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On the Survival Function of Autistic Manoeuvres in Adult Patients

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Frances Tustin (1972), (1981), (1986), (1990) devoted her life's work to the psychoanalytic understanding of the bewildering elemental world of the autistic child. Her realization that some of our more neurotic adult patients are haunted by these same primeval forces which constitute an enclave of autism, has been profound. The notion that autistic manoeuvres serve as a protective shell against the terrifying awareness of bodily separateness and dissolution into nothingness has had a substantial impact upon the rethinking of such notable analysts as Boyer (1990), Grotstein (1983), D. Rosenfeld (1984) and H. A. Rosenfeld (1987).

In the last decade several other authors have taken up Tustin's work to expand our understanding of certain personality organizations which impede development in our adult patients and which constitute an impenetrable resistance within the analytic relationship, leading to unresolvable impasse and interminable treatment. For example, Sidney Klein (1980) described those patients who, despite the appearance of progress in the analysis, remain untouched in some essential way due to encapsulating forces which cut the patient off from the analyst as well as from the rest of the personality.

Klein posited that walled off in these cystic areas of the mind are intense and unbearable fears of 'pain, and of death, disintegration or breakdown' (Klein, 1980, p. 400) related to unmentalized separation experiences of early infancy. And he suggested that such phenomena 'are strikingly similar to those observed in so-called autistic children' (Klein, 1980, p. 400).

Innes-Smith (1987) has eloquently discussed the over-investment in sensation objects as a factor in the aetiology of adult psychopathology. He emphasized the importance of attending to that pre-oedipal state of mind in which dyadic communication is achieved on a nonverbal level, and those moments in the analysis when such states predominate.

Ogden (1989) proposed a primitive mental organization, prefacing those of the paranoid-schizoid and depressive positions, which he termed the 'autistic contiguous position' (p. 47). He suggested that, like the two afore-mentioned positions, the latter constitutes an ongoing state of mind—a way of being and experiencing with its own set of defences, anxieties, and a mode of object relating that persists throughout life and which may be mobilized in the transference at times in the analytic process.

Most recently, Gomberoff et al. (1990) have focused upon certain aspects of the transference/countertransference interaction wherein there develops a collusive tendency in the analytic couple to transform the analysis, particularly some aspects of verbal language, into an autistic object which wards off anxiety over two-ness for both analyst and analysand.

In this paper I will first highlight some of the main features of Tustin's work, particularly those which pertain to the analysis of adult patients, as a prelude to several clinical illustrations which, it is hoped, will emphasize the survival function of autistic shapes (Tustin, 1984), autistic objects (Tustin, 1980) and other

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[1] Tustin distinguishes 'autistic objects' from objects (inanimate or animate) in the ordinary sense, in that the former are *not related to as objects*, but rather *used for the tactile sensations which they engender* upon the surface of the skin of the subject. Autistic shapes may be differentiated from objective shapes (such as a square or a circle), in that they are idiosyncratic, endogenous swirls of sensation produced upon the surface of the skin or internally with the aid of bodily substances or objects. These distinctions, first based upon observations with autistic children, are now widely extended to include numerous other behaviours observable in adults and children with an enclave of autism, which may be conceived of as 'sensation-dominated delusions'. The key word is 'sensation'. Such sensations either serve to distract one's attention away from anxiety, providing an illusion of safety, strength and impermeability, or they may have a numbing or tranquillizing effect upon the individual which blocks out terrifying awareness.

[2] I utilise the term 'unmentalized experience' to denote elemental sense data, internal or external, which have failed to be transformed into symbols (mental representations, organized and integrated) or signal affects (anxiety which serves as a signal of impending danger, requiring thoughtful action), but which are instead perceived as concrete objects in the psyche or as bodily states which are reacted to in corporeal fashion (e.g. somatic symptoms or actions). Such experiences are merely 'accretions of stimuli' which can neither be used as food for thought nor stored as memories in the mind. Bianchedi (1991) calls these 'the "unthoughts" … perceptions and sensations, not yet subjected to "alpha function" (Bion, 1962) …' (p. 11). I believe Freud's notion of the 'anxiety equivalent' (1895, p. 94) in the actual neurosis was the first attempt to characterize this phenomenon in psychoanalysis.

sensation-dominated delusions.[1] These may be understood as serving to contain unmentalized experiences, [2] protecting the patient from unbearable feelings of the catastrophic loss of and painful longing for the primary object, which threaten the subject with overwhelming anxiety. Finally, I will suggest that further discrimination is necessary in our work to distinguish between the analysis of these autistic mental states which are related to the threat of unintegration, and those still primitive yet more organized states of mind which involve anxieties of a paranoid-schizoid or depressive nature **(M. Klein, 1948)**, **(1975)**.

