

OBJECT AND IMAGE IN AUTISTIC CHILDREN

Silvia Elena Tendlarz
(Buenos Aires)

Translated by Dylan Evans

In order to explain the dialectic between intuition and concept, Kant uses the following metaphor: 'The light dove beating the air with her free flight, who notices the air's resistance, might imagine that her flight would be easier in a vacuum'. Concepts without intuition do not take us forward, and intuition without concepts remains blind.

The study of autism inevitably begins with the conjunction of theoretical concepts and of intuitions which capture clinical manifestations. Unlike mainstream psychiatry, which defines psychosis in terms of deficiency, the psychoanalytic perspective aims to point out the phenomena in psychosis which are productive. We will therefore bear in mind, when examining the ways in which object and image present themselves in autistic children, the Kantian conjunction between intuition and concept.

1. The description of productive phenomena

In Kanner's description of 'premature autism', the deficiency is presented in phenomenological terms; autistic children do not speak, or they babble an unintelligible soliloquy which is marked by a holophrastic use of language; they manipulate objects in a stereotypical fashion and reject any intrusion into their 'game'; they do not enter into contact with their environment, or they do so only when prompted by the arbitrary impulse of their 'will'. Their spatio-temporal coordinates are altered; they bump into tilings, and have no notion of danger, acting as if they had no body.

Despite what this deficiency-based description might suggest, autistic children also manifest 'positive' phenomena which express their particular 'being in the world'. Thus Kanner describes the prodigious memory in which autistic people can store many series of objects, poems or prayers. With these they make up for their incapacity to use language for other functions. Alex, in a group of patients under five years old to whom I will refer later, can count and write up to a hundred, but is incapable of constructing a phrase and addressing the other.

In addition to these characteristics of autism listed by Kanner, it is also necessary to point out that psychotic children present various elementary phenomena which often escape the observer. John and Marc, another two of my patients, point to the empty air and say 'Here it is'. I have seen both children in different settings; they have never met, and yet they use the same holophrase which does not lead to an effect of meaning but to the emptiness of signification. The monolithic order of the signifying chain can manifest itself in psychosis by the use of fixed phrases used for any occasion, but which retain the connotation of the original context in which they were acquired. Carla, another patient, says 'Aunt' every time she sees a toy car and calls her cousin's name whenever she finds a feeding bottle; in both cases the object remains metonymically associated with the signifiers which she does not name. The words do not take on a new signification by being related to other words, but possess an originary and univocal meaning.

Hallucinations are more difficult to comment on, given the isolation which characterizes these children. Nevertheless, numerous descriptions allow us to postulate their existence - such as in the case of Alex, who abruptly covers his ears, or the terrifying hallucinations experienced by an autistic child described by Emilio Rodrigué.¹

Lacan tackles this question on two occasions. The first is in the 'Closing speech of the study days on infantile psychoses' (1967), and the second in the 'Conference in Geneva on the symptom' (1975).

In the study days organised by Maud Mannoni in 1967, Sami-Ali presented a paper entitled 'Genesis of speech in the autistic child'.² On the basis of a clinical case, he attempted to show the course of development from the preverbal to the verbal by means of the imaginary mediation of identification with the other. Among the characteristics presented by Martin, the child on whom the case-study was based, was his tendency to flee from voices and other sounds while blocking his ears with his thumbs.

Lacan uses this description to point out that if the child blocks his ears (as is also the case with Alex), it is because he protects himself from the word (verbe).³ In this way Lacan underlines the structure of a hallucination; the fact that a child does not speak does not mean that he is not subject to hallucinations.

In 1975 Lacan returns to this question. 'As the name itself implies, autistic people hear themselves. They hear many things. This normally ends up in a hallucination, and a hallucination always has a more or less vocal quality. Not all autistic people hear voices, but they articulate many things, and it is a matter of seeing precisely where they heard what they articulate'.⁴ The fact that they may be mute or have difficulty in speaking does not mean that they are not included in language, even though the structure of the latter may be that of a holophrase.

Autistic children use personal pronouns just as they heard them being used by others to refer to them. In fact, as Lacan points out in his seminar on the psychoses, the impossibility of the ego appearing in their discourse inevitably leads them to speak of themselves in the third person. Carla repeats her name, calling to herself, until she finally concludes her solitary monologue by replying 'What?' to her own call - which is not addressed to the Other. In their being spoken, they turn out to be little 'puppets of the Other' by reason of the automatic functioning of language.

