

Memories in Feelings and Autistic Barriers

A Discussion of a paper by Didier Houzel (Caen)

11/3/07

Angela Sowa (Palo Alto)

Discussion

Through the title of his paper, *Memories in Feelings and Autistic Barriers*, Dr. Houzel links together concepts from two eminent child clinicians. Klein first wrote about *Memories in feelings* in 1957. Frances Tustin elaborated her ideas about *Autistic barriers* some thirty years later. I believe that Dr. Houzel is suggesting that these two concepts are so related, one to the other, that they automatically imply each other and further that in linking the two in this way, one could arrive at a more expanded understanding of both the etiology and the mode of functioning of the autistic state of mind. He states,

My hypothesis would be that the phenomena described by Melanie Klein as 'memories in feelings' are not simply traces of experiences that took place too early in life for the individual to be able to remember them, but actual failures brought about by erecting autistic barriers against the psychical transformations that every attempt to bridge a caesura requires.

It took several readings of this paper, to understand why Dr. Houzel describes 'memories in feelings', as an "actual failure", thus relating this concept to the defensive process of erecting an autistic barrier. If I understand Dr. Houzel's thesis correctly, he is speaking of experiences which are more often bodily states than feeling states and which cannot be stored in memory but are instead

repetitions of past experiences and *as repetitions* have taken the place not only of memory but of the *capacity* to remember. Dr. Houzel explains, “They cannot be remembered as such (as memories) even though they have left their mark on the individual’s mental structure.”

I believe that Dr. Houzel is stating that these ‘memories in feelings’ can at times represent a type of not knowing, in Bion’s terms, *-k* (1989), making them similar to the autistic barrier that, he states, results from collapse of the container/contained function of the mother/infant relationship. By linking the two concepts, I believe that Dr. Houzel defines both ‘memories in feelings’ and ‘autistic barriers’ as active though not identical, defensive structures. He explains that the working through of this particular defense is possible only through the analyst coming into contact with the real feelings that these ‘memories in feelings’ implicate. This involves analysis of screen memories as well as overcoming the patients’ autistic barriers against experiencing any type of change or transformational work.

Through Dr. Houzel’s description I imagined these ‘memories in feelings’ themselves as a particular type of screen memory, ‘a feeling screen’. I call them a screen because on the one hand, *something* has emerged; yet on the other, the feelings may bear little or no relation to the feelings or anxieties that they may obscure. While these feelings emerge unexpectedly, they may begin, over time, to feel to both patient and analyst, like a permanent and intractable part until

such time as the material is dissolved slowly through work in the transference relationship. We must remind ourselves that these 'memories in feelings' are not memories at all but rather traces of experience that fail to be transformed into anything that might suitably be called a memory. The function of linking emotions is impaired and instead of *alpha function* working on memory, we may even have elements of what Bion and Meltzer (1985) describe as *alpha function in reverse*—a way of dismantling memory, the very thing it is meant to preserve. The way this might work is that the experience is encapsulated in a “moveable” claustrum of sensations and feelings that may or may not include psychosomatic problems. I say moveable because it often feels like something is changing, however we are in the realm of primary process material that has according to Dr. Houzel, already failed to be transformed to secondary process. Therefore a full interpretation would not yet be helpful.

Judith Mitrani, to whom we owe much about our understanding about this topic, explains,

...when we encounter such memories in feelings with our patients, we may not merely be encountering unconscious experience but unmentalized experience, not repressed memories but body memories entrapped in the realm of the unthought. (1996, p.231)

Dr. Mitrani goes on to explain that words may not carry symbolic meaning during these regressed periods of treatment and that the analyst must first understand, absorb and survive the emotional impact of this period before formulating and attempting interpretation of material.

I think that some of my difficulty in understanding this material was the use of terms such as “memories” and “feelings” to describe phenomena that appear to me to be more primitive than these words imply. The words “memories” and “feelings” are powerful psychoanalytic descriptors in and of themselves and they do not easily bend in meaning. In a post-Bionian climate (Green, 2003), the word memory takes on a very specific and active meaning. A memory in this sense is not an actual recollection of an event but a flexible concept that represents an amalgam of phenomena that is continually changing, being influenced both by experience in the past and in the present. Memory is comprised of emotional data that is available for both storage and for retrieval. In this sense, memory implies the act of remembering, that is, having the capacity to remember not only the data but also the links that the data provide, suggest and even enliven. Andre Green (2003) states, “It is not the past that returns but something that, common both to the past and to the present, is much more essential than either of them.” Understanding memory as such made Klein’s description ‘memories in feelings’ seem too evolved for the primitive psychological phenomena that she was referencing.

