

# AUTISTIC ENCLAVES IN THE DYNAMICS OF ADULT PSYCHO-ANALYSIS<sup>1</sup>

## ***Abstract :***

In this paper the author deals with the various problematic issues that may arise when an autistic enclave (in Tustin's sense of the term) is worked through in the course of an analysis, and presents clinical material to illustrate her findings. Consequences of such "thawing-out" are discussed, in particular the risk of somatization when the patient is overwhelmed by unprocessed emotions dating from the first months of life. She suggests hypotheses as regards the manner in which trauma is handed down from generation to generation *via* clinging to a primitive memory trace lacking in poly-sensory mobility. Defensive use of the autistic shell either against primary depressive anxiety or against oedipal-related conflict issues is discussed with respect to the transference and counter-transference dynamics that emerge in any analysis.

## ***Keywords :***

Autistic enclave – affect – thawing-out – somatization – transmission of trauma

\*Full member of the [I.P.A.-affiliated] *Société Psychanalytique de Paris*.

*Running head :* Autistic enclaves in adult psycho-analysis

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## AUTISTIC ENCLAVES IN THE DYNAMICS OF ADULT PSYCHO- ANALYSIS

I would like to begin this paper with a few metaphorical images that analysands have communicated to me. “Thomas” [Lechevalier 2001, 2002] reported the following dream: *he was in an apartment in which he discovered a baby who seemed to be imprisoned in a concentration camp. Then he moved to another apartment, where he needed the help of a repairer. There were two things that had to be repaired: a damaged bag and a water-heater. The problem with the water-heater was paradoxical: though its intended use was for heating, it was frozen and covered in icy frost like a refrigerator. The frost had to be cleared away with a knife, but very gently, so as not to cut through the spiral-shaped pipes that lead in and out. The problem was that the repair-man had gone bankrupt; he now lived in Montreuil, where Thomas found him.*

Thomas felt that the baby in the concentration camp represented himself in the initial stages of the analysis, imprisoned in the inflexible constraints of his four weekly sessions on the couch. He had, however, been able to change his mental space as he had changed apartments, and find a new space, a new setting in which to go on developing. I commented that *I* was probably the repairer – though apparently a bankrupt one, one to whom he had to give advice on how to do the job properly. Thomas then recalled that his father used to live in the Paris suburb of Montreuil, where he worked with a firm dealing in gas appliances. Finding the repair-man in

Montreuil could therefore mean finding a repaired father. In response to some of his associations concerning Montreuil, I suggested that, after a “change of setting” in the analysis – he was at that point no longer on the couch but sitting facing me after a period during which he had somatized – there was henceforth between us an emotional eye-to-eye encounter<sup>2</sup>. Thomas made the following comment about the water-heater problem: "I've always been accused of being coldly scientific about things and of not having feelings, but it's not true. I'm like that water-heater – boiling inside but frozen on the outside. But the spiral pipes have to be thawed out very gently." I reminded him of the damaged bag, which could be a feminine envelope for containing his spiralling thoughts as well as his own damaged stomach and intestines. His father's digestive tract had also been badly damaged; the Nazis had subjected Thomas's father to so-called “medical” trials during his imprisonment in a concentration camp, forcing him to swallow hydrochloric acid and ground glass. According to Thomas's mother, his father was an extremely jealous person who could not bear to see his wife breast-feed their son.

This dream seems to me to be a representation that supports my hypothesis of an autistic enclave in Tustin's sense of the word, an enclave that perhaps thawed out too abruptly, leading to a major somatic breakdown in this patient. The image of the water-heater that had to be defrosted condensed many representations involving the patient's affects, with at the same time an indication that, in the analysis, they must be dealt with in a non-invasive way so as not to leave him facing an overload of

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<sup>2</sup> The provincial town of *Montreuil* is pronounced *Montre-œil* [lit. “Show-eye”] in French, hence the interpretation concerning an emotional meeting of eyes / minds [Translator's note].

unthinkable emotions. Resnik [1999] makes a very perceptive exploration of the issues that may arise when emotions begin at last to thaw out.

Condensation in Thomas's dream applies also to the analyst's paradoxical paternal function – repairing the container, but at the risk of piercing it invasively. Being shut-in and frozen had protected Thomas from a psychotic breakdown. Before the analysis began, he used to walk the streets of his home town wearing a bandage round his head to prevent anyone stealing his thoughts. In the analysis, thawing out implied the risk of a major somatic breakdown.

This was the case too with “Aline”, who discovered she was suffering from cancer of the jaw just as she was thinking of ending her analysis. I have elsewhere [1997, 2001] described this patient's background history. I see the following material as an illustration of how an autistic enclave may thaw out: it is taken from a session that took place after her somatization. Aline was talking about “a test-tube baby, plunged into the test-tube of the analysis”, then went on to report a dream in which *a boy found something precious inside a brick; in order to take hold of it, he had to explode the brick using dynamite. Aline stood a good way off so as not to get caught up in the explosion.* In the session, she made an association to the bricks on her patio, frozen because of the cold weather. She had wanted to put out some water for the birds who were dying because of the freezing cold, and had added some *eau-de-vie*<sup>3</sup> to stop the water freezing over. She warned her friends not to worry if they saw drunken birds flying about the garden, explaining that she had put some “alcohol in a hot

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<sup>3</sup> Brandy, but literally “water-of-life” [Translator's note].

brick" for the birds. I commented on the danger of explosion created by the exciting alcohol of the test-tube that, at the same time, provided the means of survival. The birth of mental life seemed to have endangered her somatic (physical) being, as had happened with the original Aline, her father's first wife, who had died while giving birth. Aline was named for this woman.

