

**THE USE OF OBSERVATION IN THE PSYCHOANALYTIC TREATMENT
OF A TWELVE YEAR OLD BOY WITH ASPERGER'S SYNDROME**

**Infant Observation ... should also increase the understanding of the child's non-verbal behaviour and his play, as well as the behaviour of the child who never speaks or plays.
(E. Bick, 1964)**

INTRODUCTION

The Asperger's condition was defined in 1944 by the German psychiatrist Hans Asperger, one year after Leo Kanner's description of autism. However it has only recently received wider attention. The main diagnostic systems in use in the USA and Europe respectively, DSM IV (1994) and ICD 10 (1993), have defined this syndrome as distinct from autism. However as the two syndromes share many features, the distinctions between them are thought to be matters of degree (Trevorthen, 1998).

The patient I am going to talk about was diagnosed - after one year of therapy- as suffering from Asperger's syndrome by the consultant child psychiatrist in the clinic, at the request of the school (1). At the beginning of treatment I believe this patient had been in a post-autistic state of mindlessness. Meltzer defines this state as the result of the process of dismantling typical of

Note (1) The consultant child psychiatrist made her diagnosis by looking at the file notes, talking to the educational psychologist, meeting the mother and seeing the boy herself.

She noticed Johnny's difficulty in understanding social cues and the effect of his behaviour on others; his inappropriate behaviour in social situations; his low self esteem and incapacity to maintain peer relationships.

autism, i.e. a passive process “akin to allowing a brick wall to fall to pieces by the action of weather, moss, fungi and insects.” (1975, pp. 12-14).

This process occurs by allowing the various senses to wander and to attach themselves to the most stimulating, most colourful, the warmest, softest etc. object around at that moment and by the suspension of attention. Meltzer’s and also Tustin’s framework have been of great help in understanding this patient’s being, which at the time of treatment I only intuited. I had to experiment with a different technique to be able to reach and “to reclaim him” (Alvarez, 1992). This patient not only loosened but probably never developed attention, which Meltzer saw as the string holding the senses together in consensuality. My patient did not have a common sense with particular regard to seeing or to the ego functions of attention and imagination. I was soon led to speculate about the early object relations of this child as well as to try to locate the deficit in his development (Alvarez, 1992) within the schematic knowledge I had of his early infancy and childhood.

Children with autism and Asperger's are commonly described as not being aware of other people’s feelings, minds and existence in general. They are depicted as being closed up, impenetrable, refractory, almost “refrigerator” children, just like their mothers have unfortunately been thought of, some fifty years ago. Reid and Alvarez have affirmed that autism is an extremely complex disorder and that mothers of autistic children are not to be blamed in the least (Alvarez, Reid, 1999). In line with this thinking child and adult psychotherapists and psychoanalysts (Tustin, 1972; Meltzer, 1975; Alvarez, 1992; Mitrani, 1992; Rhode, 1998; etc) are well aware that mothers of autistic children have to struggle with the hard shell that encapsulates these children’s being. These authors have managed to get hold of the very vulnerable and terror-stricken creature, who hides inside such a shell and who has a "sixth sense about the state of mind of people who are close to them” (Tustin,

1994), as well as “a deep sensory openness which is experienced as a bombardment of sensa” (Meltzer, 1975, p.20).

My patient was undoubtedly a very sensitive and intelligent boy who, beyond the isolation and the barriers he had erected between himself and the world around him, was capable of intense - albeit rare - outbursts of emotions and intelligent discourse. This was like the “chink in the armour” (Tustin, 1992), which allowed out a flood of tears as early as the first individual assessment session. These children are now recognised as having to deal with an unmitigated sensory input before their neuro-psychological apparatus is equipped to cope with and to process these emotions (Meltzer, 1975; Tustin, 1994.). As infants, they have experienced a sort of terrifying bombardment from which they have protected themselves by erecting shells, barriers and encapsulations, which cut them off from the world of human relations.

In the course of therapy with this boy, I was gradually and erratically able to get through his protections by verbalising the minutiae of what I could see, sense and imagine to be the meanings of his behaviour, silences, gaze avoidance, secretive plays and wider being in general. I made a number of hypotheses about his possible states of mind and feelings as one does when, after having observed an infant and his mother, one tries to understand the patterns of behaviour and possible underlying meanings. I performed for this patient some ego functions, as well as the alpha function, which had been dismantled or never been there in him.

