selected facts, emerges from a psycho-analytic object or series of such objects...The selected fact is the name of an emotional experience, the emotional experience of a sense of discovery of coherence. (Bion, 1984c, pp. 72-3)

Bion's enterprise was a very serious and difficult one, as can be seen from this excerpt and always helpful when one thinks about the problems and difficulties of research in psychoanalysis. The nature of his endeavour is to bring the epistemological rigour of the "pure" sciences like Mathematics and Physics, and use their sophisticated abstractions to think about and conceptualize the mental and emotional dynamics of psychoanalytic work. It is really interesting how these abstractions and concepts can be more helpful in approaching

the psychoanalytic method than the scientific logic of biological and anatomic explorations of the matter. In spite of the completely different realms they deal with, both – maths and psychoanalysis – deal with things that cannot be seen directly, touched or smelled. The mathematician, making use only of his mind, investigates the numeric logics of the world as it is, the psychoanalyst has only his mind and its faculties to approach the emotional and unconscious logic of the patient’s mind and of its interaction with the analyst. In this sense, both are exploring a phenomenon that is not distant from their own minds – which at the same time is their tool of investigation – since both, in a way, are subjected to the same logics that they are trying to study. I say “in a way” since analyst and patient are not identical, although the range of possible emotions and states of mind that the analyst can experience – the very phenomenon he is exploring – are the same for him and his patient.

As P. C. Sandler puts it, “Bion sees the concept [of selected fact] as equivalent to the transition between Ps and D in a process of synthesis” (Sandler, 2005, p. 276). What is being referred to here is the state of uncertainty when facing what appears to be disordered and chaotic, until we can understand the laws of what we are investigating. The paranoid-schizoid (Ps) state of uncertainty must be tolerated during the process. The discovery of coherence, of what grants meaning and order to what previously looked chaotic then leads to a state in tune with the depressive position, until new questions are posed.⁸

In Bion’s terms:

Since the philosophy of modern physics – the most successful and most rigorous of scientific disciplines – can be seen here to be quite compatible with a philosophical view of unco-ordinated and incoherent elements similar to the mental domain of isolated elements from which Poincaré describes the mathematician as attempting to escape by his discovery of the selected “fact”, and since moreover the mental state described by Poincaré is quite compatible or even identical with that described by Melanie Klein in her discussion of the paranoid-schizoid and depressive positions, it is quite reasonable to suppose that the investigation and explanation of these unco-ordinated

⁸ This idea of fluctuation between the two Kleinian positions was later developed, in a different context, referring to the patient and not the analyst, by Britton (1998).

elements will be dictated by the impulse described by Poincaré and investigated in detail psycho-analytically by Melanie Klein and her co-workers, and limited by mental capacity which in the final analysis is the tool by which the investigation is carried out. (Bion, 1992, p. 85)

On the other hand, due to the lack of isolated quantitative aspects to be measured in a given sample, it also demands what could be called “psychoanalytic imagination”, that is, an intuitive apprehension of phenomena not yet classified or completely understood, what Bion calls “imaginative conjecture” (Bion, 1992, p. 94).

Winnicott also described, in the context of the “Controversial Discussions”, these two capacities needed in psychoanalytic investigation and conceptualization: “The search for truth is a cycle of three phases; piecemeal objective observation, construction and testing of theory based on observed facts; and imaginative reaching out in front of accredited theory towards the invention of new instruments of precision, these opening up new fields for objective observation” (In King and Steiner, 1991, pg. 87).

There is a significant overlapping in methods of qualitative research in Social Sciences and Psychology, particularly in the last four decades. Nevertheless, while much of the methodology in Psychology is still based on experimental or quantitative research designs, a number of developments in Sociology was influenced by Psychoanalysis to an extent that led Zygmunt Bauman to say in a recent conference that there is a post-Freudian Social Science. Michael Rustin advocates a “biographical turn” in Sociology through which it would be demonstrated that sociological theory can be developed from the study of individual cases. One example of this endeavour can be seen in the socio-biographical research method (Chamberlayne, P.; Bornat, J. & Wengraf, T., 2000; Wengraf, 2004). But Rustin also calls the attention to the specificity of each field: “For such a methodology to be sociological, it is necessary to demonstrate that a life trajectory...is socially representative” (Rustin, 2001, p. 102). This fact points out to the epistemological question: how to adopt and make use of methods used in one discipline in a way that makes it really pertinent to the other?

Considering the same question from our perspective, what would be, among the possible tools in qualitative research, the one that would best fit our purpose? One important criterion would be the flexibility of the method. In psychotherapeutic sessions, patients –

adults or children – are let free to express themselves as they wish and can without any other guidance from the therapist. The analysis of the material thus produced in the patient's interaction with the therapist would be more adequately analysed by an instrument that could help the researcher in systematizing his observations while at the same time letting the categories emerge from the clinical notes and its careful reading and analysis without any frame of reference other than the psychoanalytic theory and clinical experience of the researcher which will unavoidably be part of his frame of mind when assessing the material. This procedure appears to be partly convergent with contemporary developments in the philosophy of language, particularly since the “linguistic turn” in philosophy initiated by Wittgenstein, especially with his *Philosophical Investigations*, in which he prescribes for the philosopher's role in relation to language a therapeutic function, rather than the establishment of general theories, focusing his attention where the problems are.

In this sense, the method, for instance, of Discourse Analysis, seemed less suitable for our particular investigation, not because of its sociological origin, but because of its sociological *aim*, its particular examination of the social intentions in the use of language, i.e., how language can be used to accomplish personal or social projects or portray a specific version of the world and society, while in this investigation we will be focusing on particular difficulties in developing and using language.

Interpretative Phenomenological Analysis (IPA) is another qualitative research method often used in Psychology (Smith et al, 1999; Schachter and Target, 2009). It consists of a method of “interpretative engagement” with narratives of interviews or other accounts trying to systematically extract meaning from the transcripts. There are clear similarities between this method and Grounded Theory. Nevertheless, Grounded Theory is a methodology more clearly defined, already established and tested in psychoanalytically-based research (Anderson, 2001; Quagliata, 2008; Wakelyn, 2010). For the same reason it was chosen rather than Thematic Analysis, a much less clearly demarcated research method in Psychology. Janet Anderson defined psychoanalytic research and Grounded Theory as “well-suited partners” (Anderson, 2006).

The constant process of observing the clinical evidence, formulating provisional explanatory hypotheses and testing them against new clinical phenomena is what will allow for theoretical and metapsychological generalizations to be made. It is to be added the particular difficulty related to the nature of what we call here clinical evidence: the nature of the object of study of psychoanalysis only allows for “clinical evidence” that cannot be

measured, seen or touched, and the dynamic aspect of the Unconscious contributes to render it a particularly difficult reality to apprehend, moreover considering that the pressures on our normal daily life still are at this stage for ignoring this aspect of human life, focusing instead on purely external reality. Money-Kyrle (1978) believed that psychoanalysts need both enough theoretical pigeon-holes to give conceptual shape to their observations, and the capacity to observe and describe accurately. M. Rustin (2001, 2009) relates this formulation to Kant's aphorism: "percepts without concepts are blind, concepts without percepts are empty".

In an analogous way to the fact that one only discovers what his own analysis is through being analyzed, Glaser and Strauss described Grounded Theory as a "general method of comparative analysis...and a collection of procedures designed to generate 'grounded theory'" (1967). The flexibility of the methodology allows for, at the same time, a radical empiricism – we could call it, following Poincaré and Bion, the search for the "selected fact" – and space for the use of the researcher's "speculative imagination" when faced with the data collected. That means a discipline of repeated observation – going from the data to the categories that emerged and back to the data – which guarantees the need for the researcher to anchor his speculations in the material observed, and the acknowledgment of the specific characteristic of the kind of phenomena being observed – which does not allow for an attempt at miming the methods of the natural sciences, or for trying to deny the subjectivity of the researcher present in the observation. This makes it particularly adequate for investigation in psychoanalysis, a discipline that not only implies this acknowledgement, but that has its own tools to investigate it, since this subjectivity is part of the process, what we call the "counter-transferential" phenomena, a concept first mentioned by Paula Heimann (Heimann, 1950) and later developed by other authors, such as Money-Kyrle (1956), and under a different light, by Bion who, since his work with groups (1961) preferred to call it the effect on the analyst-container of the use of projective identification by the patient, e.g., communicative projective identification.

What I called "radical empiricism" above is connected with the fact that the first step in Grounded Theory is data collection. Therefore it is not used to validate a previous theory, but to use an inductive approach to uncover underlying patterns. This will in turn allow themes and categories to be identified, from which hypotheses will emerge and be checked against the background of data, entailing the development of theory.

It is considered that the use of “triangulation” (Denzin, 1970) helps the researcher in checking the foundation of his hypotheses and theories in the data collected. The concept was taken from land surveys by Denzin and refers to the need, in qualitative research, for the use of different points of view to support data. In the present research, this was done mainly through the use of supervision during the clinical process and in the discussions of the hypotheses. However, the evaluation of the data was also cross-referenced with information from: the parents in the Parent Review Meetings (this will be later addressed); the school reports in terms of the child’s behaviour while at school; and assessments of the child by other professionals, such as child psychiatrists, speech and language therapists or educational psychologists.

Considering, furthermore, that the present study is based mainly on the detailed investigation of two cases, and supplemented by information derived from a few other cases, Grounded Theory, as a comparative method – a “constant comparative method of analysis” (Glaser and Strauss, 1967) – would naturally suitably supplement the traditional psychoanalytic single case-study method. It is to be noted that my approach departed from a classical Grounded Theory procedure in two different aspects:

The previous experience of the researcher with the psychoanalytic method and its ways of approaching clinical phenomena and hypothesizing about it implied in a particular mind frame developed through habit and familiarity that would naturally be used during the research besides the grounded theory approach.

The other aspect which is important to mention is another tool that had an auxiliary function in the first step of evaluation of the clinical data:

One of the most remarkable and creative endeavours to identify general aspects of the psychoanalytic method and try to provide adequate specific tools to evaluate its efficacy, the evolution of a treatment, and the evolution that might happen or not during an analytic session according to the analyst’s interpretations and the patient’s response to it, was made by Bion in “The Grid”. Bion’s 1963 book *Elements of Psychoanalysis* contains the first published version of “The Grid”, an instrument that he developed in trying to facilitate the dialogue among psychoanalysts and the self-assessment of their own work in each session with each patient. He later explored and improved it further (Bion, 1977b [1965], 1984b [1967], 1989 [1977], 1992).

I have no information about it having been used before in Child Analysis.⁹ An adaptation of the Grid, including minus (-)β-elements to allow its application to work with autistic patients, however, was made to help to identify patterns of evolution or regression in the young patients observed, in the course of their sessions, in terms of emotional functioning and language use. The concept of (-)β-elements can provoke confusion, since β-elements represent the raw material of experience, and therefore what I mean by (-)β-elements requires clarification. Following the Kantian concept of “thing-in-itself”, Bion describes “β-elements” as “things-in-themselves”: “It partakes of the quality of inanimate object and psychic object without any form of distinction between the two. Thoughts are things, things are thoughts” (Idem, p. 22). β-elements are, therefore, “suitable for projective identification but not for thinking” (Sandler, P.C., 2005, p. 77). The dominant use of projective identification would be a characteristic of the first stages of development, when the infant does not have a psychic apparatus capable of containing distressing and disturbing sensations and feelings. The massive use of projective identification would persist in psychotic patients. However, in spite of their primitive characteristics, β-elements are also defined as “the earliest matrix from which thoughts can be supposed to arise” (Idem). We could say that, without any idea about it, the infant is nevertheless experiencing the discomfort of something that needs to be evacuated somewhere. The discomfort that comes from the primordial helplessness of separateness gives rise to unbearable sensations/feelings that are being projected into the mother, even when it is not as a form of communication, as later it can be. What I am calling (-)β-elements then refers to the situation in which the infant, instead of projecting the β-elements that are exerting their pressure into the mental apparatus, does not even acknowledge this pressure that arises from the acknowledgement of a traumatic separation from the mother. The concept, thus, does not refer to the absence of this raw material, which would be logically impossible, but to the de-mobilisation of the sensorial apparatus that would acknowledge its pressure on the psyche.

Alpha-elements (α-elements) in their turn can be regarded as “elementary immaterial particles, building blocks, amenable to be used to dream, to think, to store in the memory” (Sandler, P.C., 2005, p. 23). “Alpha-function” (α-function) would be the mental function

⁹ After completing my research the paper ‘Bion and Tustin: The Autistic Phenomena’ by Célia Fix Korbivcher (2013a) came to my attention, which explores the possibility of finding a “place” in the Grid for “autistic transformations”, a theme that the author has been exploring for some time.

responsible for transforming β into α -elements, i.e., “sensuous apprehensible stimuli into elements useful for thinking, dreaming, memory” (Sandler, P.C., 2005, p. 24).

Nevertheless, levels of α -function should also be considered. Therefore, some patients might have mental functioning enough to generate α -elements, but due to deficient α -function, are not able to organize them into meaningful narrative (See Ferro, 2005). Once there is robust α -function, the α -elements produced will be organized into “dream thoughts, dreams, myths”: the C category in the Grid, the beginning of what could be called a real process of thinking. The vertical axis is what Bion calls the “genetic axis” (Bion, 1977a [1963]).

The horizontal axis of the Grid “related to ‘uses’ to which the elements in the genetic axis are put” (Bion, 1963, pg. 8). Column 2, since it is defined by a symbol – ψ – demands explanation: it represents “expressions of resistance” (Idem, p. 9), either in the patient or in the analyst. A copy of the original Grid is included below:

THE GRID

	Defini- tory Hypo- theses 1	ψ 2	Nota- tion 3	Atten- tion 4	Inquiry 5	Action 6	... n.
A β -elements	A1	A2				A6	
B α -elements	B1	B2	B3	B4	B5	B6	... Bn
C Dream Thoughts Dreams, Myths	C1	C2	C3	C4	C5	C6	... Cn
D Pre-conception	D1	D2	D3	D4	D5	D6	... Dn
E Conception	E1	E2	E3	E4	E5	E6	... En
F Concept	F1	F2	F3	F4	F5	F6	... Fn
G Scientific Deductive System		G2					
H Algebraic Calculus							

This very brief explanation on some basic aspects of the Grid was necessary in order to explain the adaptation of it shown below:

LANGUAGE GRID

Grid to use with child patients with the addition of $-\beta$ elements (*minus* β elements)

	Definitory Hypothesis 1	Ψ 2	Notation 3	Attention 4	Enquiry 5	Action 6	...n
A.a (-) β - elements (<i>minus</i> β - elements)							
A.b β -elements							
B α -elements							
C Dream Thoughts Dreams, Myths							
D Pre- conception							
E Conception							
F Concept							
G Scientific Deductive System							

I was encouraged to try this adaptation, first following Bion's own recommendation that the instrument was open-ended and should be expanded in the ways it was felt to be useful. Secondly, previous expansions were developed by authors with a scholarly knowledge of Bion's works (see P. C. Sandler, 1987, 1999, and Rosa B. P. de Miranda Ferreira, 2000).

This is of course a first attempt at an adaptation, which can be improved or amended in due course. The only added element here is the A.a row in the vertical axis. The rationale for this is based on the kind of phenomenon that was being studied: Bion's original Grid was elaborated having in mind projective identification as the earliest and more primitive kind of mental functioning, the massive use of it being something that Bion could repeatedly observe in his adult psychotic patients. The phenomenon later identified by authors who worked with autistic children, as Meltzer and Bick, of "adhesive identification" or "adhesive equation", as Tustin preferred, added a new dimension to this perspective.¹⁰ I was then faced with the question of how to represent in the Grid this other phenomenon in which Projective Identification does not seem to be the main mechanism being used, since there is not even an acknowledgement of some level of separateness that happened in the reality.

When using the Grid, each of the patient's expression or behaviour is categorized, as well as the therapist's response. By identifying the category of the following manifestation of the patient, the therapist can know the effect of his interpretation, and the evolution, regression, or blockage that followed it, and in which mental level the patient seems to be at each point.

It is important to observe that this adapted Grid in its incipient form was used only as another source of information for triangulation in the data analysis. This was done before the coding, and also helped in selecting the sessions to be coded and analysed. An example of its use is included below.

¹⁰ Coincidentally, both Tustin and Meltzer were strongly influenced by Bion's work, the former having been his patient for many years.

Example of use of the Grid

The use of this tentative adaptation of the Grid was merely a first experience in this direction. It was triggered by the memory of the usefulness of the Grid in clinical work. The inclusion of a column A.a where to place the minus β -elements is linked to the idea of an inhibition of the normal process of feeling saturated by β -elements and having to deal with them. We could almost talk in terms of an analogy with the reversal of α -function mentioned by Bion (Bion, 1984c [1962]), although it is not clear if the β -elements in the autistic child are being “denuded” or digesting themselves so that the child can deny individual existence, pain, stimuli, or, in a negative hallucination, they are simply being denied. The outcome, however, seems to be the same.

The use of the Grid involves categorizing each communication from the patient. The genetic (vertical) axis involves the evolution of the processes of thinking, while the horizontal axis relates to the use that is being made of the elements in the genetic axis.

In the following example, what is observed is that there is basically *one* important evolutionary moment in the session, the one in which Chaz’s response can be categorized as B3. That means that the interpretation that triggered this response was the one that better reached the child in the session.

I hope this example serves as a basic illustration of the method – however tentatively – I used.

Chaz’s Second Assessment Session

When I came to collect Chaz in the Reception, Ms. Z. told me he was in the toilet. I waited for him, and he came with me to the Consulting Room. The right side of his face was red and his right eye a bit swollen and sore. His explanation to this was a bit confusing, and once we were in the room I asked him to tell me again what had happened. There was something about “the cleaning paper”. Apparently he was wiping his face with the cleaning paper (tissue?) in

Rubbing, brushing, scratching own skin against surfaces.

A. a 6

the car, and he hurt his eye. It looked as if he had been scratching his face wildly.

Chaz was slightly less agitated today. He took what he wanted from the toy box. He began to play with the plasticine, the ruler and the scissors. He was “flattening” the plasticine on the table with the aid of the ruler, he told me when I asked him. Then he tried to make it “straight” by cutting its edges with the scissors. He continued to do this during the session. He also took the mobile toy, and answered some “calls”, sometimes with a face meaning “they don’t leave me alone”.

When I asked him about what he was doing with the plasticine, he said he was making buildings for his brother Yanki. He should “stick” it very well, trying to keep it together. One of them was supposedly made of Lego.

I told him that maybe he would like if his brother could live in another building? He denied that. I asked him how his relationship with Joseph was. He looked at me smiling and said that it wasn’t always good, sometimes they had arguments. I asked if they used to fight a lot. He said “not always”, smiling.

When he was answering his “calls”, he talked about “building”, “I’m doing”, “flat”, “flattening”, and many jumbles of words, a kind of cluster of words with no vowels, like “mmhngnr”.

Flattening of any lumps.

Avoidance of edges.

Surfaces made even and continuous.

A. b 2

Desperate “sticking”.

Obsessional attempt to control the destructiveness.

C1

A. a 2

Imperative voices.

Copying adult speech: meaninglessness.

Cluster of words with no vowels = instead of avoiding the separating consonants, he tries to copy the adult language, but without the

vowels it becomes meaningless.

I told him that it seemed that there was a lot of calls, voices, confusing noises coming from that mobile that made it difficult for him to focus on his play here with me. Maybe he feels the same way at school. Maybe those “calls” were coming from his own mind all the time.

Chaz stopped with the calls, tidied up the table obsessively, and began to draw. He drew a rectangle with some lines in it, and some “round” lines on one corner. It was very similar to a drawing he made last session. He said it was a building. I asked about the round lines. He said they were the road. He wrote some jumble of letters and/or numbers under it, from which the only intelligible ones were h70. I asked about them, but he didn’t explain. He wrote over the drawing “Josehp”. He went back to the plasticine and the calls.

He drew (while standing up) a yellow sun, two clouds painted in blue, green grass and a very simple shape of a man or a boy. Then he drew a big red airplane with one wing going above a cloud, and the other almost touching the boy’s head. He didn’t tell me anything about this drawing and immediately began to draw consecutively two other airplanes on other sheets of paper.

I wondered if he felt that the end of the session was coming, and he wasn’t sure if he

Response to an interpretation = moment of an ordinary imaginative play.

***B3**

Powerful and unreachable male figure in his mind.

C3

would meet me again, so I was unreachable like these airplanes.

He tried to draw a fourth one, but we didn't have any time left. He wanted to better tidy up the pens, and asked me if someone else used the room. While he was finishing some details on the other plane, I said he was afraid someone would take his room before our next meeting.

It was the end of the session and I told him I would see him again. I arranged with Ms. Z. for her to bring Chaz next Monday.

Would someone take his room?

3. *Work Plan*

Two child patients (six and eight years old at the beginning of the study) in the range of Autistic Spectrum Disorders and presenting idiosyncratic language use were seen once weekly in 50-minute sessions of individual psychoanalytic psychotherapy for a period of two years under the supervision of two senior child psychotherapists with considerable experience in this field. For the purposes of assessing the influence of their impairment in their use of language the children should be aged between 6 and 10 years old, since at this age children would normally show good communicative use of language. Although neither child was unable to speak or fell in the most severe end of the Autistic Spectrum, they were both impaired not only in their social interaction, learning abilities and imaginative play, but also in their ability to use speech as a vehicle for interaction and communication with others.

Team leaders at the Child and Family Department of the Tavistock Clinic particularly at the Autism Team and the Learning Disabilities Service were informed of the slots I was offering for psychotherapy and the purposes of the research, so they could evaluate the suitability of the referrals. I finally started working with two boys aged 6 and 8 years old almost at the same time. Both children had been previously diagnosed as presenting pragmatic-semantic disorder, both had learning difficulties, and presented odd behaviour and language use. There was, however, an important difference between them: “Fred”, who had been initially diagnosed with Atypical Autism, was very withdrawn, while “Chaz” – diagnosed as fitting only partially the criteria for Autism, having had a previous diagnostic of Asperger Syndrome – was more agitated and aggressive and presented violent behaviour at home and at school. Although these were children already assessed not only by different professional such as psychologists, child psychiatrists and language therapists – but also by child psychotherapists who were assessing their suitability for psychotherapy – they were then re-assessed by me. As this re-assessment was discussed in supervision in terms of their suitability for the project, it was considered that they were adequate cases for the research, and that they could benefit from psychotherapeutic input, in principle for the duration of the two years.

Each child’s parents were interviewed by me and a parent worker. It was considered that work could be done with the parents in terms of getting the support for the children’s psychotherapy, although it would be clearly difficult for them at that stage to commit to

bringing the child to the Clinic more than once weekly. Although this was not considered to be the ideal frequency, it was decided that work could be done and the children could be helped by a once-weekly psychotherapeutic process. Both families presented problems which were addressed in the parent work, and in Review Meetings with the therapist and the parent-worker. At times for one of the families even the once-weekly attendance was difficult to keep up with. This problem was addressed in the meetings mentioned above and in the parent-work, which was fundamental in providing support for the parents and therefore for the child's psychotherapy. Regarding the ethical aspects of the research, the study received the approval of the Tavistock Clinic, where the patients were seen, and the University of East London, as previously mentioned in the Introduction.

The parents of the children involved were informed about the research and gave their consent for their children to be included in it.

I have included two Appendixes with copies of the "Information Sheet" template that was given to them, as well as the "Consent Form" that they signed.

The "raw data" of the session were evaluated at a number of points. After each session, the therapist took the most detailed possible notes of everything that happened within the context of the session, dialogues, sequences of play or behaviour, moments of silence, facial expressions or tone of voice that the child used, fluctuations of mood, etc. This is the traditional procedure in psychoanalytic psychotherapy work whenever the therapist wants to think *a posteriori* about what happened in the session to be able to have "second thoughts" on it. These notes are called "process notes" and are used in supervision, clinical seminars or discussion, to think or to write about a case, or in research. Within the session sequences of play were observed and thought about in terms of their potential symbolic meaning. The therapist's interventions created a dialogue and the possibility of shared meaning developing between the child and the therapist. At the point when the session was recorded, a further selection of observations, responses, and possible hypotheses was noted. This process recordings of each case were then conveyed to the respective supervisors, forming the basis for evaluation. In the supervision, the general content and dynamics of the session was discussed as in any regular supervision to avoid premature hypothesizing. The moment of taking down the notes of a session constitutes in itself another moment of looking into the clinical material. It is frequently the case that the therapist then either notices something that slipped his perception during the session – and often due to the extreme emotional intensity of most analytic sessions, what was once called "thinking under fire" – or that he sees a

particular event in the session in a different light. This process is already a first phase of triangulation, when the analyst, distant in time from the moment of the session, can have further thoughts on it –helping him in this process was the motivation for Bion’s development of the previously mentioned Grid.

When the session is at a later stage discussed with a supervisor, we have a second step in triangulation. The supervisor’s – or peers’ – own views on the session are made possible by the process notes – our choice in the present work – or by a narrative of what happened during the session. The aim is to avoid the therapist giving only his subjective view of what happened, which would not allow for any further thoughts to emerge. The supervisor’s impression of the material would illuminate, challenge or reinforce impressions that the therapist had about the clinical events, during or after the session.

During the sessions I tried to follow the discipline prescribed by Bion in *Notes on Memory and Desire*, which, although seen as esoteric by some analysts, in my view constitutes a development of Freud’s prescriptions in his technical articles (Freud, 2001d [1914]).

It is suggested by Freud that the analyst should try to avoid conscious efforts of focused attention and remembering – the kind of attention pursued by analysts who wished to take notes *during* the sessions, and which is similar to the discipline of the medical doctor when interviewing a patient and “cataloguing” symptoms and signs – and, instead, try to keep a “floating attention” to the patient’s communications, to see what the unconscious links could be between apparently unconnected communications that emerge when the patient follows the rule of free association.

Bion takes a step further and suggests that, in order to be really focused on the “here and now” of the session, the analyst should try to avoid, as much as he can, “memory”: of a theory already formulated, of a previous experience or the previous knowledge of the same patient, since all of this could contaminate his perception of the present clinical phenomenon. All this knowledge and experience should be there only as the background that refined the analyst’s clinical intuition, but should not be consciously “looked for” during the clinical encounter. This constitutes in my view a radically empirical attitude, which follows one important tool of the scientific method, that is, the “naked” observation. Avoidance of too much “desire” is also very important in the context of this research: not only the usual wishes of “healing” the patient could be present, but the wish to “understand” his mental dynamics could naturally be increased.

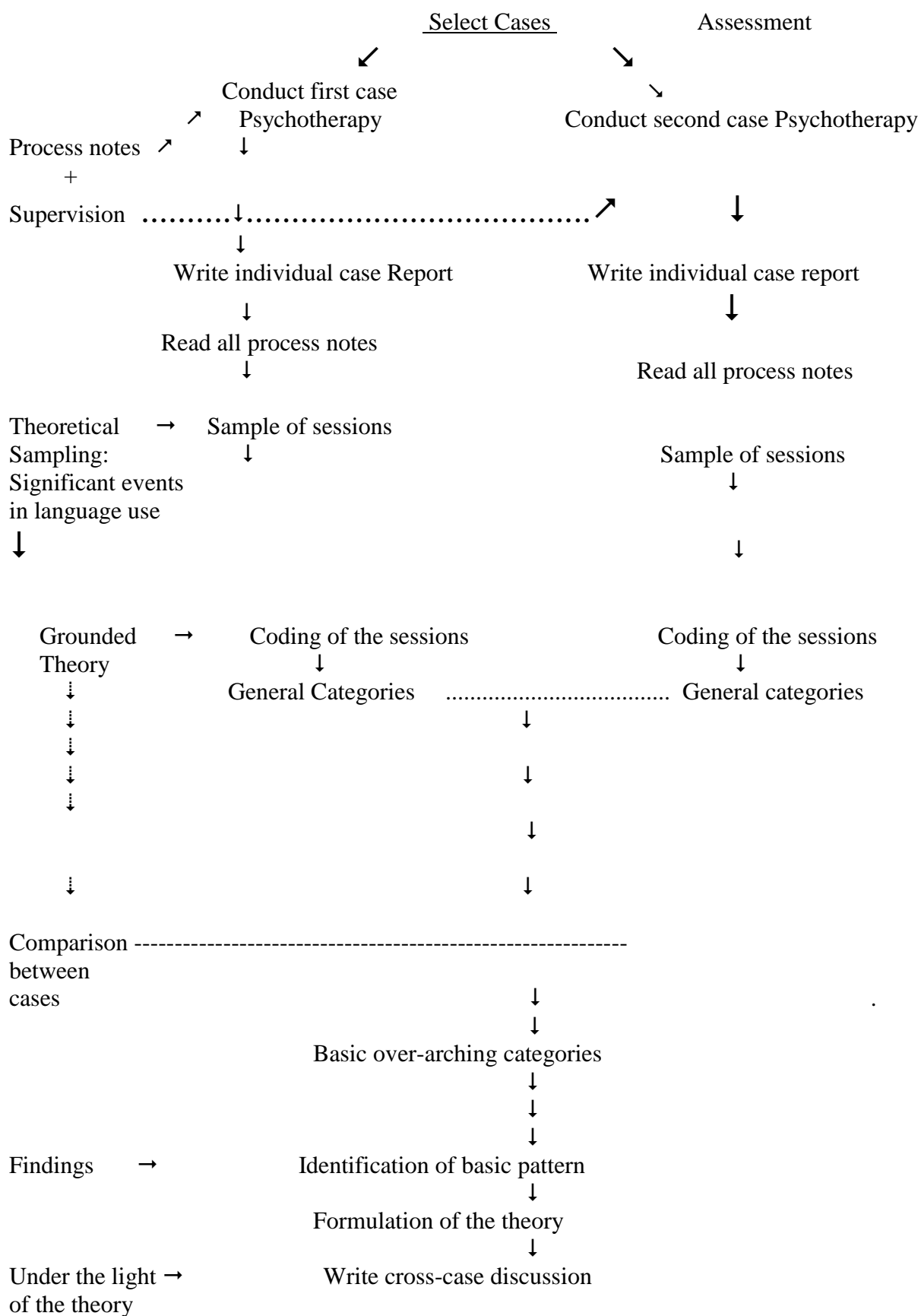
Of course during the work with the children, both when I was taking notes of the sessions, and when these were being discussed in supervision, occasional moments in which something particularly striking was happening involving language would already draw both the mine and the supervisor's attention. After the therapies were concluded, when reviewing all the notes for research purposes, I would pay particular attention to these specific moments of sessions, and possible variations in the clinical presentation of the children before and after breaks, both planned and unplanned, which highlighted the way in which the children experienced separateness, an important feature concerning symbolic development, which underpins the use of language. The aim was to understand, through the interaction with the therapist, what emotional context, in terms of anxieties and defences, prevented the children from using language properly. This would be the basis for the later process of using the theoretical sampling to select a few sessions of each therapy that would then be explored in detail.

One important source of information of what was happening emotionally with the children at each moment was the observation of the transferential dynamics and the counter-transferential response in the therapist.

The final tier of evaluating the data involved using "grounded theory" and the "Grid" to analyze selected sessions. This provided a technique for analyzing the data by grouping or categorizing what was observed and described.

Below is a diagram of the steps of the research:

Diagram of the Research



4. *Assessment of the Data*

After all the sessions were read and an outline of each child two-year therapy was written, sessions were chosen in which something particularly meaningful seemed to be happening in terms of the child's emotional expression and verbal communication within the context of their relationship with the therapist, being it moments of evolution or regression. It is important to bear in mind that in a psychoanalytic process these moments most often happen as the result of a psychotherapeutic process that was built over time, however their emblematic aspect makes them particularly helpful for being analysed in terms of representing points of condensation or precipitation of this process.

For each child I decided to choose, from the sample of sessions to be analysed, one of the assessment sessions that could give a picture of the child's presenting problems, emotional and mental state, level of capacity, social interaction and verbal communication or lack of it at the beginning of the therapy. I then selected from each case three further sessions that seemed relevant in terms of the children's state and use of language from different stages of the therapy.

It is to be noted that some first impressions about the child's mental functioning and peculiar use of language sprang to the therapist's mind during the process of therapy, and were registered in notes that were kept for further exploration. These incipient and non-organized impressions were left in this embryonic state at that stage.

When reviewing all the sessions to write the reports, a new set of impressions emerged, some of the previous ones developing into ideas.

The whole process, including the discussion of the case, was carried out in respect of one child before starting with the other, and the systematic comparison of the cases was only made later, in preparation for the General Discussion. The reason for this choice was to try and avoid too much contamination in the analysis of one case by the ideas emerging on the other. The first therapy to be analysed was the one which was started first. In the second case being analysed, that of "Chaz", it was taken for granted that there would be some further "sensitization" of the therapist's eyes through his observations about the first case, "Fred". Nevertheless, two children with very different clinical presentations, behaviour and personality were chosen for the study in an attempt to prevent automatic extrapolations from one case to the other.

Each of the selected sessions was then, following grounded theory analysis, coded in a Tabular Form, sequence by sequence. From the coded sessions some basic categories emerged. After further analysis, they were divided by similitude into three sub-groups, each corresponding to correlated phenomena. Each of these sub-groups was understood as portraying a specific state of mind. In the analysis of Fred's clinical material, it emerged then that each of these particular states of mind corresponded to a specific landscape previously mentioned by him in the context of his sessions and understood as part of his internal world. So the finding of the three sub-groups of general categories seemed to match the previous emergence in the context of the therapy of these three "sites", which I have called "mindscapes". The name I have used for each was almost literally, as will be seen, the name given them by "Fred" himself in the context of a session in which he described these three different spaces: "Desert", "Jungle" and "Garden". This is an example of the previous "sensitization" of the researcher by the clinical experience with the child at work when analysing the material.

A pattern of fluctuation evolved between these three overarching supra-categories over time, in a to and fro process, sometimes within the context of the same session. These findings were cross-referenced with information from the parents in Review Meetings and school reports. The same steps and process of analysis was then used with the second case, so the methodology used for the data analysis would not differ from one case to the other.

It seemed then clear from the analysis of "Chaz's" material that the oscillation between three predominant moods was also present. Added to this, two of these states of mind were also described by Chaz in terms of a landscape – in his case, not only verbally but also graphically: his "Mud Puddle" seemed to be his own version of Fred's "Jungle". Similarly, his "Green Field" showed a striking resemblance to Fred's "Garden". The third general mental state identified in his therapy, however, did not seem to be illustrated by the visual image of a landscape, but was defined mainly through a repetitive behaviour that I chose to call as the "Sticking Machine". Despite this, the isolation and incommunicability presented by him when in this state matched Fred's own when in his "Desert".