In the dynamics of "Sylviane"'s analysis, another issue had to be addressed -- that of the use of an autistic shell as a defence against anxiety relating to oedipal issues; I include in this not only defences against incest but also phallic defences against the patient's femininity, which she experienced as tantamount to a physical and emotional haemorrhage. The following metaphorical image is taken from one of her dreams indicating increased awareness of what she was trying to process in the analysis (Lechevalier B. & Lechevalier B. 1998).

For some time before, Sylviane had been criticizing what she experienced as the emptiness of my silence; she felt it was making her suffer unduly, while I was obstinately insisting on the value of putting words on what was developing. "As far as I'm concerned," she said, "I have no faith in the magic of words". My attempts to put into words what I managed to observe *in situ* of her sensations -- tactile in particular -- in an analysis that was conducted with the patient sitting facing me, with first three then four sessions per week, did in fact help Sylviane to represent and process the material, especially after two dreams that she reported one after the other. For the moment, I shall simply recount them, leaving my comments to a later stage of this paper. In the first dream, *Sylviane is emerging from a bunker, the guns of which are aimed at the D-Day landing beaches in Normandy. She is lying on the sand, and somebody suggests*

*that she build a sand-wall. This seems to her to be ridiculous -- the sand particles crumble, they fall down and scatter all over the place, and even invade the slits of the bunker.*

In the second dream, the patient realizes that, *once the wall is built, it resembles a special kind of parchment that has words written on it. Some words have been erased, and new ones written on top of them.* When she woke up, she heard, as it were, the term "palimpsest", and looked it up in a dictionary. But also, in the word "palimpsest", she heard "incest" -- to which I commented: "And perhaps 'not incest'"<sup>4</sup>. The shell afforded two kinds of protection, depending on the dynamics of the analysis: against primary annihilation anxiety with its concomitant fragmentation of uncontained emotionality, and against any actual incestuous acts. The question remained, added Sylviane, as to whether the words on the parchment, written on top of one another at different periods in time, were a better protection against incest than her protective shell. Could the parchment that we were processing in the analysis be made into a container, an attempt to bring together all the sand particles of the emotional events of her experience that had never succeeded in being inscribed symbolically? Was there a hope that a tapestry of continuity in representations might replace the crumbling-away entailed by absence and by destruction? In that dream, there was a three-fold structuring representation of the self -- graphic / visual, acoustic / verbal, and tactile -- a struggle against what Meltzer [1975] calls the dismantling of meaning in autism. The images Sylviane reported seemed to me to resemble those of Haag's patient who, in the throes

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<sup>4</sup> In French, "pas l'inceste" [not incest] and "palimpseste" [palimpsest] are almost homophonous.

[Translator's note].

of a nightmare, found herself "on the threshold of a sand cave. A man was standing there. [The patient] was on her knees in front of him, caressing his genitals. The man represented security and strength. Suddenly, the cave came alive and began to breathe. [The patient] felt trapped, in danger of being swallowed up. It was terrifying." [Haag 1989: 972]

The autistic barrier against the poly-sensory mobility that enables access to the polysemy of meaning is a defence against falling into the void of primary depression that results from clinging to mono-sensoriality. It hinders the construction of a three-dimensional space that could support the self's mental development. It may perhaps be a barrier against what Aulagnier calls "psychotic potentiality", and to hallucinatory experiences that have to do with absence. The concept of "autistic defences" introduces a two-fold dynamic -- the struggle against primary depression and against fantasies centred on oedipal issues. What happens when, in the analysis, this barrier is removed -- does the patient collapse into primary depression, feel overwhelmed by the thawing-out of the emotions, with the re-eroticization of sensory traces that have never been symbolized [Lechevalier 1986], or plunge directly, via projective identification, into the analyst's personal space using paranoid-schizoid splitting mechanisms? It is possible, too, for a defensive regression into the autistic shell to occur, with the aim of avoiding too abrupt a confrontation with other aspects of the self involved in the oedipal situation, aspects that, thanks to splitting, have been preserved from excessive excitation.

There has been much discussion as to what might happen, once an analysis has ended, if autistic enclaves have not been dealt with in the course of the treatment. In *Autistic Barriers in Neurotic Patients*, Tustin [1986] explores the risk of subsequent somatization. In an unpublished lecture delivered to the Société Psychanalytique de

Paris, H. Rosenfeld (referring all the same to Bion rather than to Tustin) argued that, though somatization has apparently been cured in the analysis, there is nonetheless the subsequent danger of underlying split-off psychotic islands being surreptitiously displaced onto other organs. I would suggest that removing an autistic enclave in the course of an analysis may represent a deferred trauma in the transference; the new relationship that is thereby created may enable the self to mobilize its forces against what Freud [1920g] called "the search to restore the inanimate state". In her discussion of how to deal with autistic enclaves, Tustin also mentions the importance Freud attached to trauma.

Before illustrating some of these topics with clinical material, I would like to say a few words about Tustin's hypotheses concerning autistic enclaves. I shall then go on to explore some ideas on how trauma is transmitted from generation to generation, particularly as regards mourning processes, and how important it is, in the course of an analysis, to work as closely as possible to the patient's affects.

Tustin [1986] pointed out that, as the autistic shell is cracked open by a dawning awareness that shatters the autism, a helpless damaged creature is revealed who feels that a vital part is missing. Up to this point, this vulnerable creature has been protected by feeling wrapped up in his own bodily sensations. These have been a protection against the disorder and confusion of madness. Tustin's concept of the "autistic protective shell" is very useful in that it helps us to see certain critical periods in the course of an analysis in terms of defining moments. For Tustin [1986, 1990], with certain neurotic patients, phobic or obsessional, there is an autistic part of the personality that is an obstacle to progress in the analysis. This is also the case, she maintains, in manic-depressive states, claustrophobia, certain psychosomatic disorders, and where



perversion plays a part [here, her study of a case of anorexia nervosa is highly significant].