All analytic work is based on close observation and awareness of both the patient's behaviour, play, associations etc. and the analyst's emotional and mental state, when receiving the patient's communication. However, in Johnny's case, I found it useful to verbalise my observations and the speculation I made about the minutiae, which I could see and imagine. This, in a way, resembles more the speculative thinking and reflections which take place in a

mother-infant observation seminar, when the observer reports what he or she has observed in details, than the interpretations made to a patient on the basis of the patient's playing or verbal communication. The difference is between an interpretation made on observed, obvious material and the speculative thinking and linking made on observing something far less structured, like a noise, a sound, a movement, a twitch etc., which could be attributed many meanings. This way of using the infant observation technique was necessary, mostly because Johnny spent long chunks of sessions without talking or playing. He rejected any interpretation given and was entirely locked inside his body and seemingly lost in his mind. It seemed that a less direct form of communication spoke to the patient's infantile need and lessened his sense of persecution. Later in the paper I shall give numerous examples of this. This adaptation of technique, which implies a more indirect communication with the patient, I have also found useful in the treatment of those children with elective mutism who do not play, as well as with some silent adolescents.

FIRST ENCOUNTER AND EARLY HISTORY

My social worker colleague and I first met Johnny in a family session with his mother, his two brothers aged 10 and 14 and a sister aged 8. He was a small, fair-haired 12 and 3/4 year old boy with no striking features but a particular walking gait: he somewhat swaggered from side to side rather than walking forward. In that family session he giggled a lot with his younger brother and pointed with his finger at his temple, then at his brother and sister indicating that they were mad. He interacted with his siblings in an ordinary way and they all played with the toys in the box provided. His mother had reluctantly accepted to come with all the children as she desperately wanted individual treatment for Johnny. Johnny was the second child conceived only four months after the birth of his oldest brother. He had suffered from projectile vomiting since birth; he was toilet trained only by the age of five and all his

milestones were delayed. “All wrong since he was a baby”, said mother sounding tired and matter of fact. She could not breast feed him, as she was too exhausted from the previous child. Johnny was well loved by the extended family, despite being “wrong, clumsy and awkward” which earned him the reputation of being: “Oh poor Johnny!” The family had searched for help very early on but was given inadequate help or was told that nothing could be done for a child like him. They had moved from a distant part of the Country, three years before the referral to the Clinic and father and mother had recently separated. Johnny attracted his teacher’s attention by his low self-esteem and the tendency to cry for trivial reasons. Therefore mother was advised to approach the child guidance clinic, where we met.

COMMENTS

It seems that a misfit between Johnny and the world i.e. his mother to begin with, had set in very early on, when he could not keep the milk inside. He projected it all out together with the discomfort and the terrors. It is likely that the fear of death by starvation or by evacuation had been around for both his mother and himself. She had been too worn out and depleted by her first child to be able to manage Johnny, who appeared to be easily distressed and very sensitive. Meltzer thinks that children with autistic-type disorders would require something different from ordinary maternal care or containing mother (Bion, 1976) or good enough mother (Winnicott, 1960). They seem “to require the mother to take in, contain and divest of pain the child entire, not merely a part” (Meltzer, 1975, p. 22). They seem to need super human mothers who only exist in an ideal world. Johnny’s mother was not ready for the birth of this baby, either psychologically or physically. In that first session she spoke to me in a cut-off way and sounded unwilling to talk about those early days. Tustin spoke about the shock absorber function of the mother, which is usually lacking in the bewildered mothers of autistic children (Tustin, 1992). This function seemed to have been missing in Johnny’s

mother. The overflow or spilling over of physical products and psychological tensions, to use Tustin's expressions, can be seen in Johnny's difficulties in being fed and toilet trained.

His projectile vomiting and the lack of sphincter control can be understood as follows. On the one hand there was a baby with difficulty in receiving, processing and using the nourishment as well as in disposing of the unusable residues. On the other hand there was a depleted mother who seemed to have failed the infant in various ways.

The particularly intense fear of death, which the infant Johnny must have experienced frequently as he evacuated milk violently, must have turned into a nameless dread, due to the lack of adequate containment (Bion, 1967). Bion reckoned that the infant projects his fear of dying into the mother, who under favourable circumstances, digests, transforms and returns the projections to the infant in a tolerable way. However when the mother cannot perform this transforming, "alpha" function, the projection is returned to the infant as a "nameless dread" i.e. charged with the unmodified original fear of dying and with the mother's own anxieties and fears. I could see evidence of this, later in treatment when Johnny began to drop some of his autistic-like defences.

THE ASSESSMENT

Johnny had reluctantly accepted to come to see me alone for an assessment for psychotherapy. He would have preferred to come with his siblings, in particular with his older brother, whom he looked up to in awe. He was late for his first session as he had forgotten to get ready, when mother picked him up from school. He sat silently with a very negative attitude through most of the three assessment sessions. He neither did anything - differently from when he had come with his brothers and sister - nor let me engage with him. I tried to imagine and speak of his experience of being without his mother and his siblings, how he may have felt and I interpreted his worries at being alone with me and in a different

room. He ignored it all and showed neither interest nor relief at my comments. After a silence, I decided to describe what appeared to be his feelings, when he looked sulky, cross, sad and anxious but he said he did not understand me talking about feelings. I began to feel desperate about how to connect with him. It was after a certain amount of time had elapsed and a great number of “nos” were uttered, that he accepted something I had said in that session but which I forgot almost immediately. However, he continued to protest that he did not want to be there and since the instances of contact were so fleeting, I decided to give him permission to leave if he wished to do so. I did not want to increase his pain by forcing him to stay, had he really not wanted to. But he did not go. I was deeply struck when, as I later announced that it was time to go, he burst into a sad and depressed cry and refused to go. He pleaded with me to let him do a drawing and thus broke his immobility.