The constant movement and stronger anxiety presented by Chaz when in this state seemed to relate to the different pattern of fluctuation between the three states presented by him when contrasted with Fred, as will be seen later. This difference, noted in the Discussion and Comparison of the two cases, was understood in terms of the two children's different clinical presentations, which was indicated by the dynamics between the three mindscapes.

This was the conceptual phase of Data Analysis, in which “Substantive Theory” (Glaser and Strauss, 1967) was generated.

It was anticipated that each of the interviews with the carers and various professionals, the process of recordings of the sessions with the children and the assessment reports would be read in detail to identify categories of behaviour and affect. Through repeated readings and questioning, thought was given to whether the categories were significant and could be named or coded.

The Grounded Theory analysis led to the emergence of high-level themes that, compared within and across cases allowed factors surrounding the children’s use of language to be conceptualized.

III. CASE STUDIES

1. FRED

a) Brief Report on the Therapy

Introduction

I assessed Fred for psychotherapy before the 2008 summer break within the “Learning and Complex Disabilities Service” of the Tavistock Clinic. He had recently become six years old and had been waiting for an assessment for psychotherapy for some months, and his parents had already been seen by the Clinical Psychologist who took up the parent work.

I had a joint meeting with them before I saw Fred for three assessment sessions, after which I discussed the assessment individually with the Child Psychiatrist and Chair of the LCDS, and with my supervisor.

During Fred’s assessment, I also read all the previous specialist reports that were in his file and had the opportunity to discuss the case with the Child Psychiatrist who had assessed him. Due to the family’s need for a statement of his special needs for educational purposes, Fred was assessed by other specialists, an Educational Psychologist, a Speech and Language Therapist and a Child Psychotherapist. I had access to all their reports.

It was considered that psychotherapy should be recommended for Fred, in parallel with parent work. It was also thought that, due to the family constellation, it would be already difficult enough to have them commit to bring Fred to therapy every week, so a more intensive frequency, although ideal, would not be feasible, and offering it could discourage the parents even more. They agreed with this suggestion.

I started working with Fred from the 2008 autumn term, and continued until the 2010 summer break.

The following is a summary of the assessment:

Report on Assessment

1) Family History

Fred's parents are from an English-speaking country, where they met. Both are in their forties. Fred was born in the UK. He has a younger brother, Gabriel, three years old, who has had a normal development. Fred's parents describe his maternal grandfather as "eccentric". Mother's family live abroad. Father had a difficult childhood. His stepmother recently died abroad, but he was not very attached to her.

They moved to England because they wanted to enlarge their professional perspectives, especially father. They feel isolated here since they don't have many friends. Father says it was difficult to start again professionally in England. He seems slightly depressed, and is not a very verbal person. He can be at times exasperated by Fred's problems, and resents the change that having the children caused.

They had moved only recently when Fred was born. Mother was feeling isolated and depressed, "overwhelmed" by his birth. Father was out, working most of the time. She felt he was "absent".

2) Developmental history

According to his parents Fred had a delayed birth – he was "blue" when he was born and they thought he was dead. He was put in an incubator and recovered. They say he was a floppy and "lethargic baby". He also had bronchiolitis and had to be in an incubator for a few days.

In spite of that, he was breast-fed. Mother observed that, since he was a baby, Fred didn't do eye-to-eye contact. His motor development was delayed, and he had a diagnosis of Mild Central Limb Hypotonia and used Ritalin for a while. According to mother Fred is not physically affectionate.

At the age of four, when Fred still could not speak properly, the parents realized that "something was definitely wrong about him". His speech was disjointed, sometimes he used just a jumble of words or noises, using an idiosyncratic language, making up words, and developing a "nonsensical chat". He then had Speech and Language Therapy from 2006 to 2007.

3) Educational History

At school it was noticed that Fred was distractible and his cognition was below average. He had difficulties in literacy, numeracy and visual perception, and was unable to follow instructions. Fred was statemented and receives educational input at school for his special needs.

Fred's social interaction has been poor. He didn't use to greet his peers or know their names, and used to walk in circles or do repetitive playing. It was also observed at school that he had involuntary tongue movements and was constantly licking his lips and the palm of his hands. Fred used to play *alongside* and not *with* other children.

According to his parents, he received a large amount of support at school and since then had made a slight improvement.

4) Summarized report on assessment sessions

Fred is a likeable boy, in spite of his detachment. He seems to be very careful about his objects, and does not express clearly any aggressiveness, but can, nevertheless, to some extent, relate to others in his own way. He is very disturbed by noises: during one session, he heard a slight noise of someone slamming a car door far away, and immediately asked: "What was that?"

He sometimes presents, though not always, an idiosyncratic speech. For instance, when asked about what was the most difficult class in school, he said: "yellow class". He also makes comparisons between different categories of things: describing a drawing he had made, he said one shape was "round", and the other was "backwards". He seems to have difficulties with the dimensions of time and space: he said his mum was playing with his brother when in fact his mother was alone at the Reception. He then said that his brother Gabriel was "upstairs, down. He's in year 9." Gabriel is just three years old. At this point he also suppressed the links between words that would produce meaning. He has difficulties in learning from experience and going from the particular to the general which results in some concreteness in his use of language. Thus he uses "olives" to indicate that something is salty. Or he can associate words with ideas in his own way, making it difficult to take part in a shared language. For instance, it was reported that he can use "I'm five" to indicate that he had enough food, because he observed that the image of the number five has a curve which

could be similar to a belly. This couldn't be seen exactly as concrete, because there is some degree of metaphorical thinking,¹¹ although idiosyncratic, involving a personification of the numbers. It was the same when he drew, during a session, some dots under a tree, saying that it was meant to be a lake, "water-like", "water-lake".¹²

Fred has difficulties in socialization. It has been reported that he doesn't greet his peers at school, and when I asked him about his friends, he didn't remember their names.

His play is simple, and he also makes very simple drawings.

In spite of his detachment, he can engage in a relationship in his own way: in our last meeting, he expressed the wish to meet "the toy box" again. He asked me to keep something he had made with the play dough "in the box in your house", and that he could find it again "tomorrow".¹³

5) Conclusion and Recommendations

Although presenting cognitive difficulties and clear autistic features, there is an oscillating quality in Fred's difficulties: Sometimes he uses language in a more confusing way, sometimes he uses it more properly. He presents signs of a delay in symbolic capability.

¹¹ This could be understood, from the psychoanalytic point of view, as a symbolic equation (Segal, 1957): there is some level of symbolization, but a primitive one. The understanding that the number 5 is not his belly but can represent it is there, but this representation is done by the number five's graphic shape, so the arbitrary convention of the number five representing a particular quantity is missed. This is closer to the writing or mathematical systems of older civilizations, in which there should be a concrete visual resemblance of the symbol with what was being symbolized, what we could call a pictographic mode of representation.

¹² Here, intriguingly, we can see the two different levels in which Fred seems to operate, in relation to his use of language, one immediately following the other: "water-like" seems to indicate his awareness that the dots represent a lake, therefore representing water. At the same time, "water-lake" seems to reiterate an obvious connection that would not need to be remarked: a lake is always a "water-lake", except if we would use "lake" in a completely different, and metaphorical, way.

¹³ Two different aspects must be noted here: on one hand this seemed to indicate that he wanted to have more sessions. On the other hand, it might also indicate a lack of an impartial judgement of reality, even considering his age. So the dimensions of time and space did not seem to have an objective reality for him. Not only was it as if he was sure that he would meet me again, which was not stated to him, but this would happen "tomorrow". It is difficult to differentiate how much of it was due to his wish for the meeting to happen soon, how much was due to his lack of clarity about the dimension of time: it could be that, having had three sessions in consecutive weeks, each session following the one the week after meant to him "tomorrow". The same would happen in terms of space: "my house" could mean the consulting room or the Tavistock Clinic, I being one with it, in spite of all the differences between this big building crowded with people moving around and the idea of a "house" that a child would usually have, connected with his own family house. Nevertheless, this confusion seems to be less odd for children his age than the previous one.

He is cautious and looks for sameness. He is socially isolated but is also kind and likeable. He can be kind to his brother in spite of the hints of great jealousy.

These characteristics point in the direction of a child who has serious delays in his cognitive and social development and who needs intense support, but, on the other hand, a child whose autistic features may also have an aspect of autistic defences which bear a degree of variation according to the context.¹⁴

Therefore, in a stable and non-intrusive context, we believed that he could engage in a therapeutic relationship, and benefit from that. This could, slowly and progressively, diminish his fear of unpredictability, his defences and his encapsulation, enabling him to develop a relationship with the outside world, and consequently, the processes of learning. It would be also extremely important for the parents to have support in their difficulties in dealing with Fred.

He was offered to start psychotherapy from September, on an initial once a week basis, in parallel with the parent work already underway. The parents agreed with this scheme.

During his therapy, I had exchange of information or occasional contact with his school, the GP, and his parents. The Review Meetings with the latter always happened with the presence of the parent worker.

Difficulties in establishing a constant setting

Although Fred engaged well in his psychotherapy in his own way, his attendance was then patchy and irregular. There would be long gaps between sessions on occasions, due to several different issues: half-term, confusion with times, mum returning to work, change of child-minder, etc. There would also be frequent lateness, and his mother often had to bring Fred's little brother along because there was no one with whom to leave him that day. Since Fred was only coming once weekly, an absence meant a two-week gap between sessions. Moreover, when his mother had to bring Gabriel, Fred's little brother, it made it very difficult for Fred, due to his extreme jealousy, to leave her alone with Gabriel and come to his session,

¹⁴ A previous diagnosis of Atypical Autism was made by the Child Psychiatrist. In the ADOS (Autism Diagnostic Observation System) and ADI (Autism Diagnostic Interview) assessment that was later conducted his scores met the criteria for Autism Spectrum Disorder. The cognitive assessment that was then made through WISC-IV (Wechsler Intelligent Scale for Children, Fourth Edition, UK) showed mild cognitive difficulties: his performance in the different subjects was below average but mostly into the borderline range.

feeling excluded from her relationship with the charming Gabriel, who did not have Fred's problems. Although all of this was evident and explained in joint meetings with the parents, it would still unavoidably often happen.

On occasion Fred was reluctant about coming to his sessions. I would then allow his mother to come into the room for the first minutes of the session until Fred was confident enough for her to leave. On other occasions, in spite of Fred being ready for her to go, his mother was then insecure about leaving him. On one of these occasions, she expressed her concerns, outside the consulting room where Fred was. She felt I was not in touch with her enough. We took this seriously into consideration and scheduled a meeting with his parents to discuss, which was very helpful. All of these issues had to be addressed when we tried to show how important his mother's role was in supporting Fred's therapy, and how we would always be receptive to listen to her impressions. Although this produced some improvement in the short-term, after a few weeks of good attendance, unfortunately, due to several other circumstances, such as domestic difficulties, it began to drop again. What might also have played a role here was a lack of hope from the parents that the therapy could help Fred or them in dealing with him and his difficulty or their difficulties in handling their frustration with his limitations.

It was noted that these problems usually worsened after breaks. Putting it together with Fred's mother's demands of more attention, it might indicate a reaction from the parents too: feeling unsupported, their faith in his treatment weakened.

What is interesting to note here, in connection with this, are Fred's oscillations during his therapy according to this instability, which seemed to partly reflect aspects of his own relationship with his mother at home: whenever Fred was coming after one of these gaps, or periods of scattered sessions – he could not know for sure when he would be coming or not – he was either more withdrawn, or confused.

Evolution of treatment

1. Introduction

From the start it was clear that in spite of Fred's cognitive difficulties and autistic features, there was an oscillating quality in these, which was responsible for the first diagnosis given him by the Child Psychiatrist, of Atypical Autism. Although in some aspects

he did not seem to be as severely disturbed as other children in the Spectrum, neither would he fit the criteria for Asperger's Syndrome or High-Functioning Autism, due to his learning difficulties, which nevertheless were mild. He could speak properly on occasions, at the same time being capable of a highly idiosyncratic speech quite often.

This made me think that in spite of having serious delays in his social and cognitive development, his autistic features had also an aspect of autistic defences which bore a degree of variation according to the context. There was a twofold consequence of this pattern. On one hand he could engage in a therapeutic relationship with the therapist and clearly benefited from that, as will be seen. On the other hand, our difficulties in establishing for him a more constant and reliable psychotherapeutic setting had an impact on his therapeutic progress. His response to the interruptions and unpredictability in the process was always strong in his own way, usually with the increase of his withdrawal, making him more difficult to reach. After some consecutive sessions, nevertheless, he would always evolve positively. By diminishing the intensity of his fear of unpredictability, his defences and encapsulation, the therapy helped him develop more consistently a relationship with the outside world which in turn allowed his learning processes to evolve. Significant and rewarding improvement would be reported at school as well as at home, mainly regarding his use of language, more than his abilities in numeracy. Fred slowly developed a growing capacity for independence and for communication with other people, as well as a notion of a process being built over time, the previous absence of it being connected to his learning difficulties. He was also more able to communicate his feelings and anxieties and improved his awareness of the external world and of his own feelings, state of mind and difficulties. This new awareness also brought some pain with it, since Fred was now conscious of his difference from other children, as it was mentioned by his mother in a Review Meeting. We will later see a few examples of these aspects.

On the demand of his parents and the school, the parent worker also carried out a complete cognitive and developmental assessment through WISC, ADOS and ADI, in order to best advise the parents and the school.

Considering Fred's improvement and the difficulties for the family to carry on with his therapy – Mother was now working and finding it difficult to arrange reliable schemes to bring Fred to therapy – we decided to end his therapy in the summer of 2010, when it would be completing two years. This was the contract firstly arranged, but one could think that due to the irregular attendance, under different circumstances it could have been prolonged. We

let him and everyone involved know in the beginning of that year, and advised that he might need more therapy at the onset of adolescence.

I had a review meeting with him in the beginning of the following year, as well as a feedback meeting with the parents. It was clear that his improvement did not recede. They were then able to express much appreciation for the help they felt Fred, as well as themselves, had received. I will quote some vignettes of these meetings later in this work.

2. Outline of Treatment

There was a gap of two months between the assessment and Fred's first session, since he was assessed before the summer break, in June, and the regular therapy started in September.

In spite of the different aims of the assessment sessions and their importance, these different aims do not promote any substantial change in the transference phenomena. Despite our explanation about these aims – which still is very important – fundamentally Fred was coming to these three meetings to see a therapist – an adult who was focusing his attention solely on him, his communications and play during these meetings. It was discussed earlier in the report that there was a part of him which was capable of relating to, and therefore of experiencing transference.

I make these remarks to stress the fact that, to Fred, the therapist was someone who developed a relationship with him and “disappeared” for two months. It will be helpful therefore to refer to some material from his first session:

Unlike in our previous meetings, when I went to collect him in the Reception, Fred did not want to come, saying he was “tired”. His mother remarked that “for the first time he didn't want to come”.

I suggested that his mother could come with him to the room for the beginning of our session. Only after I mentioned how “scary” I had probably become after having “disappeared” for two months did he become reassured and allow his mother to leave the room. In the beginning of his play there was a “rubbish man” who exploded “in the computer”, a “big guy”, a “mouth man”. It was a confusing story in which he seemed nevertheless able to express and play with his fear of an unpredictable figure which at that point apparently I had become.

After some time of this play in which we could explore in more detail the effects that such a figure could have in his mind – devouring, exploding, etc – he then became calmer and started a drawing in which there was, in his words, “a proper sky”, with some “dots” on it. When our time was finishing, he didn’t want the session to end, prolonging his stay in the room.

I refer to this session, in which there was not much remarkable material concerning his particular and variable use of language, only to show the fluctuations in his state of mind according to constancy of presence versus unpredictability.

Another manifestation of his fear of people which was present in our first sessions was his repeated play with a Lego figure of a boy, a large crocodile with an open mouth, and fences: he called it “farm lands up”. Over some sheets of paper stuck to each other with sellotape so as to make a larger piece of paper, there was sometimes the boy in a car, or at other times the boy would be on top of a tower at one end, some fences in the middle, and the crocodile on the other end. He suggestively called the fences “doors”, so the boy was behind closed doors and on the outside there was a wild crocodile.

It seemed to me that the crocodile also represented himself under his carapace – his autistic features – which would later be represented by “spikes” – and his fear of the damage that his voracity or aggressiveness could do in case he broke through the carapace.

In a session halfway through the term – after missing the previous session – and to which he arrived ten minutes late – when I went to collect him at the reception, Fred was very loud, telling his mum confusing stories about dinosaurs, etc. He didn’t notice me at first. His mother and I urged him to come to the room, but he ignored us. Mother came with him to the room for the first minutes of the session. She looked tired and discouraged, as if hopeless about the possibility of understanding Fred. She clearly could not make any link between his absence the previous week and the lateness with his behaviour now.

In the room, Fred continued with his story, which was strange, violent and confusing. I wondered if he was suppressing the gap between the reception and the room, between being with Mother and me, and denying my existence as well as the time and space of the sessions, so as to avoid the scary and unpredictable gaps between his sessions, his meetings with me.

In spite of that, his anxiety was clear in the fast and loud tone in which he was reciting his fragmented story, as well as in the reluctance in playing with me. It was very difficult to make any sense of his disjointed story and speech, filled with words used out of

context: there were “blastoffs”, “lobsters TV” and “robots”. He would say that the lobsters were “goodies” and the blastoffs “baddies”, only to add that the lobsters were “dangerous”.

He only calmed down when I said that maybe he was reluctant about being alone with me because he didn’t know what I would do. I hadn’t see him last week, when I was supposed to. He was confused. Was I a “goodie” or a “baddie”?

After a while he said I was a “goodie”.

I then proposed he could tell me more about this story or draw it, and his mother could leave the room.

He agreed to it, saying that he only wanted her “to hear the whole story”.

I wondered how many stories he felt could not be heard. He was not having a whole therapy, or even a whole session. Who would help him make sense of all these stories?¹⁵

After his mother left the room, he then started drawing a “city” which contained the lobsters, blastoffs and robots. He circled it with fences, and made a bridge with the ruler between the fences.

He seemed more hopeful that all those scary fragments in his mind could be contained, and links established between them.

In the session following this, Fred was still more able to play and communicate with me. When he was hiding the small doll-creatures that he brought with him inside his coat, he corrected me when I mentioned them in an interpretation calling them “little creatures” who were more like parts of him: “They are not little creatures. They are like human beings, children, not animals.”

¹⁵ It is not easy to differentiate when his manifestations could be categorized as β -elements that can only be evacuated, or when they could be called α -elements, fragments of meaning, visual and verbal pieces. It is to be noted that the formation of α -elements can happen even in the absence of a completely developed α -function. In both cases, nevertheless, we would be talking about a more developed process in which projective mechanisms would be present too, as opposed to the rigidity of the adhesive mechanisms. It is also to consider the fact that these elements could be having a renewed, if late, opportunity to be contained and transformed.

It is also to be noted here that in spite of all his confusion, he seemed to be already slightly less withdrawn, and there was a developing relationship with the therapist. So his huge anxiety was understandable, if we suppose that he was at that moment moving from his autistic functioning into a world of relations which was crowded with persecutory and depressive anxieties (see Rodrigué, 1955). Here what massively predominated were the anxieties of the paranoid-schizoid position. It could rightly be argued that what is being suggested implies different levels of mental functioning for him. This is not contradictory if we consider that in all of our patients there is a fluctuation between different levels of mental functioning and use of defences. What defines a predominant structure in a given personality is what is the prevalent mode of functioning. Developmentally this will mean that some elements will be less developed in some children than in others, and/or that they will be more “stuck” in modes of functioning that in other children will exist only as developmental remains, since they developed successfully more sophisticated ways of mental functioning.

He seemed to be remarking that if they were “parts of him” as I said, how could they be “little creatures”? They were *like* children. We could speculate that they were also imaginary siblings – resembling the phantasy of the “nest of babies” mentioned by Tustin and Houzel (Tustin, 1972; Houzel, 2001b) – but even in this case, instead of figuring like insects, so usual in autistic children’s phantasies, they were already anthropomorphic, “like children”, in his words. He was correcting my language, finding a more adequate expression, showing that his thinking and his use of language at that moment were more integrated.¹⁶

¹⁶ The connective “like” indicates a relationship of similitude. His use of it could be called a metaphor or a simile, according to which definition of metaphor we are dealing with. (Regarding the concept of metaphor, see Davidson, 1978, and Black, 1979). In either case, the mental operation was a sophisticated one: the symbol was not adhered to what it symbolized, or “confused” with it. It represented something that it was distant from.

If the separation between the autistic child and the outside world – starting with the mother – is what cannot be – to which extent depending on the level of the autistic functioning – acknowledged, it follows that there would be a difficulty with symbolization as well, since there is a distance, a gap, between the symbol and what it represents. In a way, language and abstract thinking distances us from the sensorial experience, and this is everything that the autistic child wants to avoid – therefore the search for auto-sensuous experiences, self-soothing manoeuvres, hard sensations, shapes and objects, everything that connects them with their own bodily sensations. This can be observed as well with adults with autistic features in moments of great anxiety, like the agoraphobic patient who in his panic attacks was constantly pressing his own hands. It is as if the only safe retreat from the abyss or “black hole” (Tustin, 1988a), that threatens to suck the patient’s self away, was his own body, in which he searched for a sensation of continuity which would reassure him of being alive and all in one piece.

It seems that Winnicott was referring to a similar phenomenon and to a different way of dealing with it, when he described what happened to some psychosomatic patients (Winnicott, 1954), in terms of the lack of a continuity of the psyche-soma. In this paper, he describes a particular kind of psychosomatic patient, the obsessive one. He postulates that, due to this problematic development, there was a hypertrophy of the “mind” which was precociously in charge of looking after the individual, therefore the obsessional traits, and the problematic relationship with the body. Winnicott was also referring to a related phenomenon when he mentioned an excessively early and pathological intellectual development in some children (Winnicott, 1988).

This particular use of intellectual qualities in the service of resistance can be better understood if we have Bion’s Grid in mind. An apparently sophisticated mental function can fall into the second column of his Grid, meaning being used at the service of resistance instead of inquiry and investigation.

This is, of course, a completely different psychic development than that of autistic children with learning difficulties, in whom the more abstract and sophisticated intellectual abilities will be, on the contrary, inhibited. It is only being mentioned here to illustrate that these early disturbances of development can have different effects and consequences, and take different forms according to the child and the context. This helps us to understand how some autistic children, qualified as “high-functioning”, or children with Asperger’s Syndrome, can present a normal or sometimes remarkable intellectual development in some areas. The latter do not usually have any delay in developing language skills, and the former, even if they have it, can nevertheless show apparently a very sophisticated use of it once it is developed.

These exceptions – understood in terms of the different parts of the personality and of mental functioning – only confirm the general rule, since in none of these cases the patient will have developed thinking and language which are effective in terms of the understanding of the basic realities of human life and relationships.

It is important to stress here that this is not to say that “non-autistic” people will not meet very often the limits of their particular use of language and ability to understand and the limits of language itself to express human reality.

It is also important to note here his phrasing: “They are *like* human beings, children...” This shows not only the “crazy bones” representing something, but a clarity on what they represented for him at that moment (“children”). This was a moment of symbolic play, in which he was able to use his imagination to play and to express what was going on in his mind. Therefore the “crazy bones” were not only different from the “hard objects” that Tustin refers to as typically being used by autistic children, but they represented “human beings”. There was then an acknowledgement and connection with the human world, populated by people, and at the same time an awareness of what he was doing in playing: the “crazy bones” were not real creatures or human beings, they were *like* human beings.

After another missed session, in a session to which he came fifteen minutes late. Fred mentioned that there were things that “popped out” of his head, and his “brain wasn’t working”.

It seemed that there was an acknowledgement of his difficulties and that he was feeling helpless and hopeless about them. This depressive mood (less autistic) nevertheless could not be seen only positively, in spite of his efforts to find language to express something to me. It seemed also to indicate his struggle to think in such adverse conditions.

In one of the following sessions the Lego figures should be “protected from looking and thinking”.

*To the session before what would be our last session before the Christmas break*¹⁷ Fred arrived ten minutes late. This was our first break after the beginning of his therapy. He wanted his mother to be in the room for the first minutes.

Fred was again anxious and very loud, and playing with two “crazy bones”. He was telling confusing stories, in which there was a chaos between screaming creatures, and a “King Blastoff” that should be shot.

After my interpretation of me and him being the two “crazy bones” and, connecting it to the break, me being a scary and confusing “King Blastoff” that comes and goes, he mentioned, apparently out of the blue, that “recycling” was different from buying new things, it was “recovering” something.

¹⁷ In the end this was the very last session before this break, since his mother cancelled the following one.

I linked it with a previous material about the things that “popped out” of his head and that he wanted to recover, he did not want to lose the link with them in his mind. He also did not want the first part of his session that he had lost to “pop out” of our minds.

This session illustrated the intense fluctuation between different states of mind that could happen in a single session.

On the day of our first session after this break, in January, I was told by the parent worker that Fred’s parents would come to meet her, but would not bring Fred. She added that his mother was not sure if the therapy was helping Fred.

In spite of that I waited for them; I had warned the Reception, but I was not called. When I came to the Reception to confirm their absence, they were there. They had arrived fifteen minutes late, and had been waiting for me for some minutes.

After apologizing, I went with Fred to the room. He was confused – as his mother and probably his father seemed to be, as well as, in the end the parent worker, myself and the Reception, as could be seen. He started talking loudly about his Lego “to his mum”, as if she could hear him. When he heard noises coming from the adjoining consulting room he asked if it was Gabriel, his little brother, who was not there that day.

I wondered if he was confused: where was my mind when, after a break, I left him waiting? With other children?

Where was his mother’s mind? With Gabriel?

After a while, he said it was “only in his head”.

It seemed that he was then less confused and more able to discriminate between his mind (“head”) and the external reality.

One later session showed that he was slowly developing and was able to express his jealousy and rivalry with Gabriel on a more symbolic level:

Fred said that Gabriel had taken a chocolate from his mouth and after that mum tried to give him another chocolate to comfort him, but it tasted bad, and he threw it away.

Apparently he was expressing a feeling that Gabriel spoiled his mum for him. She could not be the same anymore, since he also believed she gave something better to, and preferred to be with Gabriel, who did not have Fred’s problems.

This was also an important moment in his therapy, because Mother had been bringing Gabriel along, provoking a reaction in Fred in which he would require their presence to come to the consulting room. In spite of my not encouraging it, his mother would be too anxious

and would then come. Fred would be trying to control Gabriel and mum for the whole time they were there, and she would be reluctant about leaving the room. We had to try and address, in the Review Meeting, Fred's clear need of a structured, firm, constant and reliable environment with clear boundaries, in parallel with an understanding of his difficulties.¹⁸

It became clear later that part of Fred's mother's ambivalence and difficulties with Fred's therapy was connected to her feeling of guilt about him. She painfully said in one of our last meetings that she had been very impatient with him when he was a toddler, would very often shout at him, and believed he was afraid of expressing himself and of "making mistakes".

In spite of that, one of Fred's developments in the psychotherapeutic process was the increase in his feeling free enough to express his anger and aggressiveness:

In one session, while comparing a red and a yellow "crazy bones", he said the red, which was his, was better because it was "angry".

This was even more remarkable on the session following this:

They had arrived twenty-five minutes late. Fred's mother came with him to the room for one minute. When she tried to pull his head to kiss it before leaving the room, Fred reacted saying she had hurt him. She apologised, but he replied that it was still hurting. She said it had not been on purpose and he replied that "yes, she hurt him, and it had been on purpose".

Later in this session, he said that "if he had a gun, he'd shoot his mum".¹⁹

Mother preferred to cancel the session during the February half-term.

Two weeks later, when I went to collect him, he was playing hide and seek on the corridor.

¹⁸ What I am describing here and that might have been difficult for his environment to provide to Fred would be a "psychic envelope" (Anzieu, 1974, 2000) with the characteristics described by Didier Houzel as conforming a "flexible but substantial container" (Houzel, 1996 and in Anzieu, 2000).

¹⁹ We are reminded here of Melanie Klein's observations regarding her autistic patient "Dick" (Klein, 1930). She correlated the inhibition of the aggressiveness directed towards his mother to the inhibition of intellectual curiosity and learning processes that would be based on the sublimation of the aggressive instincts in exploring the interior of the mother's body. She related it either with oral-sadistic impulses felt by the child as too strong, and/or with an object felt to be too fragile to bear with the child's phantasies. Fred seems to be here able to express a murderous phantasy not uncommon in children of his age.

In the session, he also asked me “how did I feel when he left”, and added that sometimes his brain “stops”.

This seemed to be a clear expression of the influence on thinking processes of what he felt as inconstancy and unpredictability. At the same time, this was being expressed in a way which indicated self-awareness, awareness of the other’s mind (Baron-Cohen, 1993) and a provocation for me to think and investigate with him what happened in his mind. Thinking again in terms of Bion’s Grid, it could be expressed as C3, a Dream-Thought being used for Notation.

Fred’s mother, however, seemed to have mixed feelings about his therapy, and in a session before Easter in which she was reluctant about leaving the room, when I was opening the door to her she emphatically expressed her complaints in the corridor. (As mentioned before, this was later addressed in order to try and have Mother’s support for Fred’s therapy.) The point that is interesting to note here is that when I convinced her that we should discuss this at another time and tried to return to the room, Fred was playing at not letting me in.

I wondered how many things Fred could have felt he needed not to let in his mind in order not to be taken by panic.

The confusion in his mind about temporal dimensionality was present again in the session following an Easter break, when he asked me if it would take “thousands of years” to get out from the window, after staring at a hole on the ceiling for a few minutes.

It seemed as if he was always facing an empty and deadly object in his mind, which “sucked” his thoughts leaving his head “not working”, and I was always at risk of becoming it.

In the last months of the first year of his therapy, from May to July his mother cancelled several consecutive sessions due to the fact that she was then working and still did not have a stable system in place to bring him. Finally Fred was brought by his father to what would be our last session before the summer break.

Fred was clearly depressed, did not take any toy from the box or make any drawing. He could only ask: “what will we do next?”

I said it seemed that he was feeling helpless, disappointed with the fact that I could not really tell him what would happen next, when he would be coming or not, when we would have our sessions or not.

He started playing dangerously on the edge of the couch.

I wondered if he was feeling on the edge of this couch and this room, almost falling off it.²⁰

He said he would prefer to be six years old. (He was now seven.) After the world was finished, he could restart.

I said he was feeling so much on the edge of his therapy with me now, not really in, not knowing even if it had finished, that he would prefer this therapy as it was now to really finish, so we could start again, as it was before, when he was six years old and at least was coming to see me almost every week.

It is nevertheless interesting to note that in spite of all these setbacks in his therapy and his reactions and moments of regression connected with them, the improvement in his use of language and communication skills did not recede completely.

After the summer break there was a system in place for his sessions with a child-minder, Erika, who would bring him. Erika was reliable and punctual. She was also calm, kind but firm, and for a while not only Fred's attendance improved, but he would always come to the room with me without reluctance. This was apparently due to, on the one hand, not having to deal with his difficulty in leaving Gabriel with mum, and on the other hand, with the lessening of confusion and ambivalence about the therapy around him.

In the second year of his therapy, in the first session after the summer break – again prolonged because Mother had to cancel his two first session in September – Fred said that “*when he was looking at the sun, he felt his eyes could melt, and so he stopped looking*”.

I remarked that he was looking at me, and we had not seen each other during the summer. Maybe if people became important for him, but he felt he did not know what they would do next – like not knowing when he would see me again – it was like looking at a sun that, instead of warming him, could burn and melt his eyes. It was better not to have a sun or forget about it.²¹

²⁰ The option here was for an interpretation in concrete physical terms because it seemed that it was on this level that Fred was experiencing his anxiety and could understand what was being said to him. After his response to this interpretation it was felt that the correlation between “falling off” the couch and the room and “falling off” his relationship with me could then be made.

²¹ This probably applies to Fred's early experiences, and is a remarkable example of the developmental aesthetic conflict postulated by Meltzer (Meltzer, 2008 [1988]).

This seemed to be confirmed when, in the following session, after mentioning some problem with his “*memory*”, he said that *when he came last week he did not know how it would be. Now he was returning, so he knew.*

The sun made an appearance again in one of the following sessions. There was a “*sunbum*” and a hole, where the sunbum could explode.

It seemed that the sun, which needed to be strong enough to make light in dark spaces, like the “*black humid things*” that appeared sometimes in his communications, at the same time could not be so strong as to melt eyes. Could he also be afraid that his developing awareness of internal and external reality, the links that were being made between perceptions, feelings and thoughts, could provoke a short-circuit in his head? Did he have a mind that could or wanted to contain all of this? Or would the dark hole want to destroy this light? ²² And at the same time, how to communicate these complex ideas to him in a language that he could understand?

I simply said that the sun seemed to be warm and attractive, like the sessions with me, but he was afraid that it could be too lively, dangerous, melt his eyes, so he felt that a dark hole could want to suck and destroy it.

In the following session, Fred seemed to be in a more developed position. He told me a story in which there were three different places: one was a “*beautiful place, calm and full of trees*”; the other was a “*jungle with bad, bad, bad animals*”; the third, in which he spent more time, was a “*desert, where no one needs any help*”.

These places seemed to indicate three different states of mind and ways of relating to internal and external objects, three different levels of mental functioning. To arrive in the *beautiful place* – depressive position, where there are objects which could concern him and which he could relate to – he needed to cross *a jungle with very bad animals* – the vicissitudes of being in the paranoid-schizoid position, dealing with threatening internal and external objects.

²² This seems to relate to the anxieties that arise from moving from an autistic functioning, and empty and half-alive space, in the sense of being a place where there is no certainty of having really being born, to the disturbed world of object-relations, with all the fears and anxieties of the paranoid-schizoid and depressive modes of functioning. In Bion’s terms he was moving from an empty world of *minus* (–) Love *minus* (–) Hate = *minus* (–) Knowledge, to an awakening state of mind which was forcing him to deal with the energy and drive that comes from being in touch with wishes and needs. The links that are being established and are felt as threatening are themselves threatened by the “dark hole”, by what now could be called a psychotic threat to attack these links (See ‘Attacks on Linking’, Bion, 1984b [1967]).

The “*desert where no one needs any help*” seemed to be a painfully accurate description of the isolation of his autistic encapsulation. I would not call it an autistic “position”, but an autistic level of mental functioning that can be present in different levels in certain kinds of patients, children and adults, and that of course had been and still were very strong in him.²³

However, this elaborate and imaginative description of those places, associated with his unconscious fears, and the sign of hope present in the “*beautiful place*” seemed to point in the direction of a development in his symbolic capabilities.²⁴

In terms of his use of language, we could say that Fred was moving from the earlier, predominant desert – idiosyncratic language – through the fears and terrors of the jungle – confusion of fragmented and disconnected, if scary, fragments of narrative – to reach moments of meaningful communication of his feelings and unconscious phantasies through structured language – the *beautiful place full of trees*.

