

The analyst's mind and autistic transformations

By

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I

My experience when analyzing some patients with prevailing manifestations of the primitive mind, areas of non-representation, proto-mental states, specifically “autistic states” (Tustin, 1981) has proved to be an effective incentive for reflection.

In our clinical practice, we frequently find ourselves drawn to share experiences with patients who may be neurotic, psychotic or autistic. To these experiences we cannot always find in our theoretical-clinical apparatus, nor in our personal repertoire, representations that enable us to identify the phenomenon in course, to get closer to these patients and eventually reach them.

When we are faced with these situations, very often a chaotic atmosphere is set up in our minds due to the disorganization caused by the reference systems we employ, making it difficult to maintain the psychoanalytic vertex. As I see it, proto-mental phenomena, and autistic phenomena in particular, even when found in neurotic patients, may cause this kind of disorganization.

When confronted with these primitive areas of the mind, upon which instruments can the analyst rely in order to identify, recognize, transform and give meaning to communications when we can't find in our own minds, any correspondent representation that may orientate us once the fantasies that may be underlying them are not perceived as elements of then psychic reality? How may the analyst embrace or restrain these phenomena, and exercise his *reverie* and alpha function, while facing emotional experiences when he is not able to find within himself, similar experiences to resort to? How to proceed through this universe, and penetrate the autistic retreats, that have been developed by the individual from his own corporeal sensations? And, from this standpoint, how can the analyst operate his alpha function?

In this paper I do not aim at clear answers, but I do want to propose a few elements to widen and deepen this discussion.

In previous papers, I attempted to examine such phenomena. In “Primitive mind and thought” (Korbivcher, 1999), I draw upon the need for the analyst to discriminate, within the primitive mind, different levels of the patient’s mental development. In “The theory of transformations and autistic states. Autistic transformations: a proposal” (Korbivcher, 2001)², I suggest incorporating into Bion’s Theory of Transformations (1965) the group of autistic transformations in which the autistic phenomenon prevails in the emotional experience shared between the analytical pair³.

In the present paper, I deepen the examination of the processes that occur in the analyst’s mind when he is subjected to the impact of manifestations of the primitive mind, more specifically, of the autistic transformations. I investigate the urge of acknowledging the autistic universe, as a specific separated universe, a universe that is dominated by sensations and that is different from the universe of neurosis and psychosis.

Within this perspective, I explore the possibility that this universe may come to constitute a new paradigm in psychoanalysis. Through the presentation of the clinical material of the patients Luis and Caio, two autistic children and Ana, an adult patient who presents autistic nuclei but who operates with the neurotic part of the personality, these questions will be approached with a view to widening the discussion .

II

According to Bion, the physical and the mental spheres are undifferentiated in proto-mental states. In these circumstances we find ourselves in an area in which the mind is not yet developed, and in which sensorial elements predominate. Even behind the

² Korbivcher (2001) mentions that Bion in Transformations (1965) affirms that during the analytical session, the analyst has no access to the phenomenon itself, but to its transformations. Bion in this theory proposes the transformation groups in rigid movement, projective, in hallucinosis in K, in –K, and in O... Korbivcher conjectures that Bion leaves open the possibility that other groups of transformations may be included in this theory. He raises the hypothesis that the autistic phenomena could constitute a new group of transformations among the ones proposed by Bion: the autistic transformations where the autistic phenomenon prevails. She affirms also that the autistic transformations are characterized by their development within the autistic environment what implies in the absence of the notion of the external and internal object. The relations established are dominated by sensations, and these do not acquire any representation in the mind. Some of the invariables highlighted in them are related to the experience of the “absence of affective life”, “experience of affective emptiness”, to the presence of “auto-sensuous” activities observed through the relation of the autistic objects and autistic forms. Tustin (1986,1990). These maneuvers protect the individual from terror experiences which would cause in him a sensation of desegregation and intolerable vulnerability.

³ I suggest the reading of my previous work, Korbivchever (2001), for a better understanding of this one.

neurotic part of personality, there is a part where encapsulated and impenetrable nuclei of the *self* prevail, that are resistant to changes, and that cause lack of emotional contact. These emotional states produce phenomena that are similar to autistic defenses, whose ultimate aim is to protect the primary *self* from the unbearable states of non-integration (Tustin, 1986 e Klein, S., 1981).

The autistic phenomena found in autistic states are characterized by the presence of a state of “emotional withdrawal” within a self-generated “protective shell”. The *self* retreats from the affective contact with the object, and in turn generates a protective shell. Within this shell, the *self* engages into auto-sensuous activities, fulfilling itself with them. Through this process it protects itself from the pain generated by the awareness of the corporeal separation from the object. These maneuvers protect the individual from living experiences of terror, which would inflict on him feelings of fragmentation and of an unbearable vulnerability. (Tustin, 1986; 1990).

In these states, no mental apparatus is observed to be constituted that would be capable of inscribing and representing the impulses coming from the body in order to confer psychic qualities on them. The individual finds himself in a world dominated by sensation; the relations between *self* and object occur through “sensation-objects”, “autistic objects” and “autistic shapes” (Tustin, 1981). “These individuals urge for sensations rather than objects. They react to people according to the sensations they cause to them.” (Tustin, 1986).

Some patients that manifest these states communicate in a non-verbal form, mainly through sensuality.

Luís, a 6-year old autistic child, who was referred to me for analysis, illustrates these issues.