S. Klein had already suggested something along those lines in his paper to the 31<sup>st</sup> Congress of the I.P.A. in New York. Referring not only to the hypotheses of Bion and of Winnicott, but also to Rosenfeld's idea of "psychotic islands" embedded in psychosomatic symptoms, S. Klein quotes examples of patients who lead an apparently successful professional career but who, in the course of their analysis, reveal "phenomena familiar in the treatment of autistic children" [Klein 1980: 395] as Tustin describes them [Tustin 1972]. In his opinion, there exists in such patients "an almost impenetrable cystic encapsulation of part of the self which cuts the patient off both from the rest of his personality and the analyst" [ibid.]. They tend to cling desperately and tenaciously to the analyst, experienced "as the sole source of life" [ibid.]. Yet, paradoxically, that need is "accompanied by an underlying pervasive feeling of mistrust" [ibid.: 400], with the patient being particularly sensitive to the analyst's non-verbal and body language. Idealization coexists with persecutory feelings that are subject to denial. As the analysis progresses, what comes to the fore is "an underlying intense fear of pain, and of death, disintegration or breakdown" [ibid.]. Separations feed into these anxieties. The analyst's awareness of this hidden part helps to avoid slipping into an "endless and meaningless intellectual dialogue" [ibid.: 401]. This is all the more the case since these patients have very early in life used the development of language as a defence against feelings of emptiness and non-existence, not as a way of maintaining true communication.

Winnicott wrote about the feeling of "going-on-being". With autistic children, as with the patients described by S. Klein and later by Tustin herself, the anxiety is that of losing

the feeling of "being". Experiencing themselves as empty, they endeavour to establish some feeling of personal identity. Autistic children are unable to put these anxieties into words, but some neurotic adults -- as well as poets -- have succeeded in doing so. For Tustin, there is a concrete bodily perception of such feelings, in particular that of falling down with sensations of vertigo. Ferenczi's [1913] description of feelings of vertigo at the end of a session is a reminder of these. As well as highlighting the fact that such feelings are concretely perceived in the body, Tustin underlined the psychic dimension of the anxiety relating to the lack of psychic container, anxiety that increases when separations occur. According to her, the waves and streams of sensations seem never to have been properly circumscribed either by a responsive mother's containing capacity or by the limits of the infant's own skin. The English poet Louis MacNeice, whom Tustin quotes, was able to put words on these existential anxieties. The dream images of my patients -- frozen water-heater or sand-wall that crumbles as it is built -- seem to result from attempts at metaphorical thinking similar to those of the poet. Another analysand, "Dominic", whose grandfather died in a Nazi death-camp during the Shoah, tried to put into words the feeling of emptiness in his thinking: "the elusive quality of my thoughts that never see the light of day".

For Tustin, such metaphorical expressions are a deferred form of realization that may be revealed to the analyst if he or she is sensitive enough. She suggested that neurotic adults who have a hidden capsule of autism have constructed it in the same way as autistic children do, by narrowing down their perceptive field when faced with the impact of terror. This leads the autistic child to impose silence on his or her unbearably differentiated sensitivity. Freud [1926d (1925)] wrote: "Affective states have become incorporated in the mind as precipitates of primeval traumatic experiences, and when a

similar situation occurs they are revived like mnemonic symbols". According to Tustin, the trauma lies in the premature awareness of physical separation between infant and nourishing mother. The trauma of this premature awareness may remain in abeyance, only to re-emerge in treatment situations that appear analogous to the initial situation. It is in the infant's mouth that this discontinuity -- here, between tongue and nipple -- may be brutally experienced, with feelings of breaking or losing part of the mouth.

This discontinuity in bodily sensations carries with it the terror linked to the maternal object's lack of responsiveness and reciprocity. As a consequence, an emotional turmoil is created, as described by Houzel [1985]. The terrifying sensation of falling, perceived concretely in the body -- plunging dizzily into a bottomless black hole -- is linked to the fall of the emotional impulses when they are responded to with discontinuity or paradox, in contrast to the expected response based on earlier experiences. In order to avoid falling and becoming fragmented in a non-specific form of mechanical excitation mixed with the despair of losing the feeling of going-on-being, the self may endeavour to cling to sensory input or to adhere to a flat, two-dimensional surface, thereby eluding poly-sensory mobility. Consequently, poly-sensory space cannot be created, a space containing an object to make sense of experience (sense, with its connotations both of sensuality -- pre-perceptions are made meaningful -- and of direction, as regards emotional impulses). Such a space is necessarily if the polysemy of symbolization and thinking processes that integrate bodily-based affects are to develop properly. In my opinion, a body area may thereby find itself as though amputated and split-off, with no possibility of being perceived in any symbolic connection; neither cathected nor decathected it cannot become part of an interconnected neuronal network. According to David, who has written extensively

about affect representation and the counter-transference: "It can happen that we find ourselves in a position of temporary depository of a psychic reality that has no image content and no direct reference to the nature of what is represented by the affects -- co-extensive with physiological responses, it nonetheless does carry information that may induce neomorphogenesis, to coin a phrase ." [David 1984].

In the course of an analysis, we may be confronted with non-representable annihilation anxiety experienced concretely and bodily, for example, as feelings of falling. Through the work of the analysis enabling the development of representations integrating the affects, the hope is that the power of the instinctual drives in the first months of life may again be harnessed to memory networks, linking up with an internal object that acknowledges the mind's distress; in connecting this driving force to a fantasy of action via the body, the self can survive in spite of the despair caused by loss of meaningfulness. Thereafter, through a new awareness of separation and mortality, the self may go on to develop and to grow.

### ***Clinical illustrations***

I shall now present a few clinical illustrations relating to some of the issues involved in autistic enclaves.

