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spatial order of things in the home. He had got to know me and I felt that I was present in his mind.

Coping with loss

Resuming the observations after the summer vacation wasn't easy for me. The tragic accident which happened to Mattie Harris came as a terrible shock to me and I was deeply saddened to know that Mattie, so generous and life-giving, was now battling for her own life. My pain and anxiety due to this terrible loss was coupled with the grief following the death of my father a few weeks earlier. I was lucky to have the love and support of my family and the sustaining containment of my analyst to accompany me through such a difficult period. So in the autumn following that fateful summer of 1984, when Thomas was sixteen months old, I asked Susanna Isaacs-Elmhirst for supervision of my observations and she agreed to take me on through to the end of the two-year period.

In the spring of 1985, my husband and I visited Don and Mattie. I recall how intense my emotion was when we entered the room where Mattie was resting in her chair. As I held her hand, I saw a look of recognition in her eyes and she said "Thomas", showing me she was remembering. Indeed, Mattie was a person who had that wonderful capacity to hold in her mind, with understanding and respect, people and moments of life's experiences.

CHAPTER NINETEEN

Family consultations in the footsteps of Martha Harris with toddlers at risk of autism¹

Maria Rhode

Mattie interviewed me for the Tavistock child psychotherapy training in May 1969. Everyone who is asked about her mentions their first interview, and I am no exception. It didn't feel like an interview – I remember the easy informality with which she bent over the piles of papers on her desk in search of some document or other. She was often to be seen arriving at the Tavistock clutching enormous armfuls of papers, smiling wryly at the overflowing files, in winter perhaps wearing a crocheted hat – a headwarmer, as she called it. But however voluminous the files, we students all knew we lived in her mind – our aspirations, our strong points and our weaknesses, someone's wish to work in a hospital and someone else's problems paying the rent. In those days, the student intake was much smaller than it is now, and we didn't get beautifully printed diplomas when we qualified: we'd be told about that if we happened to bump into Mattie in the ladies' toilets.

Mattie supervised my first intensive case: nine-year-old Laura, a matchstick-thin little girl with translucent skin who ate

¹ This chapter is based on a presentation at a conference in memory of Martha Harris at the GERPEN, Paris, November 2010 (see Chapter 5).

nothing but tea and toast. In one of Laura's paintings, a girl's eyes were black circles filled in half in pink and half in blue. Mattie thought she was using her eyes as an anal sphincter: as a means of exerting control over the pink-and-blue parents. As you will gather, the language of part-objects came very naturally to her, but it was always linked to emotion and never formulaic. Laura once composed a story that started out, "In the beginning it was very cold." She accompanied this first sentence by cutting little snippets out of a folded piece of paper, as children do in order to make a "snowflake", except that this particular snowflake had only four small holes in it and looked decidedly like an attempt gone wrong. Mattie knew otherwise: "Now this", she said beaming, "is really very interesting. Look, here are the eyes, here is the mouth, here is the genital ...". She was showing me how Laura seemed to experience birth – the cold beginning – as being literally cut out of the matrix. Later, I remembered this in the context of Laura's profound conviction that we must be negatives of each other, so that she could not identify with me as a maternal figure; much as she yearned to be on good terms with me, this would threaten her own survival.

The atmosphere Mattie created in supervision meant that we students could talk about our own associations without feeling that this was irrelevant or silly. A propos of nothing in the material, I said to her one day that I had had the thought that Laura would find it impossible to transfer, unlike my other patients. I added that this didn't make much sense, as I wasn't considering transferring her. Mattie encouraged me to take the thought seriously. In the early days of a baby's life, she said, the continuity of its existence depends on the continuity of the mother's knowledge of it. It was that primordial level of Laura's sense of self that she thought was triggering my countertransference fantasy. As she wrote in her paper on "The early basis of adult female sexuality", the child must be "able to feel that he is well enough known for what he really is, to develop the kind of internal containing object which can help him to feel at home with himself" (1975c, p. 193). Conversely,

In so far as the infant is unable to bring parts of himself to the mother to be expressed, held and thought about, he is

likely to feel that there is something unacceptable about himself. These parts are then likely to become alienated, split off and projected to some distance from his good objects: with the ever-present threat that they will return to endanger these good objects. (p. 193)

Mattie stresses that the father or some other "ongoing parental figure" may be able to provide this acceptance if the mother cannot.