In her most recent work, Tustin **(1986)**, **(1990)** demonstrates the important link between autistic pathology in children and such autistic states of mind in adult neurotic patients seen in analysis. Her capacity for observation and self-reflection has enabled her to describe, in an evocative way, some of the most elemental human fears and anxieties which are alive and active in each of us, as well as the specialized protective forms which our patients create for purposes of survival. Throughout her work, Tustin describes the sensations of mutilation, of spilling and falling, of dissolving and evaporating which characterize the intolerable terror of two-ness.

Tustin traces the problem of psychogenic autism to the troubled nature of the earliest relationship between mother and nursling. She points out that the mothers of many autistically disturbed children, as well as those of our more neurotic patients, seem to have unwittingly reacted towards their babies as if they were parts of their own bodies. Thus, they have somehow failed to provide a satisfying and reliable experience at the breast which could subsequently be internalized, perhaps due to their own feelings of inadequacy, loneliness and depression. Instead, they have over-protected their infants out of an unconscious wish to bring them, projectively identified with their own infantile selves, back to foetal bliss within their own bodies, while at the same time filling in the 'black hole' of their own inadequacy, emptiness and loneliness.

This pathogenic distortion of 'normal primary maternal preoccupation' **(Winnicott, 1956)** leaves the baby tied to and over-reliant upon the mother's bodily presence, abandoning him to the terrors which he must inevitably experience during times of felt absence; this due to the mother's own deficient capacity to contain the experience of separation. In such cases, separation and closeness have been achieved concretely, not symbolically. There is no apprehension of psychic distance or symbolic closeness. Strong emotion is felt in terms of physical sensation rather than sentiment.

Too much closeness on a physical level, compensating for a frailty of emotional contact, has impeded the development in such individuals of a safe space in which psychic objects might otherwise be created. To quote one patient about her mother: 'She's so demanding. I felt I had always to be beside her. Like we were Siamese twins attached at the hip. I was never allowed to turn to anyone else, and yet she seemed so cold towards me, as if she never really recognized my existence'.

These mothers are felt to be both too close and too far away, failing in both their holding and containing functions, unable to make sense out of their infants' nonverbal communications. Such children are then at grave risk since their own capacity to give the rudiments of meaning to what they experience is under-developed, and they are pushed to action rather than psychic activity and thinking as forms of containment. As one patient who resorted to numerous affairs when her husband was out of town on business expressed it: 'I only feel that I exist when I'm making love. Somehow my body seems to come together around my vagina when I feel a man inside me'.

Another patient told me of feeling reconstituted temporarily through the use of cigarettes. Perhaps the cigarette in her mouth, like the nipple in the mouth of the baby-she, was felt to re-assemble her dissolving sense of self. The smokescreen she created through the activity was used to hold, protect and lend visibility and substance to a diffused self.

Tustin **(1986)**, **(1990)** helps us to understand how autism acts as a protective shell made up of what she terms 'sensation-dominated delusions' which serve to block out the unbearable 'agony of awareness of two-ness' and the threat which such awareness represents to a sense of personal continuity and integrity. She uses the term 'delusion' not in the common psychiatric sense, which implies some symbolic process and thought, but in a very concrete sense on the level of what Segal **(1957)** called 'symbolic equation'. These delusions are the thing-in-itself, not to be confused with a representation.

Tustin also demonstrates how this protective barrier acts as an impediment to the healing effects of the relationship with the therapist. Her pioneer work within the primordial territory of autistic states of consciousness has enabled psychoanalytic therapists to proceed where our work with such patients had previously been stopped. She has given us a key with which we may gain entry into the once-forbidden and foreboding area of our patients' earliest experiences.

