

Hoodwinked: The Use of the Analyst as Autistic Shape

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Beginning with Tustin, many authors have described the pressures on the analyst working with patients who use autistic barriers as forms of “extraordinary protection” (Mitrani,2001) and the manner in which all aspects of the sensory world can be employed for these purposes. Less discussed but of extreme importance to those who treat these patients analytically is the manner in which aspects of the analytic situation itself, including aspects of the analyst’s physical self, can be recruited in the service of autistic barriers. We might think of this situation as a version of what Tustin saw as “patients [who] have hoodwinked themselves and, if we are not careful, they will hoodwink us also” (1986,p.289). When such “hoodwinking” occurs considerable work is required to recognize what has occurred and for the analyst to extricate herself sufficiently to address the problem. In this paper I describe my own experience of being hoodwinked by a patient’s autistic entanglement and her use of me as an autistic shape. I explore the manner in which she used an aspect of my physicality as a barrier to genuine contact with me, and the usefulness of the countertransference in first detecting, and then working with this entangled variety of autistic withdrawal. I also discuss the characteristic vacillation between encapsulation and entanglement often seen when working with pockets of autistic functioning in adults and the demands this vacillation places on the analyst (see aslso Alvarez, 1981; Cohen and Jay, 1996).

Autistic Encapsulation

Tustin believes that the problem of what she termed psychogenic autism derives from an experience of too early and therefore, catastrophically felt, separation from the mother. This wrenching away from the maternal object is conceptualized by Tustin as metaphorically “the infant’s mouth away” and leaving it attached to the mother. In other words, psychologically and developmentally, the infant experiences this wrenching separation as also a loss of part of the self. The lost part of the self is the part that attaches to and takes in from the other. In the aftermath of this traumatic disruption the infant must contend with “horrific existential dangers” and the “narrowing of perception through terror.” She developed the term black hole anxiety to describe the primitive level of annihilation anxiety that the catastrophic rupture leaves the infant to contend with. In this psychological state the infant turns to what Tustin calls autistic objects and autistic shapes, basically nonhuman, concrete, sensation based replacements for the mother.

Subsequent elaborations on autistic encapsulation can be found in the work of Sidney Klein (1980), Alvarez (1981,1993), Innes-Smith (1987), Gomberoff, M.J., et al (1990), Cohen and Jay (1996), Cartwright (2006), Bergstein (2009). S. Klein refers to “an almost impenetrable cystic encapsulation” described as “....a thinness or flatness of feeling accompanied by a rather desperate and tenacious clinging to the analyst as a sole source of life.” Our understanding of autistic states has benefited enormously from the writings of Judith Mitrani (1992, 2001, 2011) and her conceptualizations of how to work with such pockets of autistic functioning in our patients. She reminds us of the deep agonies and massive object hunger that the autistic encapsulation is protecting the patient from and the importance of the modicum of safety and control it affords the patient. Proper

attunement to the denseness and protective rigidity of this cystic encapsulation may require a stance which includes active interpretive availability of the analyst. Mitrani writes about helping the patient build a mouth before anything can be taken in from the mother/analyst. By this she means an opening in the patient's hard cyst of withdrawn isolation needs to be forged and created by the analytic work. This requires first recognizing the closed hardness of the patient's encapsulation and then helping the patient to create a passage outward. Secondly, patient and analyst must then recognize the frozen unmet hunger and need for connection that is encapsulated within the withdrawn state. In essence, the analyst must recognize the failure to thrive baby part of the patient that has all but given up hope for life. It is not enough for the analyst to be an available breast but rather, the analyst needs to help the patient build a mouth through which the patient can begin to take in from the analyst. Before the patient can fill up with milk they must have a mouth with which to get a good hold on the nipple. Making contact with the autistic patient may be thought of as finding the right distance, intensity, or "noise" that the analyst needs to make in order to offer "availability, accessibility, graspability, proximity, and perceptual followability" (Alvarez, 1993,p.104) to the patient. Patients may need the right balance of closeness and distance in order to develop the ability to take in. Initially, the failure to thrive part of the patient which encapsulates massive object hunger, may first be registered primarily by the analyst. The analyst's conviction, functioning like a nipple alerts and orients the patient to the importance of feeding and caring for the needy, hungry part of the self, a process which begins to create a mouth for the patient. The analyst builds a mouth by first recognizing that there is a

problem taking in because of the necessity of keeping out – the use of words to describe this experience is metaphorically helping the patient to build a mouth.