In this chapter I want to illustrate the central importance of the parents' unbroken knowledge of their child by describing family work with two toddlers at risk of autism. Mattie did not herself see children on the spectrum: the theory that informs this work derives from Tustin, Meltzer, Haag, Houzel and Lechevalier. Mattie did however pioneer family consultations for toddlers. In her paper on "Therapeutic Consultations" (1966), she describes her work with Willie, a little two-year-old who was driving his parents to distraction with his hyperactivity, claustrophobic anxiety and major sleeping problems. His mother felt tyrannized over and imprisoned by him; his father was overburdened by working additional hours so that the family could buy a house, and both parents were at their wits' end. Mattie describes listening to them very carefully, eliciting details, reflecting their feelings back to them. Willie, who was not yet speaking, took no notice of her presence.

It turned out to be one of those "miracle" consultations that can sometimes happen with toddlers in united families. When the mother brought Willie back for the second appointment, she reported the first proper night's sleep she had had since he was born. The parents had continued talking after their appointment, and had followed through on Mattie's question about anything that Willie liked that might settle him before bedtime. They remembered that, when relatives had come to visit, he had been fascinated by the baby's cradle; so his father rigged up an indoor swing for him that his mother put him into after meals and before bed. It gave Willie a containing place to be – one that responded to his movement without provoking claustrophobia – and allowed his mother some respite. She reported to Mattie that she felt for the first time that she had been able to

get through to Willie. With this encouragement, she had spent two days teaching him to go down the stairs backwards, so that she could be confident he was safe when he wanted to leave the flat to play in the little private garden. She and Willie were both relieved of their claustrophobic over-involvement. Interestingly, Willie now engaged with Mattie over the toys, and used some words appropriately. As Mattie commented, "It would become more worth his while to talk when he felt greater confidence in being understood" (p. 303).

Brief work is of course not appropriate for children with autistic features, but I think that Mattie's conceptualizations in this paper are highly relevant to them (as is her comment to me about the way in which the mother's ongoing knowledge of her baby provides the foundation for his sense of continuous existence).

First of all, she stresses that she did not provide an "expert" opinion, but concentrated on eliciting the details of the parents' experience. The implication was that it was their own resources that would help them to resolve the problem. She underlines that it was the father's intuition that led him to provide a swing, and that it was the close marital relationship that made this way of working possible and fruitful. Next, she suggests that mother's feeling of being able to get through to Willie for the first time followed on her experience of getting through to Mattie in the consultation. This simple statement implies a great deal: it makes the link between an unresponsive child and the parent's unresponsive internal parent, though "ghosts in the nursery" were not Mattie's immediate concern. She was not addressing the parents' internal constellations: instead, she was working in what Daniel Stern (1995) so aptly called the "good grandmother transference". In this family with many resources, we can trace a sequence from the parents' experience of getting through to Mattie to the mother's justified optimism about getting through to Willie, and onwards to Willie's new feeling that there were people he could himself get through to by speaking. What could be mistaken for a relatively ordinary new experience led to a cascade of developments, a benign circle of interactions that brought about important shifts in the whole family.

This can of course work the other way too: ordinary mismatches can have major, cumulative consequences. In a pilot research project (Rhode, 2007) on therapeutic infant observation with toddlers at risk of autism, following the model pioneered by Didier Houzel (1999), we could see how easily mother and child could get caught up in a vicious circle of discouragement so that the contact both desired always went wrong. The mother would attempt to comfort her son, but the little boy would wriggle free. By the time he climbed onto the sofa, his mother was so disheartened that her arms remained at her sides and she commented to the observer: "This is where he usually starts head-banging." We could also see – which links to Mattie's point about the importance of the whole child being known – how easy it was for the toddler's capacities not to be noticed, let alone amplified. This was true of the observer, not just of the mother, which is one of the reasons supervision was so important.