According to his parents, Luís does not establish any contact with the external world. The father, a daunting figure due to his huge stature, says that his son reacts only when the father himself licks his face thoroughly. The father notices that Luís manifestly experiences joy and pleasure when he does that, engaging and in this kind of contact for a long time, until the excess of saliva over his face disturbs him(Luís) . Luís stops to wipe it out, but soon returns and remains there. The parents also say that they notice that Luís is insensitive to pain. Luís often hurts himself but does not react. They have been oriented by

the pediatrician to rub the skin of his whole body with a sponge, in order to make the skin thinner and more sensitive. They have noticed that Luís gradually started to react. They also mention that Luís, wherever he may be, urinates into any recipient he finds at hand, to drink its content immediately after. He often manifests coprofagia as well.

I believe that Luís is a peculiar and vivid didactic example- to an extreme degree- of the field of autistic manifestations. On the one hand, Luís uses his insensitive and tough skin as a “protective shell”, that safeguards him from being reached by the pain of bodily separation from the object, and, on the other hand, he demonstrates in an explicit way the relation of continuity established through the sensations he obtains through his father’s tongue and saliva on the skin of his face. Besides that, Luís shows that he has no need for external things, nourishing himself from his own excrements.

Other patients, in whom the neurotic part of the personality prevails and who present autistic nuclei, develop autistic maneuvers operating through them. These I have proposed in my paper about autistic transformations (Korbivcher 2001). It is necessary however, to stress that the proposal of the autistic transformations applies only to neurotic patients who present autistic nuclei, and not to autistic patients. * The mental apparatus of these patients, the ones with autistic nuclei, oscillates between autistic states and states with a functioning psychism. These patients thus have the possibility to a certain degree, to accomplish transformations. On the other hand encapsulated patients, such as Luis and Caio, a patient I will introduce below, offer no possibilities for transformations due to the absence of a constituted mental apparatus.

Verbal language is a frequently used means of communication in neurotic patients who present autistic barriers. However, it is observed that because of their withdrawal in auto sensuous activities, and because their relationships are dominated by sensations, speech itself may acquire a sensorial character. Its function then is to provide comfort, giving rise to a mental state of some cohesion through the sensation caused by the ‘speech act’ itself.

Fédida, (1991)⁴ describes the presence of autistic defenses in neurotic patients,

* J.C.Braga in personal communication

⁴ Fédida, P, says: “(...) the autism must not be mistaken for schizophrenic psychosis. Progresses made by autistic children in psychotherapy are characterized mainly by the discovery of strange similarities between such states, and recognized semiologic configurations, especially during psychoanalytic treatments in adults considered neurotic. In fact, it isn’t rare to verify, in the course of narrative or even associative speech, the opposition of truly autistic zones, that suggest the

manifested through speech.

This kind of communication, either exclusively non-verbal or verbal with a sensorial character, causes great impact on the analyst's mind. Not only the mind of the analysand, but also that of the analyst has primitive areas of non-representation, an "autistic part of the personality", as Tustin (1986) says. Under the strong pressure of these stimuli, the analyst tends to put in place, maneuvers that are similar to those employed by the patient. Due to the fact that he does not find in his mind representations that enable him to transform some impact into thought, he may respond through evasion or by manifesting some corporeal reaction.

I think that the analyst, while working in these areas, is constantly challenged to reflect more broadly about the impact suffered while in contact with these phenomena during the session, whether he remains in the situation or evades from it. In both situations, the analyst is required to create some distance, "a gap" in relation to that impact (Rezze, 1997), in order to elaborate it and, maybe then, salvage the condition as thought.

It is necessary to stress, however, that these reactions on the part of the analyst are not necessarily due to successful phenomena of projective identification, but may be a consequence of the anxiety involved in the situation. Sometimes there's an abyss between the two elements of the analytical pair, in such a way that each one remains absorbed in himself, and no connection is established between them. In response to this situation, the analyst may also get involved in activities linked to his own body, in mental activities that are disconnected from the patient, or he may even, get more deeply involved with the enjoyment of the speech act, producing long stretches of discourse that ostensibly rather meet his own needs than those of the patient (Korbivcher, 2001). Another possibility is for the analyst to get relief from the anxiety caused by these situations, is to withdraw into theories, in an attempt of anchoring himself to some reference, and thus minimize the feeling of helplessness. I believe that, under these circumstances, the resource of theories is employed to keep the analyst away from the contact with the patient. Besides this, what is observed is that such theories are not useful to the understanding of the experienced

image of a hole or an "embedment" (...) such phenomena that may be labeled autistic, even in the absence of behaviour comparable to those of an autistic child, present as their main singularity the fact that they're isolated from a speech that may describe them, producing solely sensorial images experienced by the analyst in a different way from what could be called metaphors (...) – in "Nome, figura e memória, A linguagem na situação psicanalítica" – 1991 – p. 157.

situation.

I believe that such experiences make the analyst face an unknown universe, where he lacks stable references to guide him. This might stimulate the analyst to develop a privileged condition of analytical work, and require him to operate most of the time with his “negative capability” (Bion, 1970). Under these circumstances, the analyst will be driven to investigate freely and without previous restraints the material offered by that particular system of mental functioning. As I see it, that’s what may lead to the discipline of “absence of memory” and of “desire” (Bion, 1967).

III

Chaos Theory is a new science about the complexity of nature, that dates from the seventies when it was created by physicists, astronomers and economists (James Gleik, 1987).