When he returned for the second session he looked more relaxed and told me he felt a little happier. However a similar to and fro, as in the previous session, soon took place. All my comments had to be rejected as he denied them - this time in tears. Suddenly he began fidgeting on the chair complaining that it was uncomfortable. He scratched his legs, arms and back ... all over his body and it was very irritating for him and disturbing for me to watch. It was as if he could not stay inside his skin as this gave him such irritable and uncomfortable sensations, which I also began to experience in my skin and body. I spoke of how uncomfortable it was to be there, on that chair, in the room and also in his skin. He looked puzzled at me. After some time he asked me, over and over again, if he could play with the toys. He never did so, despite the various interpretations I gave him to address his anxieties, his need to have my permission, his desire to be well behaved. I eventually gave him a factual reply that “Yes”, he could play. But he did not and repeated this question till the end of that session.

In the third session he looked alive, sat on the usual armchair opposite mine and began fiddling with his hands and fingers. He showed some vague interest in my description of his fiddling. "They are getting together, stroking one another, hiding, coming back, going away.... like Johnny and myself", I said and he continued this activity looking at his hands as if he was now interested in them and in my comments. This is how he spent most of that session and when I suggested we met again after the summer holiday, he declared that he did not intend to come back.

COMMENTS

The experience of a mother, who tries but cannot feed her baby as he evacuates it all out violently, was being re-enacted in these sessions with me and a mismatch between us two occurred. I felt that nothing was getting through to Johnny and when he seemed to be reached fleetingly, my impression was that what really counted were the length of time elapsed and the rejections I endured rather than the content of my comments.

When he projected such primitive and uncomfortable sensations into me at a psycho-physical level, I was reminded of the Jungian psychotherapist M. Mathew (1998). She wrote an interesting paper on the physical experience - or body countertransference as she called it - which allowed her to link up with deeply unconscious conflicts and anxieties, which her patient was not ready to express or to project. It seems that those conflicts and anxieties were communicated to the therapist almost by a concrete flowing into her, even before they could be projected. As they flowed into the therapist's body first, then into her awareness, she began to think of them in her mind. Years later, the patient brought associations and accounts that displayed clearly those anxieties and the actual abuse the patient had suffered from.

I have experienced a similar type of "body countertransference" with Johnny, when something little organized and formed or some archaic aspects of his personality and mental

production were communicated to me, leaving me feeling confused, unclear, irritable and uncomfortable in my own skin. The mechanism, by which this communication takes place, can be thought of in at least two ways: firstly as the mechanism of projective identification where what is projected are the less structured and more archaic aspects of the personality. Secondly, this mechanism may be akin to what Tustin called "flowing-over-at-oneness" or adhesive identification. She saw this as the process by which the illusion of "primary union" is maintained and this process occurs earlier than projective identification, which implies some sense of bodily separateness between mother and infant (Tustin, 1991, p.80). I believe this was the mechanism through which Johnny was relating to me then. The ordinary sequence of projection and introjection appeared impaired as though he had not yet gained proper separateness in some areas of his personality.

After his treatment had ended, I came across the writings of Corominas on archaic psychopathology and the body-ego links in the development of a 5-year-old psychotic girl, who suffered from cerebral palsy since birth. She never spoke but screamed incessantly and benefited from a particular sort of containment, which Corominas calls "sensory-mental-bodily containment". Her therapist, who was supervised by Corominas, transformed the child's body language into mental, verbal communication in a way similar to mine with Johnny. She dramatised situations of togetherness and separateness, by joining her hands with the child's hands then by moving them apart etc.. Sensations of togetherness and separateness were worked on in the attempt to transform them into emotional and cognitive states and to unblock the child's development (Corominas, 1996, p.4).

DECISIONS

Johnny's assessment had taken place before the summer and with hindsight, this was a mistake. To ask him to become involved then to wait for a long time before returning was too much for a boy with his difficulties. In the assessment he gave me a true picture of how hard treatment would be and I was not at all sure therapy was the best way to help him. Moreover his mother had been rather derogatory about psychoanalytic psychotherapy but in her desperation she wanted to try it for her son. She had also reconciled with such a negative view and bad preconceptions, when my understanding of Johnny in the assessment, coincided closely with hers. I decided to offer Johnny once a week psychotherapy following both mother's insistence and that of my colleague social worker, who at that time, had carried alive the hope to help him.