This was not a steady process of development though, but one in which there were evolutionary and regressive moments. In a later session in which he was silent and withdrawn, when I pointed this out he said that “*when I didn’t talk to him he stayed in his own world, he needed me to talk to him*”. He seemed to be expressing his need of me helping him to be born, to bring him to the world of relationships, as if he was not completely aware that he had been born and was alive.

However, in the following sessions, Fred seemed to be progressively more anxious and persecuted. His mother was at work, sometimes away, and was not even coming to see the parent worker anymore. As we were approaching the Christmas break, of which I had warned him some weeks before, he grew more and more paranoid, fearing people in the corridor of the Clinic and his own child-minder. He was afraid of losing parts of his body, scared of going to the toilet, and kept touching his willy as if to confirm it was still there. He complained of tummy aches and was afraid of dying. Fred was also afraid of giants, green slugs hidden in the toilet, of germs and of parts of his body falling off, as we will see later.²⁵

²³ Other possible aethiologic factors in cases of autistic spectrum syndrome, such as congenital aspects, will not be discussed here.

²⁴ This was to be later confirmed, as will be shown in detail, by the reports from his mother and from the school.

²⁵ See the “nest of babies” phantasy related to an autistic level of sibling rivalry (Tustin, 1972 and Houzel, 2001b).

These expressions of terror provoked powerful counter-transferential feelings in the therapist: was Fred really being helped? His helplessness and despair were painful to see, almost paralyzing. What had the therapist done in bringing him from his shell? Would Fred retreat again?

It later seemed to me that one key element in this narrative-collection of nightmares was his mention that when *he looked up* (to the sun?), *his head could fall off*. The infant needs to look up to see his mother when being breast-fed on her lap. The importance of this period of development has been stressed by several different authors, such as Melanie Klein, Winnicott, Meltzer. What he finds there (in his mother's face and eyes), if he can do it, can be decisive in terms of his development, as stressed by Winnicott (1971). This "looking up" is also an acknowledgement of the distance between the baby and the mother, when she is perceived and conceived as a separated and different person from the baby.

My impression was that the approaching break, associated to his mother being physically distant and less available, triggered his more primitive fears in a moment of his therapy when his autistic defences were lessened and weakened, leaving him feeling helpless and overwhelmed by the "nameless dread" mentioned by Bion (1962).

During this period, the interpretation of his concrete fears in direct and even crude terms always seemed to calm him.

In our last session before the Christmas break, Fred expressed his wish to be "*a baby*" again. Later on in the session there were other alternatives: "*a super hero*" – only a super hero could cope with his fear and persecutors? – or "*a fish swimming in the dark forever*". This aspect will be discussed further below.

This seemed to mean not having seen the sun, not achieving any awareness of his separated body and identity, as if not having been born. Particularly here, not having met me, and having to experience more scary separations.

His following mention of the "*worst place ever: where special people do special things*" seemed to confirm this.

The therapist seemed to be a "*special*" person that, like his mother, was doing something "*special*" in two different ways: "*special*" because I would be having maybe more fun with other people,²⁶ and also "*special*" in the sense of doing something different and bad to him.

²⁶ See the "nest of babies" phantasy, mentioned above.

It is to be noted though that his anxieties and feelings were being experienced and expressed here in a less concrete and terrifying way than in the previously mentioned sessions.

After these sessions there was again a prolonged Christmas break due to the family's difficulties in bringing him, and Fred at last came on the third week.

In that session, *Fred asked for how long "that sink" (this was a sink that had always been in the room and about which he had never asked before) would be there. He also mentioned other aspects of the room, apparently trying to focus on the material objects that could provide a sense of stability and constancy that he could not otherwise find.*

He was also concerned about the ladders and builders outside the building: "what were they doing?" There was a mention to an "evil room".

I wondered if he was not sure if he would keep his space here, or if "evil people" could take this room, which could then become an "evil room".

He was then quietly playing with a sticker.

I said maybe he wanted to stick to this room. He was not sure if I would stick with him.

He said he liked coming here. He added that, if it was too long, it was difficult.

Although it was not clear from his communication if he was referring to the session or the gap between sessions being too long, considering the context of the communication, I took up the latter possibility, and mentioned that if the gap between his sessions was too long, as had happened now, he found it difficult to trust and reconnect with me, and to think.

In the following session, since he had not been playing with the toys, pencils and paper from the box or even approaching it, it occurred to me that he could be feeling persecuted and afraid of the closed box. I decided to open it and spread the toys, paper, his old drawings and pens on the table.

He immediately noticed this, took the big crocodile with the open mouth, and went through some of his old drawings, pointing to one of a square face with a mouth that turned upside down, with a sad expression. There were several spikes around it.

He said something about "the desert" and "the shields".

After some discussion about this figure being protected by the spikes and shields but at the same time being lonely in the desert, he mentioned “boxes” and “evil things”.

I said he seemed relieved today because the box was open. He might have been scared of it.

He smiled, as if acknowledging it, something that he used to do when he felt understood.

I wondered if, after a long break – this was our second session after it – he needed to be sure of what he would find here, how he would find me and the box. Maybe he was curious and afraid at the same time as if he could have hurt me or the room, and the evil things could take revenge on him. He needed to be sure of what was here in the box, what would be inside me.

This session seemed to illustrate one important aspect of his mental functioning: he could move from his autistic shield – the crocodile’s carapace – to the world outside, where he found the crocodile’s open mouth who could trigger his own aggressiveness, which he seemed to find terribly dangerous. Therefore, from the autistic, lonely but safe mode of functioning to the threatening paranoid phantasies and anxieties. He seemed terrified of the unpredictable therapist (closed box), and drifted away. This seemed to be connected to his learning difficulties and inhibition of curiosity too. He avoided hate and love so powerfully that he emptied his mind, turning it into a deadly deserted space that refused to accept thoughts. This was the very pattern from which he was emerging through the therapy.

In the following sessions, some oedipal material could come to the fore, and be worked on, which was another sign of a more developed position.²⁷

Significantly, some months later, when we were approaching the end of his therapy with me, he started drawing some signs on horizontal rows, like hieroglyphs, and said it was “a language of his own”.

In a later session, which will be quoted in detail further below, when I mentioned the review meeting we would have in some months’ time, he said it was “*way too long*”. Later in the same session he was playing with a speck of dust as if it was an ant, but said “*it was only dust*”. He seemed to feel that I was treating him as dust. After saying he didn’t feel

²⁷ Melanie Klein related the apex of the oedipal conflicts to the depressive position (Klein, 1945).

“anything”, he kept exploring his mouth and teeth with his finger, apparently trying to sack something, as if he was being left with holes and something bad and poisonous inside them.²⁸

This session clearly showed some level of regression to his familiar autistic functioning, probably caused by the approaching end of his therapy.

For our last session he came with Mother and Gabriel. She brought me a box of candy with a very kind and grateful card:

Fred was at first very detached. When I mentioned that maybe he was behaving as if his therapy never existed and I never existed either, he answered, mumbling that it was “difficult”.

This allowed us to work on his feelings. He said “he didn’t forget, he thought about me”.

The review session happened six months later, and Fred was then eight years old.

*He denied missing me, but said he was always wondering when he would come back.*²⁹

When asked how he thought he was doing, he said that some things were better, like “talking to other people”, but “school was still a bit difficult”, apparently referring to the lessons.

I could learn that he had three friends at school.

Finally he mentioned casually that his “mum” would have a “baby”.

*After initially denying any effects of this on him, he later acknowledged that he was “scared” that his mum would not have more time for him, and that he preferred if this baby was not coming.*³⁰

²⁸ I was reminded here of the “nasty prick” mentioned by Tustin (1988).

²⁹ All the blunders with times and continuity that permeated his therapy, associated with his still not too solid sense of time and space might have made him wonder if this was only one of the long gaps between sessions that he had experienced during his treatment.

³⁰ In spite of this, his reaction to the arrival of the baby, and the change in his mother, who would be more receptive to the new baby, was one of joy, taking part in the new and livelier environment at home as will be seen by the report we had in the review meeting with Mother a few months later.

Apart from the transference material related to me not having more time for him, there was also important oedipal material: at one point he said “*dads are different, they don't go upstairs to play with you like Gabriel, they go upstairs to talk to mum*”. Talk to mum and produce babies, he might have thought, although this also related to the distance between him and his father.

It was apparent that the mental space which was freed through the therapy allowed Fred to partly resume his impaired development, and the interruption of the therapy did not provoke any massive regression. He was able to communicate to me what he felt had improved in terms of his problems, of which in the beginning of his therapy he was apparently not even aware. He also referred to what was “still difficult”.

The news that his mother would have another “baby” prompted some oedipal material to come up, as well as a more integrated and average reaction of jealousy and rivalry. This seemed to confirm that there was now a more advanced level of development which was taking place in spite of his difficulties and limitations.

This was also clear in terms of the structure of his communications. His words were clearly articulated, his sentences were adequately structured, and he used language in a way that could represent his feelings and be understood by the therapist in terms of their conscious and unconscious contents in an ordinary way. What is meant here is that there was no need of an extra effort *to solve a riddle* in terms of deciphering his idiosyncratic use of language, as had happened before.

Since what gives meaning to verbal communications is the context in which they are being used,³¹ this seemed to indicate that he was more able to take part in a shared language. We could say that he was more able to take part in a shared world, where human relationships could make some sense.

³¹ This is what is postulated not only by philosophers of language as Wittgenstein (1997) and Austin (1990), but also by developmental psychologists as Stern (1985) and Trevarthen (1974, 1998).

b) Coded Sessions

After examining Fred's treatment process notes, some sessions were chosen through theoretical sampling. Following the Grounded Theory approach, no categories were postulated or determined at this stage of the research. Rather, in choosing the sessions the only criterion was evidence of certain recurrent patterns of relating and using language. These sessions were then analyzed in terms of interaction, play and communication sequence by sequence. Each of these sequences was then coded in a Tabular Form, and from this process a number of categories emerged.

I include here some coded sessions:

FIRST ASSESSMENT SESSION

Fred came with his mother. I went to collect him in the Reception. I introduced myself to him and Ms. F. asked me if she should come as well to the Consulting Room. I said it would be better if Fred could come by himself. Fred didn't oppose to that and came with me.

Fred is a very tiny and thin, good looking boy, with dark hair, big blue eyes and a naturally babyish voice. He looked younger than his actual age, which was six and was wearing his school uniform. He reclined on the sofa, and stayed like that for a while, sometimes looking at a toy he had brought with him, sometimes staring at me with a serious look.

I showed him the toy box and the sheets of paper and pencils that I had put on the table. I said that he could play with the toys or draw using the sheets and pencils, if he wished, or we could talk too. He said he didn't want to talk "now".

His toy was a kind of small plastic green

Able to do eye contact, in his own, measured and intermittent way, as if regulating it in an on/off mechanism.

Apparently calm acceptance of the situation, but seemingly a "hidden suspicion".

Distance

Slowness

Caution

pump with a straw, and he pressed the pump, blowing the air from it through the straw on his cheek. He said he could feel it. I nodded. Then he put the pump in front of his eyes. I said: "Humm... Now you can't see me". While he was doing that, there was a very slight noise outside, of someone slamming a car door very far away. He immediately asked me what it was, slightly alarmed. I told him that it seemed to be someone slamming the car door. I asked him if he didn't like noises. He said "yes", he didn't.

He then came to the table to draw. He made black scribbles concentrated in a kind of circular blot with spikes around it and inside it a smaller light blue circle with a brown dot inside. Next to it he drew a round shape, coloured dark purple. Between them, he drew a line, with an image over it that could be a very simple human shape, or a house. I asked him about his drawing. He said the black stain on the left was "round", and the other one was "backwards". I asked him if it was a man over the line, and if the line was a rope, he said "yes". I said the man had to keep a fine balance. He drew something below that, and said it was a "cross". It seemed to be a protection frame for the man.

Fred then took the plastic bags with the toys and began to open them. He took the

Auto-sensuous manoeuvre

Protecting from meeting with the therapist →

"What do you think you can give me?"

Alarm with the noise outside

Figure with spikes around it = Protection

Comparison between two different categories, not matching = category confusion

"Man on a rope" between the two figures, frame below.

Falling off

coloured blocks of plasticine and began to separate them in chunks and organize them in a shape. Three parts of the brown plasticine in a line, three parts of the green over them, and so on. Then he laid this shape over a sheet of white paper and circled them with a pencil on the paper. He put the blocks aside and began to colour inside this drawing with a black pencil. He also drew a wider yellow circle around this drawing.

He then took the family dolls and the wild animals and organized them over another sheet of paper, which became covered with them. He also scribbled with blue pencils around the areas which were filled with the animals. I remarked that that small space was packed with people and wild animals. He also put some farm animals on a second sheet of paper.

During this play Fred said his brother Gabriel should be “downstairs”. I didn’t understand it and I said that I thought Gabriel hadn’t come.

He said something about Gabriel playing with mum, then he said: “Upstairs, down, school. My baby brother. He’s in year 9”.

We were finishing, and I said we should tidy up. He wanted to take the drawings with

Black shape → emptiness, abyss

Family + wild animals (removed) → only remains of its presence within the lines.

Turbulent feelings (wild animals) removed, erased → empty space.

Nevertheless, this is communicated in some way in his drawing.

Gabriel is everywhere → in his mother’s mind and body.

What is his age, who is more developed?

Lack of links between words → are they like little babies that are everywhere?

Lack of orientation in cardinal directions → space.

Lack of orientation in time.

him, and I explained we should keep them here. I also explained I would arrange with his mother for him to come back.

I agreed that he could show the drawings to his mother in the Reception. Several times he wanted to open the door and leave while I was still tidying up the room, and I asked him to wait.

When we went to the Reception he showed his drawings to his mum, and told her he wanted to take them home, but “the man” said he couldn’t. She understood, looked at his drawings, and then gave them back to me, and we arranged the next meeting for June 13th.

Keeping me at some distance, ignoring me when leaving.

Second Assessment Session -- fragment

“Which classes are more difficult?” “yellow class”

Yellow pen fell down: “Delete!”

Drew dots: “lake, water-like, water-lake”

Idiosyncratic language, however showing some level of symbolization

Third Assessment Session -- fragment

Drew five images and called them “a dozen”

Wanted me to keep something he made, a pole with play dough stuck to it “in the box in my house”, he’d find it again “tomorrow”.

Difficulties in adding

I would always be there – no difference between tomorrow and next week or next month

Session on 17/10/08 (two months into his therapy)

Fred’s mum brought him ten minutes late. She apologised for not attending last week.

Fred was loud, telling his mum stories about dinosaurs and other things that were difficult to follow.

He didn’t notice me at first. I called him to the room, his mother told him to come, but he ignored us.

Then she told me they agreed in the car

Unpredictability

Anxiety

Confusing narrative = dispersed elements

that she would be in the room in the beginning. I nodded.

She proposed this to him and he accepted to come to the room.

Once in the room, he kept telling her these stories and I told him it seemed that he was talking just to her.

He said “No”, he was talking to me as well.

His mum seemed a bit discouraged, hopeless about understanding Fred. His story was about “lobsters TV” and “blastoffs”. There were also robots. The lobsters were the “goodies” and the blastoffs the “baddies”. It was strange, violent and confusing. The lobsters were dangerous as well. I observed how many things, and anger, and ideas, could come from his mind, and how dangerous he felt it would be if they came into reality, as the lobster from TV.

I said maybe he didn’t want to be alone with me in the room because he didn’t know what I would do. He couldn’t see me last week. Was I a “goodie” or a “baddie”?

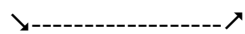
He said I was a “goodie”.

I proposed he told me more about this story or draw it, and his mother could leave the room.

He explained to his mother that she should hear “the whole story”.

Sense of helplessness:

Fred → Mother → Therapist



Odd expressions; Confusion reality X TV =
Absence of contact barrier

Chaos

Search for a narrative:

[Robots X	lobsters TV	Blastoffs
X		(Baddies –
(Goodies or	Explosions →	
dangerous?)	verb turned	
		into a noun)]

Whole session, all the weekly sessions? All aspects of him?

Who would help him organize all these fragments into a coherent narrative?

I said maybe he thought my presence would help him on having his mother's full attention focused on him.

He continued with his story.

Then his mother proposed he drew what he was telling us, and asked if she could leave then.

He accepted it.

He then made some drawings of lobsters, blastoffs and robots, and the "city".

He made a plasticine robot, a square with fences, and a bridge with the ruler. This was the "robot jungle". I said maybe when he was very afraid of what was in his mind, he felt as if he was in a jungle where only robots could be safe.

We finished the session and he wanted to show his drawings to his mother.

More organized.
Wish for a helpful parental couple

"City" to contain the creatures → A space to contain all these fragments

Bridge – need of links

Two apparently contradictory concepts put together.

Need to be a "robot" to face the scary jungle?

Session on 23/10/09 (Beginning of second year of therapy)

(After another missed session)

I have not heard what happened last week, when Fred could not attend.

He sat on the couch and kept touching his

Unexplained absence
(Erased absence)

feet with his hands and then detaching his hands from his feet and waving them, saying: “Into the water”.

Then he asked me if I had something to say about this.

I said he wanted to hear me saying something about him and what he was doing. He wanted to know if I am still interested in him after he couldn't come last week.

He started saying something about “electric games”, mentioned “iPod”, “energy”.

I was reminded that sometimes he says that his “brain stops”, his mind “doesn't work”, he has no “energy”. Maybe when he doesn't come here, like last week, he feels he needs some electricity to make his mind work, to feel alive. He wanted me to talk about something he was doing to confirm that he was alive. Maybe he also wanted to be sure that I was alive.

He then said, in a heartfelt way, that he wouldn't “be ignored ever”. He didn't like when his mum ignored him. And now he talked to her when she did that, and then she listened to him.

I said it seemed that our session last week was ignored, and then maybe he felt ignored and not listened to.

Checking to see if I was still there, and interested in him.

(Doubt about his existence and importance, doubt about my existence)

Electricity, energy.

(Is he alive?)

Was he born?

Birth = Action.

Doubt about his birth and life. Need of energy. Brain stopping when not receiving human energy)

Wish to be listened to.

Affirmation of wish to be listened to.

Hope of being listened to.

He then started telling a story about three different places: “a jungle with bad, bad, bad animals”, a “beautiful place full of trees”, and “a desert where no one needs any help”, spending more time on the latter.

I said sometimes he preferred to believe that he didn’t need any help. When he felt he needed but couldn’t have the attention he needed, he couldn’t have his session, he felt as if he was in a jungle with bad, bad, bad animals. He wanted to arrive to this beautiful place full of trees where he could trust people.

Coherent narrative → structured language
Oscillation between three different states of mind. (*Desert = Autistic functioning, Jungle = Paranoid fears, Beautiful Place = Elaboration of depressive anxieties, a place he can now have an image of from where he is, although having still to face the Jungle.*)

Session on 27/11/09 (approaching the Christmas break)

When we left the Reception, Fred went in the wrong direction.

He noticed something had changed through refurbishment in the corridor.

He missed one picture, and said he thought the end of the corridor was a mirror.

Once in the room, I gave Fred the calendar. He said: “I don’t know what to talk about”.

I said: “It seems that you haven’t known

“I don’t know where to go.”

“I don’t know what has changed.”

“I don’t know where I am.”

“I don’t have an image of myself.”

“I don’t know what to say.”

what to talk about for a long time.”

He said: “When I was small I had my dummy. I still have dummies.”

I said: “You can’t talk with a dummy in your mouth, can you?”

He said: “No.”

After a while, he said his tummy hurt, it hurts every day. He seemed to be worried about it.

I said he felt his mouth was empty, his tummy was empty, and hurts. He was worried, not sure if he’d survive.

After a while he wanted to go to the toilet (he was pressing his willy) but was afraid when he saw Nika at the corridor and gave up.

When I asked him about it (he had said there were “people” at the corridor), he said it was the person who brings him.

I wondered if he was feeling persecuted, and asked if he liked Nika. He said “I like my mummy”.

He also said, as an explanation, that she’d tell him to go back to the session. He couldn’t explain why he doesn’t want to go to the toilet before his sessions.

“I know I shouldn’t be, but I am still small.”

“I can’t use dummies anymore.”

“Without the dummy, my tummy hurts.”

(Dummy = DONE + ME → *I cannot pretend that everything is me anymore. I know that I am separated from people and it hurts.*)

Need to empty the anxiety/poison inside his tummy

Not “mummy”.

(Mummy → tummy → dummy

He is more separated, and afraid of not having mummy – and me— in his mind when we are physically away.)

Mummy = MUM + ME

(Tummy = TAMM + ME)

(Separations felt as if he could lose half of his body.)

He wanted to go to the toilet when she wasn't there, and after a while we tried again and this time it was ok.

When he came back, he looked at the toy-box and liked to see his old drawings there. He picked up some of them and showed me some figures with a lot of eyes and one with none, and the "sunbum".

He wanted to make a new drawing and went to the couch.

Drawing 1: a kind of cage for hamsters and two primitive figures (faces with some spikes). A square on the other side of the paper.

Drawing 2: a figure with several legs below, fragmented. These legs could be pulled off. Another strange figure with big legs and feet. On the other side, kind of river between borders, with three small figures with many legs and one eye.

Drawing 3: The desert. A square with a sad face and a lot of spikes coming out of it. On the other side, the jungle. Square, sticks, over it three small figures again. A round figure with spikes. He turned the paper again and completed the other side with a triangular figure below a stick with one eye and spikes below.

Drawing 4: in the beginning, I understood this was the jungle too, but he said now it was the space. Some strange figures (3), fragmented, distorted, over a place as the borders of the other drawing. A

Not to watch is also a way of avoiding being watched.

Spikes → protection against persecutors

Calm and isolated desert x frightening jungle = snake, many eyes (watchers) and legs → rival babies that he could "pull off" and they could retaliate.

kind of caterpillar is coming up to this place on the other side, there are two more strange figures. A round one apparently with several eyes, and a “snaky” one with a lot of eyes and spikes growing out of it. He was talking while drawing all of this. In this last one, there was again something about legs coming off.

I said he seemed to be afraid of losing things, losing parts of himself. I reminded him of how frightened he felt about his legs last time.

He agreed. It was time to end. He wanted to take a drawing with him to show to Nika and mum, but accepted to leave it here, and didn't even remember to take it to show Nika and then returning it, as I suggested.

Once in the Reception, he went to play.

Could express his terror drawing, unlike in the beginning of the session.
Slightly less persecuted.

c) General Categories

From the process of coding the sessions, the following main general categories emerged:

1. On/off mechanism:

Fred was not equally and completely unreachable all the time, but would “regulate” the level of contact that he could bear. See this vignette from our first meeting:

He reclined on the sofa, and stayed like that for a while, sometimes looking at a toy he had brought with him, sometimes staring at me with a serious look.

I showed him the box and the sheets of paper and pencils that I had put on the table. I said he could play with the toys or draw using the sheets and pencils, if he wished, or we could talk too. He said he didn't want to talk “now”.

This could also be seen in the spikes frequently present in his drawings, resembling Schopenhauer's porcupine (See the First Assessment Session and the session on 27/11/09). It is also interesting to recall the description of his play with plasticine at the end of a session:

He made a plasticine robot, a square with fences, and a bridge with the ruler. This was the “robot-jungle”. I said maybe when he was very afraid of what was in his mind, he felt as if he was in a jungle where only robots could be safe.

2. Auto-sensuousness:

Fred would resort to auto-sensuous manoeuvres very often. He seemed extremely cautious in our first meeting and these manoeuvres seemed to be connected to the on-off mechanism. He would at several moment withdraw from contact and resort to these apparently self-soothing mechanisms, as could be seen when he was pressing the small plastic pump that he had brought with him to blow the air on his cheek, or in later sessions, when he would keep pressing his willy.

3. Fear of external reality

Soon after this moment, his alarmed reaction to a distant noise outside shows his fear of that encounter with me, controlled by the on-off mechanism.

Later in the therapy this fear that was previously carefully kept at bay would appear as a real panic of others:

After a while he wanted to go to the toilet (he was pressing his willy) but was afraid when he saw Nika at the corridor and gave up.

When I asked him about it (he had said there were “people” at the corridor), he said it was the person who brings him.

4. Lack of orientation in time and space:

This was also clear from the start, in the fragment from the first meeting mentioned above, when Fred believed that his brother Gabriel was in the Clinic “upstairs, down” and also that he was in “Year 9”, although Gabriel was only three years old. This lack of orientation appeared connected with the lack of links between words that would structure a coherent idea. It seemed that his jealousy of his little brother was experienced in a confusing way, as if Gabriel was permanently “sucking” from the Mother’s good breast, and he would be left with nothing.

The same odd sense of time and space appeared in a later session quoted above when he asked if it would take thousands of years to get out from the window.

5. Falling off:

Fred expressed at many moments and in different ways a feeling of being *on the edge*, threatened by an endless fall. This was expressed in the session between missed ones in which he was playing dangerously on the edge of the couch, which was, however, a communication. At the same point in the therapy he could enact this in a play in which he would go from one end of the couch to the other and would climb on a pile of cushions that he built over it.

6. Idiosyncratic communication, symbolic deficit:

His communications were frequently enigmatic, as his parents had already reported. They would feel frustrated because it could take a long time to understand what Fred meant, as in the already mentioned example of saying “I’m five”, meaning that he was “full” and did not want any more food. Besides the pictographic association of the “belly” in the number 5 with a belly full of food, it is also possible that the similar sound of “five” and “fine” played a role in this, since Fred could have heard someone saying “I’m fine” when they did not want any more food and associated it concretely with the number five because of its “belly”. In any

case, his insufficient grasp of abstract or conventional representations led him to resort to sensorial associations, visual or auditory.

It was also reported that he could suddenly say something like “Elephant toasting marshmallows”, without providing it with any context. Only much later his parents would realize that he saw a drawing in a picture book of an elephant toasting marshmallows. In the Second Assessment Session, when a yellow pear fell on the floor he said: “Delete!”.

His parents also mentioned that Gabriel could become very tired when trying to play with his brother because Fred would try to create “games” and “plays” that no one else could follow. Fred’s stories were usually so disconnected that it was often impossible for me to follow them, and in some of these occasions I would experience a feeling of tiredness and discouragement similar to that of his parents. This seemed to be linked to a counter-transferential feeling of despair at not being able to put together all those dispersed fragments.

He also created odd words, as the already mentioned “sunbum”, “lobsters TV” or “blastoffs”: a verb that was turned into a noun. He could also compare different categories of things, as when he drew two similar figures, saying that one was “round” and the other was “backwards”.

7. Difficulties in adding:

This was also observed a number of times. In the Third Assessment Session he drew five equal images and called them “a dozen”. I wondered if this was connected to the same difficulty in putting together words, ideas, feelings. It seemed that it was also difficult to add things up, to add the dispersed elements, to have an idea of one=him, two=him and a separated mother, three=him, mother and father element.

8. Dispersion, passive fragmentation:

This was very often present in Fred’s communications and play as shown by the stories reported in the sessions coded and the ones quoted in the Report on his therapy. It also related to the lack of links that could structure a narrative frequently shown in his communications.

9. Emptiness, lack of energy, lack of sense of self, doubt about own existence:

This was felt frequently in the counter-transference. On several occasions when Fred was just very still, silent and expressionless on the couch I felt pushed into a state of sleepiness and discouragement, and tempted to drift off. I believe in these occasions I was feeling pushed into an *autistic-like* state myself.

When Fred was already to a certain extent more integrated he was able to express this verbally: he would say that his “brain wasn’t working” and that there were things that “pop out” of his head. Of course this last statement showed a very concrete level of understanding it.

In a session referred to above, just before a break, his wish to regress to his autistic refuge was clear: he wanted to be “a fish swimming in the dark forever”, as if wanting not to experience the limits of time and space, not having to see people who come and go.

10. Terror of bodily fragmentation, persecutory panic:

These terrors are clearly expressed in the following excerpts from a session into the second year of his therapy:³²

He was afraid of losing parts of his body, scared of going to the toilet (...). He complained of tummy aches and was afraid of dying.

(...)

He was touching his willy, and told me he put something over it under his trousers.

I said it seemed that he was afraid of losing pieces of his arms and of his willy, and maybe he touched it to make sure that it was still there.

He was then sat on the edge of the couch and my mobile, which was accidentally on, rang inside my bag. When there was a whistle to signal that there was a voice message, he became extremely scared and distressed:

“I was moving my legs and then came this horrible sound.”

(...)

³² This session will be quoted in full in the Cross-Case Discussion.

I said it seemed that he thought his moving his leg had provoked the noise, as if something terrible could happen. Maybe he'd lose his leg, it was difficult to believe he could move his leg and not lose it.

(...)

I said the germs he eliminated would take revenge on him. I added he felt that he could lose parts of his body when he was peeing.

After being silent for a few minutes, Fred said he had to hold his tummy so it wouldn't fall off.

I said that maybe he was afraid of losing parts of his mouth when he spoke, and this was why he was silent.

He said he loses part of his eyes when he sees, part of his ears when he hears, part of his nostrils when he smells. He said when he looks high, his head can fall off.³³

He added he needed to hold his hair so that the wind wouldn't take it away, and be clever so that his head doesn't fall off.

11. Wish for a container to organize the fragments in his mind, and for being acknowledged and listened to:

This of course could only come to the fore later in his therapy, although there were occasional hints of it before, as in the week when, after missing a session and having arrived late, he did not want his mother to leave the room, saying that she should hear "the whole story". In the same session a drawing of the usual creatures included a "city" that would contain all of them.

On a session into the second year of therapy, he clearly wanted me to tell him something about what he was doing:

He sat on the couch and kept touching his feet with his hands and then detaching his hands from his feet and waving them, saying: "Into the water".

Then he asked me if I had something to say about this.

He was then much more integrated, and later in the same session he could say that he wouldn't "be ignored ever", and that he "didn't like when his mum ignored him".

In this same session he told me a coherent and meaningful story about three different places which will be the organizing theme of the next section.

³³ Eyes, ears, nostrils and head seemed to be here versions of the mouth that could be lost when he spoke and refer to primitive terrors about the contact mouth-nipple (Tustin, 1986).

In a later session, after being silent and withdrawn for some minutes, when I commented on that, Fred told me that he needed me to talk to him, otherwise he remained “in his own world”.

Discussion: Basic Oscillation

On the following stage, the analysis of these categories revealed three overarching categories and a basic oscillation in Fred’s mental functioning among these three different positions: the positions corresponded to three *loci* or sites that were mentioned by him in different sessions, separately, occasionally grouped in two or, eventually, on a few occasions being the three mentioned in the same session. The names of these “places” were simplified to “Desert”, “Jungle” and “Garden”, each corresponding to a particular mode of functioning in the sessions, denoting a specific state of mind and way of using language. It is important to observe that these three states, though described separately here for the purposes of clarity, did not occur in a mutually exclusive way; elements of two or even three of them could be present at the same time or fluctuations among them would occur in the same session.

Nevertheless, there was a clear predominance of one of them in each session. The “Desert” was the dominant landscape of most sessions in the beginning of Fred’s therapy, followed by an alternation between “Desert” and the “Jungle”. With the development of the therapy, the “Beautiful place full of trees” which I am calling “Garden” appeared, being still occasionally replaced by “Jungle”. Despite moments of “Desert” still appearing occasionally, the two other patterns seemed to alternate as the predominant scenery in the further stages of Fred’s therapy.

1. Desert

“A desert where no one needs any help”

The category of “Desert” involves experiences of *falling off*, emptiness, auto-sensuousness, lack of self-orientation and special/temporal orientation, on-off mechanism, absent or idiosyncratic communication, dispersion, difficulty in adding, symbolic deficit. The communication difficulties involve prolonged silence or moments of use of an idiosyncratic language: the lack of contact and mental context for using communicative language results in words being used only imitatively, use of quasi-neologisms, lack of links between words that

would structure sentences – leading to words featuring as dispersed elements which cannot be adequately added, all of that indicating deficient symbolization.

The assessment sessions are typical of this “mindscape”. The following vignette was taken from the First Assessment Session:

I said it would be better if Fred could come by himself. He didn't oppose to that and came with me.

(...)

He reclined on the sofa, and stayed like that for a while, sometimes looking at a toy he had brought with him, sometimes staring at me with a serious look.

His toy was a kind of small plastic green pump with a straw, and he pressed the pump, blowing the air from it through the straw on his cheek. He said he could feel it. Then he put the pump in front of his eyes. While he was doing that, there was a slight noise outside, of someone slamming a car door. He seemed alarmed and immediately asked me what it was.

It seemed that Fred was cautious and behind the apparent acceptance of the situation of that first meeting with me there was a hidden suspicion. He kept a safe distance from me, using his toy not only to comfort himself, but also to protect himself from me. As soon as there is an unwelcome interference from the external world – noise – he gets alarmed. The categories involved here are auto-sensuousness and on-off mechanism.

In the same session, Fred used two different concepts to compare two drawings, one geometrical and the other motor:

I asked him about his drawing. He said the black stain on the left was “round”, and the other one was “backwards”.

Another example, mentioned above, of his idiosyncratic use of language was when his jealousy of his brother Gabriel connected with a confusional state: “Upstairs, down, school. My baby brother. He's in Year 9.” This strange utterance showed a lack of orientation in space and in time. Also, in the Third Assessment Session he wanted me to keep something he had made “in the box in my house”, and he would find it again “tomorrow”. This lack of orientation is accompanied by a lack of syntactic structure in the sentence, and an almost complete absence of links between words that would organize them into communicative sentences. Dispersion is the category involved: what is left are only dispersed elements, that could be compared with pieces of wood and bricks sparsely spread over a construction site,

where there is no cement or nails that could put them together generating a wall or the blocks of a building.

Moreover, it seemed that sometimes he used words in a predominantly imitative way, rather than mastering their semantic dimension. It seemed that to a certain extent his words and sentences were not underpinned by the basis of communicative language.

We also heard from the parents that it was very difficult to communicate with Fred. His verbal expression and his play did not seem to follow the rules that would allow them to be shared by others. It took them some time to understand what Fred meant when he said “I’m five”, which in the end meant he was “full”, did not want more food, as mentioned before. It seems that his use of the expression was only imitative of the sound, and not related to understanding the expression semantically, the concept of being “fine”. On one session, when drawing a creature with some spikes around it, something that he repeated in some sessions, he called the spikes “mistakes”.

As referred to above, he could also use the word “olives” to indicate that something was salty, after having tasted olives, showing his difficulty in generalizing a concept. Or he could apparently randomly utter: “Elephant toasting marshmallows”, as also previously quoted. It seemed that his sentence was not being used in the context of a communication, which would include something like “I saw a picture of...”, “Did you see this picture of...?”, or “Look, here, there is a...”