According to James Gleik (p.3):

“Where chaos begins, classical science stops. For as long as the world has had physicists inquiring into the laws of nature, it has suffered a special ignorance about disorder in the atmosphere ... The irregular, discontinuous and uncertain sides of Nature have been enigmas to Science...” “(...) This theory is a science that allows to see order and pattern, where before it observed only randomness, irregularity and the chaotic”. Gleik quotes Douglas Hofstadter: “a fantastic kind of chaos may be hidden behind a façade of order, in the same way that in the depths of chaos may be hidden some kind of order, even more fantastic.”

I think that the Hofstadter quote indicates that we rather than do what is apparent, we should pay attention to the unknown that lies behind appearances. I believe that our job as psychoanalysts – like biologists, economists and astronomers in their particular areas of research – is elaborating our distinct working instruments in order to keep us alert to the psychic movements present in the consulting room. It is not an easy task to find ways to get closer to the patients I have been describing, and to reach those mental areas that involve such a degree of primitivism that, their content often cannot be recognized as psychic elements. We are often forced to face “violent storms”, without having noticed the

“flapping of a butterfly’s wings” of the classical example and often quoted “Butterfly Effect”, in Chaos Theory. In other words, we have no idea where “the storms” originate.⁵

Marilena Chauí writes:

“A scientist or a group of scientists begin to study a phenomenon employing theories, methods and technologies available in their field of work. Little by little they find out that the concepts and procedures do not explain what they are observing neither lead to the results they are looking for. They find, says Bachelard, an epistemological hindrance. A new scientific conception emerges, leading to the incorporation of previous knowledge, as well as to its complete overcoming.”(Chauí 2000, pg 15)

She also says:

“In ordinary times, a scientist, before a fact or a phenomenon that has not been studied yet, employs the existing model or scientific paradigm. A scientific revolution happens when the available paradigms are not able to explain a new phenomenon or fact. Thus, it’s necessary to produce another scientific paradigm, non- existent to the present moment, and which need had not been recognized before by the researchers.” (Chauí, 2000 pg 16).

Frances Tustin, going through the experience of isolation when facing these autistic patients who were completely withdrawn in their own world, noticed that within the chaotic universe of their manifestations, these children often clung to “hard objects” and to “soft objects”. She raised the hypothesis that the tactile sensation caused by the hard objects was related to a sensorial experience of hardness and of contact with boundaries, and associated these experiences with a certain sensation of corporeal cohesion. She says: “ the contact with hard objects results in a sensorial experience of an “armour”, promoting a feeling of protection against an unutterable dread”. As to the soft objects, or “autistic shapes”, as she named them, she raises the hypothesis that they would be related to sensorial impressions remaining from an object or bodily substances that, when in touch with the skin surface, would promote comforting and tranquilizing experiences. She continues: “these are peculiar, idiosyncratic shapes”. Based on these observations, Tustin proposed that the object relations within autistic states occur in a particular way, or, in other words, they occur starting from the sensations produced by “autistic objects” and “autistic shapes” on the individual, instead, of starting from the fantasies and meanings they might give rise to (Tustin, 1986).

Tustin, in my point of view, has found a “pattern”, an order, within an apparent state

⁵ These ideas have been developed from a comment of mine about the work: Dialogue with the Chaos, by Geo Marques during a scientific meeting of the SBPSP, November 2002.

of chaos, as Hofstadter had advised us on the quote mentioned above.

I believe that clinical situations, considering the characteristics I have described, confront us with challenges of such nature that we face no alternative but the one of developing a state of mind free from any previous knowledge, and of trying to delimit the particular universe of that patient in question, and immersing ourselves into this universe. From this stance, we may observe, on the terms Hofstadter has proposed, some idiosyncratic “pattern” of organization of that system, and thus acquire some notion about the vertex employed by the patient to observe the world. A dialogue with these areas of non-representation may be thus established, and some psychic meaning may be attributed to that sensorial universe, which appears chaotic to us.

Gleick states (1987, p.5):

“... Chaos poses problems that defy established ways of working in science (...) The first chaos theorists, the scientists who set the discipline in motion, shared certain sensibilities. They had an eye to pattern, especially pattern that appeared on different scales at the same time. They had a taste for the randomness and complexity, ...”

Apart from Tustin, several post-kleinian authors, such as Bion, Winnicott, Bick, Meltzer, Ogden, Grotstein, Alvarez, as well as Mitrani and Houzel, have dedicated themselves to the investigation of proto-mental phenomena of autistic manifestations, starting from the work with psychotic patients and autistic children, and also from infant observation. These authors face, in clinical practice, phenomena placed in areas where the level of mental organization is situated before the schizo-paranoid position (Klein, 1946). This field has been rarely explored by the classical theories of psychoanalysis. Among us, this area of interest has been researched by several analysts, being among them: Haudenschild, T., Braga, M., Melega, M., Guimarães Filho, P. D., Fonseca, V. R., Lisondo, A. D., Garcia de Barros, I.

Esther Bick (1986) and Meltzer (1975) through the notion of Adhesive Identification, Winnicott (1986) through his formulations about the unthinkable anxieties, Ogden, T. (1989) with the conception of the contiguous-autistic position, as well as Tustin: all of them have had, as the first theorists of Chaos, *a sensitivity in common, a taste for the randomness, for the complex, for extremes, for sudden leaps...* and, in my point of view, have walked through areas of chaos, or, as Gleick says, through areas where *Science ends*.