As far as the *organization of the mind* is concerned, the patients about whom Tustin and others hypothesized the existence of autistic encapsulation were all neurotic adults. I now find myself increasingly hesitant about using that kind of terminology. It is true that, in Aline's case (the patient who dreamt of the exploding brick), my diagnosis at the beginning of her analysis -- classic, on-the-couch method -- in 1980, was that of a

hysterical-phobic state with depressive aspects. Analysis of her oedipal material took pride of place; part of her identificatory pattern involved a phallic component that protected her from identifying with a depressed mother figure who had lost all her teeth after a pregnancy or who had died while giving birth. Some atypical elements soon forced me to modify my initial diagnosis. I ought to have taken these into consideration and refused to terminate the analysis when Aline wanted to do so (prematurely, in my view). I ought also to have been more attentive as regards repetition of benign somatizations located in her mouth whenever holiday breaks occurred. As she prepared to carry out her plan to terminate the analysis, she developed a cancer of the jaw precisely where she used to have gingivitis.

I saw Aline again recently. Her mouth is completely cured, and she no longer suffers from hysterical or phobic symptoms -- but she is distressingly over-sensitive. As I was writing this paper, I re-read my notes concerning the beginning of her analysis, and realized that, before I invited her to lie down on the couch, there had been a short period of face-to-face analysis with two sessions per week. At the time, I had noted that this experience had helped her to check that I was truly alive, to scrutinize my face in order to be able to identify with a living mother, and to confirm, *de visu*, that I was not a hostile one.

To me, that statement now seems very close to the words I used in 1993 at a seminar in Cerisy [France] when I presented Thomas (whom I then called Cham) before his first somatic symptoms appeared. Talking about the preliminary meetings when we were sitting facing each other, I noted: "In retrospect, it seems that a more or less lengthy preliminary phase, during which we can look into each other's eyes, helps to contain the mental distress that otherwise cannot be expressed in words. In addition, it

enables the patient to internalize an object that has not been destroyed. This manner of proceeding is necessary for both protagonists before annihilation anxiety can be processed with the patient lying on the couch."

My experience with these two analysands has made me extremely attentive to the danger of somatizations occurring not only at the end of an analysis but also at times of separation. In addition, I now make much greater use of the face-to-face technique -- in Sylviane's case, for example, I gave her four sessions a week. Also, I have been thinking a great deal recently about defences against passivity in such analyses: whether phallic, anal or oral in nature, this defensive activity is a struggle against being overwhelmed by excitation in which eroticism and the pain of separation are brought to the fore in the transference. In some cases of breakdown, the difficult question is how to differentiate between nascent melancholia and the removal of an autistic barrier. Autistic enclaves would appear to have two kinds of function in the course of an analysis -- in the struggle against awareness of pain or of a traumatic form of unprocessed excitation dating from the early months of life, and in the battle against the anxieties and depression of the oedipal situation.

"Evelyne" (whom I called *The Sleeping Beauty* -- Lechevalier 1999) seemed to me to have issues that were essentially neurotic. During her first analysis (a classic one) towards the end of the 1970s, I considered her anorexia nervosa to be phobico-obsessional in nature. Believing herself cured, she interrupted the analysis after four years, in spite of my reservations. She kept in touch with me, from time to time asking for a consultation, then, some fifteen years later began another analysis; this time we remained in a face-to-face setting, with two sessions per week. She came back into

analysis for two reasons: she had constant feelings of dizziness, and she wanted to work through certain family bereavements.

When her son, born shortly before this second analytical experience, was weaned, we went through a period in which Evelyne was severely depressed and insomniac, with destructive acting-out that cast doubt on my initial diagnosis. Thanks to a dream, we could see that she was adhesively clinging to (but denying) traces condensing her perception of her maternal grandfather's tomb (he had abused Evelyne's mother both sexually and physically) and of her mother's empty, depressed eyes just after Evelyne's own birth (this had been a premature birth, and Evelyne had fallen ill when she was weaned). This grandfather was dead when the six-year-old Evelyne displaced her oedipal cathexes onto him. Clinging to these condensed traces prevented her from falling into the void of separation. The prohibition against touching that belonged to her obsessive rituals was condensed with the avoidance of emotional touching via the eyes and skin of the premature baby. The "mistreatment" I had been accused of in the analysis could have had to do with "such a good grandfather who had done things like that to his daughter".

This kind of case, plus the treatment of an 18-month-old girl who seemed about to develop autism and a home-based baby observation (the little girl's baby brother) -- these children were third-generation survivors of the Armenian genocide and of the Shoah -- made me wonder whether hysteria might be a later developmental reorganization in certain cases of primary depression, after a period in which, very early on in life, autism or psychosomatic disorders could have been a possible outcome. An enclave that is mobilized during the analysis may give rise to atypical clinical manifestations or somatizations. On the other hand, patients who feel persecuted and

are almost paranoid-delusional may, in the course of the analysis, go on to develop severe hysteria once the splitting evocative of an autistic protective shell has been eliminated. That was the case with Sylviane.

In any case, even when an autistic enclave does coexist with neurotic aspects of the personality, instead of referring to "autistic enclaves in neurotic personalities", I prefer to think in terms of developmental disharmony, more neurotic or more psychotic in nature depending on the patient concerned. I do not intend to discuss here the question of intellectual impairment, though my feeling is that removing an autistic enclave transforms intellectual qualities by bringing them closer to the emotions, thus enhancing the patient's capacity for metaphorization.

### ***Sylviane***

Sylviane has been in analysis with me for the past nine years. At present, she has four sessions per week, sitting on the chair facing me. The setting changed gradually over the years -- for the first two years, there were two sessions per week, then three, and then, for the past 18 months, four sessions.