She draws our attention to her observation that certain neurotic adults have much in common with autistic children, in that both share a sense of tentativeness in their existence as persons. In these adults, mental growth has taken place by circumventing an area of truncated development which is calloused over or encapsulated. As one patient explained: 'I have this hole—an empty spot deep inside me—maybe I'm just afraid to find that nothing is there'. He seemed to cover over the hole with a 'chip on his shoulder'.

Eventually we came to understand this 'chip' or calloused, cynical attitude, as a 'chip off the old block', which referred to his feelings about his father. 'He protected me', my patient said one day. 'But he just didn't seem to know what to do with me when I couldn't throw the ball right. He thought I was a sissy—I threw the ball like a girl'.

This man was perhaps also telling me about a growing awareness that, like his father, he could protect the soft, tender part of his experience by covering it over with a hard 'daddy chip', but that he was frightened of, and did not know how to help or handle, the baby-him with the soft spot on his head, the soft skin which was easily bruised, and the tender, loving feelings he had for the

mummy-me.

As this patient demonstrates, some of our analysands struggle courageously in analysis to give verbal expression to those primitive states in which development has been impaired. Their symptoms and actions are often valiant attempts to give expression to their bodily experiences and to communicate their terrors so that we may lend meaning to them through our interpretive work. Many of our patients are moved to communicate their states of terror as they are re-experienced in the transference situation, provoked by the innumerable separations engendered in the analytic frame at the end of the analytic hour, the analytic week, and around vacations.

In my own experience with patients, I have found that Tustin's model of understanding is far more applicable to adults in psychoanalytic treatment that I had first imagined possible. As exemplified in the following clinical vignettes, *autistic-like shapes, hard objects, and delusions function to contain the unmentalized experience of the catastrophic loss of and painful longing for the primary object*.

Hope

Hope, a woman in her early thirties, came to analysis after many years of therapy. Having recently lost her father after nursing him through a painful illness, she moved to this city to be closer to an aged mother whom she feared was needy and infirm. Hope thought her own depression attributable to a recent abortion she had had, and complained of her relationship with the father of the aborted baby, a man she described as unprepared for the responsibilities of marriage and children.

As she was predisposed to see almost all those around her as needy and dependent upon her, it seemed there was ample evidence that much of my patient's suffering was a result of excessive intolerance towards a needy baby part of herself, and the tendency to handle this painful aspect of her experience through excessive splitting and projective identification. However, the handling of this over time, as it appeared in the transference, seemed to result in only a limited measure of relief, and it soon became apparent that Hope had hidden away in an enclave of autism a very dependent, sick and dying baby part of herself, and that this encapsulation was interfering with her relationships as well as with her work.

Relevant to the material which I present here, I will give a bit of Hope's history. Hope's mother had been severely depressed after the death of her own mother, and, just six weeks after the birth of my patient, her milk suddenly dried up. Around this time, it seems that the father dropped the baby Hope while holding her in his arms, and her lip was painfully split open in the fall, the scar remaining to this day.

In this session, the first of the week, which took place in the third year of the analysis, Hope began with a long silence characteristic of her re-entry on Monday after the three-day break. During this silence, which lasted several minutes, I had the unsettling sensation of falling, as if my chair were being progressively lowered into the floor beneath me. When finally I broke the silence by asking what she had been thinking, she began by telling me that over the weekend her boyfriend had gone out with friends, and that she had awakened at 3 a.m. to find that she was still alone in their bed. She said that she could not fall asleep, as she was hurt and angry at the boyfriend, and fearful of being alone, thinking she heard noises outside as if someone were trying to break in.

Immobilized in her fear of intruders, she told me that she had lain very still looking up at the ceiling, concentrating upon one single spot. She felt physically that she was being lifted up into a soft, pink cloud as she spread her tongue between her teeth, filling her mouth from corner to corner, touching her lips with her own fleshy organ. She reported how soothing the sensation was of uniting with this soft, pink cloud, and how she soon drifted off to sleep. In fact, she said she had been doing that same thing—trying to get back there—when I interrupted her silence.