There was clearly a difficulty with more abstract concepts. After a break in which he was telling confusing stories about an island king and kept talking after or even during my intervention, I used, unwittingly, a metaphor, saying he was retreating to his own “Mental Island”, where he could be the king and set his rules, avoiding things like breaks and separation. He answered that “there wasn’t an island with that name”, showing his difficulty in symbolic processes.

Fred would also occasionally display quasi-neologisms or weird use of words, as when he mentioned creatures called “Lobsters TV” or “Blastoffs”— the latter apparently a verb turned into a noun, and the former indicating his difficulty in distinguishing phantasy – and TV – from reality—or on the occasion when he said that the “sunbum” could melt one’s eyes.

Fred’s difficulty in relinquishing the safety of his isolated mental space was clear also when in our second assessment session,

answering me about how he felt in school he said he preferred to be at home because home was “always nice”. We know that his real home was not always nice for him, since Fred could be very withdrawn at home too. “Home” here seems to mean the imaginary familiar and predictable place in his mind where he retreats to, and which is threatened by the idea of a relationship with me. When I tried to grasp what was not so nice at school he could not go any further than that. The only thing he could say he liked about school was “the car park”, to sit there, that is, a place on the edge of the school, not really in it, a place where he would be with his mother only in the car, still, before getting into school.

A couple of minutes later, whilst sticking a finger into his mouth, he said sometimes something gets “stuck” between his teeth, and added he had a “losing tooth”. There seems to be here a confusion between self and object (Who’s losing?). His expression is also confusing and there seems to be a muddle between losing and loosening. He then burrowed his right finger into his fist left hand.

Then he took the chunks of plasticine from the sheet of paper, and he made what he called a “toy box”. He was saying “stick”, it must “stick”. Then he began to pierce the plasticine with the pencil, making holes in it.

He also tried to use the plastic band to better stick the chunks of plasticine together. I said that maybe he wanted to keep together something that seemed difficult to keep like that, something that could be separated through those holes.

On the third assessment session, which he learned would be the last of these meetings with me before we could advise his parents, there were several mentions to boxes: the toy box was the same, although the room unfortunately not. He drew three squares which he called “boxes”, and there were things “going out” of them and returning.

After my mention that the boxes *were* our meetings with the toy box, he drew a sequence of several squares in light yellow on another sheet of paper.

I thought that although he seemed to want more sessions, his understanding of it was that he wanted more “boxes”, not more meetings with me as a human figure.

Particularly in the first months of his therapy, Fred could be silent and quiet for long periods in his sessions, and I felt I had to struggle to survive as a living person in the room; I could occasionally feel sleepy, or tempted to withdraw to a day-dreaming state of mind, replacing a presence and a contact (that seemed to be absent) for a lonely mental activity. I

then felt that I was being pushed into an autistic-like state myself, which made me acutely aware of the kind of internal landscape Fred lived in.

He could, for instance, in a session in which he was sitting silent and quiet on the couch for several minutes, finally say: “I don’t know what to talk about”. Sometimes he was reluctant about leaving the mother in the waiting room and coming with me, particularly when his little brother was there. On one of these occasions, he said to his mother: “Carlos doesn’t know...” I understood it as relating to the fact that I was a third figure in this constellation that he did not want to acknowledge, although not being as autistic as to be able to completely deny my existence. He also seemed to believe that his mother, with whom he did not communicate much either, was part of him, not a separate person, or that he was part of her, therefore she “knew” what was needed without the necessity of words, gestures or any kind of communication. (Mother always complained that Fred, although clinging, was never physically affectionate towards her). On several of the occasions in which he wanted her to come to the room for the first minutes of the sessions, when he was engaged in some drawing or play and we felt that she could then leave, she would then try unsuccessfully to talk to him, saying that she was leaving, explaining that she would meet him later in the Waiting room or trying to say good-bye. Fred would ignore her completely, not answering her and being completely absorbed in what he was doing.

On one of these occasions, after his mother left

he took three sheets of paper, stuck them together with sellotape, placed some animals over them and said: “farm lands up”.

He then put a boy figure in the car on one end of it, three fences with a ruler over them in the middle, and a crocodile in an orange lake on the other end. There were few other animals and pieces of plasticine. One of these was a kind of spaceship or robot which could “burn people”. He said that the fences were doors.

I said the boy was behind a lot of closed doors and that outside there was a wild crocodile. I added that maybe he felt insecure about people outside. When he separated from his mum, he forgot her and couldn’t say good-bye. Maybe this was why it was so difficult to be with me in the beginning of the sessions, after this separation from a session to the other.

He was reluctant about ending the session.

On a later session, there was a stressful moment because his mother, feeling that she needed more feedback than what was being given, discussed it with me on the corridor, in front of the play room where Fred was. When I wanted to get back to the room, Fred held the door, not letting me in for a couple of minutes. Apparently he was not able anymore to “shut down” his mind so completely as to ignore what happened, but was enacting what he used to do in his mind, not letting disturbing feelings in. When I finally came in, he started playing with the cushions, getting under a pile of them, as if they were a kind of huge soft barrier. He said he felt “special” like that.

It seemed that he was enacting something that was in his mind, so being much more communicative and demonstrating his patterns of protection through withdrawal to me, and even asked me “what I thought he felt under the cushions”. This seemed to be a moment in which he could conceive of himself and me having minds.³⁴

2. Jungle

“A jungle with bad, bad, bad animals”.

This mental landscape involves deep fears and panic, bodily terror of fragmentation, alarm, suspicion, persecutory terrors. The language is less idiosyncratic, words can be used according to their common use, sentences can be structured, but an organized and meaningful narrative is lacking. The world is felt as scary and confusing and it does not seem possible to make sense of it. Here paranoid-schizoid anxieties and projective identification predominated.

The jungle seemed to be a terrifying mindscape which was always there in the background of Fred’s autistic features, and which he avoided by being in “the desert”. With the development of his therapy, sometimes these fears came up with painful intensity. Even when we were approaching breaks, or the session came after a long gap, Fred would not return completely to his previous isolated retreat. Instead, he would be haunted by persecutory terrors, as can be seen in a session into the second year of his therapy. This session happened in a moment when his mother, who had gone back to work in a full-time job, was away on a business trip, and we were approaching a Christmas break. Fred seemed

³⁴ What Baron-Cohen would call a “second-order Theory of Mind” (Baron-Cohen, 1997).

to be disoriented and, after expressing his wish of being “small” again and having a “dummy”, he showed acute anxiety:

He said his tummy hurt, it hurts every day. He seemed to be worried about it.

I said he felt his mouth was empty, his tummy was empty, and hurts. He was worried, not sure if he'd survive.

After a while he wanted to go to the toilet (he was pressing his willy) but was afraid when he saw Nika (the childminder who was bringing him) at the corridor and gave up.

When I asked him about it he said there were “people” at the corridor.

I wondered if he was feeling persecuted, and asked if he liked Nika. He said ‘I like my mummy’.

In spite of all the fears and anxiety, yet he could express them in a structured language that could be followed. It was easier to connect with his feelings and phantasies, like his terrors of bodily fragmentation (as could be seen also in a session immediately before the one above). It must be noted that this session came at a moment of the therapy in which Fred was more structured. An important shift in his relationship with me and in his mental functioning in the sessions had taken place, as will later be seen.

When my mobile beeped inside my bag, during the same session, Fred was apparently afraid that by moving his leg he had provoked the noise and that something terrible might follow. He also showed persecutory fears related to the toilet, and expressed clearly an intense fear of bodily fragmentation, as was seen above.

The intensity of these terrors seemed to largely justify Fred's previously stronger autistic defences, making him feel safer in the “desert”. At this point, they were apparently triggered by the association of an imminent break in the therapy – from his experience, these breaks could be of an unpredictable duration due to the family circumstances and arrangements – with the actual absence of his mother, bringing to the fore primitive terrors related to a separation that was acknowledged and experienced as catastrophic.

In a session in the middle of some confusion about his times, we would only have thirty minutes instead of the usual fifty minutes.

Fred came with his “crazy bones” (little funny plastic monsters), talking a lot about them. They were “goodies” at one moment and “baddies” subsequently.

I said he might not know if I was a “goodie” or a “baddie” when he learnt that we would have a shorter session, he might think I was a “crazy bone”.

He nodded and put several “crazy bones” inside his coat, it seemed as if they were parts of his own body.

I said he felt it difficult to keep together all these little creatures that were like pieces and parts of himself.

He corrected me saying they were not little creatures, they were like human beings, children, not animals.

I said he wanted me to know that all those parts of him, good parts, bad parts, crazy parts, were human.

He then answered “Yeah!!!” emphatically, and added that the “crazy bones could be killers too.”

This session seemed to me to be very important because he was able to communicate something about his anger, “madness” and fragmentation, therefore paradoxically sounding less fragmented. His mind seemed to be crowded with little pieces and parts of ideas, thoughts and feelings, some of them he felt could be “killers”, but now he was in touch with them. The fact that he contested my calling them “little creatures”, stating vehemently that they were *like* human beings, seemingly indicated he was less terrified by his aggressiveness, and the “crazy” and “bad” parts of him. He was feeling more human.

This process of recovering some awareness of his own independent self was more poignantly- although also in a very concrete way- expressed when on a session two weeks later, Fred said there were things that “popped out” of his head, and he wanted them to come back. On a later session he said that his brain was not working, adding that he wanted it to work again and things to “come back to his brain”. It seemed that his thoughts were like fragmented body parts.

In the session before the first break referred to above, to which he arrived ten minutes late, Fred was very loud, telling me odd stories, a confusion among screaming creatures, where there was a “King Blastoff”, “baddies”, and “goodies” that could be dangerous too. He was so anxious, and talking so fast and loud that he could not hear almost any of my comments. There was a strange violence in the stories, the King Blastoff should be shut if he didn’t do something odd. It was very difficult to follow the story or even to remember its details when I took notes from the session. It seemed that counter-transferentially I was taken by the power of his confusion, which I partially shared, when trying to understand him.

It seemed that Fred was aware of the fact that this was our last session before a break of some weeks, the first long and planned separation from me since he started therapy. Although scared, he did not retreat to a massive state of detachment, instead becoming very anxious, confused and persecuted.

In the first session after this break, I found it again more difficult to reach Fred:

In the waiting room I noted he was restless and controlling with his little brother and his mother. Once in the room, he was agitated but apparently still completely ignoring me. He was sitting on the edge of the chairs- including mine- and the couch, and also paying attention to the builders in the building outside the window.

When I told him that he seemed to have forgotten about me and the therapy during the break, he answered that he was not in therapy.

I said he was feeling on the edge of the room, the building, and of his relationship with me. When we had the break, I became confusing and out of control for him, he didn't know when I would be there or not, it was as if I was leaving him outside. He felt as if he could fall, so he tried to forget about me and the therapy.

This interpretation changed completely his behaviour. He got calmer and talked to me about his fears when in bed at "sleeping time". He said he was then scared because it was dark, he was alone, and he was terrified of not knowing where home was. Again, this communication involved a level of sophistication not commonly seen before.

We could then talk about his fear of not finding mum the next morning, not finding me after the break, all that he feared could happen when he was aware that there were people who he needed and who were separated from him.

The freer contact with his aggressiveness and persecutory feelings was clear in a session to which he arrived twenty-five minutes late, and of which I will report a fragment:

His mother came with him to the room and when leaving she tried to take his head to kiss him. He then said she hurt him, for which she apologized. He said that even though she apologized, it was still hurting.

She said she just wanted to kiss him, and it wasn't on purpose.

He said yes, she hurt him, and it was on purpose.

After she left there was a game using Lego with sea-creatures, among them a black-humid sea-creature with white legs and body, and she was a “baddy”. There was also a scary lobster that if you touched you would sleep.

I said he seemed to feel that mum was like this lobster who would make you sleep if you touched her. Sometimes he didn’t know who was goodie or who was baddie. Why was he coming so late to his session, why were mum and I eating his session?

He nodded saying “I know what you are talking about.”

He then went on with his stories which were very hard to share or follow and there was a black humid sea-creature again. There was then a “shooting”, and people imprisoned.

I said sometimes he felt imprisoned in mum’s humid black hole and he felt as if she was doing it on purpose. He wanted to get rid of it. Maybe he felt imprisoned by me too.

He said it was true, and if he had a gun, he would shoot his mum. It seemed that he was less afraid of his phantasies and more able to distinguish them from reality. While playing with the Lego, he mentioned that a “police truck” was coming.

I said he felt as if the “police truck” would come to get him when he got angry and felt as if he would kill people.

3. Garden

“A beautiful place, full of trees.”

This mindscape only appeared later in Fred’s therapy. There was liveliness and the concept of an encounter, a wish for a container and for being acknowledged, and the hope of understanding and being understood seemed to be possible. Emotions and phantasies could be expressed in the context of the sessions through play, drawings and verbalization without provoking too much persecutory anxiety.

In these moments Fred used structured language organized in meaningful narratives and sequences of interactions and play. These were moments in which Fred seemed to be able to elaborate his persecutory and depressive anxieties and make use of introjective identification in the contact with the therapist.

This can be clearly seen in a session into the second year of his therapy, already mentioned above, when Fred could express his feelings after a missed session by prompting me to say something about what he was doing. In this session, Fred not only showed a much

less “autistic” state of mind, but was also able to display what could be considered a sophisticated level of self-awareness in comparison to his previous patterns:

He started saying something about ‘electric games’, mentioned ‘iPod’, ‘energy’.

I was reminded that sometimes he says that his ‘brain stops’, his mind ‘doesn’t work’, he has no ‘energy’. Maybe when he doesn’t come here, like last week, he feels he needs some electricity to make his mind work, to feel alive. He wanted me to talk about something he was doing to confirm that he was alive. Maybe he also wanted to be sure that I was alive.

He then said, in a heartfelt way, that he wouldn’t ‘be ignored ever’. He didn’t like when his mum ignored him. And now he talked to her when she did that, and then she listened to him.

At this point, Fred could not only display a structured use of language, but organize a meaningful narrative, and make use of shared and communicative language to express his feelings, showing an elaboration and a wish to “organize” his persecutory and depressive anxieties:

He then started telling a story about three different places: ‘a jungle with bad, bad, bad animals’, a ‘beautiful place full of trees’, and ‘a desert where no one needs any help’, spending more time on the latter.

I said sometimes he preferred to believe that he didn’t need any help. When he felt he needed but couldn’t have the attention he needed, he couldn’t have his session, he felt as if he was in a jungle with bad, bad, bad animals. He wanted to arrive to this beautiful place full of trees where he could trust people.

This was not a steady process though, and it seemed that Fred would still present some features of these three different states of mind, and oscillate between them, according to the circumstances. Nevertheless, he would not regress completely. If, on occasions, he might want to a certain extent to retreat to the desert, there was at the same time a symbolic representation and communication of this state of mind. For instance, in a session well into the second year of his therapy, when we were approaching the end of it – the duration agreed for his therapy was of two years – he started drawing some strange traces, hieroglyphic-type, organized in lines. When I asked about it, he said it was “a language of his own”. Although this could be seen as a threat to return to his isolation, since he felt he was to be left by me, on the other hand he was able to express it. Connected with the same situation, later in this session, he drew a big open-mouthed monster “down there”, under the hieroglyphic lines.

The monster was “eating them”, but then “his brain could stop”, and then “evil would kill him”.

This seemed to indicate a “jungle” moment in which the monster – the analyst? – was attacking his private world and making him embark in a shared and terrifying world. However, in spite of the confusing material and of the hieroglyphs, it is to be noted that his language was still structured and more communicative.

In the review meetings with Fred’s mother, we could learn about his development at home and school. In a meeting at the end of the first year of his therapy, it was reported that he was more able to do structured playing and games in which his brother could share. According to his mother, there was less use of “crazy or nonsensical stories”.

Although he still struggled at school, she said he used a more “structured” language. Apparently he was now suffering because he was “less cut-off” and more aware of his difficulties, his special condition at school when compared to his peers.

This apparently showed that Fred was starting to face more straightforwardly not only his persecutory anxieties but also his depressive pain.

In the following meeting some months later, his mother said there was a “major improvement” in Fred’s use of language.

In our last Review Meeting, a few months after the end of Fred’s therapy, his mother said he was still doing well, better at school, and relating much better to people. She gave some impressive examples of his new abilities to meaningful interaction and communication that had taken her by surprise:

When his little brother Gabriel complained about some problems with a friend at school, Fred said to him: “Gabriel, friendships are dynamic, are not always the same. You might be upset with this friend now, but you can get friends again soon.”

After the therapy, Fred’s mother had a new baby who was now a few months’ old. (Her pregnancy would later be discussed in a Review Session with Fred). She said that she was anxious when one day the baby was crying for some time, and then went to give him a dummy. Fred, who was watching the scene, told her:

“Mum, when he is crying, don’t give him the dummy, maybe he is feeling something. Why don’t you talk to him?”

It is important to include here not only fragments of the sessions in which Fred seemed to be more integrated, but also of the ones in which a dynamic fluctuation between

different states of mind was clearly noticeable in his mood and pattern of communication. Such is the case in the fragment below, where the move from the fragmented paranoid state of mind to the more depressive integrated one was remarkable:

In a subsequent session, which will be quoted at more length further below, Fred came late again and did not want to leave mum and Gabriel in the waiting room. He was very confused and unsettled, mentioning that his brother had taken “a chocolate from his mouth”, and after my interpretation on Gabriel having spoiled Mother for him, he became sad and tired.

The oscillation from a predominantly autistic functioning to the emergence of persecutory or depressive anxieties, and, later, from a paranoid-schizoid state to moments of a more integrated depressive position could be seen in many occasions occurring in the same session.

In a session in the eighth month of his therapy Fred was brought by his mother, again with his little brother, and wanted him to come to the session, apparently not wanting to leave him alone with mum.

While in the beginning of the therapy he would come on his own, but express confusion about Gabriel being everywhere in the building, being everywhere with mum and in mum’s mind, in the more reality-based state in which he was now, he would try to control the situation, expressing more clearly his rivalry with Gabriel, and making use of projective identification. For example, he said Gabriel should come because he needed therapy, since he couldn’t learn anything.

After I interpreted his jealousy and envy of Gabriel, he started a manic play with the cushions of the room, which he repeated occasionally: he would pile up the cushions, wanting to climb them and crossing the full length of the couch from one end to the other and back, and saying that he liked to play “high”. When I said he wanted to feel big, important, above Gabriel, although sometimes he felt the opposite, as if his little brother was the bigger one, he became thoughtful and sad, and said he wanted to bring his dummy here, and to be “six again”. He was now seven years old, and my understanding was that by “six again” he meant back in time, smaller, before some awareness of the reality that he was starting to consolidate.

He then mentioned something about the window which was not clear, but included the possibility of flying, and I was not sure if it referred to me or him. I said he might feel

sometimes that he or I needed to be a powerful super-hero in order to fix things for him. He was silent, still and absent-minded for a while.

He was then laying down on the couch and staring at a hole in the ceiling, and asked if I had made the room.

I said he felt now as if there was a hole in the room and in my head, and this hole emptied his mind. He might be afraid that he had made it.

He then asked how long it would take to get out from the window, “thousands of years?”

I found it difficult to make sense of this communication. It seemed to me that, more than feeling I was in his mind, he felt he was inside my mind – and he was inside his mother’s mind – “or hole” – and sometimes he felt this was an empty and emptying space, and he felt claustrophobic but almost hopeless of escaping from it. I tried to interpret it in words that he could understand. He then seemed less depressed but got sleepy and said he now wanted to go home. We were approaching the end of the session and I said he felt we worked hard today using our minds, and he was tired.

This session illustrates a mental state that was now more dynamic, and could feel puzzling and tiring at times due to the sometimes quick fluctuation between different states of mind and patterns of communication, sometimes more enigmatic as was his usual pattern, other times structured but confused, and yet other times more integrated, during which he talked about what earlier was beyond the possibility of expression. It was as if he was moving from the “Jungle” and the “Garden” back to the “Desert” and then again back to the “Garden”.

This fluctuation was also clear in terms of his relationship with me. For instance, on one session he was agitated and telling confusing stories full of explosions and strange creatures in a fragmented narrative.

I connected this state of mind with the gap between the last time he came (he missed the last session) and today, and reminded him of what he mentioned in a recent session about the “brain stopping” when he didn’t come. He soon lowered down his tone, was quiet and looking very fragile, and said he was sick. I said it seemed that I was reminding him of something that gets poisonous inside him when he feels I leave him. He said that he wasn’t

feeling sick anymore. He then asked me: “How do you feel when I leave?” This was another example of him displaying a “Theory of Mind”.

It seemed that the oscillation between the “Jungle” and the “Garden” was now much more permeable and dynamic, despite the “Garden” not being only a “Beautiful Place”, but also a place of moments of deep sadness, vulnerability, feelings of loneliness and helplessness, that he was now able to experience in the contact with me. It is remarkable, though, the difference in his use of language according to the predominant mood. Although the moments of highly enigmatic, sometimes idiosyncratic language of the beginning of the therapy being now much less frequent, there was a stark difference between the fragmented and confusing language that he used when in a more paranoid and disorganized state and the surprisingly meaningful, adequate and thoughtful sentences he would use in moments like the end of this session. It seemed that the confused language corresponded to a magical relation to reality.

The painful acknowledgement of separation could now be expressed, although sometimes in physical terms, and using expressions of his own, that nevertheless could be understood. In a session after the Easter break, he told me about “red skin” on his leg that was painful. There was no sign of eczema or redness in his leg when he showed it to me. He then painstakingly asked what would happen if someone had “red skin” on their whole body? He seemed to have felt the holiday injury to his skin very vividly.

In a later session, he started by being very quiet, with that ethereal quality he often presented, occasionally looking at me.

He also made little noises with his mouth, played with his eyes converging and looking at his own legs on the couch, and touched himself.

I started interpreting his behaviour, but could see that he was nodding automatically, but in fact not engaging with what I was saying. I remarked it and said he in fact seemed to be in his own world today, as if I was not there. He then answered, as if acknowledging it and asking for help, that when I didn't talk to him he stayed in his own world, he needed me to talk to him.³⁵

³⁵ This seemed to indicate his awareness that he needed me to “reclaim” his attention (See A. Alvarez, 1992).

When I commented on that, he said that he had been out of control sometimes lately, because his mum is away, and then she would be back (in this part he became confused in terms of times). He called her on the phone sometimes. He added that his dad sometimes was there and there was this game – Wii – and they played on it. But there was a bad guy in the game sometimes.

I said he felt that his dad then helped him to not be drawn into his own world, but there was a part of him which didn't like it, as if his dad was a bad guy separating him from mum, and the same with me. He wanted me to pull him out of "his own world".

This session shows clearly an oscillation: His mother's trip made him inclined to retreat, and he started the session by keeping very distant from me, and entertaining himself, leaving me out. When I showed this to him, however, he could immediately engage with it, showing how his autistic defences were now weakened. What he said next showed he was more in touch with the internal and external realities, being more able to talk about his feelings, and even more in touch with oedipal anxieties. I would call it a fluctuation from weakened autistic defences to being closer to a more integrated functioning typical of the depressive position, in our terms, from "Desert" to "Garden".

When we were approaching the end of his therapy the same oscillation occurred: on one of our last sessions, already mentioned above and which will be quoted at more length further below, he was very withdrawn and started playing with a dust as if it was an ant, but said it was "only a dust", and also mentioned that he "didn't feel anything". Nevertheless, by the end of the session he seemed to be in touch with sad feelings.

2. CHAZ

a) Brief Report on the Therapy

1) Referral

When Chaz was referred for psychotherapy as "an emotionally neglected eight-year-old", his diagnosis was not clear, although he was presented as a child whose "level of disturbance" was "quite pronounced". He was delayed in motor development and presented

problems in writing and in the development of pragmatic language. He only started using sentences when he was more than three and a half years old. He also needed physiotherapy due to a “weak neck”. When he was five years old he had a language assessment which showed delays in expressive and receptive language and a “very detailed Speech and Language Therapy Plan” was drawn up. He was assessed – through the ADOS – for Autism, in 2006, but it was then felt that, although presenting some strong traits, he did not meet all the criteria for it. He had then once weekly psychotherapy -- which was felt as helpful – for only nine months, until his therapist went on maternity leave. When this therapy was interrupted he was transferred to the Tavistock.

It was reported that Chaz was very delayed at school – where he received wide input due to his special educational needs – and he was difficult to contain in the classroom and at home. He presented “bizarre behaviour”, such as licking some objects, beside chalk and the blackboard, and his play was obsessional, lacking in creativity. He also presented agitation and aggressiveness, which was worse at home. He would beat the younger brothers up for no reason, particularly the youngest one. He also had difficulties in accepting boundaries and showed little respect for his mother’s authority, yelling at her, addressing her in an authoritarian way, swearing at her or even occasionally being violent towards her. It was reported by his previous therapist that the parent work was “difficult”, due to disagreements between the parents about the therapy and religious issues. Father thought Mother was not religious enough. He was not sympathetic to Chaz’s therapy or to the Parent Work.

2) Family and developmental history

We learned that Chaz was the oldest of three boys – with one to two years gap between them – in an strictly religious family. His youngest brother also had behavioural problems, apparently in some aspects even worse than Chaz’s, being extremely agitated and often aggressive. The middle brother was calmer although he also had learning difficulties. By the time of our assessment, his father was thirty-five years old and his mother thirty years old. Although being both British, at the time of Chaz’s birth they were living in a Middle Eastern country due to the father’s work, which is a religion-related job. Mrs. Z. said the pregnancy was “OK”, as well as Chaz’s birth. He was operated for a “hernia” when he was two weeks old. According to his mother, as a baby Chaz would sleep well, and had no

problems in being breast-fed or during weaning. She said he was aware of people around him. They returned to the UK for a couple of months when Chaz was eighteen months old, leaving then to a Central European country, again due to Mr. Z.'s work. Mrs. Z. reported that life was OK until then. When Chaz was around twenty-one months old and they were living in the new country, whose language they did not speak, she felt very isolated and depressed. Mr. Z. was out from morning to night, they did not develop relationships in the neighbourhood or in the same local religious community. They lived in a flat with no garden, there was no kindergarten around, and Mrs. Z. then had the two other boys. But when Chaz was two years old he already presented aggressive behaviour towards other children, biting and hitting them. Chaz was very jealous when his next brother, Joseph, was born, and became very "naughty" when Mrs. Z. was with Joseph. Until he was three and a half years old he could only say a few words. When he wanted an apple, for instance, he would only say "apple", and would not use the correct links to structure his words into a sentence. He could say them out of the correct sequence, making it impossible for others to understand him, apart from his mother, although she could do so only occasionally. When they had been back in London, Chaz went to kindergarten. He presented – and still does – difficulties in socializing with his peers, being either too shy with them, or too aggressive towards them and the teachers. He was given an educational statement, and since then has an assistant teacher to help in literacy and numeracy and also a speech therapist in the religious school he attends. His speech has improved, but he still often makes a "strange use of words", according to his mother, who says she is the only one who can then understand him, and even so not always. She added that when he is anxious or angry, he wants to speak "fast" and his speech and pronunciation becomes worse. His behaviour has not improved as much. Mrs. Z. added that he can keep asking the same question many times until he attains the answer he wants.

Mrs. Z. added that Chaz – as well as his brothers – has witnessed domestic violence from her husband towards her, and that Chaz sometimes tried to copy his father's behaviour. She also said, about his engagement in his previous therapy, that Chaz usually didn't want to attend his sessions, would have temper tantrums, and throw water or things during his sessions. In spite of that, she said she felt he had benefitted from it. She didn't think the parent work was as helpful – there were few meetings, and she wanted more advice and guidelines from it.

3) Summarized report on assessment

At the first meeting I had with Mrs. Z., in which the parent worker – a male child psychiatrist I will call Dimas – would introduce us, she brought Chaz with her, and we decided to have a joint meeting. It was clearly very difficult for her to contain Chaz, who came along the corridor running awkwardly and squealing like a piglet. At one point in the meeting he was going around her speaking very loudly and not listening to her when she asked him to stop, until she finally took him by the arm and made him sit down. When he heard a noise outside he immediately asked Dimas, whom he had met before, what it was. Chaz seemed to be very anxious and agitated by that situation, and could be quite invasive, as when he went behind Dimas's chair positioning himself so close to him that Dimas had to ask him not to do that, to which he did not respond. Dimas then had to place his chair against the wall. Chaz kept up this agitated mood throughout the meeting, and at some point wanted to draw on the wall.

I then had two further meetings with Mrs. Z., when I learned more about Chaz's and the family's history. The third meeting in fact should have been Chaz's first assessment session, but Mrs. Z. had not understood that she was now supposed to bring him, showing how distressed she was. Mrs. Z. seemed to have difficulties, despite her good intentions, in containing her children, especially Chaz who was the one who wanted to copy his father's behaviour. Father was described as very strict in his religious observance, to such an extent that he did not like the children to have much contact with their maternal grandparents, although they belonged to the same religious community, because he believed they were not religious enough: they had a TV at home, and would occasionally buy ready meals in the supermarket. Later we learned that the father had not actually been born in the community, and had later converted to the religion. Mrs. Z. was clearly wishing to distance herself from her husband and would soon start a process of separation which involved several difficulties in terms of the arrangements around the children. She felt supported throughout this process by the parent work she received at the Clinic – later by a second parent worker – and by her parents, with whom she went to live at first. I also had occasional exchange of information with the Special Needs Coordinator of Chaz's school.

Chaz seemed to make very little use of verbal communication, with difficulties in speaking or listening. His play was very obsessive and repetitive, mostly with plasticine which was cut into squares with the ruler and stuck to the table.

At the end of our first assessment session, he went to the door stop on the floor, kicked it and asked why it was there. He then tried to explain in a confusing way why it should be on the wall, pointing to the opposite wall. This could signal an idea of a male element out of place, bringing him some anxiety.

Chaz sometimes seemed to be awkwardly copying an adult man: he would take the mobile phone toy, as if he was receiving some important calls and use some isolated words out of context, like “building”, “flat”, “business”, etc. It seemed that there was a powerful and unreachable male figure in his mind, who emitted sounds.

He was also very concerned about knowing if someone else would use the room. That suggested that the experience of having his mother so changed when he was less than two years old, and around the time that she had the two other sons, had had an important impact on him.

He could be very aggressive, controlling and invasive sometimes, as if the boundaries between self and others were not clear for him or absolute. When he spoke, it could on occasions be unintelligible, his confusing speech lacking separation between syllables and words, suppressing their edges, although he could also speak properly at times.

When more aware of the individual reality of others to whom he related, he could show extreme anxiety, trying to suppress any gaps, holes or protuberances on any surfaces – wall, table or chair – apparently trying to avoid “bad things” which might penetrate through the gaps.

Although he could be silent for most of the sessions and apparently be ignoring me, he did not seem to be truly and massively withdrawn but, rather, it was as if he was entangled with people and everything around him, by this strategy avoiding the acknowledgement of a separation between him and the world and other people which were felt as extremely threatening.

4) Outline of therapy

In the beginning of our work, Chaz would often be very concentrated in the kind of obsessional play described. He would then ignore me, or alternatively, when not wanting to hear something I was saying, make animal sounds trying to scare me.

In his play, he would often stick plasticine on the table, forcefully flattening it into the surface in an obsessive way. He would use glue and sellotape and, hitting on it strongly, he

would try desperately to make sure that it would be exactly there where he was sticking it. He would then straighten it and flatten it further, using a ruler. He clearly fought fiercely against any perceived edges or gaps, for instance, trying to fix a plank that had one end coming off the wall back onto the wall, using glue, sellotape and plasticine. On these occasions he was silent and very focused and concentrated on what he was doing, shunning any interference on my part. When speaking, many times he would use jumbles of words with no separation between syllables or words and sometimes unintelligible words made of consonants without vowels. It was as if he was also magically fixing, mending things through sticking his words and syllables together. Examples of this will be given in the analysis of his sessions. Sometimes, when he felt he was being interrupted or disturbed by me, he could either approach me and roar like a lion, putting on a horrible face trying to scare me, or, later in the therapy, use a paper microphone he built to yell at me to “shut up!”, stressing and prolonging the vowels. Would the vowels be the manifestation of the frightening internal object that I was also supposed to be scared of? When already in despair he was not able to avoid them and would use the vowels expressing all his anger and terror. It also seemed to be, on the other hand, a defensive manoeuvre, as will be seen in the session of 23 January 2009 quoted below.

When he was more able to engage in less obsessional play, he would very often use variations of a theme: there would be a green field, made for instance of two sheets of paper painted green and linked to each one another with glue and sellotape. This would be placed at the end of the table, in the middle of which there would be a big lump of brown plasticine smashed and pressed against its surface, looking like a mud puddle. He would then place some animals at the uncovered opposite end of the table and bring them to the green field. Before arriving at the green field, each of the animals should step deeply – almost to the point of being stuck – in the brown plasticine before leaving it with their dirty paws and finally reaching the green field. The mud puddle on one session could be reddish and he would call it the “muddy red square”. The following fragment of a session into the second month of therapy and before sessions he would miss due to religious festivals, illustrates this play:

Chaz ran through the corridor and once in the room he took out the dolls from the box and gave them to me. He then quickly took the two sheets printed in green, and put the brown plasticine over the table, pressing it against the surface.

My interpretations on his hurry, connecting it with the gaps in his attendance were dismissed.

He then took the animals, which should pass through the brown plasticine, and made them step on the plasticine and then go to the “green field”.

I said they had to pass through the anger and mess, before they could come to play in the green field. Maybe he was feeling like that, because he couldn't come last week, and can't come the next two weeks because of the festivals. He stared at me.

Chaz kept asking about the time, how much time he still had. He hurried with his play.

I said he felt we had a short time to work.

(...)

Chaz didn't want to finish the session. At the end of the session he went to the toilet to wash his hands.

He probably felt that his hands were dirty with all the mess represented by the brown plasticine. On occasions he could eventually write a few words and speak or even listen to me – when something seemed to reach him, he could either protest loudly, or look at me, thoughtfully. His written or spoken words would still be difficult to grasp: there was no separation between the words in a written sentence, and although the letters would be clear, the spelling was usually very particular, with the suppression of some letters, particularly at the end of words, as will be seen below, apparently avoiding the edges around words. His speech was somehow congruent with that: his pronunciation was very unclear, but what made it more difficult to understand was the lack of separation between words, which could leave an impression of a jumble of mumbled sounds, when in fact there were some specific words in it, made difficult to distinguish due to lack of gaps between them.

The following session was indicative of a movement between the obsessional play, the animal in the mud, and a more benign place, where he could relate to me. After the first weeks of therapy, occasionally after some interpretation, Chaz would stare at me seeming surprised and thoughtful.