2. Image and space

All these phenomena reveal a symbolic fault which is correlated in autism with a lack in the constitution of the specular register and with spatio-temporal confusion.

¹ E. Rodrigué, 'El análisis de un esquizofrénico de 3 años con mutismo' [The analysis of a mute three-year old schizophrenic], *Obras Completas de Melanie Klein*, Vol IV, Buenos Aires, 1979.

² Sami-Ali, 'Génesis de la palabra en el niño autista' [Genesis of speech in an autistic child] (1967), *Cuerpo real, cuerpo imaginario*, Buenos Aires: Paidós, 1979.

³ J. Lacan, 'Discurso de clausura de las jornadas sobre la psicosis en el niño' [Closing speech of the study days on infantile psychoses] (1967), *El Analicón*, no.3, Barcelona: Paradiso, 1987, p.11.

⁴ J. Lacan, 'Conferencia en Ginebra sobre el sintoma' [Conference in Geneva on the symptom] (1975), *Intervenciones y textos 2*, Buenos Aires: Manantial, 1988, p.134.

Whenever John - one of Kanner's patients - saw a group of people in a photograph, he would ask when they would leave it and come into the room. The images of a photograph are no less certain for him than those which he meets in the world; without image the objects are purely real, they lack any imaginary connotation. We can say that, rather than the 'lightly constructed men' of Schreber's memoirs, for John there is no difference between the two-dimensional beings of the photographs and the three-dimensional beings of world. Perhaps he hopes to enter the photograph himself.

The way autistic people treat space means that inside and outside are seen as continuous, like a Moebius strip, according to the indication of Eric Laurent.⁵ This lack of subjective immersion in three-dimensionality is an effect of the absence of phallic signification. But this is not a question of a failure in the autistic person's perception, but of the absence of the symbolic organiser which distributes and orders his perceptions.

Lacan points this out in his critique of Sami-Ali. It is not the specular register which structures space, but the relation between 'here' and 'there' (to which Sami-Ali alludes in the case) which implies the system of oppositions in the structure of language. 'In a word,' states Lacan, 'the construction of space involves a linguistic element'.⁶

When the phallic standard disappears there are no holes for the pegs; thus objects become distorted in size and dislocated. Carla repeatedly attempts to fit into a small toy suitcase various objects which are far too large. She literally sticks to other objects, to such an extent that at times I have to go out of my way in order to avoid bumping into her. An autistic child may fear that a plane flying in the sky may pass by his side; another hits the therapist's mouth and shows the flattening out which has occurred between him and his image; another can step out of a third floor window in the belief that he will simply step onto the ground. In all these cases the void which is situated between bodies is not constituted as an interval, which is why objects seem to be too far away or excessively close.

3. The lack of extraction of object a

I will now contrast two clinical vignettes: one with a neurotic girl, and one with an autistic boy. Both children are four years old.

After a period of hospitalization for a severe episode of spasmodic bronchitis, Maria returns to her sessions with the analyst in a different way; she no longer wishes to be separated from her mother's arms, and cries disconsolately throughout the session. Faced with her weeping, I take a piece of plasticene, shape it into a tear, throw it onto the desk, and say, 'They are tears; they fall'. Maria stops crying immediately, and begins to play with bits of plasticene while she tells me about her dead grandfather who went to heaven.

From the very beginning of the treatment, Alex refuses categorically to go into the consulting room alone. One day I close the door before his mother enters and tell her

⁵ E. Laurent, 'Lecture critique II', *L'autisme et la psychanalyse*, Séries de la Découverte Freudienne, 1992.

⁶ J. Lacan, 'Discurso...', p.12.

not to come in. The child remains facing the door for a few moments, and then sits in front of me to my left, with his back to me, looking away. In this way he reproduces the same position which he used to adopt when he came in with his mother, he would sit opposite her on the left and fiddle with a few objects while ignoring our dialogue and our presence. For twenty minutes he moves his wooden blocks around silently while remaining in this position. I remain seated, without moving or saying anything. When, at last, the child turns round and looks at me, I end the session.