This decision to offer only once a week, rather than more intensive treatment was based on a number of reasons. First of all the intense negativity and aversion expressed by Johnny made me question whether he would have given his inner consent even, to once-a-week psychotherapy. More intense treatment would have also disregarded the patient's conscious message and not been advisable. Johnny's difficulty in communication and his resistance to a closer relationship with me seemed to be entrenched in his personality rather than being the result of a restricted setting. I felt that he would have fled entirely, had more intense treatment been offered to him. Also practical reasons militated against even considering this. His mother or occasionally his father brought him for his sessions during the first year, but had to travel some distance and make special work arrangements to manage the continuity and regularity of weekly appointments.

According to my experience of working psychoanalytically with children in similar circumstances, it is possible to do helpful work within a proper setting and by using the transference and countertransference, as essential interpretative tools. Each session functions as a mini-week in itself, with a beginning, a middle and an end part to it. I bear in mind and

interpret, as appropriate, the different states of mind of the patient, at reunion after a week's break, in the central part of the session, when even patients who are difficult to reach can be accessible, and at the end of the session, when resistances and closing-down can re-occur.

THE BEGINNING OF TREATMENT

After the summer holiday Johnny came with his mother to the Clinic without any problem. During the first two terms, I had to experience innumerable rejections from him, as my comments were mostly answered with a "No". He told me that he had no worries or problems and it was other people who had problems. He called me Ms. Potty and said that I was mad, not him. He easily gave up talking or made it impossible for me to understand his strong dialect which he usually only spoke at home, as mother had reported. Later in treatment, he would only speak English and this became a sign for me of his engagement. In these early sessions my interpretations were mostly rejected or reacted to - even before I could end any sentence and I experienced hopelessness and desperation about how to reach him. I decided to use the same approach as I had already tried in the assessment with some result. As he sat on the armchair opposite mine, hardly doing anything for longest periods of time, I described to him what I saw, as if I was doing a baby observation. I did not address his actions or feelings such as: "Johnny is talking, is feeling ...", as he rejected that, but I said: "Johnny's mouth is moving; Johnny's lips are saying something; Johnny's fingers are hiding...". I spoke to him at a part-object level and addressed parts of his body. Gradually he became interested in my way of communicating, he touched his lips, looked at his fingers moving and listened. Eventually he asked me what I was doing and why I was speaking like that. I replied that I was like a mirror reflecting his body. In the following session he brought a mirror. He was annoyed with me and protested; "See, I can't reflect myself in you, only in the mirror." He was not able to think metaphorically but was stuck at a concrete level of representation.

However by the end of that session he looked more alive, and was interested in looking at his eyes in the mirror. In a later session in therapy, he became interested in lights, smells and noises. He closed his eyes as he looked at the sunny window; he twitched his nose and perked his ears as he heard a noise from outside. Then I dared to speak of feelings - not only of body parts. I said that his eyes were bothered by, and did not like the sunlight; that his nose was bothered by some bad smell; that his ears were bothered but also interested in a noise. This seemed to reach him as he looked intently back to the window or twitched his nose or listened to noises. He gradually became interested, involved and aware. He was intrigued by the new awareness of his senses and of their functions such as seeing, smelling and hearing. I was acting as an incubator in which this "psychological prem" was beginning to achieve that basic integration which had not been possible in his infancy, to use Tustin's imagery (Tustin, 1981, p. 195).

SHORTLIVED PLAY AND COMMUNICATION

In this section I will describe a period when Johnny was able to be more verbally communicative, cheerful and playful, usually after working through difficult beginnings of sessions, when he used to sit opposite me and hide behind his school bag placed on his lap. He would eventually emerge from his distant state and relate to me through the technique I have described. In one session, he wanted to make a parachute and asked me if he could cut the ajax cloth which was inside his box of toys. I interpreted his need to have my permission, then to be a good boy, then his worry about cutting and spoiling the cloth. He ignored my words and each time he repeated the same question. However when I eventually gave him a factual reply that he could cut it, he did not cut it but used it all to make the parachute. The parachute was weak at first and the doll-man tied to it fell and died. I described all this to Johnny. Gradually he made a stronger parachute that could fly for a while. At first this interaction left

me feeling exasperated, rejected and puzzled and I wondered whether this was my countertransference experience of feelings that he had to project into me. Then as the parachute got stronger and landed without crashing, I thought that something had percolated through Johnny's mind as he was learning to fly and land harmlessly.