With these formulations, they have tried to identify patterns and to find some order in those phenomena, because they probably have faced experiences in which the prevailing phenomena couldn't be *explained by the concepts contained within the prevailing theories* (Chauí, 2000). Likely, it has been this disposition that stimulated them to proceed in their investigation. These authors have offered important contributions, and have helped us to limit the parameters of this field even more, enabling some approximation to this unknown universe.

I am thus driven to question: would Tustin, as well as the other mentioned authors, be delineating a universe that has its own internal organization? Would this universe – the autistic universe – be ruled by its own particular laws, different from those found within neurosis or psychosis, and would it involve an area untouched by classical theories? Is it true then, as Chauí has mentioned, that *“a new scientific conception emerges, leading to the incorporation of previous knowledge, as well as to its complete overcoming”*?

In this respect, André Green (1997)⁶, when referring to Tustin, says:

“Tustin has influenced not only those interested in specific problems of the autistic states, but those that also shared the intuition that the autism may represent a new paradigm in the studies of the mind...”

Pierre Fedida (1991, p 1530) also says:

“autism isn't just a model, but has the function of a true theoretical-clinical paradigm (and technical), as it has happened to neurosis in psychoanalysis and may also happen to psychosis.”

In this same direction Eva and Rezza⁷ (in a personal communication), have also indicated that the preponderant phenomena on autistic transformations belong to a specific field, due to their characteristic connection with the sphere of sensuality. They have stressed that in this field, the theoretical references are different from those found in other groups of transformations which have already been approached by the Theory of Transformations.

This appropriate comment has stimulated me to reflect and develop the ideas above. As I have previously mentioned, the autistic universe may be considered as *“a universe that contains its own internal organization, which is ruled by its own peculiar*

⁶ Green, A. (1997) apud Mitrani J., organizers.

⁷ During the discussion of the Work: The Theory of transformations and the Autistic States. Autistic Transformations: a proposal, at a scientific meeting of the SBPSP. June 2001.

rules, different from those found within the fields of neurosis or psychosis, covering an area untouched by classical theories.” On the other hand, the group of transformations proposed by Bion – as Eva and Rezze have stressed, the transformations in rigid movement, the projective transformations, the transformations in hallucinosis, in K, -K, in O - as Eva and Rezze given the characteristics of the phenomena there contained, are situated in a field comprehended by the conscious-unconscious system, by the field of object relations and by the field of emotions.

Bion, according to my reading, indicates the possibility of adding other types of transformations to the Theory of Transformations, but I strongly agree with Eva and Rezze that, in order for the autistic phenomenon be included into this theory, it is necessary to consider the fact that a new area of phenomena is being opened. There, it is the laws of the sensorial that prevails. In this direction my main question concerns how one can identify the field of autistic phenomena in relation to Bion’s thinking.

Bion, from the analysis of psychotic patients differentiates the psychotic and the non- psychotic part of the personality. He dedicates specially to the investigations of the deviations of thought, to the psychotic part of the personality according to my reading, often going through areas next to the autistic phenomena. I question if in his ideas we can identify areas in which he approaches these same phenomena, or if the autistic area is not contained in his field of investigation.

I believe that when Bion introduces the Beta elements idea of proto-mind he delimitates an area where we could place the autistic phenomena, although he does not highlight, or name them. It occurs to me though, that the beta elements do not compare to the autistic phenomena for the fact that the latter belong to the sensorial sphere without traces of psychic elements. I suggest thus that there is a difference of quality between the autistic phenomena and the beta elements.

Another point of connection that I find among the ideas of Bion and Tustin is linked to the innate preconceptions proposed by Bion. Bion mentions that the beta elements constitute alongside with the innate preconceptions, (Bion, 1967) the genesis of thought. The alfa function will transform the beta elements into alfa thus making it possible for the beta elements to be converted into thoughts. If for any reason these innate preconceptions cannot find realizations, it would be possible to advance what Tustin (1981) denominates

“*premature psychological birth*”. The child is forced to a premature separation from the object developing, in this way, autistic maneuvers. The child provides to himself/herself a “protective shell” inside which, and through sensorial activities, the child is self-sufficient.

I ask: from the point of view of the categories in the grid, both in the vertical and the horizontal axis, where would one place the group of autistic phenomena? Would we need, as suggested by Bion, to elaborate a new grid to this group of phenomena, the negative grid (Braga, J.C., 2004, personal communication), or maybe to develop a grid of beta elements, in other words, to establish a gradation of the beta elements? (Korbivcher, 1999)

Yet another point to be thought about concerns the relation between the emotional links L, H, K introduced by Bion and the autistic phenomena. Bion states that these links represent the three fundamental types of emotional experience to which the alfa function will be applicable. Bion also proposes the negative links –L, –H, –K dedicating particularly to the exploration of the activity of the mind in –K and he defines it as the situation in which the patient wants to “actively maintain the ignorance and in which there’s advantage in avoiding consciousness” (Meltzer, 1978). He points out these patients’ intention to prove their superiority in relation to the analyst. This induces me to think that either the notion of object seems to be present in these states, or that the –K does not belong to the autistic area. I wonder, however, whether the –L and –H links, as introduced by Bion, are related to the autistic phenomena, or whether we are incapable of finding emotional links within the field of autism. Could we conjecture that in the autistic range the presence of emotional links would not be perceptible, or even non-existent? Could it be that this brings us to an area in which the *non-links* predominate?

IV

I shall proceed to the account of the experience with two of my patients who in my view, provided the opportunity to observe the functioning of the analyst’s mind in the session when operation in those areas where the autistic phenomena prevail. This will allow us to articulate between clinical practice and the ideas that have been discussed above and enrich the discussion.