Two toddlers at risk of autism

I will now discuss family work with two toddlers at risk of autism. The first resembled Willie's family in that the parents had a loving relationship, the "good grandmother transference" was easy to establish and maintain, and the child seemed to blossom naturally while the parents talked. After a year's work, Oedipal issues were manifest on a whole-object level. The second family was far more fragmented, and the "good grandmother transference" alone could not outweigh the many factors impeding the child's development. Linking up with the mother's therapist provided what I think was an essential enactment of a co-operative couple. Oedipal issues are discernible on a far more primitive level than in the first case: we can see the little boy beginning to integrate maternal and paternal aspects of the family envelope, as described by Didier Houzel (2001). This happened more particularly with regard to the senses of vision and hearing. I am emphasizing Oedipal phenomena partly because of the importance of the parental relationship, as emphasized by Mattie; but also because the closure of the Oedipal triangle makes possible what Britton (1989) has called the "third position" of the observer, who can

also imagine being observed. This makes it possible, in his words, "to reflect on ourselves while being ourselves", a capacity strikingly lacking in children on the autistic spectrum with their characteristic Theory of Mind deficits.

A child at medium risk of autism

Isabel was born in England of Argentinian parents; her older brother was developing well. Both parents came from supportive families, though Mr G was the only child of a single mother and Mrs G's next-youngest sibling had died in childhood. She had herself suffered a potentially fatal illness soon after arriving in England, and the possibility of a recurrence remained a shadow in her mind. The atmosphere between the parents was loving and co-operative, and their vitality and sense of humour became more evident as work progressed.

Mr and Mrs G referred Isabel when she was 17 months old. All had gone well until she was seven months, when they felt they had suddenly lost her. It turned out that Mother had had a brief but painful illness at the time (not related to her previous serious one), and had worried that her medication might have harmed Isabel. They did not feel that she knew who they were, and described her as a vegetable, though they said that she responded better to professionals than to them. When I took up how painful this must be, Father said that, on the contrary, it was a relief that she was capable of it: she would have to be a great deal better for them to have the luxury of feeling jealous.

At 17 months, Isabel could sit but not crawl. She made no eye contact and was not babbling. She clutched a spoon that she used as an autistic object (Tustin, 1980), and reached for her parents' hand to perform difficult tasks. With insistence, I could just elicit fugitive eye-contact if I imitated her actions. She stared blankly into a corner or out of the window, though she liked pushing down and releasing little wooden men in a Galt pop-up toy so that they came back into view. She tapped repetitively on hard surfaces, like the table or the humming top. She had no interest in the dolls' house, and seemed frightened of the teddy in her box. When tested, she fell in the medium-risk

category of the Checklist for Autism in Toddlers (Baron-Cohen et al, 1996), which carries roughly a 50% chance of an autism spectrum diagnosis at three and a half.

Gradually it became possible to draw her into the group of adults through imitating the way she used the little wooden people or tapped on the table: this could be amplified into simple rhythmical exchanges. Isabel needed our total involvement. She once cast a delicate, tentative glance over her shoulder in her parents' direction, became disheartened to see them talking to me, and then remained impossible to engage. Mr and Mrs G responded eagerly when I described the delicacy of her glance: "She's always been like that." I could see just how easily a vicious circle of mutual discouragement could have arisen.

Isabel appeared to take no notice of us: in fact, she was exquisitely tuned to the atmosphere. She was beginning to practise pulling herself up to a standing position at the table, but suddenly collapsed when our tone of voice changed as we discussed her parents' refusal of permission for me to liaise with other professionals. They remained politely sceptical when I pointed out this sequence, but they quickly identified with my observing function and began to tell me new things they had themselves observed her doing at home. At this stage it seemed that one of them would take the risk of detecting meaning while the other expressed doubt.