In another session, he set up a theatre play where a family was going to the zoo. Dad was also there and they had a good time. He responded to my interest in his play and to my taking the role of a member of the audience describing what he was portraying. However when I said it was the family he wished to have, this happy moment was broken. He collapsed into depression, stopped playing, picked bits of dry, hard mud from the soles of his shoes and threw the bits at me. I said he felt mad at me as he thought I had attacked him with bad, mud/pooh-like words, which spoilt his happy family play. Johnny fell into a state of deep persecution and guilt and pleaded me not to swear because it was bad. I tried to calm him down, to take in his intense fears and also said it was fine to use the word pooh and nothing would happen but perhaps a voice in him did not allow him to speak like that. He showed no sign of interest in my words. However as the end of that session approached, he asked me to forgive him repeatedly and anxiously. He chastised himself, promising that he would never throw mud at me again and had learnt his lesson. He acted as if he had committed a crime and was now expecting a much worse punishment and retaliation from me. I was very struck by this exaggerated reaction, which was not proportional to an attack which, in reality, had been rather mild.

In another session, Johnny played with animal poachers, who kidnapped the mum and dad wild animals, while cubs and small animals climbed into a plastic container and went to rescue the kidnapped parents. During the rescue operation, the container nearly fell down but was in turn rescued by other animals. He was playing on his own and was cut off from me. A wave of sleep suddenly clouded my mind and I could barely interpret his anger at feeling

robbed of the big animals/parents in his play and of myself at the end of each session. The struggle to climb back to the parents-therapist after six days' gap was always fraught with dangers, such as falling and it was hard to know how much of my thinking got through to him, as he appeared to ignore me. However, he eventually started to pack and re-pack his school bag, looked for his cap frantically then said he might have lost it at school. The session was over, he left but returned immediately after, to say "goodbye", which he had forgotten to say. I was surprised as he had never acknowledged the end of sessions and I wondered whether he was more in touch with the feeling of loss such as the loss of his father, his therapist and his cap. After this session I was told by his mother on the 'phone that he went straight to a sweet shop, stole sweets, was caught and was given a warning by the police. He could only bear the feeling of loss for very short.

In the following session, he hid from me anxiously, his head inside his school bag and he said he was dead. He ate lots of sweets then mimicked his hands being stuck with glue and asked for help to unstick them. I said he was eating lots of sweets then playing at being caught, handcuffed, punished to death and needing help. He asked if he could eat them and I did not prohibit it but spoke of his anxieties. Still from behind his school bag, I heard him whisper to himself that he was never again going to eat sweets and was very, very sorry. He got into a delirious and muddled state and - still in a whisper not directed at me - he pleaded intently for forgiveness for eating sweets and promised to stop it. I thought he was transferring his guilt for having stolen sweets from a shop - which he never volunteered to tell me - to guilt for eating them in the session. In a psychotic way, he was now ridden with persecutory guilt, anxiously wanting to make amends and swore he would never do it again.

COMMENTS ON JOHNNY'S PERSECUTING SUPER-EGO

Johnny's harsh super-ego, based on the talion law, was beginning to manifest itself. In the session where he portrayed a happy family at the zoo, Johnny threw mud at me in reply to my comment on his wish to have such happy family. I wondered whether he experienced my interpretation as a concrete attack because it reminded him that his real family was not as he wished it to be. Alternatively, he may have felt that I had not recognised a moment when he experienced a good family inside him and in the transference, as Sue Reid pointed out in discussing this paper (Reid, 2001, personal communication).

The sequence of the play with animal poachers, the actual stealing of sweets and the session where he repented could be understood as driven by early and persecutory guilt, which could only be assuaged by an actual punishment. Freud wrote about delinquent adolescent-like acts, which were performed also by his adults patients and relieved them of an oppressive feeling of guilt. The person did not know the origin of such guilt, which was present before such acts, "and after he had committed a misdeed this oppression was mitigated. His sense of guilt was at least attached to something." (Freud, 1915 p.332-3). I think Johnny was in the grip of a similar sense of guilt and confusion, which must have gone back to his early days.

COMMENTS ON STEALING, DEPRIVATION AND LINKS WITH SEPARATION

Winnicott (1956) had a deep interest and understanding of the antisocial tendency and its relation to deprivation and separation. "A child who steals an object is not looking for *the object stolen but seeks the mother over whom he or she has a right*" (Ibid. p.126). It is a loss which occurs: "*at a stage in the child's or infant's emotional development when a mature reaction to loss cannot take place. The immature ego cannot mourn.*" (Ibid. p.132) Winnicott refers to the time when the libidinal and aggressive drives achieve fusion. Klein saw this time when the integration of the good and bad breast or good and bad mother occurs and a whole figure is seen as owning both goodness and badness (Klein, 1935, 1948). The

child begins to feel the loss, to be aware of the absence of the maternal object and to tolerate this absence temporarily, if the child had received good enough mothering and internalised a good object.