I present the clinical material of an autistic child named Caio, aged 4, who shows a

major developmental retardation, mainly in the area of verbal language. Then, I introduce Ana ⁸, a 40 year old woman, a successful professional, who most of the time functions with the neurotic part of her personality (Bion, 1957) while also presenting some major autistic nuclei.

Through my experience with Caio my intention is to demonstrate the contact made between the analyst and the autistic mind during the analysis session. Subsequently I will present the same phenomena in Ana, who is a person with a developed mind. This will show how contact can be made with autistic transformations, as I have named them.

Caio was a beautiful, strong, dark-haired boy, who expressed through his eyes, sometimes, liveliness and presence, and, in other times, absence and distance. His parents brought him to me because he manifested a severe condition of delay in the development of language, although they referred to him as a very clever child, who could even read words from signs - a fact that was a reason of much pride to them.

During the sessions, Caio demanded that his mother was close to the consulting room. I invited her to sit outside, close to the door. Caio manifested some interest in the toys in the box and got very excited by them, presenting involuntary movements of the arms, and, at the same time, strongly biting his index finger, where a huge callus was already formed. Caio communicated verbally through isolated unconnected words. They were names of people and of TV shows. As if intending to demonstrate his abilities, he named them in his own, very peculiar way, which was hard to understand. He referred to the toys by saying: Rrar, ruck (*truck*), lelow (*yellow*), lu (*blue*). He resembled a winding-toy, which began to function whenever he was started. When facing any difficulty, he pulled my hands as if I were an extension of his person, in order to get me to solve his problems. In other moments, Caio withdrew himself, lying on the couch as a baby, staring at the empty space. He was often completely absorbed by eating feces he took from his anus, or residues from his nose or from some sore on his skin. My ignorance facing Caio's manifestations and his mental world was complete. I began the work with him without being able to discriminate the area in which we were standing.

Once inside the room, Caio opened the toy box, examined and named the toys, and

⁸ Ana is the patient presented in the two previous papers

then took a pencil in his mother's hand. Through some motions and his own language, Caio made his mother quickly understand that she should write down in a piece of paper the names he pronounced. He said: "mommy, daddy, grandma, baby, candy, bambalalão, curumim, Caio, Célia", and she wrote them down in a list on a sheet of her checkbook. When she was done, Caio, involved by an atmosphere of intense excitement, started to read those names. The mother, as I perceived her, seemed to wear a mask on her face that covered up any manifestation of emotion. She obeyed Caio's requests in an automatic manner. I have often noticed that Caio tried to clutch to her body, pulled her hair and put it into his mouth and she didn't react. She gave me the impression of an inanimate being. She deciphered Caio's sounds, speaking and acting in his place when her son wanted to express something but wasn't able to do it. For example, he would say: bank, toy. She would pick up the car keys and ask: "Do you want to buy a toy in the shop next to the bank when we leave here?"

I felt exposed to a universe that was completely strange to me. Little by little, I would get familiar with Caio's idiosyncrasies and with the strange universe to which he was leading me. I often recalled a colour-blind friend, with whom I usually played, and to whom I asked curiously what was the colour he saw when looking at the colour green. His answer didn't enlighten me in any way, because his referential of colour was different from mine. I have frequently made an analogy between the experiences I was living with Caio and the phenomenon of colour-blindness. At that point, I had already had the intuition that the references that organized Caio's universe were different from those found in other patients.

After soundlessly repeated experiences, similar to the one described above (concerning the names written down by the mother and read by Caio), before my grasp of the experience of strangeness when facing that game, I observed that, although Caio referred to the names of people included in those lists - such as mommy, daddy, uncle X, "curumim" - they seemed to be gathered sounds, which formed words lacking meaning, and were dissociated of any apparent fantasies. They seemed to be mere signs.

Caio's great ability to read words seemed incompatible with his difficulty in using language to communicate. His lack of ease in the performance of simple activities, besides his involuntary movements as those of a baby, stressed this discrepancy. All of this

composed a very peculiar picture, especially because the hypothesis of neurological damage had already been discarded. Considering Caio's peculiarities, the fact that he didn't verbally interact with me in a communicative way, and that his manifestations didn't mean to have any symbolic meaning, I have decided to introduce the following game: as soon as his mother wrote down the list of names and Caio read them, I searched his box for a toy that, in my point of view, corresponded to that name, and started a dialogue to give life to his words. I would say: "Hi, Caio? How are you? Uncle X has arrived, do you want to play?" He showed interest in that game, becoming very excited. That's how, slowly, I could offer some "affective meaning" to those sound-words. Each one of them was associated to a living character, and began to acquire some existence between us. I doubt whether they eventually became symbols, but, gradually, I came to notice that Caio's vocabulary was broadening, and he was able to formulate small sentences, articulating one word to the other and communicating in a slightly better way.

I shall describe now my experience with **Ana**, an adult patient who has been in analysis for many years, currently at a frequency of three weekly sessions. Ana is a competent professional in her field of work. She is very careful with her appearance. Her glance is distant, and her facial expression shows a certain "absence of emotion". Whenever she enters the consulting room, she always repeats the same rituals. She puts her purse on the couch, adjusts herself slowly, lies down, straightening her skirt on one side and on the other, crosses her feet and remains still, in a state of absolute silence, without a single expression of life. She constantly chews a gum and, besides that, she keeps touching her ear lobe with her fingers. When facing these rituals I feel isolated, lacking someone to communicate with. I notice that I need to make a conscious effort to keep in touch and not evade from the situation. When I don't intervene, asking her about what she is thinking, the situation goes on. Sometimes, even when confronted by the question, Ana has absolutely no reaction. The atmosphere I live in the consulting room is most of the time, of "emptiness" and "lack of emotion".