With my support, they encouraged Isabel to be more forceful with the toys, and amplified her growing enjoyment in banging the table and growling fiercely. Isabel's increasing pleasure in this shared activity was regularly and unpredictably interrupted by frightened looks out the window and into the corner that she had previously stared at blankly. While she appeared to have located something dangerous in these places, her play around the table moved ahead steadily as her parents talked. She began to babble, to imitate sounds and songs, and to point. Her use of the toys became more clearly symbolic. At the end of a session during the second term, she had been sitting on the floor "feeding" the teddy with one of the little wooden people. I described this to the parents as they were clearing up, and, no doubt sensing their pleasure, she turned with a beautiful arching movement

and raised her hands from each side of the pop-up toy to clasp her mother's face instead.

She had by now relinquished her autistic object, and no longer reached for a parent's hand to perform a difficult action. She was producing words in both English and Spanish, including "mummy" and "daddy"; her first word, "light", accompanied her pointing at the bulb inside the fridge, which struck me as an apt representation of her parents' increasing hopefulness. She beamed at me on arrival each week, played peek-a-boo when it was time to go, and once burst into tears at the end of the time. I was encouraged when occasionally, after a separation, she could be wary of me, even cross, though usually the "bad" thing remained outside the window rather than located in a human being. Mattie's split-off part of the personality comes to mind. Interestingly, although her play was clearly symbolic by the end of the year's work, she remained worried by an adult's "mock angry" face.

Increasingly, her play focused on rivalry and exclusion. The little wooden men jostled each other in competition for a hole in the pop-up toy. Isabel piled little dolls and animals into the dolls' house, then threw it crossly onto the floor. Sometimes she then collapsed onto the floor herself, as though identified with the maltreated toys. Two of the four little wooden people became mummy and daddy (she chose the colours to match her parents' clothes that day) and they kissed at great length while the other two were casually discarded.

After a year's work, Mr and Mrs G decided to return home: a measure of their confidence in Isabel's continuing progress. The following week, for the first time, Isabel proudly took several steps towards me along the corridor. In the room, she made the little wooden 'parent' dolls kiss, then repeatedly threw them on the floor, crouched down to retrieve them, and stood up again showing us that she had a firm grip on them. Her parents' newfound confidence in facing another migration seemed to sustain Isabel's own greater confidence in retrieving internal parents whom she had thrown away in Oedipally-inspired anger, and who could now support her in walking on her own two feet.

Work with this family proceeded very much on the model of Mattie's paper on Willie. Isabel seemed to blossom out naturally as her parents talked. Towards the end of the year, they said that our sessions were the only place where they could discuss their own feelings about her progress and the various interventions that she was having: I think they had the experience of "getting through" to me, and must have sensed that I found them and their little girl tremendously endearing. The "good grandmother transference" was easy to maintain. Like Willie's parents, Isabel's had a strong, loving relationship, and what Didier Houzel (2001) calls the bisexual elements of the family envelope were well integrated. One consequence was the speed with which the parents identified with my observing function, and the ease with which the three of us could take turns in pointing out to each other the developments that Isabel was making. During the whole year's work, I felt discouraged only once, when Isabel was still not walking at the age of two; I had to remind myself of what I frequently told the parents, that she undoubtedly remained delayed but was moving in the right direction. Mr and Mrs G, like their daughter, needed ongoing encouragement: even when a paediatrician told them categorically that Isabel was still delayed but definitely not autistic, they found this hard to believe. On one occasion, when Isabel had participated with gusto in a game, they raised again the spectre of her diagnosis, and I said to them that if they still thought she might be autistic after what they had just witnessed, I wondered who was telling them so. They laughed, understanding my reference to Isabel's enjoyment that could so easily be interrupted by frightened looks at the window. I did not see it as my role in this kind of intervention to probe any further.

A child at high risk of autism

In contrast, work with Andrew and his family has been far less easy. At the age of one, Andrew was showing worrying signs of being at risk of autism. He was the youngest of a large family, of whom the eldest daughter had an autism diagnosis while the others appeared to be developing satisfactorily. Mother and

father were high-flying professionals who had seemed to take in their stride a potentially fatal illness mother had suffered as well as the first daughter's disability. Mother told me that everyone thought of her as the strongest person they knew, but the possibility that Andrew might also be autistic had been the final catastrophe that had overwhelmed her.