Autistic Entanglement

Originally Tustin identified two types of autistic protections: the encapsulated and the confusional/entangled varieties. In her later writings she tended to employ the term entangled to connote the second variety of autistic state. In the encapsulated variety the hole in the self left by the traumatic and wrenching separation from the mother is plugged by the use of the hard autistic object. The entangled variety makes use of the soft, tranquilizing sensations characteristic of autistic shape. Both the autistic object and the autistic shape are determined by their function and the sensations produced on the surface of the skin. In the entangled type the patient's relationships are characterized by Tustin (1986) as better differentiated than the encapsulated type, since despite profound confusion there is not complete negation of the mother's body. Nonetheless this entanglement with the object prevents psychic growth in the individual and any real growth in the relationship. Autosensual elements are used to promote a commingling of the self with the other in an undifferentiated combining effort in order to mitigate an annihilation level of anxiety due to separateness. This self/other combining prevents any development of thinking or taking in from the other (Tustin, 1984,1986,1990; Van Buren, 1997; Cohen and Jay, 1996).

The countertransference engendered in the analyst by this entangled form of autistic protection and has been variously described as experiences of confusion or suffocation (Van Buren,1997), or fears of having one's body or personal life invaded by the patient (Cohen and Jay,1996) reactions by the analyst to the patient's efforts to close down any form of separateness from the analyst and the attendant terrors associated with awareness of separateness.

These patients display a striking lack of Winnicott's going-on-being and the entangling form of autistic protection brings with it an unfortunate cost to the patient of a severing from felt bodily experience. Such is the need to negate signs of separateness from the analyst that the patient withdraws from what Tustin refers to as "conductors of perception". She describes conductors of perception as the eyes, ears, and skin which help to take in experience on a sensorial level. These modes of perceiving experience are deadened in an effort to quell the deep terror of separateness. In lieu of true relating the patient employs forms of autistic shapes to comfort and quiet the terrors within.

Autistic shapes are idiosyncratic and highly personal actions or objects that wrap the self in a comforting, safe, and soothing sensation. These shapes can help to enclose the patient and thereby provide a sense of containment for the primitive fears of spilling, falling, and dissolving away. The sounds of words or music, the feel of bodily fluids, or the warmth of bedcovers can all serve the function of an autistic shape if the bodily feel rather than the thing in itself is used to provide an experience of tranquility, continuity and envelopment with the object. Even mental processes can be used as autistic shapes. For instance, Ogden (1991) describes the use of an idea in a patient's rumination as an example of the employment of an autistic shape. For Ogden's patient the rumination

served to seal the self in a protective cocoon and minimized contact with aspects of the outside world. Other qualities cited as being crucial criteria for the functioning of autistic shapes are their qualities of perfection (Ogden, 1991) and their repetitive and unchanging nature (Tustin, 1986). Tustin refers to this as the persistent quality of “going round and round.” In addition, their quality of being perfect obviates the necessity of experiencing the unpredictability and inevitable disappointments of human relationships, while their unchanging quality prevents any disturbance in the patient’s attempt to provide some semblance of safety, albeit in derailed form.

Patients can be ingenious in what they recruit for use as autistic shapes or objects. In the material to follow I show how even aspects of the analyst herself can be used as an autistic shape and in the process as Tustin might say, how the analyst and the patient can become hoodwinked. I also hope to show how, once this hoodwinking has been recognized by the analyst, an analytic process can be initiated which allows for a “to and fro” movement in the patient’s experience of the world to commence as the patient emerges from her autistic experience.

Clinical Material

I: Hoodwinked

Linda a middle-aged married mother of three, has been in analysis with me five times a week on the couch. She came for help complaining that she was having trouble settling into her new home having recently moved to the United States from a different country. During the consultation sessions Linda described how her eating felt out of control and how her marriage was in a shambles, and that her couples therapist felt she needed her own place to talk. Linda appeared younger than her stated age and while attractive she gave me the immediate impression of someone who was slightly unhinged. She conveyed a sense of rushing from one crisis to another and of carrying the world on her shoulders. She leaned forward in her chair, speaking rapidly and stopping only long enough to take a quick gulp of air before continuing. Vicious verbal fighting between she and her husband had led them to couples counseling. Linda explained to me that she had initially sought analysis in her late twenties while living in her home country. She was still in contact with her analyst by email and had never really terminated, always feeling free to contact her former analyst when in need. Phone or email contact had been kept up for a period of years following her move to the States. Linda was diagnosed with ADHD shortly before coming to see me for her initial consultation. She felt her whole childhood and early experiences were seen in a new, more understandable light when viewed through the lens of ADHD. She had never felt understood or recognized by her highly narcissistic mother who Linda experienced as very anxious, constantly belittling, and only seeing herself in Linda. Linda described herself as “lost in my head” growing up in response to her mother’s troubles and ensuing chaos in the family. As a young