She then went on to tell how, on the previous morning, she had made love with her boyfriend, and how delicious this had been, but that he had immediately jumped out of bed to prepare for work, leaving her feeling as if her heart had been 'torn out of her chest'. I told Hope that she seemed also to be telling me about how it felt to be deeply touched and fed by me throughout the last analytic week, only to feel me wrenched painfully away from her at the weekend, as if a vital part of her had been torn away, as if I had dropped her, just as she may have felt her mother's nipple torn out of her mouth, leaving a terrible wound in its place.

As Hope's hand went to her mouth and she began to weep, I told her that she also seemed to be saying something about how she experienced me on Monday as transformed into a dangerous predator-intruder; how this betrayal of her trust paralysed her capacity to allow me to help her with these feelings of being dropped and wounded. By filling the space between us with these soft sensations of her own tongue in her mouth, I believe Hope gave herself a continuous comfort which I failed to offer. However, this also seemed to stop up the analytic work, interfering with the kind of healing which comes through interaction with a caring human being.

Hope went on in the session to say that she had often taken refuge in the pink cloud as a child, feeling its suffocating sweetness, getting lost in the pinkness of it all, as if this pink were the soft, wet, and full sensation of her own tongue in her mouth. This feeling filled her mind at times when she felt unbearably disappointed

and alone. Tustin reminds us that we must be able to bear these lonely and disillusioned states for our patients for quite some time, so that we may be better equipped to weave, out of the threads of our own experience, a blanket of understanding which may adequately hold and warm them, if we are to expect them to relinquish the self-soothing protections they have come to rely upon so heavily.

Bill

In contrast to Hope, who used soft sensation shapes to protect against unbearable feelings of falling and emptiness, Bill, a professional man in his forties, seemed to rely more upon the hard autistic objects which Tustin tells us about. Bill's mother had a history of clinical depression which pre-dated his birth. A peculiar characteristic of this patient was manifest in his lack of verbal expression for any feelings such as sadness, anger, or even pleasurable excitement. These emotional states were instead expressed in terms of substances, movements and physical sensations in various parts of his or others' bodies. He spoke of his tears as moisture, without reference to feeling sad; his nostrils twitching, without the notion of anxiety; his feet moving, without the experience of arousal; and I struggled to decode this idiosyncratic mode of expression for over a year.

He seemed to feel always at risk of having his feelings spilled out through what he referred to as 'the hole in his body' or 'the hole in his head' which constituted the deep emotional wounds which impacted both his physical and intellectual functioning. His longing for me over the weekend was not felt, but heard as a barking dog which startled him, hurtling him out of bed on to the floor, gasping for air. He threatened to kill the dog if only he could find him, and he imagined that he was caged up by an uncaring owner who left him out alone to whine and howl. I took this to be an expression of his almost suicidal despair, and his preference for death by his own hand over the feeling of spilling and falling uncontrollably when left by an uncaring mummy-analyst over the long weekend break.

He often spoke of masturbation as a means of stopping the twitching nostrils and the wiggling feet in a rhythmic way, and he referred to this as 'getting rid of sex'. Quickly and controllably by his own hand, he would have his 'little death'. Earplugs were also used to keep him from spilling, frightened, out of bed, and often in the sessions he would present an impermeable hostility towards me, or a stone wall of silence, or he would bite his fingers mercilessly in a desperate attempt to ward off contact with the more vulnerable soft centre of his experience.

By the beginning of the third year of his analysis, Bill had revealed much of surprise to both of us. For example, murderous jealousy and paralysing guilt experienced towards a child patient he had encountered in the waiting room led to the unearthing of a long-buried memory of a baby sister, Kathleen, who had died of pneumonia when Bill was but 2 years old. Such memories would come in spurts, as though these moments in his history had leaked out in times of intense affect; and then, just as quickly, these would be sealed off during subsequent weekend or holiday breaks in the treatment, leaving us to contend with many mysterious gaps in his experience.

Often I felt certain that these surprise revelations had leaked out, like some vital substance from deep within an inner capsule, when the emotional contact between us was such that he could be certain I would retain and contain for him in my consciousness this precious, if painful, overflow.