Sometimes he would try to control things in the session by wrapping up everything in the room or even his own arm. It seemed that he was trying to find a “skin envelope” to contain his anxiety.³⁶ When very anxious about damage he could have caused, he would

³⁶ See Bick, 1968, Anzieu, 1974, 2000 and Houzel, 2000. In this case it seemed more akin to a very concrete version of the “second skin” described by Bick (1968).

nervously try to erase any stain in the room and clean any glue remains that were left on the table, and it was difficult to get him to stop it even when the session was over.

During a session around the sixth month of his therapy, Chaz showed pride of his developing capability of communication, when he said he was “speaking a lot today, usually he was quiet”.

The same session– which will be quoted in detail below – showed his growing capability of conceiving the link between an independent pair, when he could discard the sheets of paper he had been trying desperately to stick together – beating on them with the glue stick after using plasticine – and take two other sheets of paper which he stuck using glue and sellotape.

After any break or missed session, or even when coming at a different time due to some religious festival, Chaz’s reaction was usually extreme, even if he would not retreat completely to an obsessive behaviour or the *jumble of words* speech. He could, however, easily behave like the *beast in the mud*, roaring loudly and pulling a horrendous face, squealing, or *shushing* me with his microphone, or try to retreat to the sticking machine, a strong barrier to feelings, thoughts and words.

Approaching the end of the first year of his therapy, Chaz could be occasionally in touch with his fragility and neediness, as can be seen in this vignette from a session after a cancelled one:

He then pulled a cloth from his shirt, sat on the couch with his feet on the little chair and started sucking his right thumb, and holding the cloth in his left hand against his left cheek.

I said it seemed that he was like a baby now, the baby was him and he was needy, sucking his thumb and soothing himself with the “nappy”. Maybe he felt needy last week when I couldn’t see him.

It is important to observe that, despite a few cancellations due mostly to religious festivals, Chaz’s mother was usually reliable and very collaborative with his therapy. The Special Needs Coordinator at his school, it must be said, was also supportive of his therapy, and expressed gratitude for the help Chaz was receiving from the therapy.

In the same way that his nasty behaviour on occasions could be repulsive and exhausting to the therapist, in his more machine-like moments, he could occasionally make

me feel tired and discouraged, making me daydream, sharing in his non-relational mode, which I was aware of. At the same time, there were moments in which I felt I needed to wait for his anger or anxiety to lower a little, to only then make some intervention that he was now able to listen to. Sometimes it seemed so difficult for him to live in a non-flat, unpredictable world that it seemed to me that he needed an object at the same time alive, but clearly non-intrusive, a fine balance.

During the second year of his therapy, Chaz could be surprisingly thoughtful and talkative, occasionally asking for help with the spelling of some word or could even show affection towards me. On one session which will be referred to further below, he explained to me that he was looking good because he was feeling well, showing that he believed that the inside state shows through the outside. At the same time, this thought seemed also to include a concrete aspect connected to the structure of words: his usual avoidance of long powerful vowels, when he was behaving more obsessively, seemed to indicate that they were like holes through which the inside could fall through to the outside. Presumably his flattening activity was related to this anxiety.

Nevertheless, there was a major setback for him when his rival brother, the youngest, started therapy at the Tavistock as well. Chaz was enraged beyond what he could cope, as will be discussed further below. He could kick the wall of the room several times while repeating that he wanted to kill his brother. It seemed that the wall represented a boundary that was experienced as the manifestation of the rival who inhabits the place and turns it bad.

He would then refuse to come to the room – for the first time in his therapy – and would say on several occasions: “I hate Tavistock”. It seemed that he was reliving what had happened when his brothers were born, his mother was depressed and he felt as if she had been spoiled forever. Now the Tavistock and I myself were spoiled and sometimes he clearly felt it was beyond repair, or at least beyond his reparative capabilities. When he was attacking and dirtying the room too much in one session and I said it was better to stop now, because we both would have to clean up, he answered that I should clean it, since I was the one who had made the mess. This seemed to express very adequately his rage against me, my betrayal of him and his feeling that I had been responsible for his brother’s “arrival” at the Tavistock.

After some sessions of this behaviour, he could again resume his evolution in the therapy- in spite of the fact that after the break he was again very aggressive. In one session,

he was leaning on the couch hiding under two coats he took from his mother to bring to the session.

When I said he felt I was hiding from him during the break, he shouted "Be quiet!" After a while he came to the toy-box and started taking some old drawings and cutting them.

I said he was so angry that he wanted to cut the links with me and the therapy, with everything that could make him think.

After a while he took a phone toy from the box which had had its wire previously cut, and started fixing it with sellotape saying it was "useless" in the state it was in.

I said he now wanted to repair his communication with me.

He then took a few broken dolls and pencils and started sticking them together with sellotape. He said he didn't want them anymore, and wanted to keep the other "stuff".

Apparently he wanted to get rid of a broken bad baby part of him because he then threw this package in the bin.

Nevertheless, this regression did not last long and he seemed thoughtful when, in a later session, I remarked that he now felt more able to put things together: letters, words, ideas and people. We also learned from the school through the parent worker and from his mother in a review meeting, that Chaz's ability to control his temper and play co-operatively with other children at school and with his siblings at home had greatly improved. Good progress in his speech and in his learning processes was also reported, despite his still presenting some difficulties, particularly in writing. He seemed also to have benefitted from a more definite and stable situation at home. Mrs. Z. was living with her three sons in her own flat and the domestic situation was clearer, with adequate boundaries between her and Chaz's father.

In the first months after the separation, Chaz's father would control him, using him as an intermediary with mother, and demanding constant contact from him, and Chaz would always call him first thing in the morning. Now Chaz would be in touch with father during the weekends that the children stayed with him, and would talk to him on the phone only occasionally.

When we were approaching the planned end of his therapy, the mess-mud threatened to take over again, with rage, aggressiveness, mess of glue, plasticine and paper spread all over the room, things being hurled from the box. After a good few sessions of this, Chaz

could recover his good feelings about his therapy, occasionally showing affection and gratitude.

b) Coded Sessions

Following the same procedure used to exam Fred's clinical material, Chaz's treatment process notes were examined and theoretical sampling was used to choose some sessions, favouring the ones in which something important involving language was happening, being either his odd uses of language, or the use of more structured language that happened in later sessions. These sessions were coded in the same Tabular Form, sequence by sequence.

I include some of the coded sessions:

Second Assessment Session

When I came to collect Chaz in the Reception, Ms. Z. told me he was in the toilet. I waited for him, and he came with me to the Consulting Room. The right side of his face was red and his right eye a bit swollen and sore. His explanation to this was a bit confusing, and once we were in the room I asked him to tell me again what had happened. There was something about “the cleaning paper”. Apparently he was wiping his face with the cleaning paper (tissue?) in the car, and he hurt his eye. It looked as if he had been scratching his face wildly.

Chaz was slightly less agitated today. He took what he wanted from the toy box. He began to play with the plasticine, the ruler and the scissors. He was “flattening” the plasticine on the table with the aid of the ruler, he told me when I asked him. Then he tried to make it “straight” by cutting its edges with the scissors. He continued to do this during the session. He also took the mobile toy, and answered some “calls”, sometimes with a face meaning “they don’t leave me alone”.

When I asked him about what he was doing with the plasticine, he said he was making buildings for his brother Joseph. He should “stick” it very well, trying to keep it

Rubbing, brushing, scratching own skin against surfaces.

Flattening of any lumps.

Avoidance of edges.

Surfaces made even and continuous.

Desperate “sticking”.

Obsessive attempt to control the destructiveness towards rival sibling.

Alternatively ‘being’ the talking father with

together. One of them was supposedly made of Lego. the telephone.

I told him that maybe he would like if his brother could live in another building? He denied that. I asked him how his relationship with Joseph was. He looked at me smiling and said that it wasn't always good, sometimes they had arguments. I asked if they used to fight a lot. He said "not always", smiling.

Moment of ordinary language.

When he was answering his "calls", he talked about "building", "I'm doing", "flat", "flattening", and many jumbles of words, a kind of cluster of words with no vowels, like "mmhngnr".

Imperative voices.

Copying adult speech: meaninglessness.

Cluster of words with no vowels = instead of avoiding the separating consonants, he tries to copy the adult language, but without the vowels it becomes meaningless. Also this eliminates the vowels which otherwise 'inhabit' the words.

I told him that it seemed that there was a lot of calls, voices, confusing noises coming from that mobile that made it difficult for him to focus on his play here with me. Maybe he feels the same way at school. Maybe those "calls" were coming from his own mind all the time.

Chaz stopped with the calls, tidied up the table obsessively, and began to draw. He drew a rectangle with some lines in it, and some "round" lines on one corner. It was very similar to a drawing he made last session. He said it was a building. I asked about the round lines. He said they were the road. He wrote some jumble of letters and/or numbers under it, from which the only

Response to an interpretation = moment of an ordinary imaginative play, concerning the brother's house.

intelligible ones were h70. I asked about them, but he didn't explain. He wrote over the drawing "Josehp". He went back to the plasticine and the calls.

He drew (while standing up) a yellow sun, two clouds painted in blue, green grass and a very simple shape of a man or a boy. Then he drew a big red airplane with one wing going above a cloud, and the other almost touching the boy's head. He didn't tell me anything about this drawing and immediately began to draw consecutively two other airplanes on other sheets of paper.

I wondered if he felt that the end of the session was coming, and he wasn't sure if he would meet me again, so I was unreachable like these airplanes.

He tried to draw a fourth one, but we didn't have any time left. He wanted to better tidy up the pens, and asked me if someone else used the room. While he was finishing some details on the other plane, I said he was afraid someone would take his room before our next meeting.

It was the end of the session and I told him I would see him again. I arranged with Ms. Z. for her to bring Chaz next Monday.

Powerful and unreachable male figure in his mind.

Would someone take his room?

Session 24/09/08 (First month of therapy, two months after the previous session)

Chaz was in the Reception with his mother, and didn't want to come. He stood in front of her demanding her to hand him a small notebook and a pen. When he finally came, he brought them with him, but he didn't use them during the session.

He went to check the stain on the wall he had made last time. I said it seemed that he wanted to see if what he had made last time was still there, unlike the other session, when he didn't find in the toy box the drawing he had made on a previous session, that should have been there.

He took some plasticine, paper and pens from the toy box to the desk near the window. I warned him that I would come to see what he was doing, and I did so. He began to protest by squealing as a piglet. I asked: "Who's this?" He was then dividing the yellow chunk of plasticine in small pieces with the ruler.

I acknowledged that he felt threatened by me wanting to see what he was doing. Maybe he was so angry that he wanted to make me in pieces. He then took the fences from the box and wanted to build something, but he found they were not enough. He told me he wanted to "get | mo|re| fen|ces|" and I said he seemed to need a lot of fences, even dividing his words. I remarked that he seemed to be "chopping" his words in the

Who decides when to come or not, and how?
Pseudo-adult controlling the mother.

Checking the continuity.
His traces should be there.

Cornered animal.
Domestic animal that can become easily dangerous or repulsive, with no words.
Threat of fragmentation.

Pseudo-adult controlling and teaching me.
Not enough barriers to contain him.
The edges in sentences were there now, but he controlled them, dividing words and sentences as he liked.

same way he “chopped” the plasticine, but also dividing his words as he liked it, and teaching me his way.

Then he decided to take two sheets of paper, stuck them with sellotape, and began to print on each one with a green pencil. He was obsessively doing that, and occasionally, but not very often, looking at me.

I said he wanted to be sure that those two sheets would be the same, in the same way he wanted his sessions here to be the same, not being surprised by not finding what he had left here last time.

There was also an obsessional quality in the way he was painting, and he didn’t tell me anything about his drawing, or answered my question about what he was drawing. I felt being left out, with no access to him, and I mentally fled from the scene, day-dreaming while he was painting. When I realized that and “came back”, I had the impression that, even being apparently so detached from me at that point, he could notice if I was “there” or not. He was trying to fill every blank space in the paper, painting it thoroughly and intensely.

I said that, stressing his painting like that, maybe he wanted to make clear that there wouldn’t be any blank space, what he was doing would still be here next time, and there would be no gap between us. Maybe he felt as if he didn’t exist, falling into a blank space, when he didn’t find his drawing here,

Identification with chopping daddy-ruler.

Obsessive attempt to establish a clean green field. Although there is a link with the objects, he and his object are joined up, no daddy-ruler – then green and peaceful.

The therapist is a threat if he is not a figure to be controlled, who needs to be there, almost like an inanimate object. Gaps are not safe.

as if I have forgotten him.

He stared at me for a while. When we were finishing and both sheets were completely green, he expressed his disappointment. He took the fences and some domestic animals, and he wanted the green sheets to be a field of grass on which were the animals and fences, a kind of farm. I said he seemed to want to have fences helping him to control and organize himself as happens to domestic animals in a farm. But he felt it was so difficult that there was not time enough.

He helped me to tidy up, and asked me (not for the first time) if someone else would use the room. I said he wanted to know if I would see other children, who would share his space, and he feared they could take his space. I added that his toy box was only his. He seemed to be relieved.

Green field and farm foreshadowed.

Anxiety and control making it difficult to reach it.

Fear of having his space taken by someone who could come through the gap.

Session 08/10/08 (after a missed session and before sessions he would miss because of religious festivals)

Fragment

Chaz ran through the corridor and once in the room he took out the dolls from the box and gave them to me. He then quickly took the two sheets printed in green, and put the brown plasticine over the table, pressing it against the surface.

My interpretations on his hurry, connecting it with the gaps in his attendance were dismissed.

He then took the animals, which should pass through the brown plasticine, and made them step on the plasticine and then go to the “green field”.

I said they had to pass through the anger and mess, before they could come to play in the green field. Maybe he was feeling like that, because he couldn’t come last week, and can’t come the next two weeks because of the festivals. He stared at me.

Chaz kept asking about the time, how much time he still had. He hurried with his play.

I said he felt we had a short time to work.

(...)

Chaz didn’t want to finish the session. At the end of the session he went to the toilet to wash his hands.

Hurry. Fear of falling in transit: link to speaking very quickly.

One quick step before arriving at the green field. He doesn’t want to be left in the “mud”, for the next weeks when he won’t attend.

Attention.

Urgency still.

Anxiety.

Needed more time.

Cleaning the “mud”, the mess.

Session 23/01/09 (six months into therapy)

I collected Chaz at the Reception and he came running to the room, although, as usual, I had to show him which one it was, this time a different one (we changed the time of our session and therefore the room was also changed).

Chaz immediately noticed this. He noted that there was a sink in this room, and sat on the table. He complained about the wooden chair, saying that the other was “colored”, and asked for how long this would be our room.

I said that this would be our room now. I added he was unsure if, with these changes of time and room, I would still be the same for him and for how long.

Chaz rolled a sheet of paper and glued its sides shaping it into a pipe. He talked through it, telling me it was a microphone. I said he wanted to be sure he would be heard by me.

Chaz then took from the box the drawing he had made last time, and made some comment showing he was happy to find it there.

I remarked that he was happy to find his drawing from our last session, showing that, despite the changes in time and room, I had still kept his toy box and his drawing

Lack of proper orientation in space → he is everywhere, all around the place.

Feeling unstable with the changes.

Afraid of not being seen or heard.

He is the one who has the powerful voice coming through the opening: defensive manoeuvre connected with his fears.

Here the therapist is a separate person, who kept his drawing, despite the changes.

with me. I added he was relieved to confirm that I was the same, and that I was able to keep him in my mind.

Then he began to draw something on a sheet of paper, and deleted it (it looked like another mobile phone). He then wrote “5A pesofpaper”, and told me he would need a “piece of paper”, a larger sheet.

I said we didn’t have one, and he looked frustrated. I said he seemed to feel that today he needed a lot of space for communication.

He said he was speaking a lot today, while usually he was quiet.

Finally he decided to stick two sheets of paper together. He struggled with that using the plasticine.

I remarked it was being hard to stick those two pieces of paper together.

Chaz used the glue stick to beat on the paper, trying to make the two sheets stick together. At a certain point it hit his finger and hurt. He screamed, and I suggested he placed his finger under cold water in the sink, which I helped him do.

Chaz remarked that the tap should be longer so less water would splash back onto the sink base.

I said he might feel he needed to be sure that he would have a longer time of therapy, with no changes, that he would be able to “speak a lot” here. Maybe he was

Written language worse than spoken language, in which space between words here is acknowledged.

Pride of developing capability of communication.

Difficulty in putting things together.

Hatred of separation and gaps.

Wish for a safe space, a longer time without interruptions or changes, to avoid regression.

Adequate communication.

afraid of losing his progress, finding it hard to put things together: the last session and this one, the other room and this one, me and him. He was trying to stick things together in a way that they wouldn't change.

He walked back to the table, discarded the sheets he had been previously trying to stick together, and went on to try to stick together two other sheets, using glue and sellotape.

I remarked that he was trying now to put things together in a different way, the two sheets of paper were still two different ones, although they could have a link between them, like me and him.

Chaz tried to read what he had written down on the drawing of the mobile which he had made last time, and was frustrated he couldn't read this sentence: "this is the rechargeable hold" (hole?), written in a jumble of words and letters, and he wanted me to help him on that.

I said he wanted me to help him to think, to hold to his link with me and to communicate what is in his mind, so it doesn't run through a hole.

Chaz finally started to draw on the sheets of paper stuck together. He asked me about the two lines on the ruler, MM and CM, reading MM as MaMa.

I said: "M Mama, C Chaz and Carlos. How much can you feel connected to mum, to me, and realizing we are different

Link between an independent pair → Evolution.

Acknowledgement and frustration at his problems.

Fear of not being able to keep the link with me, the therapy and his evolution during the gaps.

Hints of oedipal organization.

persons?”

He drew a mobile that should be waterproof, resist 120m under water and so on.

I said he wanted a strong power of communication that could resist extreme conditions, that could work even when he is angry, worried or sad. He didn't want to lose his communication with me, which was developing, growing.

The session was ending, he wanted to take these drawings with him, but he accepted that they should remain in the box here.

Wish not to lose his developing power of communication.

c) General Categories

As a result of the coding of the sessions, some general categories emerged that were grouped as follows:

1. Continuity of surfaces: avoidance of lumps and holes, edges, gaps:

This was a predominant theme in Chaz's behaviour in many different levels. He could spend long periods in his sessions flattening and straightening plasticine on the table, as was seen since the assessment sessions. The search for continuity was also seen between consecutive sessions. He would then check if some hole he had filled up with plasticine in one session was still filled up, or if a piece of sellotape he had stuck to the wall was still there. His wish for continuity and reaction to gaps can be seen in his reaction in a session when there was something new in the room:

Chaz checked the room. The stain on the wall, the couch which wasn't there before. He tried to pull out the cushions from the couch. He said he "didn't want it here".

I said the room was supposed to have one, but it was missing. And that he wanted to check if things were the same as they were before the gap between the last session and this one, if I was the same, and he felt disturbed because the couch was something new.

This was also related to the moments of avoidance of the open vowels that would sometimes make his speech incomprehensible. When there was some improvement in his speech, his written words would still overlap, losing the last bits in the process. The search for the continuity of surfaces seemed related to the bi-dimensional aspect of his mental functioning (see Meltzer, 1975) and his adhesive mechanisms, also evident in his frequent mimicking of his father. See this moment in the last assessment session, when he did not know what would come next:

I said he seemed to be upset, and things seemed to be more difficult to fit in today. He stared at me for a while without a word. After a while he interrupted his play and went over to the desk close to the window again. He began to brush his arms over it.

2. Lack of time/space orientation; Intrusiveness; Lack of boundaries; Indifferentiation self/object:

Chaz frequently treated the whole Clinic as a continuation of the playroom. He would run through corridors, stairs and waiting room:

I collected Chaz at the Reception and he came running to the room, although, as usual, I had to show him which one it was.

There was not a clear differentiation between self and world: he was everywhere, all around the place.

3. Desperate sticking, straightening and flattening; Difficulty in putting things together preserving their individuality:

Chaz's favourite play materials were plasticine, glue and the ruler. When the ruler did not seem enough to flatten the plasticine over the table, he would use his feet to press it down. On one session after the first summer break,

Chaz started to soak paper to clean the wall obsessively. When I commented on that relating it to his attacks in the last session – the first after the break – he said he was “flattening” it. When he saw a little hole on it, he said “oh!” apparently distressed about it. He immediately started filling it with wet paper and plasticine.

I said nothing should come out of it, and there should be no holes, everything should be the same, continuous, without gaps, differences, interruptions or breaks, without a long summer break as we had.

He completely ignored what I said.

I said I should be flat as the wall, just be here in the same way, silent, “shushed” or not heard, as if he could stick on me.

He stared at me seeming surprised.

This “Oh!” would appear on a few occasions. It seemed to mimic the hole itself and express a big, open space of surprise. He was not counting on this, where did the hole come from?

4. Mimicry of imperative voice, copying words, objects taken by the surface:

See these excerpts from the Second Assessment Session, when Chaz, as would be often repeated in the beginning of his therapy, seemed to be mimicking his father:

He also took the toy mobile, and answered some "calls", sometimes with a face meaning "they won't leave me alone".

(...)

When he was answering his "calls", he talked about "building", "I'm doing", "flat", "flattening", and many jumbles of words, a kind of cluster of words with no vowels, like "mmhngnrn".

5. Threat of having space stolen by someone else:

It seemed that Chaz's anxiety about holes, gaps and open vowels also involved a strong and primitive sense of rivalry. Who would come through these gaps and take up his space? He was very anxious about finding in the playroom traces of the presence of other children. This was clear in his very strong reaction to his youngest brother coming to be seen at the Tavistock as well. On one occasion he was in the waiting room grabbing his brother's neck so strongly that he was red. In the first week in which they came together to have their sessions, Chaz was absolutely furious:

when I went to collect Chaz in the waiting room, he was playing in an extremely aggressive way with Joshua, who nevertheless was laughing. There seemed to be a component of sado-masochistic excitement in their play, coherent with mother's descriptions of what often happened at home, as well as with observations from the Clinic staff.

Chaz didn't want to come with me at first.

As soon as we came into the room, he started saying repeatedly: "I will kill him".

He also made a drawing of a target, stuck it to the wall and kicked it several times.

I said I thought he wanted to kill Joshua and he was furious with me too, because he felt everything was different now that Joshua was coming to the Tavistock as well. He felt as if Joshua had spoiled everything for him, the Tavistock will not be the same and I will not be the same, and I am to blame for that. How could I allow this to happen?

Chaz could not hear me, he was very disturbed, coming in and out of the room using sellotape to wrap everything, which he tried to do with me as well, and wanting to look for Joshua outside.

6. Animal sounds: no human words:

During many sessions in the beginning of his therapy, Chaz would repeat silently his obsessional play with plasticine. When I tried to intervene he would immediately react squealing loudly as a piglet or roaring furiously as a lion. It seemed that if he was to be “pulled” from his mindless state of sticking and flattening, he would be in a jungle and he needed to protest loudly. His persecutory anxieties seemed to be very close to the surface in spite of his defensive mechanisms and autistic traits.

This “jungle” also had anal connotations, and sometimes he would be a piglet, and the toy animals would be in a mud puddle made of brown plasticine. It seemed that Chaz felt that his mess, when he was not controlling it by the sticking/flattening pater, could be too much: his mother could not control him, who would be able to take it? The cancellation, the dirt that was not removed, all made him feel very anxious, believing that it could mean that I was not strong enough to contain him without being too flexible as to be distorted and dirtied by him (See Houzel, 2000).

7. Pride of developing powers of communication; Putting things together without mess; Hints of Oedipal organization:

Later in the therapy Chaz could be often friendly and talkative, and besides showing gratitude, was proud of letting me know of his achievements. He showed me his badges: “Eco Warrior” and “Buddy”, both given him by his school.

His pride in his developing capacity for communication was evident in the last session coded, and in a session just before a break that will be quoted in more detail below. In it, after a non-verbal machine-like moment when he was copying the sound of a machine, he could nevertheless listen to me and respond to the interpretation in a thoughtful way. He ended the session showing an organized and integrated notion of time and use of language: “See you in September”.

Besides the brown mud – plasticine that was frequently all over in his play – Chaz started drawing a “green field” – two sheets of paper painted in green and stuck together – where the animals wanted to go.

The hints of an incipient oedipal organization were clear when he was excited about going to the continent for a wedding. This will be further discussed below.

d) Discussion: Alternating States

The next stage consisted in the analysis of these general categories. They seemed to reveal that Chaz oscillated between different states of mind, with his behaviour, his relationship with me and his use of language varying according to which state of mind was predominant in each particular session, phase of therapy or moment of a session.

The first identified state of mind was evident mainly through his physical behaviour. In these moments he would be mostly silent and obsessively sticking, flattening and straightening not only the plasticine on the table, but everything that he found was loose in the room, or any hole that he felt *needed* to be filled or lump to be flattened in order to ensure a sense of continuity and to elude gaps and edges, including between words in a sentence. This mental pattern was described as the *Sticking Machine*.

The second state of mind corresponded to a limited space with a physical characteristic – the *mud puddle* which was represented in his play mainly by brown or occasionally red plasticine that occupied the centre of the table, of the session and of his mind. His communication here would be usually very aggressive, his anger and fear often felt as being beyond words, and he would express it, for instance, roaring like a lion or squealing like a piglet instead of speaking.

The third of these patterns corresponded to a place – a *green field* – printed by him on paper, and often including domestic animals and fences over it, like a farm. In these moments there was a connection with a broader range of feelings. His spoken words and sentences would be clearly understandable. The written sentences would include increasing separation between words, in spite of the misspellings, with which he would occasionally ask for help.

The first two patterns were the predominant ones for most of Chaz's therapy, definitely the prevailing ones at the beginning of his therapy, and also patterns to which he could regress easily when there was anything that made him feel threatened. For the first months of his therapy, there were a few glimpses of the *green field*, indicating that this possibility already existed in his mind, but it seemed to be an unreachable place, something that he would like to aspire to, but it was not clear if this was possible for him.

At the same time, the distinction between the “mud puddle” and the “sticking machine” was not always clear. The reason for this seemed to be that the *sticking machine* was a desperate effort to avoid the *mud puddle* that did not actually work. Chaz seemed to be flooded by the mud and even if he would many times like to withdraw completely from it to a silent, detached and mechanical place, he apparently could not succeed. The efforts then of the “machine” were highly increased and more strength was put into it in a very determined and anxious way, always threatened by failure. This made him very angry and enraged about anything felt as interventions or interruptions in his obsessive activity.

I will now proceed to describe these three supra-categories, which correspond to different aspects of his mental functioning, illustrating each one with the corresponding clinical material.

1. Sticking Machine

“Mmhngnrn!”

This category or mode of functioning involves the need to flatten surfaces, avoiding lumps, holes, edges, gaps, or any form of rupture that can indicate a discontinuity in space or time. There is a desperate sticking activity, as well as straightening or filling any gap, and a struggle to put things together suppressing their rebellious individual identity. The therapist needs to be there, but almost as an inanimate object, otherwise being felt as a threatening presence. There is a desperate attempt to avoid the messy “mud” which seems however to be already there.

In terms of language, it is rarely used, and when it is so, it is often like a jumble of words with no separation between syllables or words in a sentence. Occasionally the lack of vowels made speech unintelligible or meaningless. At other times, words are used with no discernible underlying context, sounding like copied speech. Perhaps this corresponds to an attempt to remove dimensionality in the form of indwelling vowels,³⁷ and by this means to eliminate the rival siblings.³⁸

³⁷ See Meltzer’s concept of “Theatre of the Mouth” (Meltzer, 1986).

³⁸ See Tustin, 1972 and Houzel, 2001b.

In the first assessment session, Chaz barely spoke to me. He played with the plasticine, making squares that he tried to stick firmly on the table and cut their corners with a ruler, trying to make them straight. He also used the ruler to press the plasticine against the table. At some point he divided the plasticine in two parts, and struggled to stick them together again.

I said it seemed difficult to keep it so flattened stuck together and straight. Maybe he felt it difficult to be here with a new person, unless he felt I was part of him.

In our second meeting he kept playing in a similar way, and occasionally spoke on the mobile toy, simple words or imperative short sentences as mentioned above.

It seemed that there were a lot of calls and voices that were confusing noises “coming” from the mobile, an adult speech that he copied meaninglessly, and that blocked his communication with me. When he made something, it was an unintelligible jumble of letters and numbers – for instance, on one occasion, the only one readable part was “h70” – with no separation between them. It seemed that, like in his play, in his speech and writing he also avoided edges and the *lumps* or *holes* (*highs* and *lows* given by the vowels in ordinary speech).

All of Chaz’s obsessive *machine* manoeuvres, nevertheless, also seemed to bear the character of forceful defences, which were rigid but not solid, like a fortress that needs constant vigilance, filling the holes or gaps on the wall through which the enemy – acknowledgement of discontinuity and difference, and the persecutory fears engendered by them – could penetrate and take over.

In our fourth meeting, which was also the third and last individual session of our assessment, and therefore after which it was not clear yet what would follow, Chaz seemed to feel more threatened and anxious, and therefore his manoeuvres seemed to be more desperate and less effective, making him feel invaded by the confusing and messy feelings of the *mud puddle* state of mind:

Then he came, walking slowly. Chaz went over to the desk close to the window and kept looking outside through the window. I said he was leaving me outside his mind. Maybe he was feeling left outside by me, since this was the last session of our assessment. He didn’t show any reaction to this.

(...)

He then came to the play table, where I was. He grabbed the mobile phone toy and pressed the button so it began to make some noises. He took the plasticine with a sound like “oh!”, as if it wasn’t the way he expected. Then he began to press the plasticine against the table very strongly, this time using not just the ruler, but also his foot. He stamped fiercely on the ruler that was over the plasticine.

I said he seemed to be upset, and things seemed to be more difficult to fit in today. He stared at me for a while without a word. After a while he interrupted his play and went over to the desk close to the window again. He began to brush his arms over it, looking like an animal marking its territory. I said maybe he was brushing himself against the table to feel that the room was part of him.

He came to the table again and began to cover the green plasticine with the brown one which was overcoming the boundaries previously built by him.

I remarked that the brown plasticine was covering the green one now, and it seemed difficult to control. Maybe he felt that his mess was going over it all, as his anger, making a mess, and he was feeling left alone with it.

He stared at me.

This pattern would be very often repeated during the first months of his therapy, or later, in a different way, whenever he felt so threatened that there was a regression.

In the first session, some weeks after the assessment,

after acknowledging that we were in a different room from the one used in the assessment, Chaz was very silent while playing repetitively with the plasticine.

He then grabbed the phone toy and said “Yes, done it”, followed by a jumble of letters and unintelligible sounds. He followed this by taking the brown plasticine with which he made a rectangle on the table and carved his name on it.

I said he wanted to stick there, so there would be no more changes in room or intervals between his sessions.

He then removed the plasticine and cleaned the table with a rubber.

On other sessions he would use glue, plasticine and sellotape to stick things together, cover little holes on the wall, stick back a small part of a plank that was coming off the wall, occasionally making strange sounds, noises, whilst at it.

On a session after our first Christmas break,

Chaz spent some time sticking two sheets of paper together with the sellotape.

I said he wanted the gaps between his sessions, and between him and me to disappear.

He then started to draw a building on another sheet of paper, using the first ones as a base for it. He felt the paper was too small and wrote: "papewastosmelsowerojustmakinitherecosthepapesnottaleranug".

I wondered if he was expressing a feeling that there should be more sessions and less gaps between them, he needed to fight hard to keep it together, or the building could fall apart.

He could, on several sessions, play with very few, or without a single word, not answering to my interpretations or even acknowledging having heard them while, for instance, wrapping his own arm with sellotape, or the furniture, or trying to wrap me.

During one of these sessions, after a missed one and after I was very incisive, Chaz had a strong reaction:

He was silently wrapping toys, controlling the time on his watch and ignoring all my comments. I said there were things that seemed to be so difficult and scary that he avoided thinking and wrapped his feelings and thoughts for them to be quiet and silent, and then he couldn't speak, think, or learn.

He then crawled under the couch.

I said he seemed to have heard what I said and felt he needed to protect himself from me. He had the impression that he had to wrap everything tightly to keep it together. He was afraid that things could fall apart.

He screamed loudly, as if he felt almost like a cornered animal.

It seemed that he took my interpretation as a statement of fact. This is an example of his problems with symbolic processes, and, in hindsight, my phrasing of the interpretation was probably scary for him.

In the above mentioned second session after the first summer break he was forcefully “flattening” the wall and filling its holes, concretely suppressing any gaps. He was also unable to listen to me, as if I should be flattened as well, and not something that disappears in the break- a hole or a gap – and stand out after it – my voice and comments sticking out from a flat surface.

2. Mud Puddle

“Roarr!”

This category or mindscape involves hate, terror, violence, lack of boundaries or of barriers for feelings impossible to contain or process, lack of differentiation self/object, intrusiveness, mess, dirt, urgency, lack of time/space orientation, threats of having the space stolen by other creatures, imperative and menacing voices. Its typical language includes sounds of wild or cornered and dirty animals that he actually becomes, unlike playing of being one of them. When he uses language here, it is on one hand more understandable and structured, even if on occasions it seems more like copied language with menacing authoritarian and imperative voices, trying to control the chaos of his feelings of terror.

In a session in the beginning of his therapy,

Chaz was justifiably very upset because he couldn't find a drawing he said he had started making on the previous session. I wondered if this particular drawing was by mistake thrown away by he himself or by me when we were tidying up the box at the end of the previous session. He apparently tried to put it aside by using the “machine manoeuvres”, pressing plasticine against the wall, painting it white, using the ruler to fix it there and straighten it, and finally using glue and sellotape to fix it.

He then tapped on the wall while staring at me with a serious look, and saying it “had to stay”, apparently indicating that he wanted to find it there, like that, next time.

I said he wanted to be sure that his traces would remain in the room, because he was very upset about not finding his drawing from last time here. He was not sure that I could keep him in mind, so he needed to leave concrete signs stuck on the wall.

He stared at me for a while, and then repeated his gesture. He wanted to know if the plasticine would stay there.

I said it would be there until the end of the session, when we both would clean it.

There was an immediate switch in his mood, and he became anxious, angry, and obsessively determined that this would not happen. He covered the plasticine with paper and fixed it on the wall with several layers of sellotape. Whilst doing this he was mumbling some undistinguishable words, but I could distinguish “get it out”, said in a very defiant tone, apparently meaning that it should not be possible to remove the plasticine from the wall.

When I said he wanted to believe that everything in that room was under his control, and that I was under his control too, he corrected me, saying, now clearly, that I was under his control. It seemed that words become clear when he feels understood.

Around the third month of his therapy, there was a slightly longer gap between the sessions due to religious festivals that prevented him from coming in his usual time, although I managed to see him at a different time to avoid the gap being too long. There were then a few changes: a different time, a different room, and a different gap. At this point in the therapy Chaz’s *machine* behaviour was not as prominent as in his first sessions. He was clearly angry from the start of the session:

He didn’t want to come with me to the room at first. He wanted to bring the book he was playing with.