At the time of the initial consultation, she lived with her daughter, born while Sylviane was still an adolescent, after an affair with a man who later married someone else; this man has an artistic profession that my patient admires a very great deal. After some initial difficulties, Sylviane's daughter is now highly successful in that field too. Sylviane, on the other hand, went from temporary job to temporary job; at present she is in full-time employment in a very badly paid profession that brings her into contact with violent adolescents.



For years on end, Sylviane would constantly wear a grey raincoat, whatever the season. Recently, she told me that this coat was like a skin she could not bear to part with -- a protective skin that masked her feminine features, in the same way that the trousers she wore did. Yet, as a little girl, her mother used to dress her in very pretty clothes.

She always used to have a hard expression on her face, her steel-blue eyes glinting in a terrifying way. When she shook my hand, she either crushed my fingers, or just let her hand go limp as though to avoid any real contact. She would tighten her lips so as to hide her dentures -- when she was an adolescent, her mother had all Sylviane's teeth extracted in order to remedy a deformity she had to her palate. For the past few years, Sylviane has been able to cry during sessions -- I can see her face soften as well as express the pain that she feels.

Recently, a character she calls "*Doulet*"<sup>5</sup> has appeared in one of her dreams. She can now look me straight in the eye, with a smile that sometimes enables us to share a joke.

From the outset, she emphasized how lonely she felt; at times, she could experience nothing but a terrifying emptiness. She has a lover, a married man whom she sees from time to time. She provoked me with her violence -- her violent feelings towards her daughter were what brought her into treatment. Her violent attitude in the work-place towards her superiors led her into merciless quarrels that always ended in her defeat. Very soon after therapy began, she told me in the transference that she had

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<sup>5</sup> There is a homophonous condensation here between "douleur" [pain, suffering] and "doux lait" [sweet milk]. [Translator's note].

seen me on a pedestrian crossing, looking so "fragile" that she had wanted to drive her car straight at me. She often worried about how fragile I was and how I might just collapse under the sheer intensity of her violence. She wanted me to know about her murderous wishes, but did not want me to be terrified by them.

Recently she compared herself to *The Maids* in Genêt's play and a later cinema production. She has found herself on the wrong side of the law: as an adolescent, after a priest whom she idealized had abused her sexually, she set fire to a presbytery; she had taken refuge inside the presbytery after running away from home. In the transference, my consulting-room became this presbytery – on one occasion, she took out her cigarette lighter and threatened quite literally to set fire to the couch cover.

In the transference, I was an incestuous figure, sometimes maternal, sometimes paternal. Sylviane's family lived in a miner's cottage in north-eastern France; her father worked in the coal-mines. Sylviane hated her mother, whom she described as sadistic. During the analysis, she became aware of just how depressed both her parents were: they had experienced many bereavements, and they had lost much of the social status of their forebears, who had been well-off landowners.

Sylviane has two brothers: the elder studied to become a civil engineer, the younger is described as psychotic with the appearance of being mentally retarded, locked into a quasi-incestuous relationship with their mother. When she was about 10 years old, Sylviane began sleeping in her father's bed, so as to allow mother to sleep with her younger son. In a deferred memory brought to the surface in the analysis, she remembered her father having erections and her own occasional bed-wetting at that time. A very pretty little girl, she thinks she must have felt terrified when she had her first periods; this led her to adopt a "tough" attitude, "mannish" in nature. This was also the

time when her mother forced Sylviane to have all her teeth extracted. She has an absolutely terrifying memory of this; she had to wear dentures, and she felt disfigured.

Sylviane became attached to me very quickly, to such an extent that it was quite impossible for her to tolerate any breaks in the analytical relationship. Extremely violent manifestations coexisted with her need to come at night to make sure that light was filtering through my windows, and there were long periods of silence that expressed terror and absence of thinking. These silences seemed interminable; Sylviane sat immobile on her chair, a hard, empty look in her eyes, staring at some detail or other of a tapestry on the wall or at one end of the radiator, with, at times, her fingers on her lips pulling away at tiny bits of skin. I felt it necessary to create another, separate, space. I did this concretely at first -- I had a colleague come into another part of the house and move about noisily whenever I was alone with her and she was in one of her threatening moods -- then by discussing the case with a group of colleagues. Bion's approach was very helpful: in particular, I realized that if I were afraid of Sylviane, this was because she was terrified that I might kill her.

I would like particularly to discuss the period when I became aware of the fact that Sylviane had an autistic enclave. She was screaming at me, talking about her boss: "She'd like to skin me alive!" I was afraid Sylviane would do something violent, either in the session or afterwards. In order to contain my own fear and not stay in a vacuum throughout the long periods of empty silence during which she would pace up and down my consulting-room, I began to observe her as one would do in infant-observation and to think about what she was doing in terms of close physical contact: she would scratch at the couch cover or the wallpaper as if to scratch my skin; she would clutch at the curtains or lift them up, as if they were my skirt; she would stare at the windows, as if to

lock her eyes into mine... I put into words these physical perceptions as they came to me.

Thereupon, for the first time, Sylviane began to report her dreams -- the bunker one and the sand-on-the-beach one in particular. These I shall now examine in greater detail.

*Sylviane, coming out of a bunker, lies down on the beach. The skeleton of a man buried deeper in the sand wraps his arms around her and tries to drag her to her death. Was it a corpse left over from the D-Day landings?* She associated to her father's brothers, one of whom hanged himself shortly after she was born, while the other committed suicide by putting a bullet through his brain. These deaths were never talked about, and Sylviane found it impossible to think about them. Several years after the dream, Sylviane told me about her fantasies involving brains being blown apart -- she felt both terrified and excitedly aroused whenever she thought about her uncle.