From that moment on, Alex comes into the room on his own and a series of effects slowly begin to manifest themselves; he begins to use a greater number of comprehensible words and phrases. Although most of the time this incoherent monologue is not addressed to the other, there are moments when Alex attempts to construct dialogues with me, or addresses me with his words and his gaze, and even constructs for the first time a game in which he acts as if he were eating. Before this action he says 'Let's eat', and then lists in a metonymic fashion the food he consumes: *dulce de leche*, cream, chocolate. At one point he bumps into the wall. I ask if he has bumped his head, and even though he says no, on leaving the consulting room he addresses his mother and tells her he has had a bump. This child, who habitually rubs his nose to the point of making it bleed, who bumps into things with complete indifference, announces that something has happened to his body. The statement does not give him a body, but it indicates that a specular outline is installed as a correlate of addressing an other.

In both these cases the analytic intervention is aimed at the separation of the object. But the inscription of the logical operation of separation also marks the difference between the two cases. In autism both the operations of alienation and separation are flawed. The failure of the former is manifest in the alternation between a holophrastic use of language and a mutism or undifferentiated slang. The failure of the latter produces the 'positivisation' of the object.

For Maria, my interpretation underlines the fact that an object (in this case, tears) can become separated from the body. The anxiety unleashed by the intrusion of the enigma of the desire of the Other, represented in this case by the action upon her body of the discourse of medicine, ceases immediately, and the little girl can unfold her associative chain in relation to the recent death of her grandfather. The direction of the treatment ratifies the extraction of the object; this operation precedes the treatment and installs the girl in a neurotic structure.

For Alex, on the other hand, the object is rendered positive; he himself is the object gaze which is offered as a complement of the Other. My intervention aims at introducing a gap between him and the object which he incarnates by suturing the lack in the Other, in order to introduce a certain discontinuity into his real inertia of jouissance. This facilitates the installation of the signifying alienation which allows the child to start talking and eventually to find his way into psychosis.

4. The imaginary in the treatment

The lack of specular constitution does not prevent the emergence of phenomena which Mr. and Mrs. Lefort describe as 'proto-specular'. Thus such phenomena as echolalia and echopraxia do appear (i.e. various types of verbal and motor imitation).

In fact, the echolalia of the signifying chain is repeated in the imaginary.⁷

In one of the first sessions with Alex, I try to explore the relationship between the numbers which he repeats and the objects around him, and I ask; 'How many building blocks (*cubos*) are there?' He repeats; 'How many juices (*jugos*) are there?' (changing the c into a j and the b into a g). I count, 'One, two'; the child takes some other blocks in a symmetrical fashion and continues metonymically. 'Three, four'. Similarly, he repeats words which he hears on television and uses them out of context in the middle of his soliloquy.

John, two and a half years old, would imitate my movements with his hands, and make an effort to get me to put my legs in the same position as his. One day he sits in front of me and again takes up his attempt to get his legs and mine to adopt the same posture. Instead of becoming an image, I stay next to him on the same side of the mirror, the two of us find ourselves facing the void which blocks the design of a form.

The direction of the treatment exclusively on the side of imaginization is inevitably fragmentary; imaginary supplements are constructed which then collapse all too easily. The story of Laurie - recounted by Bruno Bettelheim - is a case in point; his surprising achievements disappear rapidly as soon as he leaves Bettelheim's institution and is interned in a public hospital for children with special needs.

On the other hand, it is discontinuity, the gap at which certain analytic interventions are aimed, which enables the child to speak and which facilitates the appearance of rudimentary imaginary elements.

Doubtless there still remains the paradoxical fact that the direction of the treatment aims at an operation that cannot be written - separation - and which nevertheless produces subjective effects.

The treatment of an autistic child usually concludes, in the most favourable cases, with a stabilisation in a psychotic structure. The eleven cases studied by Kanner, and which he himself reviewed almost forty years later, reveal a multiplicity of possible outcomes ranging from university education and social integration at one extreme to states of profound apathy and isolation at the other.

Kanner wonders what it is that determines the different course run by autism in each case.⁸ One observation, however, can be made with certainty; the majority of the children with more favourable outcomes were treated individually, or in special schools. In any case, analytic treatment offers these children the possibility of leaving the autistic enclosure and leading a fuller life.

⁷ E. Laurent, 'De quelques problèmes de surface dans la psychose et l'autisme', *Quarto*, Belgium, 1981.

⁸ L. Kanner, 'Autistic disturbances of affective contact', French translation in *L'autisme infantile*, Gérard Besquez, P.U.F., 1983.