In the room, after carefully washing the ruler, he began to draw over an old drawing. When I asked him about the drawing, he looked at me and grunted like a piglet.

I said he seemingly wanted to scare me. Maybe he was scared of me with these changes in time and room that he could not predict. He ignored that.

He took another drawing and I commented on that. He then looked at me and roared as a lion.

A similar mood could be seen in a session during the following month, two weeks before the Christmas break:

Chaz took all the animals and the plasticine from the box. He proceeded to stick the red plasticine on the table.

I said he wanted to stick it on the table to know it would be there, it was something he could control, unlike me and our sessions, since we'll have a break.

He looked surprised, and said imperatively:

"No, we will not."

I said he'd prefer if we didn't, and he'd like to be able to control that.

(...)

He took the animals and the sheets of paper that had been in a previous session painted in green. The animals had to pass through the plasticine before arriving in the green field. Then they were back in the box after passing through the plasticine again.

I said he felt like these animals, who left the box where they were isolated and wanted to arrive in a nice green field, but they had to pass through the mud puddle, he had to pass through this anger when he was frustrated like now about this break.

He didn't seem to be listening to me, and was grunting and roaring furiously.

I said he was still upset and angry about the break, and he didn't feel able to talk to me about that, he could only express it by grunting and roaring.

He tried to draw something but couldn't. He was not able to speak or to draw, indicating failure of symbolic capacity. It seemed that this lack of control over the break was too much to be processed.

A similar pattern could be seen on a session that followed a cancellation due to the strong snowfall that had affected the city that week:

Chaz seemed to be afraid of having been responsible for the cancellation: he was very worried examining the wall he had dirtied on the previous session he attended and realizing it was not clean yet.

My attempt to say something about it was immediately interrupted by him roaring very loudly in front of me with his mouth wide open and very close to my face. He was pulling such a horrendous face distorted by rage that it seemed he wanted to beat me to death or to devour me. His eyes and voice seemed really non-human, the roar almost similar to a lion's roar.

I related his rage to him believing that I had allowed him to make such a mess in the last session that it could not be cleaned, and that this was the reason for me not being there for him last week, something had been broken.

He then took some plasticine and the animals from the box and covered their mouths and faces with brown plasticine.

I said this mess was blocking them from speaking or seeing or eating, and added that he was so desperate and angry that he could not speak or see, just roar.

When we were finishing, he wanted himself to remove the plasticine from the animals.

Even after his evolution in the therapy, Chaz would fall into a similar pattern, although not identical, whenever feeling disturbed or threatened by some event. He would then, for instance, use a kind of paper *microphone* he made to *shush* me whenever I said something about what he was doing, screaming loudly and furiously: “SHUUTUP!!!”

In the second year of his therapy, in the first session after our first summer break,

Chaz arrived on time. I went to collect him, and he didn't want to come to the room at first.

His mother said the summer break was very difficult for him.

(...)

He entered the room and immediately started showing how angry he was, almost in a more ordinary way, opening the box and throwing away what was inside. He also wiped off the label on the lid with my name on it. His anger escalating, Chaz pushed the small chair with his foot turning it upside down, went over to the other side of the room, close to the window, and leapt, roaring something with a furious expression on his face, as if he was some sort of beast.

He would answer to any intervention from me with a loud scream seemingly meaning that he was too angry to listen to me, and shushing me. It seemed that he was on some level identified with a noisy and terrifying figure.

In many of Chaz's sessions, there was a fluctuation between the *sticking machine* mode and the *mud puddle* mental landscape, always threatening to break through, hardly disguised. He could always easily retreat from the latter to the former. As we will see later, at other

moments the *green field* mindscape could be momentarily glimpsed, evolving from the mud. When this internal *locus* could be more significantly present, with the evolution of his therapy, it could still easily regress to the *mud*. On occasions Chaz seemed to be so proud of his achievements, and at the same time so insecure and fearful that his state of mind might not last or be destroyed, that he would resort to obsessive *machine manoeuvres* similar on the surface to the ones previously described, but serving here a different function, when taken in context: he was then desperately trying to keep and preserve something that he felt as being good, but was always in danger of being lost or taken from him, making him feel again anxious and angry, flooded by the *mud*.³⁹

This can be seen in one of the coded sessions (24/09/08), from the beginning of his therapy, in which he oscillates from the *machine* behaviour, which was already less predominant, to the *muddy* place and back again. It is surprising to observe that there were already in a couple of moments very brief and faint flickering hints of the “green field”, almost as a mirage in the desert, surrounded by obsessive manoeuvres that indicated its fragility. In this session, as can be seen, Chaz alternated between playing silently and ignoring me (*machine*) and squealing as a piglet (*mud*) or dividing words as it pleased him: “get/mo/re/fen/ces”, but could even, at the end of the session, formulate a clear communication, expressing his fear of having his space taken up by someone else by asking me if someone else would use the room (*field*).

This oscillation was graphically illustrated by him in a play shown on another coded session, of 08/10/08, and that, with some variations, he would repeat on several sessions. It consisted in having the animals pass through an usually brown but occasionally reddish mud puddle in order to reach the green field.

At the end of the first year of therapy, before the first summer break,

Chaz started the session playing in a more relaxed way, occasionally cheerfully teasing me, other times being naughty, until in one interpretation I related his behaviour to the fact that this was our last session before the break.

Following this there was a noticeable switch in his behaviour: Chaz started making noises copying the machine noises coming from works going on outside the building.

³⁹ This would actually happen, for instance, when his younger brother started therapy at the Clinic, as mentioned above, and later, when he learned about the end of his therapy in a few months' time.

I said he felt it would be safer to be like a machine, since he was feeling like I was treating him as a machine, not caring about him or his feelings and leaving him for such a long break, leaving him with no words, and he was afraid he could be very confused and furious.

He stared at me silently for a few seconds.

(...)

When leaving, he said:

“See you in September”.

This was a good example of how he could come from a more communicative, if angry and slightly aggressive, mood (*mud*) to the *machine* behaviour, although at this point in therapy being more flexible. He could then resume his more communicative mood, greeting me in very adequate and organized fashion when leaving.

As mentioned before, the fact that Chaz’s youngest brother Joshua started therapy at the Tavistock was felt by him as a huge setback. As was seen in the session mentioned above, Chaz was then furiously threatening to kill Joshua.

One can note, on the one hand, the level of his fury and the murderous impulses that were much beyond the ordinary jealousy and rivalry between siblings. In spite of being by then nine years old, Chaz could hardly repress his murderous impulses, and it was almost like a *him or me* rivalry, common in some autistic children (See Tustin, 1972 and Houzel, 2001b). He seemed to be feeling persecuted by Joshua, who had previously jointly with Joseph, spoiled his mother for him – it is necessary to remember here that Chaz’s mother did effectively change, becoming depressed, when she had his brothers while living abroad. This flooding and unbound murderous rage and feeling of persecution was exactly the kind of feeling Chaz tried to avoid by resorting to the obsessive non-thinking, sticking, flattening, wrapping machine behaviour.

In spite, however, of his uncontrollable behaviour on this session, and the moments of a mad attempt to mend things through all the wrapping, he seemed to feel at that point he had a space in which he could express that anger not only roaring or squealing. He could use a target, and most importantly, a structured verbal sentence to express his impulse: “I will kill him”. This is not to say that he felt he was safe or protected from his own anger. The frenetic wrapping at some point seemed to be related to an attempt to avoid, through physical constraint, the worst: that he could kill Joshua.

What seemed to be a preserved evolution, in spite of the regression he experienced at this point, was the fact that he was able to allow the *mud* to take over in all its potency whilst in the room with me. He was not *playing* the authoritarian or controlling then, he was honestly feeling taken over by something that was beyond his capability to cope and expressing it in the context of his relationship with me, probably trusting that it could be contained.

This reaction to Joshua's therapy, although occasionally attenuated, continued for some more weeks. He would repeat that he "hated the Tavistock", hated Joshua, and that he didn't want to come anymore. Still, he could more often use more average projective mechanisms, and adequate and structured language, as when, having spread cut pieces of paper throughout the room, he later said: "You clean it! *You made the mess*, you clean it!" It seemed clear that the mess I made referred to Joshua "sharing" the Tavistock with him.

Much later, when Chaz learned about the predicted end of the therapy, he could at first be in touch with feelings of loss about it instead of being only flooded by unbearable rage or retreat to the desperately controlling *machine* mode. When we were approaching the last month, an understandable regression occurred, that lasted for three weeks, when he was furious, aggressive, and when he was reluctant to attend his last sessions. There was not, though, a return to the *sticking machine* and it was limited in its length, since in the last weeks he was able to be more in touch with depressive feelings again, as will be seen in the next section.

3. Green Field

"The animals need to go to the green field!"

This mindscape, which in the beginning of his therapy could only be hinted at, involves an acknowledgement of Chaz's own problems and fragilities – like the learning difficulties – a capacity to connect with emotional needs and his need for important others who are separate individuals and who are not subject to his control. There is therefore instead of the de-humanized mechanical or animalesque behaviour, a capacity to connect with the therapist showing even affection and gratitude – and the consequent fear of loss. It includes the longing for a safe space, and pride of his developing powers of communication as well as developing capacity of putting things together, which implies in incipient hints of oedipal organization.

There is use of structured language here, in which the spaces between syllables and the adequate linking vowels are preserved, and he can sound like a real child and not a pseudo-adult copying badly an imperative and authoritarian adult. There are several misspellings but he can ask for an adult's – the therapist – help with it, showing there is an effort to organize his mind. With some evolution having happened already in the third month of Chaz's therapy, there was a hint of this state of mind when at the end of a session not long before a break

We were approaching the end of the session. He didn't want to, he wanted to finish painting the river. He also wanted to take with him the drawing of the house.

I said maybe he wasn't sure if he would really find me here next week, or after the break, and he wanted to keep our sessions with him.

He asked what I would do with the drawings when we finished. Would they be here or with me? Forever?

I said he wanted to know if I would keep him in my mind during the break, and if he would be able to keep me alive in his mind.

In one of the coded sessions into the fifth month of his therapy (23/01/09), a few weeks after the Christmas break, although feeling unstable about the changes – we had to change the room due to the change in the session time at the request of his mother – Chaz was more communicative. At the same time, there was some fear of not being heard or seen. He was happy to find in the box the drawing he had made in the previous session. As was referred to above, he also seemed proud of his communicative development. In spite of that, the fear of the mud that could penetrate through the *gaps* seemed to be there, when he was struggling to stick two sheets of paper together so fiercely that he hurt himself. Nevertheless, his next statement seemed to be symbolically very communicative, when he remarked that “the tap should be longer so less water should splash back onto the sink base”, apparently wanting my help in our sessions to last longer – more time without interruptions, or changes, to avoid regression.

Later in the same session, he was able to discard the sheets he had been trying to stick together and went on to stick together two other sheets, this time with glue and sellotape; but not desperately using plasticine or beating on the paper. This seemed to be a moment in

which he was able to conceive a link between an independent pair, showing an important evolution.

As the session evolved, as can be seen, there was also evidence of acknowledgement of his problems, and of fear of losing the link with me, the therapy and his evolution during the *gaps*: “This is the rechargeable hold” was the sentence previously confusedly written that he was struggling to read. It is difficult to know if “hold” could stand for “hole” misspelled, or if “hold” had the meaning of ongoing containment that recharges him out on another level. (This will be discussed further below). This could mark a shift from an empty mouth that is experienced as a hole to one that can potentially receive something that can recharge him. In any case, it was as if he wanted to be sure that the input from the therapy could be rechargeable when he felt he was losing it.

At the end of this session he drew a mobile that should be “waterproof, resist 200 meters under water”, and so on.

I then said he wanted a strong power of communication that could resist extreme conditions, that could work even when he was angry, worried or sad. He did not want to lose his communication with me which was developing.

The subject of the mobile phone would return in one session in which he took the drawing of a mobile he had made during the previous session and tried to remake it, saying he wanted it to be “neater”.

When I said he wanted to repair the mess of anger and frustration he was feeling last session, he stopped for a while and poignantly said that “the invention was difficult to make”. This seemed clearly to be a more integrated, depressive moment.

In a session into the second year of his therapy,

Chaz came cheerfully, saying he was on a “Bank Holiday” of eleven days (these were in fact some holidays related to religious festivals, since it was before the half-term).

He was talkative for the first time in his treatment, and in a friendly mood. He told me he had been out shopping, and was happy about the new clothes he was wearing, and also

explained to me in detail about the “fountain pen” he used at school now, which had three cartridges and “never ended”. Only blue ink was allowed, otherwise it would be “messy”.

I remarked he seemed to be very proud of these new things and was able to speak to me today in a way he not often does, which was a “new thing” too. Chaz answered to that not only using adequately structured language, but also in a surprisingly insightful way. He said he was feeling well, and then things looked good, he looked good. When he was feeling “bad” inside, things looked bad, he looked bad.

In the second year of his therapy, and after the turbulent period connected to his brother’s therapy, in the last session before our second Christmas break,

Chaz, after some initial reluctance in coming with me to the room, checked the toy box and proceeded to draw a Christmas tree which he stuck on one side of the box and a symbol of his religion that he stuck on the other side of it.

I wondered if the Christmas tree represented me and the other symbol him, and it seemed that he wanted to preserve the link with me during this break, showing me he was thankful for me surviving through all his anger. We were two separate persons, each on one side of the box, and still we could link with each other.

He then wrote down on the drawings: “Merry Christmas” on the drawing of the tree, and “Happy.....” on the other drawing, referring to the festival of his own tradition. The words were clearly written and separated from each other, and he asked to my help in spelling “Christmas” and the other festival.

In a later session, he was excited about an approaching trip to Antwerp – I knew they were going to attend the wedding of some relatives – and explained why he was happy:

“Because it’s a wedding”. He also drew a vertical line dividing the paper into two halves. On one he wrote “lottery prize”, and on the other “Valentine’s Day”.

It seemed that he was more able to place two different things together: letters, words, ideas and people. The result of a couple getting together could be a prize, or something creative. I remarked to him how different this was from when he saw pairs, couples or people meeting as something dangerous or violent: then he didn’t want or could not put things together, or he could become too frightened, excited or aggressive.

He looked at me. He was asking how much time was left, and he was happy that he was able to make his adverts and put them on the box. He tidied up as we were approaching the end of the session, and said good-bye while leaving the room. "See you again in two weeks' time".

This session also demonstrated the beginnings of an elaboration of oedipal anxieties, something very difficult for him also due to his parents' actual turbulent relationship.

The next Easter break turned out to be a long one. I was going to take a four-week break that year instead of the usual two, but in the end I was stranded abroad due to the Icelandic volcanic ash cloud that interrupted flights, so the break lasted for six weeks. Chaz's mother was informed of this delay.

On our first meeting after my return Chaz showed up in a very understanding mood, apparently happy and relieved for my safe return. He took from the box a calendar that he had previously made himself, and marked our return. Despite this calendar not being an accurate one, it seemed nevertheless to show that he could now have a better notion of time. It also seemed an adequate way of remarking on the length of the break. When I mentioned that he might be upset that it took so long for us to meet again, he said his mother explained to him what happened, and he added that "no one could know", very forgiving even if there was a hidden complaint in his remark.

At the same time, it was clear what he was protecting me from when he took an insect – a ladybird – from the floor, and placed it on the table. It was painful to watch as he pressed it against the table and started cutting off its wings and then its legs, and finally stuck it on the table with sellotape. It was clear that he wished I could not go anywhere, but his preserving me from his anger on our first meeting after the break was a much more ordinary reaction.

In the following session, he then could express all his anger, *shushing* me with this *microphone* and not listening to what I said, but these feelings could be elaborated. The theme of the *volcano* returned when some time later he heard about the predicted end of the therapy, and mentioned casually the "second volcano in Iceland".

There followed a period of regression and aggressiveness, with occasional manic denial or triumph, but moments of genuine depression too.

During one of the sessions in our last month he was crying angrily and screaming, his face bright red. He lifted and threw the box on the table, the cushions on the floor, and came close to me as if he would hit me.

I report this to illustrate his fluctuations between the *green field* state of mind, when he was more able to think and elaborate symbolically and even verbally his anxieties and feelings, and the *muddy waters* that were so prevalent in the first months of his therapy, although the *sticking machine* defences were much attenuated by then.

In our very last sessions, his anger was much attenuated, and he could express his gratitude, among other moments, when he gave me as a gift a very nice pen that he had bought. His mother later told me that they almost arrived late because he wanted to buy it and to choose it very carefully.

At our review session, six months after therapy had ended, Chaz still seemed to be more insightful and thoughtful and was talkative and friendly. He was excited about moving schools in the next academic year. (*He would be moving from the religious school he attended to a good school for children with special needs.*) He said he was doing well at school except for the “handwriting with joined up letters”, which was still “a bit difficult” for him. When I wondered if he might feel that it was still “a bit difficult” to put things together in his mind, he acknowledged it, but added that it was “much better than it was before”.

After we said good-bye in the waiting room with a handshake, he called me to ask me if I still had the pen he had given me.

A few months later, through the parent worker – Chaz’s brother was still being seen at the Tavistock – I learned that Chaz was well settled at the new school and was going to an overnight trip because he had earned credits at school. He was going to school and back with friends, and was also going to scouts and had been camping with them.

3. CROSS-CASE DISCUSSION

a) Introduction

From what was presented about the two cases studied we can now draw some observations on the nature of and fluctuation between different states of mind in both

children. We can also relate similarities and differences observed in their patterns with the general psychopathological presentation of each child. It is important to note that it will not be possible to discuss in detail all the relevant features in the overall presentation of these two therapies. This is due to the decision to focus on a specific aspect of the mental functioning of these children, namely, the fluctuation between different states of mind that happened during their therapies, despite the initial impression of rigidity and impermeability. This oscillation was shown in terms of their relationship with the therapist, their use of language and their mental functioning.

One of the striking similarities that draw our attention after examining the general course of the therapy and studying the sessions in detail was that both boys seemed to oscillate between three different patterns of mental state, use of language and mode of interaction in the sessions. It is important to make it clear that the distinction we will draw here is schematic, in terms of the predominance of one mode of functioning over the other at each time. We are in fact talking about different capacities of the personality that coexist simultaneously. Added to this is the fact that there was an evolution during the course of the therapies from one or two of the predominant states described to one or two different ones, say, from the more withdrawn state of an autistic functioning to the persecutory or depressive anxieties that were being avoided. Or, alternatively, from a persecuted state to moments of a more depressive working through of these anxieties and back to a more manifestly belligerent mode – Chaz – or a clearly terrified one – Fred –, or to the non-communicative mode of the autistic refuge with its respective patterns of presentation: obsessive sticking and flattening in one case, mental desert on the other. Moreover, one of the children – Fred – described more than once three different landscapes that seemed to correspond to these states of mind, as if defining a geography that included particular features: flora, appearance and human quality. Recalling these definitions:

- A “desert”: “where no one needs any help”.⁴⁰
- A “jungle”: “with bad, bad, bad animals”.
- A “beautiful place”: “full of trees”.

⁴⁰ See apropos the presence of this same landscape in the case discussed by Rustin & Rustin in ‘States of Narcissism’ (2010).

Fred's journey through his therapy, particularly, – from his autistic shell, through the jungle to the garden – reminds us of the description by Frances Tustin of her patient Ariadne's dream:

She had been in a very constricted space and had thought to herself, 'I must get out of here'.
... She found herself in a large amphitheatre which was full of extremely evil people.
... she had walked through the evil amphitheatre to the other side; whereupon she had said thankfully, 'I've got a rhythm of safety'. (Tustin, 1986, p. 272)

The same kind of pattern seems to evolve from Rodrigué's narrative of the analysis of an autistic boy (Rodrigué, 1955). The development in the therapy made the previously withdrawn boy start hallucinating. In his extremely thoughtful observation of the child and narrative of his analysis, Rodrigué supposes that it was an outcome of the evolution of the boy in the analysis to "lessen the gap" between him and the boy. In fact, when reading the report one can be justified to think that things happened the other way around: at that point in the therapy, the gap between the boy and the therapist was already lessened, and this allowed the hallucinations to come to the fore, both the "blissful" and the "frightening" ones. The child felt that there was a stable, strong and attentive object into which he could project his terrors, anger and despair, an object that could exist independently of and support him, and that could also receive his idealization. Confirmation of this hypothesis is the fact that soon after that the child started to utter "his first articulated sounds".

It was striking to note that, not only the other child – Chaz – also expressed this oscillation graphically through two different landscapes, the "green field" – which was also mentioned verbally – and the "mud puddle", but that these two landscapes seemed closely related to two of Fred's landscapes:

- "beautiful place, full of trees" – "green field"
- "jungle with bad, bad, bad animals" – "mud puddle"

It is important to observe that the comparison between these *mindscapes* of the two children does not mean being oblivious of the specific and obvious differences between them, but only that a similar pattern was identified in terms of the predominant type of anxiety

present in the different states of mind, and of the fluctuation between these during each session and the course of therapy. For instance, the different presentation of Chaz's *mud puddle* from Fred's *jungle* was noticeable, although both were included in the category of a predominantly paranoid-schizoid mode of functioning.

The persecutory aspect of the mud puddle was present in the uncontrollable fear and rage shown by Chaz, defending himself from persecutors/rivals in a more active fight-or-flight mode, almost as if he was in a more primitive phylogenetic level, a naked beast exposed to predators.⁴¹ It also indicated Chaz's particular mode of functioning, more confused and entangled, to use Tustin's terminology (1972), than withdrawn like Fred. What I mean by this is that the psychotic aspects seemed to be stronger in him, in spite of his autistic features. This helps us understand the differences between these two children. Fred's autistic defences could be described as more strongly structured than those of Chaz's. He was encapsulated in a mental space that prevented him from being really in touch with the anxieties and defences of the paranoid-schizoid and depressive positions, limiting the scope of the experience of these anxieties and their normal evolution. On the other hand, the massive confusion of the psychotic-like child, resulting from intrusive and massive projective identification did not seem to affect Fred in the same way as it affected Chaz. This was shown by the more structured and thoughtful language that Fred would use when emerging from his shell. There is lack of development in certain areas more than a confused development. In Frances Tustin's words, autistic children are more "puzzled" than "confused and muddled" as happens with the more psychotic kind of children, and can have more clarity.

While Fred seemed to make intensive and predominant use of adhesive equation, Chaz presented clear elements of both intrusive projective identification and adhesive equation. The latter explained his cognitive difficulties. If sometimes he could deal with the therapist as in the presence of an animate object, at other times – *Mud Puddle* – not being able to do so, he could not contain his unbearable anxieties and tried to believe that he was in absolute control of the therapist who was like a dead body. See for example his reaction to the interpretation in which I said he needed to believe that he was in control of me, when he stared at me looking very surprised and said "But you **are** under my control!" In this sense

⁴¹ This seemed to relate to his uncontrollable aggressiveness, an aggressiveness that Fred, on the contrary, was very inhibited in manifesting.

one could say that the child was primitively intruding and taking over the mother's body and the whole space and world around him. These mechanisms, in his case, involved a big mess and confusion between his body, body fluids, and the others' and the space around him. Chaz's mud puddle clearly featured an anal aspect confirmed by his constant either "making a mess" or obsessively and desperately trying to clean up. This could be seen in his behaviour towards the analyst, the material, toys, furniture, and the playroom itself, represented by the specific characteristic of his *paranoid place*, where the anal character of the "mud puddle" was very evident, with the consequent fear of retaliation by the analyst, or by the "mess" itself, leading him to the need of trying to keep both under control. This was already clear in our first meetings, as could be seen in the above mentioned session, when at the same time that he was desperately trying to stick the plasticine against the table and keep things straight, in the end the brown plasticine with which he was playing overcame the previous boundaries and completely covered the green one.

It seemed that there was some awareness in him that this was our last meeting at that point. He did not know when he would come or if we would meet again, which threatened him with being helplessly out of control, which in his case was not only unbearable but unacceptable. He alternately tried violently to make things "stick" in their places, or spread the "mess" all over the place.

In addition to this, although Chaz's third state of mind was not expressed through a particular landscape, it was not only almost as much a silent and difficult to reach space as Fred's desert, but it also had a spatial dimension. In this mode, which I called "Sticking Machine", what predominated was the search for a flat and undifferentiated space, with the suppression of lumps, holes, edges or gaps between surfaces. This led to his obsessive behaviour sticking things to surfaces and flattening them.

The difference between Chaz's anxiety when in this mode and Fred's remarkable lack of it when in the "desert" was one of the aspects observed in terms of its relation to the very different clinical presentation of the children. Fred seemed more successful in keeping his ghosts at bay through the autistic manoeuvres, i.e. being protected from his primitive paranoid terrors by his denial of separation and, ultimately, of external and internal reality. This lent him the ethereal air of an elf, lacking the weight of a real human being. This atmosphere of unreality could pervade space and time around him, which was strongly felt in

the sessions, mainly at the beginning of the therapy. It seemed that he treated the situation of the therapy as something that could be real or not.

Chaz, on the other hand, was apparently, to some extent already “under persecution”, his paranoid-schizoid aspects much closer to the surface, which made his withdrawn mode – “Sticking Machine” – much more laborious, demanding much more effort, “hard work” and obstinacy to keep things as they were.

Frances Tustin describes two different pathological ways in which children deal with a separation felt as unbearable, and which is avoided by what she called “adhesive equation”, which she rightly preferred to Meltzer’s “adhesive identification”, since identification implies a degree of separation. Withdrawn, encapsulated autistic children build and generate their own shell, where everything is “me”. More psychotic or entangled children want to get into the mother’s body which is like an inanimate body – and this is different from a neurotic child in search of protection – into which they intrude. The outcome is a confusion between “me” and “not me” (In Korbivcher, 1995). While Chaz presented features of the latter type, Fred’s manoeuvres were typical of the first kind of children, and his apparent lack of anxiety, which could be felt by people around him as deadening – as it was by the therapist in the counter-transference on many occasions, particularly in the beginning of the therapy – was indicative of how successful his autistic devices were in protecting him from it.

The oscillation between the mentioned states of mind – or *mindscapes*, as I chose to call them – permeated both therapies. Although a fluctuation between two mindscapes, or the three of them – happening more often later – would be present in many sessions, there was usually a predominant mode of functioning in any particular session.

The lessening of the rigidity of the boys’ defences would be accompanied, particularly in Fred, by an increase in anxiety. The therapist could feel that he was provoking the child to leave his apparently comfortable or at least stable “shell” (Tustin, 1992) to enter into a nightmare. In Chaz’s case, the reaction would be manifest through extreme aggressiveness directed towards the therapist, while in Fred’s case, through formidable horrors torturing him and felt as if they could literally make him fall to pieces.

I will now describe the clinical dynamics of each case – taking into consideration different modes of relating, and of thinking and using language – and then proceed to make a comparison between the two, stressing the similarities and differences observed. This will then be related to a clinical description of the phenomena of *autistic functioning* – which was previously studied and described in different ways and with different names by authors such

as Tustin (1986), Sydney Klein (1980), Winnicott (1974), Meltzer (1975) and Ogden (1989) – and of how it relates to different mindsets in the same child.

The material will be analyzed considering the fluctuation between these mindsets in terms of the two prevailing modes of mental functioning described by M. Klein – the paranoid-schizoid and the depressive positions – and an *autistic functioning*. The latter occurs in a dialectic relationship with the other positions, only becoming accentuated and interfering with their normal development when there are important developmental problems.

As Grotstein (1983a) – when proposing a ‘dual track’ type of development in which the infant feels both fused with the mother *and* separate from her – puts it: “...all stages are present all along, but they have different times of dominance” (p. 492).

b) Fred

During the first period of Fred’s therapy the “desert” was the most present mindscape, despite the fact that he could occasionally show a more sophisticated level of mental functioning. At the same time, as could be seen in his clinical material, the moments in which he was in a “jungle with bad animals” were absolutely terrifying, involving fears of fragmentation of his own body and organs, and persecution from external monsters. Compared with that the desert seemed a safe place, “where no one needs any help”. This safety seemed to be related to the experience of a “negative hallucination”, as mentioned by Rodrigué (1955). There was nothing or no one out there, so nothing to be feared. Fred could get in this state very easily, and it was not easy to get out of it, as was clear when in a more integrated moment, after a few months of therapy, he said that there were “things that popped out of his head”, and he wanted “to recover them”. Although this was a hopeful moment, there were other moments in which he seemed to be partly aware of the difficulties, and feel depressed with the idea that it could take too long if he was ever to “recover them”. In a later session already mentioned, after one of the weeks in which his mother could not bring him, he seemed to be discouraged:

He was staring at a hole in the ceiling. He asked me if I had made the room.

(...)

Then he asked how long it would take to get out through the window, “thousands of years?”

He seemed to indicate that there was a hole in the room, in the therapy and in me, a hole that sucked his mind into it. The hole sucked out space – the room – and time – thousands of years – and consequently his capacity for shared and organized thinking, as a consequence of emptying object-relatedness. There was a hole in the primary object – we could say, following Tustin, a black hole in the place of a nipple – and he lived inside an empty object. Could he ever get out of it?

The desert also involved the notion that nothing can grow, as Fred himself could not grow, and wanted not to grow. The idea of growing itself implies something sticking out, becoming differentiated, an event that also provoked huge anxiety in Chaz, who would fight it fiercely with his flattening and sticking activity. This shows that in the Desert as well as in the Sticking Machine mode both children were searching desperately for an evenness of experience, a smooth continuity that could not be lost. The whole world needed to be an even surface. This gives rise to the reactions of autistic children against noises that stick out in terms of the aural experience, or of physical contact which is avoided. We can speculate as to whether the avoidance of protuberances and concavities has to do not only with the image of a catastrophic separation between nipple and mouth, but is also a denial of the specific masculine and feminine elements, the container and the contained (See Houzel, 2005). Despite these children's primitive state of mind, in terms of pre-conception, in Bion's words, we could think of an avoidance of turning the pre-conception of the parental couple into a realization of it.

Another aspect to be observed here is that of time. This sameness must pervade also space and time. We could see that Fred needed to believe that I lived at the Clinic, and was always there. He also wanted to believe that he was always in the same room with "the same stuff". More than that, the difference between the topology of his mind and that of the building was blurred: where Gabriel was when Fred was there was not clear. If in his mind Gabriel was in mum's mind, so he was in the building with mum. His confusion or, more precisely, indifference about time, could be seen in his lack of awareness of the lengths of breaks. This reminds us of that adult patient with autistic traits who expressed his wish of being able to break more fully his links with the reality: "I would prefer not to do anything because when I am still in my corner, I feel that time is not passing by". He was unwittingly recalling Melville's protagonist in "Bartleby, the Scrivener", who keeps repeating "I would prefer not to".

The patient's comment is less absurd in terms of his experience than it might seem on a first look. As pointed in Emmanuel Levinas' "Ethics of the Infinite":

The relationship with the other is time: ...The non- simultaneous and non-present is my primary rapport with the other in time. Time means that the other is forever beyond me, irreducible to the synchrony of the same. The temporality of the interhuman opens up the meaning of otherness and the otherness of meaning. (In Kearney, 1984)

This "otherness" is precisely what needed to be avoided by this patient, and much more so, by Fred, due to the catastrophic feeling associated with separation, and with his diachronic existence in time. As Tustin put it, autism works as a "protection against a terrible dissonance, mother and baby merge into each other, turning everything into consonance" (In Korbivcher, 1995, my translation). It is important to note here that to "enter" into a shared language also means to tolerate incompleteness. It involves losing the illusion of a symbiosis with the mother, of being everything, and instead finding dissonance and all the limitations of a shared reality.

The longing for this sense of the Absolute, whose loss is never completely mourned, is to a certain extent common to all of us. It can take varied forms, particularly in our individualistic society, as has been pointed out by several authors from different fields. Some even believe we live in a kind of autistic society that would stimulate autistic responses. The Italian philosopher Mario Perniola, while describing the alienation of emotions in some forms of Contemporary Art, says:

in the drive towards form, the result is somewhat excessive, superfluous, useless, inadequate to the pure interiority of an abstract longing for art. The formal adventure of modern art has always been attempted through absence, silence, the blank page, understood not as flaws but as absolute achievements of a yearning to feel only the essential. (Perniola, 2002, my translation)⁴²

In post-modern discourse the attempt to *eliminate* this suffering subject, seen instead as a succession of elusive moments of perception which are impossible to grasp, makes way for an idea of an orphic, oceanic fusion of the self into the totality of the world and its

⁴² The French philosopher Roland Quilliot studied the same phenomenon in 'La Fascination Modern de L'Impersonnel' (Quilliot, 1989).

elements. It is through the limits of its own body that the self is set apart from the *other*, knows that it is not all, and can begin to relate to the outside world in search for the object of its desire.

Fred's features strongly suggested that his isolation and learning difficulties were in the service of keeping the terrors of the jungle at bay, whilst they were, at the same time, arresting his development. Only with the evolution of the therapy could these terrors come up in all their dreadful intensity. The feelings evoked in the therapist in these two states were of a remarkably different quality. While Fred was in the desert mode, the therapist felt often pushed to a state of isolation, incommunicability, passivity, discouragement and alienation, being led to doubt the powers of the therapy. This doubt about the therapy seemed to be associated with a doubt about the real existence of the therapy, and of the therapist, felt by the child. This appeared to correspond to the doubt Fred seemed to have about his own existence. The emptiness that accompanies the lack of introjection and differentiation present in autistic states leads to indefiniteness of a sense of self. It is as if everything could be just an image or a momentary impression lacking substance. There was something deadly peaceful about being with Fred in the room in these moments. He could spend long periods in these sessions in a prolonged silence. When he spoke, always slowly and in a low tone, his communication would sound enigmatic, with words scattered apart from each other, like in a gas-state, lacking the links and cohesion that would structure a sentence, a language and a meaning, as could be seen in the example from our first meeting mentioned in which he mentioned his little brother.

Sometimes his confusing and fragmented stories seemed to indicate that there were some atomized particles of meaning – in Bion's terms, rudimentary α -elements – that could not be put together in a coherent whole. This made it difficult for him to take part in the *shared game of language* – to paraphrase Wittgenstein (1997) – which develops in the context of relationships – or in any other shared game, as his social difficulties would show. It was reported that no one, not even his younger brother who was very friendly towards him, could understand his stories or games. The same frustration was felt by the parents when unable to communicate with him, and was a valuable source of information when felt counter-transferentially by the therapist. His reactions to breaks could be of a different kind to Chaz's: while the latter would be desperately trying to “stick” things together again concretely, to suppress the gaps, the gap between Fred and the therapist seemed to grow after a break, and the mood in a session after a break could be very sparse, as if the child was a gas

balloon that floated away further or higher, and needed some time to land back in the consulting room and in the relationship with me. On one of these occasions, he was very quiet, reclined on the couch, silent. I had to ask him some questions, and his occasional answers showed a state of general confusion in time and space, as if he did not belong to this dimension. He said that he went out during the break but not “by the air”. He later added that he was “in a hotel in London”. (Actually the family rented a house in another city in the UK.) He looked through the room window and asked “How long will it take for them?” When I tried to obtain more from him he said “to build it?” apparently referring to the stairs with glass windows which had always been there.