After that dream -- her first in the analysis -- she reported another one in which, *in an uncanny atmosphere, she perceives her mouth to be filled with something gritty and hard, something she cannot swallow.* She told me that it reminded her of when she was a young infant, alone in bed -- she felt she could see the room being transformed, with the walls closing in on her and the space around her becoming flatter and flatter. As she was speaking, I noticed she was fingering the little raised dots on the pattern of the couch cover, which was sand-coloured. She pulled out some threads and looked at them, fascinated, clinging through her fingers and her eyes at these sandy little dots in much the same way as autistic children cling to lights. I commented that her mouth seemed to resemble the bunker that she had climbed out of in the earlier dream; then, however, she became overwhelmed by sand just as she was by her feelings, which

began to fall apart and drop onto my couch like so many scattered little particles. It was as though Sylviane *had* been skinned alive, as though she no longer had a skin to hold her together through this period of change (a period that may well have seemed to her to be like the D-Day landings). Perhaps she was seeing in me her boss, the woman who wanted to "skin her alive" and invade her mouth with gritty sand instead of liquid flowing milk. If Sylviane were to give up her outer shell of aggressiveness, would she be able to pull herself together on my couch? Would she be able to find in me both an envelope and sufficient support, so that she could internalize it like a skeleton to hold her up -- and so enable her to become a living person, differentiated from her uncles' skeletons and away from her father's attentions.

I was still in some doubt in my own mind as to the memory traces regarding her perceptions, as an infant, of parents in mourning; this perhaps had something to do with weaning. These traces were able to be represented symbolically thanks to her dream-work and to the processing that was being accomplished in the transference. The gritty sand in Sylviane's mouth could perhaps be likened to John's "nasty prick" and to the sand in David's mouth and on his skin [Tustin 1972].

The bunker made me think of a kind of autistic shell, or what Bick called a "second skin". Since this was missing, the patient, who as yet had no protective personal and containing skin, clung adhesively to mine as she did to the threads on the couch cover. She was terrified at the idea that her emotions would crumble away like grains of sand.

In the later dream about the "palimpsest", the parchment became an attempt to construct a container with the help of words that retraced her past history from fragments left over from different periods in time. Would these words be a better

protection against incest than the bunker had proved to be, where the guns of her phallic and anal defences protected her femininity encapsulated in primary sensations?

In another dream, Sylviane saw herself as resembling a film actor who won a marathon race. She felt that the actor represented her in her dramatization of the palimpsest. She was therefore both actor and scriptwriter. She began to be able to identify the meaning and unconscious dynamics that underpinned some of her actions and our relationship in the analysis. However, her realization that out of senseless chaos one of several meanings could apply to such situations, and that there was an emotional impact when this could be shared between us, was in itself insufficient to protect her from further repetitions patterned on past scenarios. Nevertheless, after each regressive episode, the memory of our shared history, in maintaining the link between us, enabled her to go forward once again. Whenever she did move forward, she would find within herself new spaces to explore; at the same time, our relationship became more triangular and oedipal in nature, because from time to time she would meet my husband or one or other of my male patients in the hallway. Homosexual passion then gave way to oedipal rivalry, though in so doing there were some persecutory phases that were undeniably paranoid -- I felt I was being controlled by omnipotent projective identification.

When we discussed moving to four sessions per week, Sylviane felt very guilty about "having-too-much, going beyond the limits of not-having-enough". She then recalled how, as a child, whenever she slept alone, the expression on her face would harden. She had been afraid of seeing such an expression on my face when I met her coming in as I accompanied a previous patient to the door.

With reference to a childhood memory, she wondered about what lay behind the cupboard door near her bed. It reminded her of the door next to the couch in my consulting-room. She imagined something that would go a long, long way back. At that point, I made some hand movement or other, and Sylviane noticed that I had a burn mark on it; she felt anxious, imagining that I had moved my hand deliberately in order to threaten her and show her what I could do to her. She fell silent for several minutes. I suggested that perhaps what she was thinking was my saying to her: "If you move your hand to open the cupboard door, I'll burn it just like mine" -- especially if she had felt me to be like her, with a harsh and inhuman expression on my face. Sylviane replied: "That could be right". She then recalled that in her childhood cupboard there was an earthenware butter dish, the kind country people have, and that it was empty. She used to hide her soiled underwear in it whenever she wet her bed; she was so afraid it might be discovered. I made an interpretation that brought together the hand in the cupboard, in her vulva and in the empty butter dish, the excitement of the hot urine in her genitals, her curiosity, and her fear of being punished. I emphasized the fact that what she experienced concretely in her body also had to do, in the analysis, with opening the cupboard of her mind and of her curiosity about mine, as well as opening the door that led to my life with my husband. Sylviane replied: "So, when do we begin having four sessions?"

In the following session, she spoke of her curiosity as regards her brother's books, a series entitled "The Whole Universe". She was afraid of her avidity: "something that's too big to swallow". She had felt "that kind of thing's not for me, it's for my brother" – with the result that all knowledge appeared to be taboo, in the terror she felt at the sheer immensity of existence. She then recalled a recent dream, in which *Sylviane was*

*anxious because she had lost a little girl. The little girl was then found again, she was quite calm, because she knew she'd be found again.* The little girl was wearing the dress Sylviane was wearing when she was 5 years of age in an old family photo, a dress with puffed-out sleeves. That little girl was Sylviane herself.

A few months later, she reported another dream, in which *she sees a white cat* [Sylviane associated to my first name -- "Guess what colour the cat was," she asked me, looking me straight in the eye], *bright white, but lying in a pool of its own blood. She takes the cat back to its owner to warn him that his cat might die and tell him that something had to be done.*

She recalled having seen an injured cat with a scarred face because of all the night battles it had taken part in, and she associated to "pussy" / sexuality. I brought this back into the transference: the cat in danger is something we share in the analysis.