Hans Loewald (1980) reminds us that we cannot talk about memory traces or reconstruction of events that took place when primary process thinking was dominant. Words and feelings are not differentiated and there is in Loewald’s words a “primordial density” to the material that does not easily lend itself to

interpretation. As I understand him then, the evocative quality of the analyst's language is as important as the words themselves and only eventually do they succeed in becoming differentiated from the analyst/mother's body and quality of being. I believe that it is this very early failure of differentiation that Dr. Houzel is pointing to when he describes "memories in feelings and autistic barriers".

I feel it is important for me to speak about my struggle to comprehend this relation between 'memories in feelings' and 'autistic barriers' because a psychoanalytic understanding of this paper would of necessity have to include the emotional and intellectual struggle we have in understanding the ideas. For all of us here, there are those holes of unconsciousness that we will never fill regarding understanding of this important topic and so we must rely on others to help us in this way.

We may be able to explore further thoughts about this concept by recalling Dr. Houzel's patient Jerome. Thank you Dr. Houzel for providing us with such a rich illustration of your thinking and clinical work with this type of phenomena.

Jerome experienced himself in analytic sessions in terms of bodily sensations, "feelings of dizziness, being stripped bare, his skin being ripped off". I was deeply moved by Dr. Houzel's description of this man who had a traumatic infancy and who lost his father it seemed not once, but over and over again, the final time when he died when Jerome was only in his twenties. By reviewing Jerome's

history thus, I am not pointing to the traumas Jerome experienced as the origins of his troubles in the area Dr. Houzel describes. Certainly these traumas had an impact. However the imprint related to autistic phenomena involves the impact of the mother's own phantasy life on Jerome, through the experience of the container/contained relationship. In this area, trauma may not be the most important factor, but rather as Dr. Houzel suggests, it is the mother's overly narcissistic relation to her infant that does not allow for the experience of separateness needed to develop a relation to objects and to the development of thinking. The conjecture here is that it is the mother's loss and/or impaired fantasy of a good internal couple that may have affected Jerome most deeply. (The internal couple takes shape first through the internalization of mother and father and then is affected by the quality of relation of the couple.) This was not experienced by Jerome directly as there were moments of happiness with his father. It was indirectly through mother's own damaged internal couple, made worse by the many separations from her husband, the father of the child she bore. Consequently, Jerome did not live in a triadic relationship with his mother and father. (I have to say here that I really wanted to know if she was separated from her husband for long periods during the time of her pregnancy with Jerome. The material implies that she may have been.)

We know from Dr. Houzel's report that mother becomes mentally preoccupied not with Jerome but with his symptoms leaving him emotionally separate though not physically separated from her. Most likely this happened even before the age

of one when Jerome was re-hospitalized, an event that was both a trauma and an *enactment* of a trauma pointing to the very early origins of this patients' psychopathology, particularly as it relates to his mother. It is no surprise that when Jerome's own wife becomes pregnant with their child, Jerome erects another barrier to understanding his feelings. He re-enacts his own fantasy of the damaged internal couple through fleeing to another relationship.

I want to highlight Dr. Houzel's remarks regarding the issue of "separateness vs. separation". In this clinical material, we have heard him describe Jerome's mother as narcissistically over-involved with her infant. At the same time that Jerome feels out of touch with his mother, she is also overbearing and perhaps even too physically involved. I think the evidence for this may also be in the asthma attack Jerome experienced at such a young age. Renata Gaddini (1978) points out that in her research with asthmatic children under the age of two, none of them exhibited transitional phenomena. This could imply, as Gaddini also suggests, that the mother did not allow a substitute for herself, making Jerome feel smothered by her care. His mention of the smothering aunt may then be a displacement for his own mother. This is why I called the hospitalization for asthma both a trauma and an enactment of a trauma—the enactment being related to the internal life of the mother/baby pair. This coupling with the infant reflects the mother's lack of a sense of self but also is related to her own damaged internal couple, which in turn affects the dynamics of her relationship with her infant.