These seemed to be not only scattered allusions to distance and intervals of time – the break – but to the relationship as well – how long it could take to build it, and for how long could it resist gaps in time? But these elements were so dispersed that it was difficult to evaluate how much he could understand of the interpretation connecting them, no matter how simple the words the therapist might use. This gas-state seemed to be related to avoiding to put things together, which was felt as potentially dangerous: better to lack energy than to risk a *short-circuit*, since there was no mental apparatus felt to be capable of containing and holding together these particles, and Fred did not seem, from the start of his life, to have trusted that someone could help him do this.

On the other hand, it seemed that generally Fred appeared to be very cautious about expressing any wishes. The “desert” where no one needs any help was seemingly not only a space of omnipotent isolation, but the place in which he felt he should be in order not to distress or displease his external objects. Moreover, he was clearly suspicious about what would come from the outside, so he should provide comfort for himself in the “desert”. He looked particularly afraid of expressing or being in touch with feelings of anger or aggressiveness.

In this state he could only develop in the beginning of the therapy particularly idiosyncratic play which was difficult to follow. According to his parents, this also happened when Fred was with other children, at school or with his brother. These difficulties seemed in large part to relate to Fred’s inability to imagine what information the other person needed in order to understand him. So, in the language of playing he presented the same difficulties that prevented him from developing a more communicative verbal language. These language games start very early on, in terms of the rich communicative processes that take place between mother and baby even before the establishment of the structure of verbal language, a

phenomenon that was studied by several researchers, such as Stern (1985), Golse (1999), Trevarthen (1974, 1998, 2001). This evidence challenges the usual notion that the difficulty in communicating with these children or patients arises from the fact that we were dealing with processes that belong to a “pre-verbal stage of development”, as Rodrigué puts it (1955). We might suppose that it would be more accurate to speak of non-verbal states of mind.

In the “jungle” mode, on the other hand, the therapist was put in a state of extreme awareness, alertness and occasionally even alarm, triggered by the despair experienced by Fred. The “garden” moments, which then, on the other hand, became more frequent, were felt as a rewarding respite from this sometimes excruciating experience. When in the “jungle”, Fred’s communication was less idiosyncratic and he would use sparse sentences that could be understood separately, and real dialogues would be developed in the sessions, revealing the extent of the terrors underlying his withdrawal and alienation. It is interesting here, a propos of this subject, to quote, as a whole, a session of this phase in his therapy, into his second year, in which these terrors were poignantly expressed:

Fred commented on the corridor, that something was “dangerous” (he was looking at the men refurbishing at the rear end of the building).

(He had difficulties in finding his way in the corridor).

When in the room, he sat silently on the couch.

I asked him about what was dangerous.

He said something about “guys” that pick you, showing me with his hand picking his arm.

He was touching his willy, and told me he put something over it under his trousers.

I said it seemed that he was afraid of losing pieces of his arms, and of his willy, and maybe he touched it to make sure that it was still there.

He was then sat on the edge of the couch and my mobile, which was accidentally on, rang inside my bag. When there was a whistle to signal that there was a voice message, he became extremely scared and distressed:

“I was moving my legs and then came this horrible sound.”

I explained to him about the mobile.

I said it seemed that he thought his moving his leg had provoked the noise, as if something terrible could happen. Maybe he’d lose his leg, it was difficult to believe he could move his leg and not lose it.

He calmed down and after a while told me something about “underwii”, referring to a game. Then he said he had a pain in his tummy (like a baby, he made an expression of pain), and it was really bad. He had a scared look on his face.

I said he was afraid of that pain. He was not feeling sure that he’d survive that pain.

He agreed and said that his mum said that when some people are really really really sick, they may die. After a while he asked to go to the toilet. (He was holding his willy.)

When he was back I said that something seemed to scare him. I also asked if he had wanted to go to the toilet before.

He said:

“Sometimes, when you are high (showing the sky), you don’t know.”

I said sometimes he could feel so distant from the ground, so worried about other things, that he would not even know.

He said he was scared of the toilet, sometimes it could be dangerous. There were giants hidden there and green slugs, and germs.

I asked what he thought they would do to him.

He said the slugs would come into his mouth, and the germs that he crushed would come as well.

I said the germs he eliminated would take revenge on him. I added he felt that he could lose parts of his body when he was peeing.

After being silent for a few minutes, Fred said he had to hold his tummy so it wouldn’t fall off.

I said that maybe he was afraid of losing parts of his mouth when he spoke, and this was why he was silent.

He said he loses part of his eyes when he sees, part of his ears when he hears, part of his nostrils when he smells. He said when he looks high, his head can fall off.

He added he needed to hold his hair so that the wind wouldn’t take it away, and be clever so that his head doesn’t fall off.

I said when he separated from mum he felt a hole in his mouth, and felt unsafe.

He said babies are ok, but not children.

I said he’d like to be a baby, he didn’t feel safe as a child who needs to take care not to fall apart, fall into pieces. He thought disgusting slugs could come through that hole in his mouth.

It should be noted, though, that when moving from the peaceful “desert” into the “jungle”, Fred’s persecutory anxieties were of the very primitive kind found in autistic children, involving dread of losing parts of his body in relation to perceiving the world. Moreover, in his despair, he seemed to feel as if almost completely defenceless, invaded by terrors and without any presence in his mind that could help to organize these images into a meaningful narrative. The use of his senses, the incipient perception of the separation between him and the world implied a sense of imminent disaster expressed painfully in his communication: “I lose part of my eyes when I see; I lose part of my ears when I hear; I lose part of my nostrils when I smell”. This shows how dangerous it seemed to him to be aware of the world around and inside him. Getting in touch with these fears and their lessening, nevertheless, allowed Fred to experience more “garden” moments. We would then have sequences of dialogues and interactions in which Fred could make use of strikingly structured language in the context of a meaningful interaction with the therapist. It was moving to watch him finding words and language to express his internal states of mind and his feelings, even when they could be very sad. The following vignette shows an intense, quick and striking alternation of different states of mind. Fred began this session in a more psychotic state, agitated although not clearly persecuted, and though not silent, was in a very fragmented state of mind. He then moved on, after my interpretation, to a more communicative moment, when he expressed his jealousy of Gabriel. During my commentary that followed, he alternated between apparently thoughtful moments and defensive manic moments. He finally, after the last (transference) interpretation, calmed down, went into a more integrated state, and was slightly depressed.

Fred was telling me some confusing stories. I didn’t focus on the content of his stories, but on the situation of leaving mum with Gabriel. I said he seemed to think that mum and Gabriel were having fun while we had our session.

Then he told me that Gabriel had taken a chocolate from his mouth and after that mum tried to give him another chocolate to comfort him, but it tasted bad, and he threw it away.

I said he felt Gabriel had spoiled his mum for him. Gabriel didn’t have the same problems as him; and after Gabriel was born, he felt so angry that he felt as if mum’s breast and milk were spoiled for him, and only Gabriel could have good milk from mum. This was also why he hated so much to leave mum with Gabriel.

(During this he was at times thoughtful, although at other times he was loudly telling confusing stories, not wanting to hear me).

I said this reality seemed painful to him, and sometimes he just wanted to create these confusing stories which others had to make an effort to try to follow, and he was trying to control me by doing that.

He then stopped and sat calmly on the couch, and looked a bit through the window.

I asked what was crossing his mind. He smiled in a sweet way and said “nothing”.

He then lay on the couch looking at me, and said he was tired.

As mentioned above, Meltzer postulated that there are five essential factors for developing language: the formation of “dream thoughts”, the transformation of dream thoughts into language, the building of a vocabulary for describing the outside world, the finding of an object in the outside world with psychic reality and adequate differentiation from the self, and the desire for communication. I added to these a sixth factor: *the hope of being understood by the object*.

A session already mentioned shows the difference in his mental dynamics as a result of being more *in relation* to me, others and himself. Although presenting material in the beginning of the session connected with terrible fears of his body falling apart and that he would disappear, after my interpretation relating his fears to the experience of separation from me during the break,

Fred said he wished to be “a fish swimming in the dark forever”.

I said he wished not to have been born, not to see that he was separated from me, from his mum, and not to have a relationship with me and now have to separate for the break.

He then became sad and silent for a few minutes. Then he said: “Worst place ever: where special people do special things”.

This session seems to illustrate a movement from “Jungle” to “Garden”. He started feeling the concrete terrors of the perspective of a separation, now that there was a real link with me. He then expressed a wish not to have ever got into this object-relatedness world, where one has to face these things. He wanted to be “a fish swimming in the dark forever”. Only those who are born can die; at that moment he wished not to experience the limits of time and space, in other words, not to have a mind, not to have started therapy. Still, he could

not so easily avoid thoughts now, and feelings. He got depressed. Then he could express his human feelings of anger and jealousy: “Worst place ever: where special people do special things”. His feelings related to the separation here were not of the primitive kind, of disintegration. On the contrary, they involved feelings of exclusion and siblings and oedipal rivalry; even if the kind of primitive rivalry described by authors such as Tustin (1972) and Houzel (2001b) is typical of autistic children. With whom would I be doing what – something special – from which he was excluded? With whom was his mother when not with him? It is noticeable how he was now more able to use communicative language. We would see other hints of oedipal material coming up in connection with his development through the “Garden” path, which was equivalent to Klein’s depressive position.

In the third session after a Christmas break, in the last month of his therapy, I allowed myself some flexibility in the setting, and decided to spread the toys, paper, old drawings and pens over the table before Fred came in the room. He had not been playing with the toys in the last few sessions, and I came to realize that he was afraid of the closed box, not knowing what he would find there after the break, and the interpretation I gave on this had not succeeded in freeing his play. This session seemed so important that I will quote it at length:

He immediately noticed the toys on the table, and asked about it.

I said I had decided to open the box and put the toys there for him to know what was there.

He asked if there was some new stuff.

I asked what he thought was new? He thought the crocodile (with an open mouth). It was not. I asked what he thought was new about the crocodile.

He said “I don’t know, I thought it was. And also this,” and he pointed at three lambs: one big, one mid-sized and one small. The small attacked the big. The crocodile could bite him.

I then made an interpretation saying that he wanted to get between his parents sometimes but he was afraid that he could be punished because of that.

He then saw his drawings and pointed to the ones he liked. The first one he indicated was a not very old one: a square face with a mouth turned upside down with a sad or angry expression (he said it was sad, when asked), and with several spikes around it. Then he started saying something about the desert, he explained that this was from a game (the

square) and couldn't explain very well why the figure was sad, but there were shields and this and that.

I said this guy was protected by the spikes and shields from what could come from the outside, if there was someone who wanted to get at him, but at the same time he felt isolated, sad and lonely there, in the desert. Maybe he, Fred, felt protected when he withdrew to his mental world, but at the same time he might feel lonely, isolated and sad in there.

Fred agreed with that and started saying something about "boxes", and "evil things".

I said he seemed relieved today because the box was opened and there weren't evil things coming out of it. Last session he might have needed to be sure of what he would find here, that I would not be a "wild animal" like the crocodile. He might have felt scared of opening the box.

He smiled, acknowledging this.

I said maybe after not coming here for a while, he was upset and afraid of how he would find me and the box here. Maybe he was afraid of being curious, as if he could hurt someone and the evil things would take revenge on him. Maybe this was why sometimes he decided to go on in his dream world and block his curiosity about what was here in the box, and about me?

He went on telling me some more confusing stories, and magical power that he'd have, and the boys that hit him at school.

It seemed that we were too close to the level of oedipal material, so he was frightened. The world of the fragmented and disconnected stories feels safer than the world of people.

This session seemed to illustrate one important aspect of his mental functioning: he could move from his autistic shield – the crocodile's carapace – to the world outside, where he finds the open mouth of the crocodile and the aggressive boys – connected with his own aggressiveness and oedipal rivalry, which he seems to find terribly dangerous. Therefore, from the autistic, lonely but safe mode of functioning, to threatening fantasies and anxieties. He seemed terrified of the unpredictable therapist (closed box), and drifted away, but could return to contact. This previously rigid pattern seemed to be connected to his learning difficulties too. He avoided hate and love so powerfully that he emptied his mind, turning it into a deadly deserted space that refused to accept thoughts.

At this point, although at the beginning very threatened by the emergence of this oedipal constellation, he was able to play and express it symbolically. His use of language

was adequate, symbolic and communicative: he was able to “put things together”: not only the lambs (oedipal triangle) and the crocodile (oedipal and murderous impulse), but, consequently, words, sentences and thoughts.

This development was still taking place after the end of his therapy. In a review session, six months after our last meeting, the number 3 came to the fore again: I could learn that he had three friends at school, whose name he could tell. Later he added that mum, dad and Gabriel were the people who he could talk to.

The family was moving to a new, bigger house, which I knew was connected to mother’s new pregnancy, but at first he did not mention this, only saying that he would have preferred to stay at his old home.

Only later he was able to mention that his mum would have a baby, and finally that he would prefer if the baby wasn’t coming. Almost casually, he mentioned his dad in a context in which he seemed to be talking about someone else, the bigger baby with whom to share his mum (See Houzel, 2001b).

When I pointed this out to him, he said, strikingly, that it was “different, because dads are different, they don’t go upstairs to play with you like Gabriel, they go upstairs to *talk to mum*”. This was a very impressive statement.⁴³

It was striking to see his incipient elaboration of the oedipal situation, his evolution in which he could have a formed idea of the oedipal triangle, feeling that “dad” was taking “mum” from him to “talk” and make babies with her. Fred was now able to make sense of the positions and relationships within the family: him, mother, father, Daniel. It is helpful here to recall Lebovici’s definition of the evolution of a reality-sense in the infant and, later, in the child:

The normal evolution of a reality-sense in the infant appears to develop through his simultaneous awareness of his own body and the external world. But he becomes capable of conceptualising and recognising himself only when he can give an independent existence to others; in the beginning, to his mother. Thus ‘reality’ is constructed for him through a continuum of ever-widening experiences, linked with his increasing awareness of space and time. Psychoanalysis has consistently revealed the cardinal importance of the human relationships in the maturation of the sense of reality – maturation which is the result of the *dialogue*, preverbal and verbal, conscious and unconscious, between mother and

⁴³ See Melanie Klein on the oedipal aspects of language (Klein, 1928).

child, completed as the child grows older by other dialogues with subsequent love objects, in particular, the father. The latter's influence on the dialogue is, of course, present from the beginning and conveyed to the child through the medium of his mother and *her* relationship to the father. (In McDougall & Lebovici, 1989, p. 4-5)

Although there was the presence of the mentioned primitive sibling rivalry – see below the “ant” and “dust” – in relation to the “nest of babies” phantasy, and also a concrete idea that his little brother Gabriel was not only in his mother's mind, but always physically with her – even when this was logically impossible – what Fred seemed to be showing were the incipient beginnings of a process of oedipal organization, as opposed to what Lebovici and Diatkine called “oedipification” (Lebovici & Diatkine, 1954), a primitive stage in which there is no real separation between the child and the parents, and which involves mainly phantasies of incorporation.

These developments, however, were naturally not a straightforward, linear process of evolution, but much more like Thoreau's paragraph in his essay “Walking”: “(...) though my very growth disturb this dull equanimity, — though it be with struggle through long dark muggy nights or seasons of gloom” (Thoreau, 2001 [1862]).

When we were approaching the anticipated end of his therapy, Fred could say in one session that the time until the review meeting was “way too long”.

Later in the same session,

he was playing with a speck of dust as if it was an ant, but said it was only dust.

I said sometimes he felt like dust. He might be feeling like this, as if I was treating him like dust, brushing him away, abandoning him.

He said he didn't feel anything.

I said he felt as if he had turned into dust so that he couldn't feel anything.

He kept putting his finger in his mouth, exploring between his teeth, as if trying to remove something from it. He then played with some saliva between his fingers.

I said he felt he was being left with holes inside his mouth that was like having something bad and poisonous inside that he wanted to pull off. He also felt I was leaving him with bad holes inside him so he wanted to remove any memories from me and the therapy from inside him.

He looked at me seemingly thoughtful and sad.

In this session we can see how the perspective of the end of therapy provoked some regression to autistic manoeuvres in the course of the session. Later, though, although stating that he didn't "feel anything" – which was a sophisticated communication – it seemed that he was expressing his depression more with the end of the therapy and a reactive wish to return to the "Desert". The movement in this session seemed to be from "Garden" to "Desert" and back to "Garden".

c) Chaz

In Chaz, similarly, the "Green Field" mindscape was more present in the later stages of the therapy. There was a remarkable difference, though, in the pattern of alternation between the two other states. While the "Sticking Machine" was apparently the predominant mode, it did not show the peaceful deadliness of Fred's desert. On the contrary, it presented features not only of obsessiveness but also of anxiety hardly avoided. One could say that his autistic mechanisms of self-protection were not working as efficiently as Fred's, so his terrors were more accessible.

The therapist had to be in the room almost as an inanimate object, which seemed to be his protection against the acknowledgement of a different and independent person who could be potentially dangerous and threatening. Other aspects of his behaviour – for instance, the distressed shouting "Shut up!" when I showed signs of being a living person who was with him in the room – demonstrated his need to believe that I was under his control. This need of some autistic or psychotic children is exemplified in the interesting narrative of Joyce MacDougall, *Dialogue with Sammy* (1989). Although Sammy's need for magic control over the analyst was less intense than Chaz's, it is still clear in his tyrannical demand shouted at her: "Now write what I dictate. I'm your dictator!" (Idem) Predominantly Chaz would be silent, concentrating on his anxious flattening and sticking work. When he uttered something, it would mostly be unintelligible sounds, jumbles of words with no clear divisions that would define syllables or words. He seemed to be operating with words in the same way that he operated with the objects he was constantly sticking together. It was informed by his mother that whenever Chaz was anxious or angry, he would speak fast and his speech and pronunciation would become so much worse that only she could partially understand it.

We had several opportunities to observe this in his sessions from the start, as in the session mentioned above in which he was answering “calls” on his toy mobile with an imperative voice repeating meaninglessly a few words that would then degenerate in unintelligible sounds.

Apparently in these moments Chaz was manipulating the sounds in his mouth, more than speaking to me. It seemed that the anxiety-inducing aspects of separateness would push him into a massively sensorial use of words and sounds. Chaz’s vocalizations and manipulations of the words in his mouth paralleled the way in which he played with the objects. This kind of phenomenon was investigated in a number of papers by authors such as Spitz (1955), who called the mouth “The Primal Cavity”, Meltzer (1986), who described what he called the “Theatre of the Mouth”, and Maria Rhode (1982, 1997, 2007), who studied the use of the voice as an autistic object, and, through observations of very young children between eighteen and thirty months, the phenomenon of lalling as a phase in language development in which the oral cavity is utilized as a theatre of play. Before we could jump to a generalization that would explain its strong presence in older autistic children as indicative of an exclusively concrete use of mouth, tongue and sounds, it is to be noted that this manipulation involves also an attempt to do things with the words that bear, if not metaphoric, a metonymic level: for instance, regulating closeness and distance, suppressing gaps, etc. It is, as Meltzer puts it, “a mid-point between external play and internal thought (dream- thought or phantasy)” (Meltzer, 1986). Until the last months of his therapy, his written sentences would not include spaces between words or punctuation between different sentences. Moreover, the words would sometimes omit the last letter so they could more easily merge with the following one:

“apesofpaper”

“thes isthehole”

“if you donweris” (which apparently meant “don’t you know where it is”)

“papewostomel...” (paper was too small)

“nerledone” (nearly done)

At the same time, the “mud puddle” seemed to be already present: it was very easy for Chaz to get in the “muddy” state of mind, feeling threatened by the therapist and being very aggressive. It seemed as if Chaz did not feel as really adhered to any surface, but that he was desperately trying to, as could be seen in the example quotes from the third assessment

session. Not being “one with” seemed to be unacceptable, although he partly knew this was the case, and felt enraged with it. He did not know how to relate not being one with. This is also clear in this session after the summer gap between the assessment and the beginning of his therapy:

He was smashing and pressing white plasticine against the wall. He painted it, used the ruler to fix and straighten it, spread glue on it, used sellotape to fix it.

(...)

He covered the plasticine – anxiously, angrily and obsessively – with paper and fixed it on the wall with a lot of sellotape. He was then defiant, saying apparently that it wouldn't be possible to get it out, although his words were so confused that it was almost impossible to understand them.

The “mud puddle” seemed to be a constant presence, putting Chaz in a state of alertness and threat barely controlled by the desperate determination of the flattening, straightening and sticking activity. When in this mode, Chaz would often reproduce sounds of animals – sounding at times repellent, other times extremely menacing, eyes wide open in a furiously distorted facial expression – or shouting imperative slogans, apparently the copied speech of an authoritarian adult. This authoritarian voice seemed to be there, deceptively, to avoid “mess” or “mud” which was felt to be present and could potentially get out of control and which was caused by himself when intruding into me and the room. This seemed to explain his huge anxiety about dirt at the end of the sessions or at the beginning of a session when it followed one in which he felt he had left a mess in the room. This was experienced in a much more concrete level than that of neurotic children who would fear the damage caused to the room or the therapist. Chaz would on these occasions spend most of the session frantically trying to clean or remove something from the wall or the table, without uttering a single word while at it, and ignoring most of my comments about it.

Another fundamental aspect of these enraged reactions to some of my interventions was linked to an important aspect of Chaz's developmental problems, having in mind Britton's ideas about the need of a “triangular space” resultant from the oedipal elaboration in order for the child to be able to think about himself and others (Britton, 1989, 1998a): the lack of such a tri-dimensional space in his mind.

There seemed to be very primitive and dispersed fragments that were kept out of Chaz's mind, of a ghostly perception of threatening oedipal elements of a confused kind. At the end of our first assessment session, he went to the door stop which was on the floor of the room and, seemingly a bit puzzled by it, lightly kicked it, and asked why it was there. Considering his behaviour of taking over the room and me, like he "took over" his mother, it seemed that there was no space for a male element within the room, it was out of place.

It was also clear, from the beginning of the work, that there was a particular intolerance to *lumps* and *holes* that should be avoided at all costs. They seemed to correspond to part-objects – penis, breast, mouth, nipple – that brought with them the idea of a match between a pair. If we think in Bion's terms of pre-conceptions, they involved not only the pre-conception of a match between mouth and breast – which can only become a conception after its realization – and of the container-contained (♀♂), but also of the oedipal couple, ultimately, the match between the father's penis and the mother's orifices.

This lack of a three-dimensional space does not allow for projective identification to develop normally – the container needs to be stuck to the contained with no space between them – see his desperate activity of flattening and sticking. It seemed that the outcome of this manoeuvre was not complete adhesion, but the creation of a distorted container. Nevertheless, it cannot allow for any gap to happen through which a third party can "intrude" between the two surfaces: this third party represents not only the siblings that should not be there, but their origin, the parental coitus, even if we consider that sibling rivalry is not simply a derivation of the oedipal rivalry with the father, but, in the case of children, exists and precedes it also in its own right, i.e. the hate and terror of predatory rivals that will *steal* special attention and food that will be given to them by the mother – or therapist – instead of to the child. This is explored in Houzel's paper building on Tustin's concept of the "nest of babies" fantasy: "In the 'nest of babies' fantasy, the child is faced with a vast number of greedy, threatening mouths, the principal source of paranoid anxiety" (Houzel, 2001b, p. 6).

The sense of *otherness* was then present only as a dangerous and threatening ghost that should be fiercely "shut up". "Shut up!", as mentioned before, was Chaz's answer to any interpretation that was felt as an invitation to think and make links between what happened inside the playroom and his life outside of it. He needed to feel adhered to the room and to me, with no space between us and no possibility of then thinking and observing what was going on from outside of it. This explains his furious reactions to breaks, indicating how

“anti-developmental obstinacy takes over” (M. E. Rustin, 2004) when these children are faced with the pain of separation.

A few months into his therapy, though, Chaz could show some flexibility as to allow some movement during one session from his *bi-dimensionality* to hints of a possibility of a match between two different things with a space between them:

Chaz used the glue stick to beat on the paper, trying to make the two sheets stick together. At a certain point it hit his finger and hurt. He screamed, and I suggested he placed his finger under cold water in the sink, which I helped him do.

Chaz remarked that the tap should be longer so less water would splash back onto the sink base.

I said he might feel he needed to be sure that he would have a longer time of therapy, with no changes, that he would be able to “speak a lot” here. Maybe he was afraid of losing his progress, finding it hard to put things together: the last session and this one, the other room and this one, me and him. He was trying to stick things together in a way that they wouldn’t change.

He walked back to the table, discarded the sheets he had been previously trying to stick together, and went on to try to stick together two other sheets, using glue and sellotape.

I remarked that he was trying now to put things together in a different way, the two sheets of paper were still two different ones, although they could have a link between them, like me and him.

Chaz tried to read what he had written down on the drawing of the mobile which he had made last time, and was frustrated he couldn’t read this sentence: “ this is the rechargeable hold” (hole?), written in a jumble of words and letters, and he wanted me to help him on that.

I said he wanted me to help him to think, to hold to his link with me and to communicate what is in his mind, so it doesn’t run through a hole.(...)

This emerging awareness of *otherness* and of the notion of a link between an independent pair showed some flexibility and evolution that was in my view a prodromal hint of oedipal development, which was also present in his wish to learn and communicate. His more structured language seemed to result from the fact that *gaps* between letters, syllables, words and sentences could now be better tolerated. This was to undergo further developments

in the following months, and Chaz could then on many occasions be talkative and friendly during his sessions.

All of that, though, was to be violently shaken by an event felt by him as absolutely catastrophic, the reaction to which could only confirm the autistic level of his sibling rivalry: the beginning of his younger brother's therapy at the Tavistock Clinic. Chaz's fury was far beyond a natural reaction of jealousy: "I will kill him, I will kill him!!" he shouted, while kicking the table. He was terribly disappointed and enraged with me and the Clinic, feeling betrayed and robbed.

The "mud" took over, but still he could express his feelings properly when in the end of a session referred to above, after spreading dozens of small pieces of paper throughout the room, he wanted me to clean the mess.

The developmental pattern here seems to be that of a pendulum in movement or to mimic the shape of a DNA molecule: there are cycles of evolution and regression, but the regression is not complete, the circle does not close, and after the regression a new development takes place. This is similar to how Britton puts it in the paper on his concept of fluctuation between the positions, although he is focusing on adult patients of a more sophisticated kind (Britton, 1998b).

We can see the clear signs of an oedipal constellation taking form in his mind, jointly with an integrated and integrating language typical of a more advanced mindscape ("Green Field"), in the session referred to above, in which he is happy about going to a wedding and seems more able to make links between people, things and ideas.

The more elaborate mindscape of the "Green Field" was accompanied by clear signs of his vulnerability and fear of loss, that could be shown to me, and the use of a communicative language with adequate divisions, as could be seen in a session referred to above, some months on his therapy and just before a break, when he asked me what I would do with his drawings after the end of his therapy.

Moreover, in his tone of voice and occasional vacillations in his speech, one could hear the human sound of a real child speaking. It seemed that for Chaz the presence of a therapist to witness and acknowledge his fits of rage without the same panic that he felt was instrumental in his possibility of moving on from the "Sticking Machine". It is also interesting to note this move from the obsessive pattern – "Sticking Machine" – to a more thoughtful moment, in which he gets in touch with his more depressive feelings:

I said that, pointing out that his painting was like that, maybe he wanted to make clear that there wouldn't be any blank space, what he was doing would still be here next time, and there would be no gap between us. Maybe he felt as if he didn't exist, falling into a blank space, when he didn't find his drawing here, as if I have forgotten him.

He stared at me for a while. When we were finishing and both sheets were completely green, he expressed his disappointment. He took the fences and some domestic animals, and he wanted the green sheets to be a field of grass on which were the animals and fences, a kind of farm. I said he seemed to want to have fences helping him to control and organize himself as happens to domestic animals in a farm. But he felt it was so difficult that there was not time enough.

He helped me to tidy up, and asked me if someone else would use the room. I said he wanted to know if I would see other children, who would share his space, and he feared they could take his space. I added that his toy box was only his. He seemed to be relieved.

There was very graphic play in many of Chaz's sessions which demonstrated the oscillation between the three different states of mind: the animal-toys left the box wanting to arrive at the Green Field. The Mud Puddle was in the middle of the table, taking the scene. The animals needed to pass through the mud puddle to reach the field. They would then be taken back to the box, passing through the mud again. On one of these occasions, Chaz said: "The animals need to go to the green field".

The previously mentioned clinical descriptions by Rodrigué (1955) and Tustin (1986) – when examining her patient Ariadne's dream – come to mind in connection with this striking graphic demonstration by Chaz of his journey through therapy, or, more precisely, through his own states of mind, supported by the therapist. While in Dante's Divine Comedy Virgil guides the poet through the circles of Hell, Purgatory and Heaven, in this case we could say that the child or patient is leaving Limbo and crossing Hell in order to achieve moments of joy and liveliness, to take part in the human world, a process that finds verbal expression, in terms of Bion's "language of achievement" (1970), in Thoreau's paragraph mentioned above describing the continuous process of development.

Chaz's play illustrated what was to be confronted in the course of moving through space, as opposed to "sticking" to a surface.

d) Final Considerations

I am suggesting that both little patients showed a basic alternation between three different states of mind. Also, that there were striking similarities between the respective three different states of each patient, in spite of the different clinical presentations and personalities of each child. I am also suggesting that these *mindscapes* closely correspond, in terms of the underlying anxiety, and apparent lack of it or defence against it, to the paranoid-schizoid and the depressive positions described by M. Klein, plus a third mode of functioning characterized by the avoidance and terror associated with one or the two other modes: I am calling this *autistic functioning*. I do not postulate an “autistic position”, in accordance with Tustin’s view expressed in the paper “The perpetuation of an error” (Tustin, 1994). What I describe is clearly a protective device, unlike Ogden’s “autistic contiguous position” (Ogden, 1989), which seems much more akin to Tustin’s early concept of “normal primary sensuousness” (Tustin, 1972). It seems to me that such strong features of withdrawal from external and internal reality only occur in arrested development. The idea of an autistic phase of normal development would imply accepting a non-object related developmental phase. This is not to say that there are not what could be called autistic features present in neurotic or psychotic patients, or in normal development; generally speaking, in all of us. These aspects of momentary withdrawal from external and internal reality, however, seem to permeate our mental life in parallel with other modes of relating to life, and therefore development is not massively arrested as happens in cases like the two children analysed in this study.

It is important to add here that the level of development of oedipal elements in the children was according to the state of mind and respective developmental arrest of each one. In both cases, though, the appearance of hints of an oedipal organization was concomitant to the “Garden/Green Field” mode of functioning. This was coherent with M. Klein’s observation that the early stages of the Oedipus complex and the depressive position “are clearly linked and develop simultaneously” (Klein, 1997a). As Ronald Britton puts it: “Hence the depressive position cannot be worked through without the Oedipus complex being worked through, and vice versa” (Britton, 1998b, p. 33).

It seems to me that the study of such phenomena in the direct manifestation of these more disturbed children could help us understand what happens with patients who present in their mental functioning aspects of autistic defences, and what leads them to resort to these

mechanisms and manoeuvres. Plus, it is an attempt at correlating particular uses of language and thinking or non-thinking processes with the alternation between these three states. The following chart is an attempt at systematizing this. The evolution in the therapy seemed to increase and strengthen the “Garden/Field” moments of the two boys, and allow for a more malleable fluctuation between the three states, diminishing the rigidity of the autistic defences. This was shown in the development of a more communicative, object-related language, allowing thinking to slowly develop.

	Desert/ Machine	Jungle/Mud	Garden/Field
Fred	<p>PREDOMINANT STATE IN THE BEGINNING OF THERAPY</p>		
	<p>Silence.</p> <p>Occasionally idiosyncratic. Concrete. Lack of context. No links between words to structure meaningful sentences. Lack of narrative. Sparse words, gas-like state.</p>	<p>Less fragmented, more structured sentences.</p> <p>Persecutory terrors of a concrete bodily nature, now being expressed.</p>	<p>Structured sentences.</p> <p>Thoughtful language.</p>
Chaz	<p>PREDOMINANT STATE IN THE BEGINNING OF THERAPY</p> <p style="text-align: center;">←-----→</p>		
	<p>Silence.</p> <p>Compressed words and sentences.</p> <p>No highs and lows – gaps or lumps – ; no vowels.</p> <p>No gaps to allow space for communication or thinking.</p> <p>Theatre of the Mouth.</p>	<p>Animal noises.</p> <p>Imperative voice.</p> <p>Hate in the transference.</p> <p>Threatened/Threatening.</p>	<p>Structured sentences.</p> <p>Meaningful language.</p>

To state it clearly: while Fred described vividly in his own words these three *mindscapes* – “desert”, “jungle” and “garden” – Chaz illustrated through the previously mentioned play the mechanisms of the fluctuation between the three of them.

M. Klein (1946) described the patients who get stuck in the paranoid-schizoid mode of functioning because they are not capable or are too terrified of facing the pains of the depressive position, with all its acknowledgement of loss and guilt. The dynamics between the two positions and the fluctuation or to-and-fro between them were further developed by Bion (1970) and Britton (1998c).

Analogously, Fred’s Desert and Chaz’s Sticking Machine involved an avoidance of the awareness of separation and need, which would provoke very primitive paranoid fears felt on a bodily level, or a depressive despair. Due to the autistic arrest these primitive anxieties could not be fully experienced or worked through in the normal stages of development, as if a large part of those children’s minds was frozen from a very early age. Only when the chaos and fragmentation of the “jungle with bad animals” and the “mud puddle” could be directly faced in the therapy these anxieties could be lessened, and a certain level of depressive integration and communication could be achieved: Fred’s “Garden” or Chaz’s “Field”.

Chaz’s mention that the animals needed to go to the green field, while at the same time sticking their paws in the mud after removing them from the box, seemed meaningful in terms of his own mechanisms represented – now symbolically – through the animals in the play: the box was representing his refuge, his silent, straight and closed world with no gaps, a refuge that he had to work hard to keep like that – avoiding the acknowledgement of the therapist as a person— although he never seemed to fully achieve this, fortunately. To leave this world was to be in the “mud” and with the beasts. There was some hope in his mind though of arriving at a better place, in the form of a “green field”. Apparently there was the realization that, in order to arrive there, he would need to face the “mud”.