A year later, Sylviane told me of her anxieties concerning liquefaction whenever she had her periods; these were annihilation anxieties in which she felt her body falling to bits and flowing out with the menstrual blood. She had the impression of a loss that was timeless in nature. She constantly wore a sanitary towel in order to "plug the hole", avoid any loss, and prevent bad smells from breaking through. She recalled that, when she was an adolescent, her father used to say that she gave off a bad smell. That was the end of their over-intimate physical contact that had begun when she was a child. She had experienced that remark as a rejection of her femininity. She could now understand her father's fears about incest, and she was more aware of zonal confusion. Sylviane now had a heightened awareness of how she experienced her femininity as dangerous, not only with respect to incest but also as regards anxiety over dissolving, of not being able to exist within the confines of her body -- the tragic void of her perception of herself,



the void she experienced at critical moments in her life while her parents remained silent. The masculine element, with its quality of hardness, the idealized image of a father who had survived not only work in the coal-mines but also the bereavements he had had to deal with, the father whom she had thought immortal, protected her feminine body from dissolving, from bleeding away, from hatred of her mother. Sylviane had chosen this metallic hardness for herself during adolescence -- both in her professional life and in the intra-psychic struggles she had to face up to. She began to be aware of the immense tiredness she felt -- "It's not just depression," she said, "it's this constant struggle going on inside me to harden myself more and more".

After the cat dream (but before she had acquired the insight I have just mentioned), Sylviane went through another persecutory phase, with constant feelings of hatred in the transference and counter-transference. The fear of an emotional haemorrhage made her turn to projective identification. In one dream, *she went to the employment agency with the aim of making some changes to the way her life was going. The room was divided into cubicles, in one of which was the manager, a paranoid person who kept his eye on everything and was always on the look-out for any mistakes.* In the session, we did some work on the hard-faced character who was thereby brought into the transference space. We observed that, with her idea of changing, the cubicles in the space here were in communication. Thereafter, Sylviane dreamt of *twins in a baby carriage, snuggling into a soft duvet quilt, the bigger child's face protecting the other one.* There was of course some degree of idealization here, following on the previous persecutory material, but there was also the idea of a protective container, and in the transference Sylviane was able to represent her relationship with her father. She informed me that her father had had a twin sister who had died; Sylviane was said to resemble that girl. Which of us

was protecting the other from death? Sylviane said: "My grandmother had 17 children: 11 are still alive, two committed suicide, another is paranoid and insane, and my father never ever has anything to say".

Sylviane began to feel her perception of space changing, both in everyday life and in her dreams. In one of these, spaces were bathed in light and communicating with one another, while other parts were in darkness; a trellis wall or "claustra" made of bricks, like a partition, limited the communication. Was this in fact a "claustrum" in Meltzer's [1992] sense? Given her use of projective identification, persecution always accompanied any protective figure she might have.

In another dream, *she was filling a box of tissues with excrement, through a slit that she compared to a vagina or a mouth; the box and its soft contents were thus rendered useless.* The same was true of my counter-transference, when it was filled with mutual hatred. When one of her sessions was cancelled (it fell, as it happened, on her birthday), I appeared in a subsequent dream as a dentist -- in a sterile room lined with row upon row of armchairs -- pulling out all of Sylviane's teeth, nails and bits of her feet. She woke up, feeling intense pain in her feet and in her mouth. I made an interpretation in terms of the repetition of an event that had already taken place and that she was now experiencing in her body. With Winnicott's [1974] idea in mind, I spoke of her fear of a breakdown that had already taken place, adding that the dream had perhaps something to do with the separation of birth and taking away a hard, masculine, part of her personality -- a part that helped her to stand on her own two feet, but that could also bite and scratch. This was her fear at that point in the analysis -- as Sylviane herself put it: "I feel myself falling -- physically, concretely".

Later, when her partner offered her a colour television set, Sylviane said she had experienced "a childlike pleasure, like when you're given a new toy". She was like a child discovering the wonders of light and colour. "Black and white represented the shrivelled-up life of my family. When I set it on fire, the parts that had been shut in too tightly simply exploded. Fire is beautiful when you look at it, with the play of light and colour. That was inside me, it just had to explode."

Thereafter, Sylviane removed the sanitary towel from her vagina. "It's silly," she said, "it's as though something had been plugging my mouth." She then went through a severe depressive phase with the same feelings of depersonalization that she had experienced as a child: she felt she was floating outside her body, drifting away, trying desperately to cling to something in order to avoid the emptiness she felt she could see in the eyes of those around her. She wondered if we could manage to remain hopeful as regards these changes that were taking place...

### ***Transmitting trauma from one generation to the other***

After attending a theatre production of *Peter Pan*, Sylviane said she could recognize herself in the two aspects of the character as described by K. Kelly Lainé in *L'Enfant Triste* [The Sad Child] (1992). These two aspects are projections of the author himself, J. M. Barrie. Peter Pan lost his mother; Barrie "lost" *his* mother mentally when his brother died, and he was thereafter unable to leave her. When Peter Pan flies back from Neverland, his mother does not hear him knocking on the bars of the closed window. That inaccessible window could represent the eyes of Peter's bereaved mother. According to Peter Pan, lost boys "are the children who fall out of their perambulators

when the nurse is looking the other way". These lost infants in Neverland might fall from the therapy-perambulators we offer them if, like the nurses in the story, we look the other way -- either because the sadness in their eyes makes them unable to connect with ours, or because the cynicism and harshness they express make us avert our eyes.