Dr. Houzel points to the fantasy of the internal couple not to complicate the description of the origins of Jerome's problems but to underscore the importance of it in the mind of the mother in relation to the infant's well being. Without this mental structure, the mother is left to cling to her infant as a narcissistic fulfillment of her image and in that fantastical place, the baby becomes a perfect replacement partner for the otherwise missing or damaged one. Therefore we can say that Jerome's deepest problems were not about being hospitalized and therefore separated, nor about being separated from his father—both of which are very real traumas with real consequences. He might have survived even those significant traumas without such serious disturbance. Jerome's deepest trouble which "ripped his skin" was related to his feeling of separateness from his mother which ultimately made any experience of separateness feel intolerable. And it was the nature of this very early relationship to his mother, that is the failure of the container/contained relationship, that needed to be re-lived in the transference, thus embodying what was once encapsulated in an embryonic state --the monk in the tank-- in the patient's mind.

Before I conclude my remarks on this case, I have to state that I wondered what Dr. Houzel thought of the abscess that erupted after such a long break in the treatment? Did it represent Jerome as a failed pregnancy? The one who should have been left to die? Or alternately, as Bryce Boyer (1996) might have suggested when hearing of such cyst phenomena, does it stand in for the twin

that should have survived in place of the faulty Jerome, who feels he is filled with dead and dying objects?

If we follow the analyst's associations in writing this paper, it seems to bear out a hypothesis that the description of the cyst is a failed pregnancy for Houzel follows this by recounting Jerome's dream in which the mother is absent, followed then again by the monk drowned in a tank – a toxic womb possibly with an asexual reference. As the material unfolds in the transference, we see that there are strong prenatal references even though again the mother's history regarding her pregnancy with Jerome remains unknown to the reader.

At the beginning of Dr. Houzel's paper he refers to Freud regarding the retrieval of infantile material. Freud states,

All of the essentials are preserved; even things that seem completely forgotten are present somehow and somewhere, and have merely been buried and made inaccessible to the subject. Indeed, it may as we know, be doubted whether any psychical structure can really be the victim of total destruction. It depends only upon analytic technique whether we shall succeed in bringing what is concealed completely to life." (Freud 1937d: 260)

We know that Freud compared this recovery to an archeological dig and that his early work with hysterics was aimed at the recovery of lost memories as if they could be brought to life with detailed accuracy. Later of course, Freud acknowledged that the working through was a far more complicated affair. I believe that it is this working through that Melanie Klein addresses when she develops her ideas around 'memories in feelings'.

In Jerome's case for example, we know that he did not suffer from one but many traumas, however the experience most determinate of his outcome was the experience of his being mother's damaged and clung-to baby, effectively a mad couple in place of a fertile and robust internal couple. Mother's damaged internal couple deeply affected what Dr. Houzel describes as the *psychic bisexuality of the container-contained relationship*, that is to say, qualities of being that are related to libidinal attachments, qualities related to receiving and penetrating, moving toward and moving away, resonance and tension etc., in effect all dialectical qualities that might lend themselves to the work of symbolization. In another paper, Dr. Houzel (2005) refers to such defensive structures as a "pathology of otherness" in that once again it is not separation but separateness, which is at issue. When I speak of dialectical qualities here I am elaborating what I think he implies that any experience of movement and of uncertainty can elicit powerful defensive responses thus collapsing any capacity for flexibility of mind. Instead thoughts and thinking particularly regarding areas of feeling and libidinal life remain most primitive in nature, that is to say that phantasies that come to represent important psychic structures are not allowed to build in complexity – unconscious thoughts about one's creation for instance. In another paper (2003), I described how elements of the creation story could remain unlinked.

At this point I would like to go back to Klein's original reference to 'memories in feelings' to see if Dr. Houzel's paper and this discussion has lent any

understanding as to why she was inspired to use such wording. She states it thus,

All this is felt by the infant in much more primitive ways than language can express. When these pre-verbal emotions and phantasies are revived in the transference situation, they appear as 'memories in feelings', as I would call them, and are reconstructed and put into words with the help of the analyst. In the same way, words have to be used when we are reconstructing and describing other phenomena belonging to the early stages of development. In fact we cannot translate the language of the unconscious into consciousness without lending it words from our conscious realm. (Klein 1957 [1993: 180

I think Klein is speaking here of what Mitrani calls *unmentalized experience*, however she says *when they appear in the transference* they appear as 'memories in feelings', a suggestion here that this is already the result of an analytic process in that it has undergone some level of transformation through the container/contained experience of the analytic relationship. Thus I see 'memories in feelings' as the *arrow* that points toward a process that was at its origin a pathological state, but is now some place between the two, perhaps a most primitive form of projective identification. There may for instance be some transformation of bodily states into feeling states, but the feeling states themselves may both hide and reveal content. Something is being stirred up, yet it is still bound up in a defensive process. This is in contrast to the autistic barrier, which is by definition, an immovable defensive structure.