With this family, the "good grandmother" transference has been much harder to establish, though I see them twice a week. Largely, this has been because the parents have never come together, and I have only met the father once; Andrew is brought by his mother or the nanny. Initially, there was no room for me to say anything: Mrs P kept up a constant stream of songs and talk designed to stimulate Andrew, and, I think, to save him from becoming autistic. Whenever I pointed out something new he was doing, she countered that his sister had done this too, and then had a massive regression at the age of two. The nanny initially felt more hopeful, and was able to follow Andrew's lead, to which he responded well. Interestingly, once his development began to pick up, the picture was reversed: Mrs P was increasingly encouraged by his progress whereas the nanny felt disheartened by how far he still lagged behind normal children. I often felt as though I were fighting a losing battle; as though there were a hostile force acting to discourage Andrew's development. At times this seemed to be embodied in references to a great-grandparent who had lost the power of speech, and to whom Andrew was compared. Here again is the link between an unresponsive child and an unresponsive parental figure.

Faced with my own feelings of despair and impotence, I frequently turned to the parent worker to discuss the case, and in that way at least to enact a mutually supportive couple constellation. She tended to smile at me and say that our obvious task was to provide an infusion of good objects to counter the despair in the system: she reminded me of Harris and Meltzer's (1976) formulation that the functions of a parental family included engendering love, promoting hope, containing despair and supporting thinking.

At the beginning of my work with the family, Andrew spent most of his time trying to climb over gaps between pieces of

furniture or suddenly throwing himself off an adult's lap, so that we had to be constantly vigilant. He bit his mother and pulled her hair in a way that seemed partly aggressive, but also a desperate way of holding on. I encouraged Mrs P to set limits, but also to think about possible emotional meanings. She confessed that this was not easy: she had become accustomed to the behavioural approach in her daughter's school. Andrew's piercing screams could be unbearable, but it was hard for her to think of this as a communication: that would imply greater capacities in Andrew than she dared hope for. Her expectations were very low – as she said, she would rather not be disappointed, though she understood that this could become self-fulfilling. I was encouraged that she welcomed signs of improvement – for instance, when Andrew lay on the floor hiding his face, but allowed me to turn this into a peek-a-boo game. He also learnt to use some Makaton signs, which his sister never had. Still, when he was given the CHAT (Checklist for Autism in Toddlers) at 16 months, he came in the High Risk category, and we had to work hard not to lose sight of recent steps forward.

As with Isabel, symbolic play was the first area in which Andrew showed substantial improvement. He developed a pattern of climbing onto the table, sweeping all the toys onto the floor, and beaming proudly as his mother commented, "Who's the King of the Castle?" He then regularly flopped face down himself, as though, again like Isabel, he felt identified with his displaced rivals. He obviously felt that there was only room for one – and indeed, I learnt that this reflected the pattern at home, in which the children fought for attention and often ended up in different rooms.

The Oedipus complex and sensory integration

After roughly a year of work, Andrew began repeatedly to indicate that he wanted his mother to sing a particular action song that involves naming and touching various parts of the body ('Head, shoulders, knees and toes'). We both noticed that, while he listened to her, he watched me as I performed the actions (without singing). He repeated his request so often that it was

obvious that this constellation meant something very important to him, even without his beaming smile at me as I performed the actions. I understood Andrew to be constructing the Oedipal constellation at the very fundamental level of the senses, through orchestrating the cooperation between his mother and me in which he could watch me perform the actions while he listened to her singing. This brings to mind Meltzer's discussion of sensory dismantling as a means of avoiding Oedipal conflict ("the mummy with the uniform and the daddy with the bell who pass each other in the night of the child's mind"; Meltzer, 1975, p. 25). It also illustrates an emotional component in the capacity for cross-modal perception as described by Daniel Stern (1985), which can normally be taken as a given.