In the twenty-ninth month of analysis, Bill was able to tell me more about the nature of this deeply hidden reservoir to which those painfully traumatic and unbearably pleasurable early experiences were relegated for safekeeping, albeit out of reach of his awareness and the analytic process.

One Monday Bill had returned from a horseback-packing trip to the mountains, where he had experienced some sense of progress. He felt proud to tell me that he had ridden a horse up and down miles of narrow switchback trails without fear of tumbling to his death, since he had faith that his mount had been along these same trails before, and that she seemed surefooted and confident. He felt that perhaps his lifelong fear of heights had been somehow overcome, and he was quite pleased and encouraged

by this accomplishment, which he connected with the work of the analysis. He spoke of how gratifying it was for him to tell his colleagues at work about his weekend, and noticed this as a deviation from the usual feeling that he had nothing to share with others of his personal life, which felt so dead and empty, especially after a weekend away.

In the Tuesday hour, Bill was quite sullen and sarcastic, and spent a good portion of the session in a customary mute silence which I felt to be impenetrable. I found myself falling into a state of despair, feeling him lost to me—unreachable and almost dead—followed by the feeling that he was punishing me for some heinous crime which I had unwittingly committed. When asked about his silence, he would simply reply, 'I'm empty'.

On Wednesday, we came to understand that he had felt lost and alone at the end of the Monday hour, when I became transformed first into a deadly, depressed mother who had left him alone spilling over with excitement, and then, on Tuesday, into a mean, withholding and envious mother who would take from him all that of which he was proud. It seemed his impermeable muteness was employed primarily as a primitive survival tactic to stem the flow of disillusionment into nothingness, and secondarily, as a means of preserving his good objects from attack.

Having somewhat mitigated his disillusionment in the Wednesday hour, I found Bill in the waiting room on Thursday, socks and shoes off, stretched like a hammock between the two benches which he referred to as 'love seats'. 'I wouldn't have thought I could do

this', he exclaimed when I invited him in. 'But it wasn't as uncomfortable as I thought'—referring to his new position. I said that I thought he was telling me something of how he felt after the Wednesday hour—that the two of us were somehow linked together—connected in a comfortable if awkward way between the sessions, and that he felt it was unnecessary to hide his tender parts from me today.

Seemingly touched by my remarks, Bill then recalled how he had felt on Monday with Sarah, his supervisor, when she seemed to reach out to him in a personal way, asking how his holiday had been. He said,

I was afraid—no one wants to get into that shit—my loneliness. I guess I felt that she was like my mother. I called Mother over the weekend, finally asking her about Kathleen [the dead baby sister he had resurrected some months before in the analysis]. But she seemed too busy, superficial with me, and preoccupied with others, and I felt so disappointed. I guess I just felt that I had nothing personal to share with Sarah.

When I observed how curious it was that with Sarah he had felt empty, and that he seemed to have forgotten his experience of the weekend trip of which he had been so proud, just as he had felt empty with me in the Tuesday hour, he fell suddenly silent. When he finally spoke, it was only to utter, 'Four worn-out tyres'.

I had come to know such utterances as his attempt to share with me various pictographs which flashed across his mind. These flashes of his experiences seemed often to startle him, and rarely could he comment on them. However, this time he seemed physically to struggle in his prone position as if to give birth to some thought, and he added, 'I'm wondering if they have inner tubes or not'. I replied that it appeared that it might be important to know. 'Yes', he explained, 'an inner tube is for protection—in case of blowout, it would be less dangerous'. I then said

I think these four worn-out tyres are the analysis, felt perhaps like the mummy-me on the weekend, when you experience me as too worn-out to get excited about you and your progress, or too preoccupied with my other children to help you bear your dreadful losses, fears and loneliness. This must feel like some kind of dangerous blow-out—like going mad or exploding to pieces, or leaking out everywhere.

His nodding response to this urged me on to tell him that I thought of the inner tube as a way to protect himself from the feeling of losing everything.

You keep all these personal experiences sealed up in this tube for safety. But it's so tightly sealed that you become cut off from the very things you feel you need in order to have a relationship with Sarah and also with me, which is like forgetting—this leaves you feeling empty inside.