Johnny had had some experience of reverie and understanding, during these first two terms of psychotherapy. This good experience may also have reflected some nurturing aspects of his early environment. The episode of stealing sweets had occurred as the Easter holiday approached and Johnny responded as if some good experience had been interrupted and taken away from him. It is a sign of hope, Winnicott wrote, (1956, p.122) when the child manifests this antisocial tendency as he or she hopes to get back and regain what had been taken away. In the session in which animal poachers appeared and stole big zoo animals, Johnny must have felt robbed of his sessions and of his therapist. Just before the Easter holiday he had taken to hiding in a cupboard and refusing to go at the end of sessions. I had to feel bad, while wrenching him away from me and trying to free his octopus-like grip from the furniture he clutched onto. No verbal interpretation about his wishes to stay or his anger at having to go or my badness as I sent him away etc. had any effect on him. Once he went to sleep right at the end saying he “wanted to sleep for another hour ... for a week, ten weeks, one hundred years.” He agreed that he wanted to stay there forever. However by the following week he had – as usual - barricaded himself behind his school bag and cut off from me. A strong attachment to me and to the sessions went together with an equally strong rejection and disinterest as a defence from his feelings about gaps. It was like an unpredictable seesaw, which later on would become rather predictable. On our return after Easter, a powerful resistance burst out violently.

THE EASTER BREAK: A NEW TECHNIQUE IS NEEDED.

When Johnny came back after two weeks, he had deteriorated greatly. He took to coming to his session's very late and often sat in the waiting room for the remaining time, refusing to leave it. When he eventually came to the therapy room he fell asleep behind his school bag and slept for whole sessions, despite my waking him up and interpreting about the holiday break, his need to control and his projections into me but he ignored it all. When he did not sleep, he was angry and provocative, argued and battled with me over anything or kicked, shouted and threatened to do me for assault if I held out my hands to protect myself. Alternatively, he mocked me and spoke to me contemptuously, parroting my voice. In the countertransference I experienced intense anger, which he refused to own whenever I tried to address his feelings. He continued feeling very persecuted till he eventually clamped up completely.

My technique to reach him was no longer successful, during this phase, and I had to find new ways of working with him. The interpretations about his unconscious conflicts, anxieties and defences, which would have reached a neurotic-type patient, failed at this point, perhaps because of being too direct and persecutory for this patient. One has to bear in mind that a lot of psychoanalytic processing was taking place in my mind, since my patient spent a long time hiding behind his school bag, saying very little, doing very little and rarely responding with words or behaviour, to my interpretations.

What was encouraging and interesting about working with Johnny, was his capacity to evoke and inspire me with new ideas and an imagination which allowed me to find ways to relate to him, behind his barriers, defences and unreachability. I thought this was a sign that he was not in an autistic, deadening state that kills hope and enterprise in the therapist. I found myself being particularly creative and with new ideas, which I almost surprised myself about. It was almost as if his creativity flowed into me through the unconscious mechanism, which I have tried to clarify earlier in this paper. I believed that what flowed into me and left

me almost unaware that it was coming from Johnny, was not a clear and specific aspect of his personality, but in this case, almost a pre-conception of creativity, as Margaret Rustin suggested.

My new technique now consisted in having a dialogue, first with an imaginary friend, later with Johnny himself. I described to this friend what I could see, imagine or hear Johnny was doing behind his school bag and the friend replied to me. "Listen to that noise... Is it the wind?" "No, it's a bird outside", "No, it's a person sleeping," "It's a child, a boy", "Yes, he must be fed up and cross", "I think it's Johnny, he's fed up!" "He didn't want to come to his session today!". Eventually these dialogues stirred up Johnny's curiosity. He pushed his bag aside, looked straight into my eyes - which was rare - and asked whom I was talking to. I explained that I was talking to an imaginary friend and - in case he did not understand the concept of imaginary friend - I added that it was like two friends talking to each other or a mother and a father talking about their child. He was clearly touched by this new type of interpretation and seemed to have understood the concept of imaginary friend, as he became involved again with me through playing and talking, even if only for the last part of sessions.

Occasionally I spoke as if I were Johnny thinking. "She's a bore! She wants to know what I'm doing. She's nosy, she shouldn't say that she can hear me eating sweets. I feel bad if she says I'm eating sweets." Once he responded: "No, I'm not reading!" "Yes, I feel bad if I eat sweets." Other times I mirrored his noises, e.g. breathing, chewing, gulping, yawning, turning pages, writing etc. which he produce hiding away or tucked inside the protective shell of his jacket. This also grabbed his attention and brought him again to interact with me, even though through disagreement and protest.

COMMENTS

Sweets had become the prototype of some desired, oral gratification that he felt he was not allowed to have or receive generously. They seemed to represent a good and sweet breast, which he seemed to have had only briefly then lost and needed to steal back in a secretive way but feeling guilty and persecuted. Rhode (1997, p.3) writes of the baby's understanding of "the mother's emotional unavailability - her mental preoccupation - as being the consequence of her physical occupation by someone else." The presence of the "other" had been a constant in Johnny's infancy; a presence which had deprived him of his mother's full attention.