Between the two children there seemed to be a common mechanism in terms of the oscillation between these three spaces, although with a different dynamics. Chaz’s *stuckness* in the “Sticking Machine” was threatened by the emergence of disturbances from the outside and from inside. Manifestations from the therapist, when not avoided by *shutting the therapist up*, or failures in his flattening-sticking-filling holes activity could trigger outbursts, panic, rage, animal roaring, “mess” and “mud” getting out of control. He would then frequently try to resume his mechanical activity by annihilating the presence, meaning or importance of the presence of the therapist in the room. Later in the therapy, these moments

of anger at the therapist were more frequent, alternating with moments of thoughtfulness – when he would stare with eyes wide open at the therapist after some interpretation that seemed to reach him – and, later, frank demonstrations of affection. In other words, he seemed to be increasingly relating to the therapist as a real person.

Fred also would move, slowly and very tentatively, during his therapy, from “desert” to “jungle” – moments of acute anxiety – and to “garden”. Or, in other terms, from autistic defences – autistic functioning – to primitive paranoid fears, and later in the therapy, to moments of more depressive anxieties and integration.

One of the important differences seemed to be the more intense isolation of Fred’s “desert” in comparison to Chaz’s need of active and desperate efforts to flatten things. It seemed that the persecutory terrors were already haunting Chaz, while Fred was more successful in keeping his ghosts at bay. Another noteworthy difference was the much more intense level of Fred’s anxiety when facing his “jungle”, partly a function of his having had much less practice with it than Chaz, but also related to the more primitive and autistic level of his terrors – the acknowledgement of separation involved to him a threat to his physical integrity, a terrifying experience of losing parts of his body. Tustin mentions the nature of these “elemental dreads”: falling apart, spilling away (Tustin, 1986, p. 23).

Some of our observations in the therapy of the two boys and in the process of identifying patterns and comparing them were sometimes puzzling. If Fred did not seem to need any huge effort to ignore the outside world and retreat in his *mental island* where there was no separation to be dealt with, Chaz seemed to be already invaded by the “mud” and persecutory beasts which he desperately tried to avoid or control by his obsessive behaviour. Facing any depressive anxieties, however, was much beyond his scope. Fred’s contact with the paranoid fears which were more persistently avoided, was strikingly more disturbing and terrifying than the latter’s, as was shown.

We could then be justified in expecting that Chaz would be less distant from the possibility of, in the context of therapy, developing symbolic thinking and a more meaningful use of language. This was, however, not completely true. When more integrated, Fred could use language in a surprisingly structured and thoughtful way. This could be seen, for instance, when he asked the therapist: “How do you feel when I leave?” or, in a session at the end of the first year of his therapy, when he described the three mindscapes mentioned in this study. This will be further discussed below.

Also, a big difference was observed between the parents' information about Fred in my first meeting with them, and the picture they gave me one year later. In our first meeting, they said that Fred was unable to understand abstract concepts, and he could not make sense of words and sentences. He could only repeat them, due to the speech and language therapy, since before that he created his own words. Father had also remarked that the only play he did with a "friend" – Fred did not know his classmates' names – was when they "squashed" a ball on each other.

One year later, they said he was capable of more structured games and play. Mother added that he was telling less "crazy stories" and "nonsense", and that there was a major improvement in his use of structured language, less idiosyncratic. This shows an interesting and important correlation: his new ability to take part in shared play, shared games, paralleled his increased ability to take part in a shared "language game", to use again Wittgenstein's extremely accurate metaphor.

Moreover, he could occasionally present moments of sadness that could be very moving, as previously mentioned. Chaz, on the other hand, although avoiding thinking at all costs, could not completely avoid his feelings of hatred. Yet, in the evolution of his therapy he could show surprising improvement in his capacity to think, to communicate and to relate to the therapist, clearly related to being more capable of *putting together* things that could be accepted as separate. This was vividly seen in the session already mentioned when he brought together, in drawing, our two different religious traditions.

This evolution was also noticeable in the session into the second year of his therapy that was quoted above, in which he was very proud of his recent achievements and "new things".

Concerning the children's evolution in terms of their use of language, the oscillation in Fred's pattern could be described as going from silence or idiosyncratic language, with scattered words in search for a meaning – "Desert" – to the more structured but painful idiom of the concrete persecutory terrors that involved, prominently, bodily fragmentation—"Jungle". His use of integrated sentences seemed to indicate that, although expressing terrible and psychotic fears of disintegration, he was really *speaking* his mind and body, indicating that he was more in touch with his real and separated existence and feelings. His previous use of language seemed to deny the existence of a reality outside of himself or that he was outside anything. This denial affected the dimensions of time and space, and apparently even his physical reality, which was my impression of the amazingly ethereal aspect of his

presence and of his” lighter than air” moves and walk. This not being in touch with the natural weight of a human body might be related to the fact that in the body resided his most terrible and primitive fears. His use of words in this phase sometimes evoked more the repetition of sounds than semantic meaning.

In Chaz’s case, the silent “Sticking Machine” would not usually allow space for more than the occasional compressed letters and syllables that, denying any threatening gap or hole, would not make for real communication.⁴⁴ Any sign of emergence of an acknowledgement of the other’s independent existence – the therapist – would be immediately responded with animal sounds and imperatives, apparently the persecutory sounds that inhabited him. This did not happen so rarely since in his case these persecutory terrors were never felt to be far beyond the surface.

We can speculate that the children’s intuitive realization that they had survived through the ordeal, of facing their most dreaded terrors allied to the new developments achieved, stimulated them to keep engaged in the therapy.

In both children, the more integrated moments – Garden/Field – achieved later in the treatment, involved a considerable development of their language skills, with the use of structured and meaningful language.⁴⁵ They also showed the development of the capability to relate to the reality and to express inner states, particularly remarkable in Fred’s case. Although the possibility of resorting again to their autistic manoeuvres was always there, the emotional and linguistic development achieved by the children did not recede with the end of the therapy, as verified in review meetings and through information later received from the parents on different occasions. In a review meeting with Fred’s mother several months after the end of the therapy,⁴⁶ she said Fred was doing “exceptionally well”. He was much more aware of himself and of others, as could be seen in her report of his comments mentioned above.

Some months after Chaz’s Review Meeting, we heard from his mother – whose youngest son was still in therapy – that she was very happy with his improvements: he was settling very well in the new school where he was making progress. He was in fact going on

⁴⁴ See a propos the paper ‘Sensory Aspects of Language Development in Relation to Primitive Anxieties’, by Maria Rhode (2003).

⁴⁵ Hanna Segal considers that working through the depressive position is a necessary pre-condition for the development of symbolic capacity (Segal, 1957).

⁴⁶ It had to be postponed due to her having a new baby, who came with her to this meeting, being now four- and- a half months old.

an overnight trip because he had earned points at school. She also informed us that he was now going to school and back with friends, going to scouts, and had been camping with them; Chaz also now fought much less with his brothers, was more respectful and less controlling of his mother and would talk to her about his worries and concerns. Finally, he was developing a more mature relationship with his father, whom before he used to copy mechanically.

Other learning difficulties shown by both children, though lessened, were still present at the end of the therapy. Maybe we could consider here the different and progressive levels of mental operations described in Bion's Grid.

Nevertheless, the differences in the boys' evolution in therapy in terms of language use posed us a question. To sum up our thinking:

- We believe that Bion's formulations on the links L(ove), H(ate) and K(nnowledge) help us to understand what happens early in Autism, where the denial of separation and of the reality of the external object as a differentiated person prevents the adequate development of symbolic thinking and language. This needs some clarification: In *Learning from Experience* Bion describes "three factors...intrinsic to the link between objects considered to be in relationship with each other" (Bion, 1984c, p. 42), namely the feelings of love and hate and the experience of getting to know and being known by the object – knowledge - , using the abstract signs L, H and K to refer to them. This means that the contact with the internal and external reality is implied in the development of knowledge and understanding. We could sum up these ideas in simplified version thus: $H + L = K$. Bion also considers the reverse of K (-K), in which "the breast is felt enviously to remove the good or valuable element in the fear of dying and force the worthless residue back into the infant. The infant who started with a fear he was dying, ends up by containing a 'nameless dread'" (p. 96). On the infant's part, when envy predominates, what takes place is a process of serious denudation in which more than the fear of dying is projected by the infant: "Indeed it is as if virtually the whole personality was evacuated by the infant" (p. 97).

These mechanisms beautifully described by Bion were investigated in the context of his experience with adult psychotic patients and based on massive projective processes and violent attacks on the mental apparatus. They can nevertheless still provide in adapted version a helpful model to think about the different early mechanisms present in autistic phenomena. We could say that the detachment from the relationship with the objects that occurs massively in these cases due to an early refusal of the perception of separateness will imply in the equation: $(-H) + (-L) = (-K)$. Moreover, in the moments when the patient evolves from the shell-type defenses (Tustin, 1990) into a relationship with the analyst, he will have to face the other level of anxieties which he had not been dealing with, namely, persecutory and depressive anxieties.

- We consider that to the two important positions in mental functioning described by Melanie Klein – Paranoid-Schizoid and Depressive – we should add a third kind of mental functioning that exists in a dialectic relation with them and only becomes strong where there are developmental problems, and which we are calling *autistic functioning*.
- In addition, we believe that specific patterns and levels of language development and language use correspond to different levels of emotional and cognitive development and object-relating, according to the different mechanisms present in each of these patterns of mental functioning.
- We also take into account the very helpful description of the fluctuation between the positions made by Bion: $Ps \leftrightarrow D$ (Bion, 1970). Including the autistic functioning as a third factor, we could make a slightly different diagram:

$Aut \leftrightarrow Ps \leftrightarrow D$,

where **Aut** initially means a regression from the normal path of development to a kind of *pre-birth* state, in the sense that the child refuses to acknowledge

his birth by refusing to acknowledge his mother as a differentiated and limited individual. There is significant overlapping of this solution to that of narcissistic patients, and this differentiation is not always so simple. Nevertheless, in the narcissistic non-autistic individual, there was enough development of the notion of an object, which is then denied by incorporation or other means.

- We then suggested that for these children the intensity of the terrors connected with psychic birth and bodily separation associated to very primitive paranoid fears contributed to keep the individual stuck in the autistic functioning, in an analogous way to what happens to patients who cannot face the pain of the depressive position, getting *stuck* in psychosis or between the two positions in the cases of borderline personalities.⁴⁷

We now come to our problem: from the clinical evidence described, there is one aspect which is not, at a first sight, easily understandable. As mentioned, although being more in touch with his aggressiveness and persecutory fears, and to a certain extent less withdrawn than Fred, Chaz showed at first no contact with depressive anxieties nor any kind of concern for the therapist. Fred, on the other hand, although being more encapsulated and avoidant of his persecutory anxieties, could show moments of affection, particularly with the development of his therapy and even of striking insightfulness and thoughtfulness in the last stages of his treatment. Although at this phase in therapy, Chaz could express warm and touching feelings towards the therapist, the evolution in his thinking and communication was less striking to us.

Of course there are several factors involved here, like the different personalities of each child and specific aspects of each family constellation. But the point we want to highlight implies that the previous diagram was a more simplistic version than the actual dynamics of the clinical picture. It then needed reformulation, and would be better represented by a different picture:

⁴⁷ John Steiner has convincingly described this phenomenon in several papers and in the book *Psychic Retreats* (1993).

↗ PS ↘

Aut ← ----- → D

What is meant by this is that one way of interpreting this finding was that Chaz's emotional functioning was in a to and fro between autistic functioning and strong paranoid features, with very little contact with any depressive anxieties. Fred was clearly more encapsulated, with no structured paranoid defences, but with some underlying features of depression. It thus seemed that a small part of his personality that achieved some level of capacity for projection – and incipient introjection – could also put him in touch with hints of depressive anxieties. These elements were *there*, so to speak, waiting for the moment in which he, after facing more directly his paranoid fears and anger, would be able to develop them into some level of integration. Chaz, on the other hand, was more in touch with a form of rough awareness of separation from his objects that involved massive intrusive identification, his personality, however, being less intensely dominated by adhesive mechanisms. Nevertheless, since his intrusive mechanisms were very rigidly established, before receiving psychotherapeutic input he could not achieve any considerable level of real introjection, concern for his objects or of capacity to think. Moreover, since he did not suffer from Fred's inhibition of aggressiveness, on the contrary, he was at risk of developing anti-social tendencies.

It is important to note that for these elaborations, we are taking into account the important concept by Bion (1984b [1967]) of the coexistence in the same personality of each individual of a psychotic and a non-psychotic part, which was something previously hinted by Freud, the psychotic part of the personality in psychotic patients naturally being stronger. We are considering that autistic children also present some level of psychotic and neurotic functioning in the same way that neurotic children – as well as adults – present not only psychotic but also *autistic nuclei* in their personalities. This is such that not only can schizophrenic patients frequently present symptoms of “autism”,⁴⁸ but some neurotic or borderline patients often present autistic elements in their personalities, a phenomenon described by several authors – Sydney Klein (1980), Tustin (1986), Winnicott (1974), Ogden (1989) – under slightly different names: autistic phenomena, autistic barriers, fear of breakdown, autistic enclaves, autistic pockets.

⁴⁸ In fact a term primarily used by Bleuler in 1911 to describe a common symptom of schizophrenia.

What the therapy seems to allow for these patients is a slow and progressive move from their rigidity and *stuckness* to, by freeing their terrors, a more dynamic to and fro between these parts of their personalities which opens space for evolution, and in the case of children, for some level of recovery of an arrested development.

IV. CONCLUSION

1. Introduction

The main aim of this work was to study what kind of factors promote or hinder the use of communicative language associated with the development of symbolic thinking, curiosity about the self and others, and interpersonal relatedness by children in whom this development has been atypical.

Two children, equally presenting impairment in all these areas, although in a very distinct form from one another, were selected to be seen in two-year psychoanalytic psychotherapy at the Tavistock Clinic. It was clear from the start that the families would only be able to bring the children to the Clinic once weekly, and after the assessment process conducted by the therapist it was decided that the children would probably be helped by the once-weekly psychotherapy that was then suggested. It was proposed, and agreed by the families, that they should attend parent-work for the duration of the children's therapies, which was scheduled by the parent workers for the same time of the children's sessions.

My aim was to verify not only if through psychotherapeutic work there would be possible improvement in the children's use of language in connection with their capabilities for social interaction and symbolic thinking, but if so, to try and detail how this would come about, and in the process observe and identify the nature of the psychodynamic factors that were involved in the children's limitations.

Moreover, with respect to the potential for flexibility in their apparently very rigid psychic structures, I was interested in investigating what elements were involved in the rigidity and in the possibility of some recovery of arrested mental functioning.

Despite the child's psychotherapy being based on play and behaviour as forms of unconscious communication as much as on verbal exchanges – making it viable, if difficult, to work even with children whose language skills were very poorly developed – the impaired linguistic abilities of these children proved to be a valuable marker of the level of development of their symbolic capacities.

2. Methods Used

The specific investigation into autistic children's language use which I set out to do, was an interest that arose from my many years of psychoanalytic experience with adults, first, and children later, which happened to include numerous extremely withdrawn and rather silent borderline adult and adolescent patients, as well as a few children with learning difficulties.

The usual method of psychoanalytic observation that runs along the clinical practice – with identification of recurrent themes and of the responses of the patient to the analyst's interventions – was part of my tools to identify the patterns that were observed in these children's therapies. These included moments of doubts, perplexities and observation of counter-transferential responses. During the clinical work the therapist's impressions were triangulated with the two supervisors – each one supervising one case – both having wide experience in child psychotherapy and particularly in difficult cases like these. To these usual tools two other methods were added: the tentative use of a lightly modified version of Bion's Grid and the detailed study of the clinical material approached through Grounded Theory.

Another previous interest that guided me through the research was the field of the potentialities, limitations and inadequacies of language in representing and structuring human experience in the clinical context as well as in literature and in human communication in general.

A few other cases were seen during the period of the research in different contexts, and other experiences ultimately helped to inform my observations during the process. Nevertheless, the in-depth study of the two cases seen in very similar circumstances and contexts, with the later comparison and contrast between them seemed to be a more accurate research method and was the core of the work.

3. Evaluation and Findings

a. Outcome of therapy

It is important first to highlight that the noticeable evolution of the two boys in the course of their therapies only adds to the previous body of reports of extremely productive

psychotherapeutic work with children in the Autistic Spectrum, since Melanie Klein's paper on "Dick" (1930).

The very frequent questioning of the validity of this work echoes what used to happen, and still does, to psychoanalytically-based work with adult psychotic patients, in spite of all the findings, deep understanding and technical evolution in the field developed by analysts such as Abraham, Bion, Winnicott, Rosenfeld, Segal, Meltzer, Aulagnier, Ogden, Steiner and many others whose work is referred to in the course of this thesis.

This discussion sometimes seems to become extremely simplified and deterministic when statements about the likely genetic and constitutional aspects of mental illnesses – not taking into account the different forms and presentations of each clinical picture – are matched by the exclusion of any possible environmental influence. Moreover, as a corollary, this view implies the complete irreversibility of the picture and the futility of any efforts to offer psychodynamic help.⁴⁹ It is never too much to recall that the hysterical patients treated by Freud were at the time considered to be suffering from a degenerative, organic and irreversible neurological illness.

The implication that the possible constitutional factor present in some psychopathological presentations should preclude psychotherapeutic intervention or the possibility of its efficacy in helping the patient to develop better coping strategies to deal with life demands is not usually justified by any consistent reasoning. This is not to say that psychoanalytic psychotherapy should be offered to every patient or that there are no limits for its application. If we come to consider that psychoanalytic help can only be effective to patients who present neurotic symptoms, and who clearly do not present any organic deficit, we would be unwittingly implying that those who do, do not have an Unconscious. Thus, no influence in their way of living, or developing, in the case of children, could come from a better understanding of unconscious conflicts, even those related to the very fact that they present special limitations.

It might be argued, fairly, that the symptoms presented by the two children studied in this work were not as severe as those presented by children at the most severe end of the spectrum. Although this is certainly the case, it must be noted that both children presented

⁴⁹ See also a propos Simpson & Miller's book on psychotherapy for learning disabled patients, *Unexpected Gains: Psychotherapy with People Learning Disabilities* (2004).

language delay and learning difficulties – thus not fitting suitably to the diagnosis of High-Functioning Autism or Asperger’s Syndrome.

The boys’ evolution, as mentioned in the reports of the cases and in the Discussion, was noted not only in the context of the therapy, but also at home and at school. In the review follow-up sessions that were offered six months after the end of the therapies, it was confirmed that these improvements were maintained and some level of ongoing development was reinstated, unlike what happens where there are unresolved conflicts. Although the intellectual limitations in terms of academic performance that the boys showed were still present at the end of the therapy, there was a new flexibility that allowed more space for some hope in this area too. The parents’ reactions to this seemed to indicate that part of what was so frustrating and despairing for them before – particularly in Fred’s case – was the rigidity of the pattern which did not leave space for any evolution, the same happening with the behaviour, such as Fred’s detachment and incommunicability and Chaz’s aggressiveness and bizarre behaviour. What is meant by this is that even the intellectual limitations – so difficult to “digest” for Fred’s parents – became more acceptable once they had evidence that there could be improvement and evolution, even if Fred was not to reach the same level of intellectual development as his brother or other children.

This aspect was greatly supported by the Parent Work developed in parallel with the children’s therapies, through which the parents could themselves be open to fresh thinking.

b. Emotional and Linguistic Dynamics of Autistic States

The evolution of the children’s emotional state and their use of language during their therapies demand some reflection in terms of the possibility of development that was there and the role of the therapy in fostering this development. Analogously, through cross-referencing, something can also be inferred in terms of the analytic function for those adult and adolescent patients with autistic traits who, despite being verbal, are unable to use speech as a vehicle for emotional communication and interaction with others.

The sharp impoverishment of the mental and imaginative activity and of the emotional links with others which accompanies these states indicates, in Bion’s terms, a deficit in α -function. If in classically psychotic patients this would mean an accumulation of β -elements that are only manageable through evacuation, in these withdrawn patients the normal processes of projection of β -elements through projective identification followed by

re-introjection of these elements now digested by the mother's mental apparatus has not developed properly. The adhesive mechanisms employed by this part of the patient's personality do not allow the normal unfolding of the relationship container/contained. The hypothesis is that these β -elements and the discomfort they could cause were not even acknowledged by the patient's perceptual apparatus. This *reversal* of the natural process of reacting to the accumulation of β -elements occurs due to a kind of internal "negative hallucination" (see Rodrigué, 1955 and Green, 1998): it is **as if** the β -elements were not there. That is the reason why in my model of the "Grid" I included in the horizontal axis the column *minus* (-) β -elements. This seems to be confirmed by the well known increased tolerance or even indifference of autistic children to the experience of physical pain. One of the young adult patients mentioned above, whom I will refer to as S., for a good time into his therapy would never acknowledge any emotional reaction to breaks in the therapy or even cancellations of sessions, despite never missing or arriving late to any session. At the same time, when entering into or leaving the consulting room he would do so extremely quickly and abruptly. On one occasion he acknowledged that, when he had to go from one place to another, he liked to arrive quickly where he was going after leaving where he was. This seemed to be linked to a very primitive terror of gaps. Nevertheless, the possible emotional effects of the gaps in time provoked by breaks in the therapy were not felt by the patient. In this phase of his therapy he used to link any session with the previous one, denying any rupture of continuity between them, any temporal gap.

Another patient, middle-aged Mr G., seemed not to have any discomfort with the idea of the passing of time, in spite of his very few achievements at his age. This lack of a mental representation of time was also clear in R., an adolescent with Asperger's Syndrome, who said he liked to be "lazing around", meaning to be in his bed in his bedroom looking at the ceiling. In both cases, with the development of the therapy, this dimension of time was experienced suddenly, provoking extreme reactions: R. was finally extremely anxious to the point of panicking when he realized he would soon be eighteen years old. Mr G, noticing a series of external circumstances, came later to realize that he was getting old, eventually entering into a state of anxious depression.

How was the occurrence of this sudden awareness possible, and how was it even possible that the more severely affected children studied in the present work started to experience feelings, to speak meaningful sentences, and even to communicate about internal states? Different capacities of the personality and different levels of development seem to

coexist simultaneously even when the apparent picture is more evenly *flat*, as in Fred's case. We might then assume that some level of evacuation of β -elements, some level of exchange with the mother and even introjections took place, leading to some level of α -elements being developed, even when minimal. This would lead to the formation of scattered fragments of images, dispersed elements of a possible narrative, without α -function developed enough to integrate them into a meaningful whole. Another adolescent patient, B., who had an extremely impoverished life, almost devoid of interests, was nevertheless addicted to audio-visual stories – TV movies, comics, computer games – that seemingly functioned as pseudo-dreams, consisting of a substitute-container for his mind and organizing its sparse visual, auditory and verbal elements into a mimicked meaningful narrative, a mental prosthesis of α -function.

The incipient formation of α -elements that residually underlies the overwhelming autistic condition can explain how some mute autistic children can suddenly start to speak sentences, or how Fred, from a timeless gas-like mental state where words lacked context and content could evolve to the structured and meaningful sentences quoted above, which would fall, in Bion's Grid, in the category of Dream-Thoughts.

It seems, however, that, even where these processes were weakened so early on, their development can be – partially – resumed in the context of a therapeutic relationship with an analyst-container. Through the use the patient can make of the therapist's α -function, fragments can be transformed into meanings and crumbling and scattered bricks into tentative buildings. The analogy could be with film editing, when several dispersed scenes and sequences that, on their own would be lacking in meaning, will be organized by the film editor into a coherent whole. We could apply to our work what one of these professionals once said in a newspaper about theirs, that *we repair other people's dreams*. When Fred's fragmented and dispersed language and mind were achieving cohesion in the context of an emotional link with the therapist, the anxiety about bodily fragmentation became experienced in all its terror and would be communicated to the therapist, as has been seen.

In spite of the diagnosis of pragmatic-semantic disorder, Chaz's less typical presentation becomes clear in this context. He did not present the 'beautiful passivity', gentleness and 'lightness of weight' that the "dismantling of the sensa" observed by Meltzer usually produces, and which was so prominent in Fred. Whereas Fred's development was clearly inhibited from the start, Chaz presented previously a less arrested development, until he was two years old. The violence of his behaviour and the anxiety present in his "Sticking

Machine” mode seemed to indicate that his autistic manoeuvres were mainly developed later as defences against overwhelmingly violent persecutory feelings. Projective mechanisms were also present except when he was able to completely ignore the therapist’s presence. We could say thus that there was more significant awareness of β -elements exerting pressure in his mind, which was avoided as well as he could. The interventions of the therapist in the beginning of his treatment were felt as attempts to “push” undesirable β -elements into his mind, since these should not be there even to be evacuated. These were the moments in which he would roar and grunt as a wild and primitive defence against wild and primitive non-verbal persecutory terrors. Thus, if he was able to return to his sticking and flattening activity there was no violence and the analyst was felt as a dead or a lifeless body. In these moments the only sounds he would occasionally produce were the jumble of letters with no space between them and no vowels, no highs and lows, nothing coming out or sinking in from his words as well as from the surfaces he evened out obsessively.

c. General Formulation

I. Only a vocabulary of some sort can grant meaning to what is experienced through the senses. The pressure from this experience on the mental apparatus impels the development of a vocabulary to make sense of it. This is connected to Bion’s idea about the “thoughts in search for a thinker”, inspired by Plato and Kant.

I am not establishing a difference here between *thought* and *vocabulary*. By vocabulary I mean any exchange in terms of “language game”, to use Wittgenstein’s terminology, between baby and mother: gestures, smiles, words. Someone is accompanying the baby’s experiences and helping him to make sense of that which was until then unknown to him and sometimes terrifying.

II. Verbal language developed in due course can be the more sophisticated means of registering, remembering and making sense of experience.

III. The possibility of these exchanges, which include projective identification as the more primitive form of communication, depends on the acknowledgement by the infant of his separateness from the mother’s body and on the capacity to feel the experience of the sensory apparatus and develop any particular reaction to it. Where this process is impaired,

development of language and thinking – interconnected in such a way that when we take into consideration the “analogic” language (Golse, 1999a) or “song-and-dance” level of language (Meltzer, 1975) it is impossible to state what comes first – is also inhibited.

IV. Psychoanalysis is in a privileged position to deal with this problem due to its nature as a particular language-game, which works on the boundaries and links between verbal language, bodily experience and feelings.

V. Moments of withdrawal and of un-mentalized experience are present in every individual, corresponding to the limits of language at least at the present stage of culture. We could call these autistic nuclei, which will only interfere with a life of relatedness where they occupy a substantial proportion of the personality or exert a strong influence. In the case of autistic children the autistic characteristics interfered with the development of the non-autistic part of the personality.

VI. The move from an autistic refuge implies fully facing the catastrophic anxieties that were avoided until then. These are a primitive version of the persecutory anxieties described by Melanie Klein as typical of the paranoid-schizoid position. Depressive anxieties will then also have to be faced.

VII. The *mindscapes* described by the children examined in this study, both in play and at a later stage in verbal communication, seemed to correspond to the characteristic anxieties and defences of the paranoid-schizoid and depressive positions, as well as of the lack of anxiety – accentuated in Fred – and rigidity – noticeable in Chaz – of an autistic refuge. Such mindscapes were called Desert, Jungle and Garden.

VIII. During the psychotherapeutic process of these children a fluctuation was observed among the three mindscapes and the linguistic characteristics or dialect of each mindscape.

IX. Among all the variations of this fluctuation, one stood out as particularly meaningful: there seemed to be some intuition in these children, made evident in play, that in order to experience more fully a pleasure of which they had some incipient hint, there was the need to face terrors that they were avoiding, and through which they were not sure to survive as integrated bodies. Fred's poignant persecutory anxieties in a more advanced stage of the therapy are a vivid expression of this.

X. There is a possibility that this dynamic is symbolically represented in some myths of creation, which could also be represented numerically. In the Book of Genesis, everything is really well and peaceful when there is only Adam/Eden. The arrival of Eve itself starts the confusion, in spite of the moments of delight. The serpent haunts the jungle. Hell. Although the official interpretation implies that Purgatory is somewhere in-between Hell and Heaven, I am suggesting that there might be another reading of the myth.

When out of the need for each other Adam and Eve have intercourse, they are expelled from Eden, and their fall would include the foreseeing of the outcome of their relationship, the infant who will be mankind and human culture. Although they are banished from Paradise, they are no longer subject to the prohibition on being creative or thinking. Neither Heaven nor Hell: Purgatory. When Adam and Eve fall from Eden, they initiate a "brave new world" – the human world. From Heaven through Hell to Purgatory or, using the young patients' terminology, from Desert through Jungle to Garden. In numerical terms, from 1 through 2 to 3.

4. Unresolved Problems and Implications for Further Research

When I started this research I was not fully aware of the immense field into which I was about to venture. Although the two general themes – Autism and Language – were of course vast and complex, it seemed that the limited scope of the research would be a safeguard: through the supervised psychotherapy of two children in the Autistic Spectrum who presented difficulties in verbal communication, to observe the fluctuations in their use of language in the context of the relationship with the psychotherapist in the sessions.

When realizing that this delimitation of the focus of the research did not preclude it from raising several questions that were of course left unanswered, I could only comfort

myself with the provisional hypotheses that were raised, and with the possibility that the study and its possibly loose ends would trigger further investigation.

One of the most intriguing issues seems to be that of the cognitive impairment. What in it is primary and could even predispose to autistic solutions, and what, on the contrary, is secondary to the impairment in psychic development? What makes some autistic children able to develop cognitive skills unlike others? Bion's Grid again helps us to understand intellectual development which is not accompanied by psychic growth if we use the second column in the vertical axis: the intellectual development here is at the service of evasion and resistance, and not of exploration of truth. Still the question remains open why in some of these children the impairment affects their personality more globally.

Some other aspects of these complex issues were left unresolved or were touched upon only too briefly. In the same way, the possible contribution of these and other psychoanalytic observations on language use to the field of Language Studies would be an interesting subject for further investigation. Accordingly, other issues might suffer revision and correction in the future as a result of more extensive and accumulated clinical observations still to be made.

The study was nevertheless conceived and executed as a small step towards the evaluation of some emotional and linguistic dynamics connected with autistic phenomena, which only in the last decades became the focus of systematic psychoanalytic investigation.

Another important aspect that would require further and more systematic exploration is the application of Bion's Grid as an evaluation tool in child analysis clinical research and practice, as well as in academic research in adult analysis.

Tustin and Meltzer, when working with autism, came to realize that the previous formulations about the mental apparatus were not completely satisfactory for its understanding. As a result they opened a new field of exploration in psychoanalysis that provided tools not only to help these children and their families, but also to deeply enlighten our understanding of emotional development and human communication in general, and consequently refine our clinical approach.

In this sense, the autistic phenomena has been in the last decades the thought which puts pressure on psychoanalysts and psychotherapists to try and think about it.

APPENDIX 1 – INFORMATION SHEET

Factors Influencing children's appropriate use of language

I am at present working on a PhD dissertation on factors influencing children's development of language and its appropriate use. For this purpose, I wish to refer to my experience with a small number of children I have been seeing for long-term psychotherapy, and I want to ask for your permission to refer to my work with your child.

As you know, we believe that long-term psychotherapy is in the interests of your child's emotional development. We also believe that what we learn from it could be helpful to other children.

This will not involve you or your child being involved in any procedure beyond what is normally part of psychotherapy. Any reference to your child's sessions will be carefully anonymised so that it is unrecognizable to others.

We will give you a copy of this information sheet and your signed form to keep. If you give your consent, you are free to change your mind at any time without giving a reason, and without this having any impact on your child's care.

If in the future your child should be interested in following up the parts of the dissertation that concern him you/he should get in touch with the Organising Tutor of the Child Psychotherapy training in order to discuss this.

Thank you for reading this. Take time to consider it and to discuss it with other people if you wish to.

APPENDIX 2 – CONSENT FORM

Centre Number:

Study Number:

Patient Identification Number for this trial:

CONSENT FORM

Title of Project:

Name of Researcher:

Please
initial box

1. I confirm that I have read and understand the information sheet dated.....(version.....) for the above study and I have had the opportunity to consider the information.

2. I understand that my child's participation is voluntary and that I am free to withdraw it at any time without giving any reason, without my child care or legal rights being affected.

3. I understand that relevant sections of my child's psychotherapy notes and data collected during the study, may be looked at by individuals from [*company name*], from regulatory authorities or from the NHS Trust, where it is relevant to my child taking part in this research. I give permission for these individuals to have access to these records.

4. I agree that my child takes part in the above study.

Name of Patient

Date

Signature

Name of Person
taking consent

Date

Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.

APPENDIX 3 – ETHICAL APPROVAL LETTER

SCHOOL OF HEALTH, SPORT AND BIOSCIENCE

Dean: Professor Neville Punchard PhD FIBMS FHEA
uel.ac.uk/hsb

School Office

Mr Carlos Tamm
10 Finchley Way
London
N3 1AG

07 March 2014

Dear Mr Tamm

**University of East London/The Tavistock and Portman NHS Foundation Trust:
research ethics**

Study Title: Autistic Functioning and Language Development.

I am writing to inform you that the University Research Ethics Committee (UREC) has received your NHS documentation, which you submitted to the Chair of UREC, Professor Neville Punchard. Please note the M80 programme is only for single case studies and is not appropriate for PhD studies. Please take this letter as written confirmation that had you applied for ethical clearance from our UREC at the appropriate time; it is likely it would have been granted. However, as the M80 course is not valid for PhD studies you may not claim approval from an ethics committee. Therefore, when responding to any questioning regarding the ethical aspects of your research, you must of course make reference to and explain these developments in an open and transparent way.

You will be aware from David Woodhouse's letter dated 11th December 2013 that there were other procedural matters relevant to your programme in addition to matters relating to ethical clearance. For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. Any other outstanding matters, if not yet resolved, will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

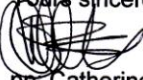


Stratford Campus, Water Lane, Stratford, London E15 4LZ
Tel: +44 (0)20 8223 4477 Fax: +44 (0)20 8223 4965
Email: hsb.pa@uel.ac.uk



ff

Yours sincerely



pp. Catherine Fieulleateau
Ethics Integrity Manager

For and on behalf of

Professor Neville Punchard

Chair of the University Research Ethics Committee (UREC)

Tel.: 020 8223 6683 (direct line)

E-mail: c.fieulleateau@uel.ac.uk

- c.c. Mr Malcolm Allen, Dean of Postgraduate Studies, Tavistock and Portman
NHS Foundation Trust
Mr Will Bannister, Associate Director, Education and Training, Tavistock and
Portman NHS Foundation Trust
Professor John J Joughin, Vice-Chancellor, University of East London
Professor Neville Punchard, Chair of the University of East London Research
Ethics Committee
Dr Alan White, Director of the Graduate School, University of East London
Mr David G Woodhouse, Associate Head of Governance and Legal Services

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