Perhaps this patient's material speaks to the notion that the body image as a system of tubes **(D. Rosenfeld, 1984)**; **(Tustin, 1986)** is one which is even more elemental than that of the whole body being contained by a skin **(Bick, 1968)**. For

Bill, the skin, or 'four worn-out tyres', representing the experience of the four analytic hours during the break (the 'blow-out') must be fortified by the 'inner tube' or the encapsulation of experience during felt absences and loss.

I believe the use made of the autistic encapsulating manoeuvres throughout this analysis is apparent in the material presented. In his muteness, the patient was indeed sealed off from his experiences, past and present, and future contact was in jeopardy as well. Going forward in an imaginative way, rather than giving in to our despair, distinguishes the analyst from objects in the patient's past, who perhaps could not tolerate such narcissistic wounds, or the feelings of abject loneliness which these patients engender in us.

Carla

Like autistic objects and shapes, psychosomatic representations seem to take the place of unconscious phantasies, and are not mentational processes. Tustin **(1987)** calls these 'innate forms' and sees them as innate biological predispositions with psychic overtones. In psychosomatic patients, as with autistic patients, these have been untransformed by reciprocal interactions with the attentive thinking mother, and find expression in physical illness, in which the symptoms may act as bodily containers or a second skin—depositories for unmentalized experiences which ensure survival but which further block development and transformation.

Like Bill, my patient Carla, who was asthmatic, seemed to rely upon a hard, impermeable object to protect her from spilling uncontrollably. However, this hard object took the form of a hard mucous plug in her bronchial tubes. Having lost her mother at a very early age shortly after she, her four sisters and her mother were all abandoned by her father, Carla presented herself mostly as a tough, sassy, streetwise kid whose toughness served as a second skin resembling the tight leather clothing she often wore, and which we eventually traced to her image of the father's erect penis and the paternal function of protection.

In the second year of her analysis, however, a fragile baby part of her began to emerge, crying out to be born and to be allowed contact with the caring presence of the mother-analyst. In one session, Carla began to cry in a way we had not heard before, a cry which penetrated me to a depth as no other, and I felt this corresponded to the strata from which it emanated, as from her deepest and earliest experience of infancy. When I told her as much, she said, 'I feel like something terrible wants out of me. I can't let myself breathe. I don't want it to come out. I'm afraid I'll never stop crying'. She seemed to be saying that she would spill out and be gone, unable to collect herself at the end of the hour as she experienced once again the father's abandonment and the loss of a sense of

security.

Robert

Many patients, like Carla, lacking the mental containment necessary to catch the unbearable overflow of their painful experiences, take refuge within areas of their own body, just as they had once been protected deep inside the recesses of the body of the mother. Others substitute the delusions of being inside the body of the analyst. Such was the case for Robert, a 34-year-old man who had been referred for analysis after a series of hospitalizations following the suicidal death of his mother. His history and his lack of a sense of continuity were extreme to the degree that I felt he should be seen six times a week. Even so, he suffered extreme despair and anxiety between the analytic hours and during the Sunday break.

It was in the seventh month of treatment that Robert was reminded of the events surrounding his actual birth. The doctor was unavailable when his mother commenced labour, and thus the delivery was effected by his father, resulting in trauma for both mother and infant. The grief, rage and terror of this event were re-experienced by my patient in the transference, provoked by my moving office.

From a quiet, dark brown panelled room which he described as 'humming', and in which we spent the first few months of the treatment, he suddenly found himself in what he felt to be a sunny environment, with light-coloured walls and carpeting. The catastrophe was felt in a thoroughly sensation-dominated way, as though the sounds, sights and textures were painful impingements uncontrollably entering his body

in unmitigated form, leading to an experience of physical pain.

He often cried out from such painful assaults, and could not open his eyes for many months while on the couch in this new office. Every sound precipitated a bodily start, and he longed for the feel of the wooded wall next to the couch in my old consulting room, which he had often stroked as a soothing presence in times of extreme distress, just as he had stroked and been stroked by his mother in her bed throughout childhood and early adolescence, to soothe both of them in their seemingly shared and undifferentiated depression.