Johnny had fluctuated between sessions when he needed autistic defences (Tustin 1986) to shut out the persecuting, intruding and terrifying world of "thirds", and sessions when he talked, played and appeared more at ease with himself, with me and the world at large.

The adaptations of technique, paralleled Johnny's stages of emotional development: from a part-object relation, when I addressed parts of his body, to a whole-object relation when I spoke of Johnny or myself doing something or having feelings. Then a third person, an imaginary friend or father figure, was introduced and I had a dialogue with that person, about Johnny. This could be seen as a combined object, which Johnny was beginning to accept and be curious about.

THE LAST PHASE OF THERAPY

In the fifth term of therapy - from Christmas to Easter - I saw little of Johnny. He missed sessions, came late or was totally unreachable and slept. His ups and downs continued in a striking way and I never felt we reached a stable plateau. Johnny was occasionally suspended from school, as they had not yet taken in that he was a "special needs" boy. He was also found by the Police wandering on his way to the session, appearing lost in the streets and lost inside himself. Anger, defiance, stubbornness, rebellion, provocation, were now the features

of his sessions but Johnny was seemingly unable to take on board such states of mind and feelings. I was left with rage, intolerance, despair and sadness for such a troubled boy. Plans for him to go to a boarding school for children with Asperger`s Syndrome, were being made and he seemed to look forward to that, despite his anxieties and uncertainty.

LOOKING: A SOURCE OF ANXIETY

In the ups and downs of his moods, an interesting theme had emerged and, in the last few months of treatment, had become more explicit. Johnny had told me, at a moment of sincere contact with me, that he did not like looking at people`s eyes. I tried to explore if he was scared, angry or fed up, if he looked at people`s eyes but he did not know. In my attempt to reach him, I had suggested that perhaps, as a small boy, he had looked at his mother`s face and eye and sensed that she was tired and busy and that felt as if she could not see him. Perhaps he did not like that and now he preferred not to look at people`s eyes. I often speculated about his early days with him in sessions, as a way to weave out a possible story of his early life, which he seemed to have lacked, alike children suffering from developmental delays. He used to listen silently and noticeably did not protest, therefore I felt he was somewhat interested.

In a session before a long break, Johnny looked fed-up and harassed as he walked from the waiting room along the corridor. In the room he slumped, as usual, on the armchair and hid behind his schoolbag. There was a long silence then I said that perhaps he was hiding his feeling of being fed up. "No, I'm not fed up", he replied. After a long silent spell he peeped from behind his school bag and asked me: "Can you see my eyes?" "Can you see my face?" "Can you see me?" He was still hiding but was able to see me between the straps of his school bag. I said: "You can see me and are not sure if I, too, can see you." After a silence and more of the same peeping game, I added: "You want to see me without being seen". After another

long silence and immobility on his part, I heard him saying "Going to sleep." I said "You seem tired.". "No", he replied and "What will you do if I go to sleep?" I decided to reply factually or we may have ended up in another familiar impasse: "I'll wake you up". He said: "I'm not going to sleep." However within minutes, he fell asleep behind his school bag. I woke him up by calling his name. Then I allowed some silence to elapse, before I told him that I had brought a note with the dates of the coming holiday. From behind his bag he said: "I cannot hear and see... I don't hear with my nose, mouth, eyes." I said "I'll tell you the dates and I will show you the paper with the dates written on it." In an annoyed tone he said "I can't talk and hear at the same time" and after a pause "I can't hear and see" and "I can't see and talk". I said it was hard to talk about holidays. He moved his bag aside, stretched one arm towards me and reached for the note with the date. He looked at it and said he was not coming next week or in three weeks' time. He was going on a school trip and... did not finish his sentence. I said that he was giving me his holiday dates and this was making him feel better about mine. Then he blew air into a pen, dropped coins, tore bits of paper off the holiday note and let them fall off his hands. He conveyed to me the feeling of being in pieces and dropped, this I said and linked it with not seeing each other next week and also later on. It was the end of the session and he did not come on those weeks for the reason he had given.

COMMENTS

We see the impact on him of knowing that he would miss sessions and also of the announcement of a long holiday. The peek-a-boo game he played was his way of mastering the experience of separation from me. In this game, which is typical of a much younger child, he was taking control of seeing and looking at the other person thus doing something we knew he had not liked before. Moreover, I found very interesting his graphic awareness that

he could not co-ordinate various sense organs in a harmonious way, just like infants who do not have a capacity to co-ordinate movements and sensory activities.