On a recent session, when I am asking the previous patient to come in, I notice Ana, sitting in the waiting room, involved in some of her own activities. When it is time for her appointment, I ask her to come in. She is chewing gum. She enters the room, moving

slowly, and starts to follow the rituals of fixing herself up on the couch. She straightens her skirt, places her purse, crosses her legs, and the slowness of her moves catches my attention. After a long time of silence and complete stillness, she starts to speak in a low voice, giving the impression of having just been awoken, as if talking to herself. I notice that these manifestations of speech, as much as of motions, have come to disturb me. I realize that it hits me to see her in a lifeless state of withdrawal, attached to rituals, showing no sign of establishing any contact with me.

She says she has forgotten to bring me the payment. Soon it occurs to me that the previous patient had come in holding an envelope, and maybe Ana's reminiscence is related to that. She thinks for a while and says that, if I wanted, she could write me a check and pay me right away.

I answer her she could do whatever is more convenient to her. She sits up on the couch and writes the check. She lies down again, and soon starts to talk with the same voice tone as before. I feel tempted to interrupt her and mention the entire situation we've experienced to the moment, but, before I could realize, I give up and let it go, diving into her narrative.

She tells in details that for a long time she's been having "zits" on her face, that get inflamed, and that she has been making use of anti-inflammatory and anti-allergic creams, but the zits don't disappear. He says she has been to many doctors, and comments on her experience with each one of them in detail. Finally, she adds that it is an incurable chronic dermatitis, with an emotional basis caused by stress.

I realize all the minuteness in which she tells me the situation is exasperating me. I remember our previous session, in which she had spent an enormous amount of time talking about her "relationship" with the umbrella she had brought with her. Gradually, I become dominated by a state of sleepiness, of a great torpor. A reaction of boredom is triggered in me, due to her emotionally impoverished and stereotyped way of expressing herself, and to her state of withdrawal. I realize that, during her narrative, I have to fight the torpor and the strong impulse to sleep.

Ana concludes by saying: *"if what I have on my skin is caused by stress, and it is related to emotion, then the place to treat it is right here."* She adds: *"I don't know why I am stressed, when I have just come back from my vacations, and, even then, I was like this."*

Only if it was (caused by) my separation, but before I got separated, I had already had it.”

The strength of the concreteness of her communication is such that it distances me of the possibility of exploring the mental content present there.

I say to her, from my half-numb state, and with a certain humour: “*So that’s the way things go: ‘if the zit is emotional, you’re the one to treat it!’* (the analyst)” I also tell her that I notice her trouble in establishing a connection between her internal world, her emotions and the zits, and that I understand that she’s asking my help to do this. I go on saying that she has the information that her stress appears on the skin, but she can’t relate it to her internal world. .

Ana, in a kind of resentful, painful tone, says: “*That’s it, I have no idea, I don’t know how to go any further*”. I notice that when Ana says she doesn’t “know how to go any further”, I get very distressed, because I don’t know it either.

She withdraws herself again, remains in silence, immersed in a state of such stillness, such lack of life, that I have the feeling of being in front of a dead person.

At this point, I still find myself half-numb, but, simultaneously, I become conscious of my discomfort with her withdrawal, and with the absence of an interlocutor to me. Suddenly, I realize I find myself facing a crossroad: whether I abandon her and give up, or I go in her encounter. Then I notice that the sleepiness disappears, and I get back my ability to think, in order to get closer to her emotional state.

I tell her that she would probably like me to make the connection she is not able to do, the connection between the “zit” and her mental world. I add that she is possibly living in a state of fear, of terror, of something she doesn’t quite know what it is, something she can’t name. I also say that, maybe, she is quite afraid of what we may find into her inner world, if we get pass the skin and penetrate deep inside.

She promptly answers, in a more friendly tone: “*I agree, I see that my fear is palpable, but I have no idea about what I am I afraid of. Is it of life?*”

I tell her she may be right, that she is afraid of being a living person, of being alive. She is afraid of her emotions.

Ana withdraws herself again. She remains silent, practically still, just chewing her gum and handling the fabric of her dress. I wait. Later, I ask her what she might be thinking about.

She answers, musing: *“I’m thinking about the emotion. But how can I be in touch, know what I don’t know?”*

I tell her she seems disturbed by knowing that the zits on the skin signal some pain in the mind, but that we don’t have access to this pain.

I realize I am extremely sympathetic to her suffering, however I can not find means to help her. On the next moment, I realize that I had completely suppressed from my mind all the initial situation of our encounter. Then, I recall the scene in which, when fetching the previous patient, I saw Ana there, entirely involved in her activities, already present to her session for a long time before her appointment. I remember the disturbance and the embarrassment I experienced when inviting someone other than her, and for seeing her sitting there, waiting. At the same time, I am surprised to verify that my mind had been paralyzed, that all of that experience had, for a moment, faded away and that I had left myself go, immersing into her narrative.

I try to transform this perception, telling her I noticed she had arrived early today, that she had met someone else in the waiting room, and had waited for a long time before she could be seen by me, and that apparently, these experiences had not left any trace of emotion. I also add that, for some reason, she needed to freeze her experiences, her emotion, her being.