Not unlike patients described by Tustin **(1986)**, **(1990)**, my patient, too, had an unduly close relationship to his mother which had fostered false hopes that his body was one with an ever-present immortal being, and so could never come to an end. When Robert's mother died, he was forced to become aware of his bodily separateness. She had jumped from a tenth-storey window to her death, but he was left falling forever—out of windows, out of spaces and absences.

Unable to cope with such terrors, Robert was tenaciously insistent that I was the reincarnation of this immortal mother, and he attempted to manoeuvre me in ways which would give credence to his belief, since he felt certain that his life depended upon physical continuity with me. The loss of my old consulting room, as the womb-mother, re-evoked in him the earliest experiences of being barbarically torn from the mother's body, and the later versions of this event which were numerous, all leading to the mother's suicide as the final straw which toppled what he called his 'house of cards'.

In the following session, occurring mid-way between the move to my new office and the Spring break, Robert demonstrated one of the numerous ways in which he attempted to reinstate some sense of safety by reconstituting a concrete delusion of bodily continuity with me. In this session, Robert began by telling me about a woman who had just had a spontaneous abortion, a miscarriage, and of how sad he felt as she appeared to him like a wounded animal. He told me how desperately he felt the need to take photographs of various scenes which came into view during his day in order to bring these to my attention in palpable form. I told Robert about the unspeakable frustration of his separateness from me between the hours and his desire to have me know what he experienced; but to tell me about these experiences only attested to the harsh, cruel fact of our separateness, and added to his frustration and grief.

Though somewhat grudgingly, he then told me about having come upon a shop which sold large statues, displayed in great numbers in front of it. He described the atmosphere of the day as grey and gloomy, the same colour as the plaster from which the statues were made. He said that although the figures were of varying styles, shapes and sizes, some replicating ancient works of art, others more contemporary, arranged with some in the foreground and others behind, he could envision in his mind's eye the composition of a photograph in which all discrimination between background and foreground, old and new, large and small, would be lost. As there was no sun, there would be no shadow; all would appear as one. Time would be compressed, spaces would be obliterated, as would any distinction between these varied objects.

I said that he seemed to be telling me about a state of pristine at-one-ment which could be frozen in time with the click of his camera shutter, providing the concrete proof of this blissful state of affairs. I also called his attention to the urgency of such proof-positive at night and on Sundays, when the separation between us became unbearable to him. His response was to tell me that the pronoun 'I' was the thing he hated most in all the world. He recalled the first time he knew the 'awful truth', as he watched his own hand reach out to grasp his coat in his teens, when he was sent away for the first time. He felt then, for the first time, alone inside his skin. He said, 'It was the first time I knew. It wasn't "I think, therefore I am", a sense of being, but just "I am alone".'

The solution Robert proposed to 'the problem of this analysis' which made him be an 'I' was the phantasy of placing his camera

on a tripod in my consulting room, setting it for a 30-minute exposure, blurring the two of us into a state of one-ness with no space between and no distinction of sex, age or position in the relationship, the resultant photograph being a 'souvenir': a

concrete memory of this perfect state, as well as a guarantee of his existence, without which he seemed to feel ever at risk.

Such autistic delusions have permeated the analysis of this young man, and he often yearns for the safe, if constricting, enclosure of the hospital and the four-point restraints he had known many times prior to the beginning of treatment. Perhaps the unthinkable, uncontrollable over-spill of emotions which threatens Robert with dissolution is what we call madness, and the straitjacket and four-point restraints are, like the autistic shell, a defence against this madness. However, like the locked ward of a mental hospital, such delusions disallow the establishment of caring connexions with the therapist—the 'gentle straitjacket' to which Tustin **(1986)** referred.