For Bion a “common sense” is an essential mental act “which apprehends objects in their multifaceted aspects as opposed to neuro-physiological events” (Meltzer, 1975, p.13). However for a “common sense” to develop in Bion’s terms, the nursing infant has to have an experience where the senses come together in a gratifying and containing feeding situation. J. Anderson (1992) wrote about this in her intensive therapy with a three-year-old boy with autistic features. She referred to the good feeding situation, where the baby is held by the nipple in the mouth, by the flow of milk in the stomach, by the eyes’ contact with the mother’s eyes and by the physical holding of the baby in mother’s lap. These sensory experiences, simultaneously co-ordinated, develop the cohesion of a psychological common sense and a sense of oneself as a recipient of those first physical and psychological experiences. For Bion (1992, p.10) common sense implies that all senses are in harmony and support each other, as we can imagine they are in the good experience of the baby at the breast as described by Anderson.

Johnny did not seem to have achieved this harmonious co-ordination of senses as a small child and now he could not perform the two simple activities of hearing and seeing or talking and hearing at the same time.

LOVING LOOKS

In another session, he said again that he did not like eye to eye contact and asked me if I did. “Yes, it’s nice”, I answered. “Why don’t you marry ‘eye to eye’?” he asked. I suggested that he was scared of eye to eye because it was too nice and perhaps exciting. He then initiated guessing games, quizzes and puzzles with me and looked straight into my eyes. When I guessed names or numbers correctly, from his sitting position on the floor, he looked

up at me with a radiant look, in awe of me, like a blissful infant at the breast, looking up at mother in loving adoration. It felt a beautiful, moving and aesthetic experience for both of us. I was reminded of Meltzer's thought on the aesthetic conflict (1989), as Johnny soon looked embarrassed, blushed and told me not to stare at him. This loving gaze seemed to be too much for him and he had to look away. Also his looming adolescent sexual feelings may have been ushering in at that time. His loving feelings towards his object, i.e. the therapist in the transference, became rather more explicit when he proposed that we read the story of Romeo and Juliet from a book he had brought. I chose the part of Juliet while he chose Romeo. Having tolerated, named and transformed his rage, aggression and truculence towards me in an earlier phase of therapy, Johnny was now able to access his loving feelings towards his object.

A BOY WITH A HEART

Johnny was to move to the new boarding school after half term. He had visited the school and felt at home there. This he told me in the session following his visit and which was to be our last session. He had brought a plastic cube with small metal balls inside, which had to be fitted into tiny holes by shaking the cube gently. He managed that quite skilfully and I spoke of that fit and of the home that he felt he had now found in the new school and also in the sessions with me. He nodded. He then read two poems which he had written at home and wanted me to have a copy of. The first one was about a boy, himself, who was not brainy or bright but had a heart and feelings. The second poem was about nature, the starting day, the rising sun then the rain. I was very moved by the depth and the clarity of his feelings that he had finally been able to access and express in these poems. He seemed to be emerging from an old autistic state and be able to express himself in such poetic way. I said he was telling me a lot and that he had now discovered a capacity to have a heart and feelings. He looked at me

with a transfixed look and said - holding his breath and emotions - that he loved me and would miss me. Soon he hid his face as he blushed with pleasure and embarrassment. It was the end, he took the poems with him and this was the last time I saw him.

CONCLUSION

Johnny, aged twelve, was taken to see a child psychotherapist, when his being at odds with himself and the world, had stopped him from learning and socialising. He was extremely persecuted, isolated and withdrawn in his protective shell, when he was outside home. In therapy he was very difficult to reach, felt easily intruded upon and empty of thoughts or memory. However I felt that he was letting some of his internal world flow into me as I found myself inspired, enriched of ideas and of intuitive understanding. He opened up through a modified technique that I gradually evolved in the work with him. He went through a phase of anger, aggression and truculence that were, on the whole, out of character with his hypersensitive and meek disposition. Their understanding and containing paved the way to meet the “Boy with a Heart”. The end of his therapy was precipitated by his admission to a special boarding school for children and adolescents with Asperger`s Syndrome. The final stage ushered an attachment to the therapist that had been clearly anticipated in the past by Johnny`s reluctance to leave at the end of sessions. Such attachment was a mixture of tender, loving feelings and embarrassing erotic ones.

Children with Asperger's struggle with a sense of “nothingness” and void at the depth of their existence and their loving, hopeful and lively feelings are severely impaired. The infant observation technique used to reach and to communicate with Johnny, helped him to have some sense of himself as a boy who could have loving feelings. This was an achievement for a child who had been dominated by hatred, negativity and despair and these feelings had undermined any therapeutic effort. However the sudden appearance of such loving feelings,

at a time when we were due to stop therapy, left me wondering. When I had previously kept some distance from Johnny and engaged in dialogues with imaginary people, he had been able to reach out for the object and to be curious about it. Maria Rhode suggested that it was that safe distance which may have reduced his fear of being trapped and sucked in, as had already occurred in the first assessment sessions, when I gave him permission to leave. Only then could he stay. It is possible that his capacity for loving feelings popped up when the imminent ending was again providing a safe distance and a safe space to be and to feel.

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