She says that she has left all of that aside only because she thought it was not important, and that, when she met me, she remembered she hadn’t paid for this month yet.

I ask her how she came to think about it. She answers saying that having opened her diary and seen that it was already the tenth day of the month, she felt it wasn’t right not having paid yet.

The strength of the concreteness of her answer is such that I give up my intent to investigate any fantasy she might have about the previous patient, which had an envelope in hand, and her feelings about the payment. Despite that, I mention again the fact of having seen her with another person in the waiting room, and question her about that experience. She says she thought I might be upset by the fact she had come earlier, and that she was being abusive and shouldn’t be there.

From this moment on I notice that there was a change in the atmosphere of the session, seeming to me that her emotions had defrost a little. She proceeds, then, to expose

her fears, a little more confident now.

I communicate this idea to her, in general terms, and suggest the possibility that she might feel embraced and protected by being there in the waiting room, close to me; and maybe she was afraid that I realized that and that it might bother me.

She answers, with energy and a little angry: *“Oh, Célia, this is already an exaggeration! I can’t see this relation in the way you put it.”*

I tell her that she seems to be scared by the possibility that I might have become an important person to her, and that through this, she experiences emotions without knowing how to deal with them, developing ways of avoiding all these feelings.

To my surprise, Ana answers, in a sarcastic tone: *“Maybe I’m a little annoying, but you analysts are funny: if the patient arrives on time, he is obsessive; if he arrives earlier, then he is anxious or it’s because he wants to stay longer; if he’s late it’s... You know that I stay here because my daughter is in therapy at the same time, so I wait. It is true that I could wait at her therapy, but...”*

Before her reaction, I feel as if I had been thrown somewhere very far from there, what triggers in me a state of discouragement. Soon after, however, I understand her manifestation as a consequence of the previous move.

I tell her that if we become a little closer, she experiences many emotions and doesn’t know how to deal with that. That’s probably why she had to throw me very far away from there. I also tell her that she has to find means to protect herself from emotions, protect herself from life, from being a living person. I remind her that, as she herself had said, her fear is of being aware that we are separated, that other people come to see me.

V

Discussion

I consider that both Ana and Caio provoke a strong impact in the analyst’s mind for the fact that they accelerate phenomena of primordial nature. Both develop autistic manoeuvres as a means of protection. However, it is necessary to make it clear that the levels of mental development of Caio and Ana are different. In Caio, the functioning of the mind characterized as pathologic autism prevails. There we cannot observe the

development of a mind in action. At this level transformations cannot operate, as previously expressed. In Ana the neurotic part of her personality is predominant although one can observe accentuated autistic nuclei, which often lead her to function through autistic transformations expressed through “the autistic part of her personality”.

With Caio, as the analyst describes, she finds a universe full of phenomena that, in her point of view, undermine any known reference through which she might operate. By means of successive transformations of her emotional experience with Caio, the analyst elaborates the perception of a certain pattern of communication, “an order within the chaos”, as Hofstadter would say.

I believe that if the analyst could abandon his previous knowledge about the way communication between people usually happens, exercising his “negative capability” (Bion, 1970) and the discipline of operating “without memory and desire” (Bion, 1967), and if he is equally capable of containing the impact caused by these primitive states of mind, transforming them, he may be able to foster the conditions required to penetrate the mental universe of that patient, in order to apprehend its organization and its governing laws.

From this viewpoint, I understand that the words pronounced by Caio have no symbolic meaning; they are only sounds, probably imitative, that don’t seem to be integrated with meaning and affective quality. They are, as I mentioned, exclusively sound-words. They operate as sensorial stimuli that give Caio some comfort, granting him the maintenance of a state of mind that is minimally cohesive. According to the analyst, the names Caio says constitute sounds waiting for a mind to transform them into psychic elements and to ascribe them emotion and symbolic meaning, in other words, to facilitate their transit from the proto-mental sphere into the mental sphere, from sounds to words. The analyst gets progressively oriented through that chaotic universe, introducing then toys, and associating them with the names listed and pronounced by him, in order to give them some emotional meaning. I emphasize that what will orientate the analyst in her approach is the identification of the kind of the emotional experience in course. The perception of the existence of Caio’s inanimate universe leads the analyst to try to penetrate it, stimulating the child to invest those words, lacking affective meaning to the moment, with life, in order to “populate” his mental universe with living beings.

Furthermore, it's interesting to ponder, as it has been said, that the phenomena prevailing in Caio can't be apprehended from the classical references of psychoanalysis, taking the analyst to the position of ignorance in connection to the present experience. I stress, however, that although on the occasion the analyst didn't have at her disposal the theories about the primitive mind, formulated by several authors, the observation of some "patterns" in Caio was guided by certain theoretical and personal invariants gathered in her mind. These invariants were related to the belief in the need of contact between human beings. The analyst had the impression that Caio had organized himself as a being that was near the inanimate, and that it would be necessary for him to build a mental world in which his concrete language would become a symbolic one. It was of her knowledge that, for this to happen, Caio had to live the experience of relating to another living being, what has stimulated her to create the game with the names.

With **Ana** I believe that the analyst finds himself facing a universe in which there is a developed mind though the autistic nuclei prevail, operating predominantly through autistic transformations. The patient makes use of the sensations obtained through the chewing gum, the manipulation of the ear lobe, the fabrics of her dress, the act of speech as way of protecting herself before the helplessness when facing the analyst, a live human being separated from her.