The autistic level of the Oedipus complex: oral competition

Against this background of constructing Oedipal cooperation between his mother and me on the level of vision and hearing, Andrew began to be able to stage his Oedipal conflicts on a part-object oral level. On the occasion his father brought him, and – perhaps encouraged by this – he rattled the Russian doll, pulled it apart so the smaller dolls fell out, and bit half of the biggest doll hard so that it seemed to remain attached to his mouth. He then used it as a cup that he filled up with water from the sink and drank from. Although I stopped him, he persisted in trying to get inside the full sink himself. He seemed to be showing us his own wish to be inside (in itself a hopeful sign in a child at risk of autism), whether inside the sink or inside the largest doll, and his rivalry with the smaller dolls contained in it. Biting seemed to be both a way of separating the two halves of the largest Russian doll so that the babies fell out, and of taking over one half of it so that it constituted a unit with his own mouth, not with the other half of the doll.

After the long summer break, during which the whole family had spent five weeks together, Andrew elaborated on both of these themes. He had for some time been turning to catch my eye or his mother's to be sure that we noticed what he was doing

(social referencing); during the summer, he also began to use pointing in a proto-declarative context and to imitate adults. In one of the early autumn sessions, his mother balanced one of his shoes on her head. Andrew placed the second shoe on his own head, then held out his hand for the shoe his mother had, and gave it to me. I placed it on my head, he gestured to the shoe on his and smiled at me. He then held out his hand towards me for the second shoe, so that he had one in each hand, and "clapped" them together. Andrew appeared to be illustrating the phase Geneviève Haag (2005) has described in which the two halves of the child's body represent the integration of the two parents – a phase more advanced than that of "mother and baby in two halves of the body": we are reminded of Isabel's play with the little pop-up people in relation to walking.

I can envisage that the next stage will involve a move towards individual work – he has begun to go to music therapy and to a specialist nursery by himself, and to enjoy playing with other children. For the moment, however, I feel that the setting with two adults has a positive value for his development as it supports his attempts to work over Oedipal themes on the primitive levels I have described.

Concluding remarks

I have offered clinical vignettes from family work with two toddlers at risk of autism in order to illustrate how easy it is for a vicious circle of discouragement to become entrenched. The professional's task is then to attempt to contain the despair, while fostering links between parents and child that can lead to a benign circle. I have suggested that it is easier to work in the "good grandmother transference", as in Mattie's work with Willie's family and in mine with Isabel, when a co-operating parental couple can provide the child with a supportive Oedipal context. With Andrew, where one of my main functions has probably been to witness his interactions with many different adults and in that way to help him to integrate them, I believe that the enactment of a couple in my consultations with the

parent worker has been crucial in supporting Andrew's construction of an Oedipal context on fundamental, primitive levels.

In closing, I cannot do better than to quote Mattie's comments at the Tavistock memorial event for Mrs Bick. She described Mrs Bick's vitality and enthusiasm – whether for a piece of psychoanalytic work, a beautiful landscape or a plate of spaghetti with garlic sauce. Being in the presence of this had been an inspiration and a privilege for all her students – “and to the best of our ability”, Mattie said, “we try to pass it on.”

CHAPTER TWENTY

Shorter personal recollections

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Ricky Emanuel, Katherine Arnold, Herbert Chaim Hahn,
Carlo Papuzza, Maria Pozzi, Renata Li Causi,
Torhild Leira, Eve Steel*

Gabrielle Crockatt

If I had to describe Mattie in one word, it would be “human” – in the best and warmest sense of that word. I first met her while I was still at university, and wondering how to launch myself into the world of adulthood and earning a living. I had decided that I wanted to be a child psychotherapist, contacted the Tavistock, and was offered an “interview” with Mattie.

I arrived full of trepidation at the old Tavistock in Marylebone, with a welcoming open fire in the entrance hall. The experience reminded me of the children's story “Just Awful”, where a little boy goes to see the school nurse because he has cut his finger, and comes out having had his finger washed and dressed, and been given a big hug, saying “I think I'm going to be alright.”

Mattie asked reasonably challenging but sensible questions, such as how I had come to think of doing child psychotherapy. I felt anxiously self-revealing as I answered “because I read Laing's *The Divided Self*, and connected with the idea that we all have