The Captain's eponymous hook condenses two images. Taking the place of his severed leg, it signifies unbearable castration anxiety. A metallic hook replaces sensitive flesh. It is hooked on to a memory trace dating from the beginning of life, as perceived in the eyes of bereaved parents resembling what Green [1982] calls "the dead mother". This kind of clinging aims to guard against falling into the void of depression, and is the result of reciprocal attraction between parent and child. It may occur thanks to "a residue that creates a link", as Cournut [1983] puts it – hooking on to the unconscious guilt feelings of the previous generation. When, in their earliest relationships at the beginning of life, descendants of traumatized victims of genocide, war, etc. perceive a nameless suffering, the trauma of the destruction of meaning communicated through non-verbal messages (with no word-presentations that can be integrated into memory), they may be drawn into a defensive struggle against that perception. It is a struggle against an emotional haemorrhage perceived concretely in the body, as described by Tustin; everything just flows away, without any container to limit the ensuing annihilation anxiety. In order to avoid separation anxiety with respect to the traumatized parent and falling into depressive nothingness, concrete clinging to a trace that, in its sheer horror, is meaningful for the past history of the parent concerned – but meaningless for the infant – may encourage the development of an autistic enclave. This is an enclave of non-thinking in which the self, in an ultimate attempt to develop, clings desperately to concreteness. Barrows [1999] writes of a patient who was terrified by his parents' dead

or damaged internal objects. Describing one of my own analysands, “Shem”, I wrote [1993] of my unconscious identification with the destroyed internal object of the patient’s father. In our analysands, the ensuing identifications are in fact concrete pseudo-identifications that, in my opinion, fall far short of melancholic identifications. Perhaps clinging to a trace like this promotes what Gampel [1993] calls “radioactive identification”. The work of symbol-formation in the analysis helps the patient to replace lifeless clinging with the mobility of metaphor, thus enabling some representation of the infra-verbal elements that are enacted inside his or her body.

In contrast to the figure of Captain Hook, Wendy – Peter Pan’s companion for a time that knows no time – could represent another aspect of the same character: a feminine dimension that for long could not be brought to life, but which, in the end, manages to reintegrate the window, take its place in the temporal succession of generations, and develop into a mature woman. That is what Sylviane is hoping for – and that is what vampiric identifications [Wilgowicz 1991] make impossible.

***Can the counter-transference process help the self to develop fully in the analysis?***

I would like briefly to return to Thomas. Recently, we commented on a metaphor drawn from one of his dreams. In it, *he was being examined by a surgeon, who was explaining what the operation was all about and how it would end. All that remained was for the incision to heal. Thomas felt he could manage that part himself, with the help of a curved brush.* He thought that this might be a representation of the analysis – he would like to bring it to a close and make do with ongoing self-analysis, represented perhaps by this brush. He recalled that I

had once made a link between the surgeon and myself, at a time when Thomas was delusionally convinced that the surgeon had forgotten to remove a compress – an indigestible object – from his stomach.

On this occasion, the surgeon had successfully transplanted an organ – actually one of Thomas’s own, one that had been removed when still in an embryonic state, nurtured outside of Thomas’s body, then re-implanted. As he told me this, he touched his left side. I asked him which organ he was talking about. “I think it was the spleen,” he replied. “It ruptured in the car accident in which my father lost his life.” With his knowledge of many cultures and languages, he associated to what Chinese medicine says of the spleen-pancreas system. “It has both a physical and a mental role to play, enabling the subtle essence of the individual to be absorbed, something like his or her ‘quality’”. He added that the word “*rate*<sup>6</sup>” in German means a female mouse, so perhaps there was also a reference to his feminine side. I recalled that the English word is “spleen”, and that I had interpreted the indigestible “compress” as a foreign body that could "contain" a haemorrhage and keep it in check – like my ability to understand him and his own potentialities for understanding that had gradually developed in the analysis, particularly with respect to the terrible pain and suffering his father had gone through.

After the session, I delved into various dictionaries. I discovered that in ancient times the spleen was considered to be the seat of melancholia. Perhaps, then, there was a counter-transference melancholia that had managed to develop and be introjected through the psychoanalytic process. As I was re-reading Freud’s

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<sup>6</sup> The French word for “spleen” (the organ) is *rate* [Translator’s note].

*Project for a Scientific Psychology*, I realized that – ahead of his time – he had emphasized the existence of sensory and psychical “qualities”, and had gone on to describe the omega-neurons that enable qualities to be transmitted and integrated into the cortex, and hence into consciousness. Contemporary neuropsychologists emphasize the major role played by the convergence of concentric circles of neurone networks in the cortical areas of sensory integration. For Mesulam [1998], the self appears when this convergence is at its height.

In a dream he had just before his final session, Thomas *was lying in the back of a moving truck driven by a man. He wants to make love to a woman; they both share the same desire. He sees a piece of transparent wrapping-paper inside her vagina; she had been holding it in her hand and had put it into her vagina. The paper shines like a mirror and there seems to be writing on it.* That reminded him of a circus act from his childhood, in which lions would leap through a circle of fire. I interpreted the material in terms of heady passion, the passionate love represented by the circle of fire that was all the same limited by the wrapping-paper, hence avoiding destruction, like the Shoah that had run through so much of his analysis.

To conclude this paper, I would like to quote an extract from a poem by Clarisse Nicoidiski that illustrates the need for communication and transmission by words. It is taken from a little book written in Judaeo-Spanish called *Lus ojus, las manus, la boca*. I feel that the existential disorder which is perceived in the body during the autistic experience is expressed here in all of its emotionality.

When it comes  
Nothing but the silence which makes us  
afraid  
Can throw the answer  
In our faces  
An answer  
From out there.  
I've glass in my mouth  
That's why it opens  
That's why I laugh  
I speak.

As the glass cuts deeper  
I seem to feel  
A broken jug  
Ringing  
Of forgotten joy.

[....]

Burnt by worry  
Scatched by silence  
Right down my face  
Following the road in my eyes  
Going with them  
No longer knowing who looks at me  
Who speaks to me  
Who's to cleanse this blood  
That stopped one day  
Around a hollow in the earth.  
It was life  
And it turned into a mouth.

[Nicoidiski 1978]



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*Address for correspondence:*

20 rue Renoir,

14000 CAEN

France.