At the beginning of Dr. Houzel's paper he states that "these stages may have left only enigmatic traces". Could this be a moment of *translation* (a term of Bion's suggested earlier in Dr. Houzel's paper) when the enigmatic trace becomes 'memories in feelings'? Still primitive, still outside of language, still defensive in process, but nonetheless *a silent scream*, the contents of which the analyst must gather up as oppose to receive? As clinicians all of us have been deeply affected by those moments with patients where suffering emerges and yet, there is still an unbridgeable gap.

Dr. Houzel's paper does not offer us the interpretations that we could make in these instances. It tells us more about the capacities we must strive to develop within ourselves in both understanding these patients and in being able to bear without retaliation or withdrawal the constellation of the most primitive forms of experience. Bearing in this sense is not a passive state but involves an active mind reflecting the analyst's own bisexual capacity. We must as Dr. Houzel suggests, "devise in the present a method to break through the barriers between different parts of the personality".

I thank Dr. Houzel for this dense paper and for introducing us to his way of seeing and understanding Melanie Klein retrospectively through the work of Frances Tustin. It enriches our understanding of both of these theorists who strove to understand the minds of those who were unable to articulate their

experiences. Jerome's struggle to emerge from the claustrophobia of a failed container has inspired all of us in our work with our patients.

I would like to end with this a postscript, a return to Freud (1986) to his early letters to Fleiss where he states,

I am working on the assumption that our psychical mechanism has come into being by a process of stratification: the material present in the form of memory traces being subjected from time to time to a re-arrangement in accordance with fresh circumstances- to a re-transcription. Thus what is essentially new about my theory is the thesis that memory is not laid down once but several times over, that it is laid down in various species of indications." SE 2, 233

It is precisely this stratification of memory, which on the one hand distorts, and on the other clarifies and enriches our minds, that is so damaged when autistic barriers are erected and the mind is not allowed its full play.

Bibliography

- Bion, W.R. (1989). *Elements of psychoanalysis (pp.51-53)*. London: Karnac.
- Bion, W.R. (1984). *Attention and interpretation (pp.70,107)*. London: Maresfield Reprints.
- Boyer, B. (1996). Personal communication.
- Freud, S. (1896). *Letter 52 to Fleiss*. SE: 1: 233.
- Freud S. (1937). *Constructions in analysis*. SE: 23: 256-269.
- Gaddini, R. (1978). *Transitional object origins and the psychosomatic symptom (pp.109-132)*. In Grolnick, S. & Barkin, L. (Eds.), *Between reality and fantasy*.
- Green, A. (2003). *Memory (pp.146-205)*. In *Diachrony in psychoanalysis* (pp. 146-205). London: Free Association Press.

- Houzel, D. (2005). *Splitting of psychic bisexuality in autistic children*. In Houzel, D. & Rhode, M. (Eds)(2005), *Invisible boundaries: Psychosis and autism in children and adolescents* (p. 94). London: Karnac.
- Loewald, H. (1980). *Primary process, secondary process and language* (p.186). In *Papers on psychoanalysis*. New Haven: Yale.
- Klein, M. (1957) *Envy and gratitude*, in Klein, M. (1975) *Envy and gratitude and other works 1946-1963. The Writings of Melanie Klein*, vol. III, London: The Hogarth Press and the Institute of Psycho-Analysis (reprinted [1993] London: Karnac).
- Meltzer, D. (1992). *The claustrum*. London: Clunie Press.
- Meltzer, D. (1985). *A note on Bion's concept "Reversal of alpha function"* (p. 119). In *The Kleinian development*. London: Clunie Press.
- Mitrani, J. (1995) *Toward an understanding of unmentalized experience*. *Psychoanalytic Q.*, 64:68-112.
- Sowa, A. (2003). *A discussion of Dr. Bianca Lechevalier-Haim's paper: Autistic enclaves in the dynamics of adult psychoanalysis*. At the annual Tustin conference, November 15.
- Tustin, F. (1981) *Autistic states in children*, London: Routledge & Kegan Paul (2nd edition 1992).