LITERARY AFTER-THOUGHTS

I believe that Mrs Tustin not only helps us with her insights to open ourselves up to fresh perspectives on our patients' communications, but she also encourages us to attend to the poets and artists who can further help us to develop an even greater understanding of the experience of breakdown which most of our patients fear, and which some may have already encountered. For example, in *Celestial Navigations*, Anne Tyler **(1974)** describes one character who lives in a fragile yet impermeable world created as a variation on a design by his mother. Tyler describes the constant terror which threatens to overwhelm her hero should he emerge from his self-made fortress. I believe she describes Jeremy's experience of the 'black hole' in a most sensitive way:

> *These are some of the things that Jeremy Pauling dreaded: using the telephone, answering the doorbell, opening mail, leaving his house, making purchases. Also wearing new clothes, standing in open spaces, meeting the eyes of a stranger, eating in the presence of others, turning on electrical appliances. Some days, he awoke to find the weather sunny and his health adequate, and his work progressing beautifully; yet there would be a nagging hole of uneasiness deep inside him, some flaw in the center of his well-being, steadily corroding around the edges and widening until he could not manage to lift his head from the pillow. Then he would have to go over every possibility. Was it something he had to do? Somewhere to go? Someone to see? Until the answer came: Oh yes! Today he had to call the Gas Company about the oven. A two-minute chore, nothing to worry about. He knew that. HE KNEW. Yet he lay on his bed feeling flattened and defeated, and it seemed to him that life was a series of hurdles that he had been tripping over for decades, with the end nowhere in sight.*
>
> *On the Fourth of July, in a magazine article about famous Americans, he read that a man could develop character by doing one thing he disliked every day of his life. Did that mean that all these hurdles might have some value? Jeremy copied the quotation on an index card and tacked it to the window sill beside his bed. It was his hope that the card would remove half of every pain by pointing out its purpose, like a mother telling her child, 'This is good for you. Believe me.' But in fact, all it did was depress him, for it made him conscious of the number of times each day he had to steel himself for something. Why, nine-tenths of his life consisted of doing things he disliked! Even getting up in the morning! He had already overcome a dread before he was even dressed! If that quotation was right, shouldn't he have the strongest character imaginable? Yet he didn't. He had become aware lately that other people seemed to possess an inner core of hardness that they took for granted. They hardly seemed to notice it was there; they had come by it naturally. Jeremy had been born without it **(Tyler, 1974**, pp. 76–7).*

Tyler also tells us something of the nature of Jeremy's survival tactics: what it feels like inside his protective shell—the price he pays for protection.

> *Jeremy Pauling saw life in a series of flashes, startling moments so brief that they could arrest motion in mid-air. Like photographs, they were handed to him at unexpected times, introduced by a neutral voice: here is where you are now. Take a look. Between flashes, he sank into darkness. He drifted into a daze, studying what he had seen. Wondering if he HAD seen it. Forgetting finally, what it was that he was wondering about, and floating off into numbness again **(Tyler, 1974**, p. 37).*

CONCLUSION

Like Jeremy Pauling, the patients discussed in this paper frequently experience, and often attempt to describe, the numbness resulting from the use of autistic protections. There is a certain quality of poignancy conveyed as they complain of isolation from their own internal experiences and objects, as well as from the potential healing effects of contact with the analyst. *I believe this must be distinguished from the triumphant pleasure of manic flight from depressive anxiety*

which we often observe in these very same patients who, while on another track, evade and avoid the shame and guilt of the depressive position or the persecutory feelings associated with the paranoid-schizoid position.

Like Jeremy Pauling, Bill often experiences his life in flashes; Carla calls this 'checking out' on herself; Hope refers to these states as 'losing' herself; while Robert describes this as 'falling through windows'. When we as analysts listen carefully to our patients, I believe we can detect their desperate appeals for our help in finding a way out of the autistic tomb—this numbness which incarcerates them. Just as the analyst must discriminate between unintegration and disintegration; between paranoid-schizoid and depressive; between internal and external; between 'attacks on linking' and links which have yet to be formed, or which are at best tenuous in nature; between active and passive; between words as communication and words used defensively as action; between the varying dimensions and geoanatomical locations of mental experience—so we must make the fine discriminations between these various primitive states of mind in order to be maximally responsive to our patients in the analytic relationship.

SUMMARY

This paper highlights features of the work on autism of Tustin and others pertaining to the analysis of adult patients. Several clinical illustrations from the analysis of neurotic, borderline and psychotic patients emphasizing the survival function of autistic shapes, objects and delusions are presented. The need for further discrimination between autistic states of mind and other primitive mental states is recommended.

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