For Ana, the experience of arriving earlier, and of remaining in the waiting room, is, apparently, converted to an action belonging to the concrete world, lacking a visible connection with any emotion. Her internal world, her fantasy life seems untouchable.

The experience lived by the analyst of "lack of emotion", "affective emptiness" and "isolation" permeate the whole field, causing a strong impact on the analyst's mind, causing strong impact on the analyst's mind . The analyst's being unable to find a means to penetrate her universe causes to herself strong emotions. She has no alternative but to remain in the situation, and wait until it is possible to find a way of penetrating the autistic barrier. The pressure of the stimulus is such that, often, the mind of the analyst is subjected to the motions of the patient, as when the analyst reports: "*facing her long narrative, I feel tempted to interrupt her and mention the entire situation we've experienced to the moment, but, before I could realize, I give up and let it go (...)*". Corporeal reactions, of torpor, and consequently, a tendency to evasion are unleashed within the analyst .In this clinical

description due to the transformation of the emotional experience, it becomes evident to my mind that autistic transformations occur both in the analyst and the analysand. In this picture the analyst shares an experience where all emotion seems frozen. This is to her a maneuver that protects the patient from her vulnerability when being aware of the analyst's presence, a live person from whom she is corporally separated. The analyst, operating a splitting in her mind afterwards, becomes disentangled of her state of torpor and recovers her analytical function. Starting from her emotional experience, she identifies the nature of the phenomenon in course and tries to get closer to Ana's mental world. Feeling accompanied, perhaps, Ana becomes less inaccessible to contact. At this point her autistic barrier becomes more permeable, and she starts to operate in another level, "in another state", feeling encouraged to "defreeze", or maybe, to "humanize" her inner world, acquiring an existence without being so threatened by the vulnerability. The analyst communicates to Ana that, in her point of view, her need of withdrawal may be a protective measure caused by terror, by *fear of life*, "fear of existing" as she herself had acknowledged. Her attempt through this communication is to help Ana make her protective measures more permeable and encourages her to get closer to the condition of a "living being". Here we can think that Ana's request to transform the zits in emotion, informs us about her interest in becoming a person with a psychic life, thus escaping from a bi-dimensionality of mind (Meltzer, 1975). The analysand in this context starts to operate through projective identifications. She begins to explore her fears, as, for instance, when she says: "*I thought you might be upset by the fact I had come earlier... I thought I was being abusive and shouldn't be there*".

The field between the analyst and the patient is now modified, with projective identification and projective transformations starting to prevail within the experience, although elements of hallucinosis and transformations in hallucinosis are also observed. We now enter the sphere of psychosis, leaving the autistic sphere. As her state of terror is intense, Ana oscillates between states of greater and minor permeability. ie, more, or less alive. For example, when the analyst suggests to her that maybe she *enjoys being there, close to her*, Ana violently reacts and draws back to her autistic shelter.

I underline the fact that I have adopted the field of emotional experience and of the development of thought, as reference and vertex of my clinical practice and the Theory of

Transformations as a method of observation of the phenomena within this field. Considering the hypothesis of the existence of autistic transformations the analyst from his own emotional experience during the analytical encounter tries to identify autistic barriers where the patient withdraws and fulfills himself through auto- sensuous activities. In this way, the analyst's task becomes the one of getting closer to the patient's autistic universe, and to introduce himself as a "living company" (Alvarez, 1992), looking forward to humanize the patient's inner world. In other words, the analyst tries to help the patient to transit from a proto-mental universe towards a mental universe, employing his alpha function to transform those sensorial, concrete elements into mental elements, alpha elements, full of emotional life, of fantasies, capable of being thought. If we think in terms of Theory of transformations, we could suppose that the patient leaves the field of autistic transformations and starts to operate with projective transformations in hallucinosis, in K, - K, in O. It's also important to highlight, as we have seen with Ana, that many times the autistic barriers become more, or less permeable. Frequently, what is observed is that as soon as the patient comes out of the state of withdrawal and exposes himself, another protection is immediately generated, and there he seeks refuge. He constantly oscillates between the states of existing and non- existing.

Considering then the fact that the autistic universe constitutes a specific universe, I wonder whether, in order to reach the autistic states in our clinical practice, it wouldn't be necessary to develop specific instruments, compatible with this kind of manifestation. In other words, shouldn't we, in the first place, try to "actively" help (Alvarez, 1992) the patient to emerge from his autistic shelter, to later then, try to help him to transform the sensations into emotions, developing his alpha function and his capacity to think? With Caio, as well as with Ana, there's a demand of a more "active" participation of the analyst into the session. With Caio, the analyst introduces the game with the names with the "intention" of giving life to those sounds, in order to try to build a mind with the patient. With Ana, the analyst also adopts a straightforward and "active attitude", when she realizes that both of them have suppressed the episode of the beginning of the session. The analyst tries to explore with Ana what she has experienced with Caio, with the aim of establishing the emotional links, absent until then.

I conclude this paper recapturing parts of the previous quote from Gleick (Part III),

about the areas of Chaos, when he says: "... since the world had physicists that investigated the Laws of Nature, it has also suffered from a special ignorance about the disorder in the atmosphere... The irregular side of Nature, its discontinuous and uncertain sides, have been enigmas to Science..."

I think that this quote reflects my state of mind when finishing a paper that opens to me a limitless area of investigation, into which I've dared to enter: the investigation of the primitive mind.

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