adult, Linda described herself as always forgetful, disorganized, and only managing to finish her professional training through sheer force of will. For example, she would imagine holding a gun to her head while threatening herself with pulling the trigger, in order to make herself complete a task or enter social situations. She considered her entire school experience to be a complete waste of time and remembered nothing from it.

ADHD was her explanation for all forgetting and any disorganization, a rationalization which often provoked intense fights between she and her husband. He complained that she was not taking responsibility for mistakes or problems by her ready rationale of “I’m sorry I have ADHD.””

Initially we set up a three times a week schedule which quickly changed to our present five times a week arrangement. Linda experienced states of elemental terror upon leaving a session and felt completely undone and unable to contain the primitive level of anxiety she experienced between sessions. During her sessions Linda was full of effusive love and gratitude about what she experienced as my warm more casual style. She remembered how she had railed against what she experienced as her former analyst’s rigidity and formal manner. I experienced her intense need to close any space between us and felt a sense of being engulfed and a kind of seductive invitation to agree with Linda’s effusive idealization of our relationship. At home with her children Linda would withdraw to her computer to write me a letter describing her thoughts and feelings from the day’s session. She described her letter as driven by an intense urge to do something to get her feelings out and to continue contact with me. Her writing described in poetic detail the agony and lack of emotional containment she felt after leaving each session and her gratitude to me as her analyst. I interpreted her fear of being abandoned by me and

left with too much feeling to manage on her own. At other times Linda was extremely angry and guarded and in time was able to describe this experience as “feeling like a cornered animal.” During these experiences she would often say she couldn’t speak or had nothing to say and seemed only able to engage with me in a provocative baiting way. When I interpreted her anxiety regarding her dependency on me she became extremely upset. She gave me strict orders to never use “that word dependency” because it only made her worse. During these moments I felt boxed in and unable to think, with no good way to be with Linda that didn’t feel like I was caught up in something I couldn’t quite put my finger on.

Within the first months of the analysis she brought a letter into a session and asked me if I would read it. I experienced this offering of a letter as an attempt to communicate with me and to bridge the difficult experience of being with me in the session and being without me after the session. I promptly replied yes and read aloud her very articulate self-reflections about her feelings. She was surprised and very pleased when I so readily agreed to read her letter. Her first analyst had refused to read anything she wrote and termed it acting out. I found myself heartened to learn more about what I then understood to be Linda’s ability to think more psychologically and self-reflectively. I was relieved to see evidence of what I thought was Linda’s capacity for self-reflection and seeming ability to make use of what I said in our sessions. These seeming abilities were not in evidence when we were together. Rather during sessions she either said she didn’t have anything to say, had no thoughts, became involved in highly detailed recounting of her family history of the Holocaust or various and sundry concrete details of her daily life.

In time my experience of reading her letters changed to one of feeling like we were stuck in an incredibly rigid, meaningless routine going nowhere fast and possibly forever. Over the years more letters followed. There were periods of time when each session started with Linda handing me a letter to read. When I asked why she wanted me to read the letters she answered that she felt uncomfortable reading them herself. This was said in a manner that conveyed great distress. Clearly she was extremely uncomfortable and felt unable to read any of her writing. Portions of the session that were not structured by my reading her letters remained very slow going. During these times I felt claustrophobic and not infrequently I actually longed to be reading one of her letters. Linda vacillated between an extremely concrete guardedness which could devolve into antagonistic and intellectualized baiting or mocking of me. When I commented that she seemed frightened about our thinking together she was both surprised at my comment and visibly relieved that I had not reacted in anger.

Eventually as I felt cramped by our deadly routine I was more able to think about what I experienced as the reader of Linda's writing. I began to stop and talk to her about what I was reading. Sometimes I would just pause to think more and when Linda asked why I stopped I would reply "I'm thinking about what you're saying here." Linda would wait for me to finish and then suggest that I keep reading because she wanted me to know about the rest of her ideas.

I became aware of how distant from and controlled by Linda I felt, and my initial interest in finding out more about Linda's experience detailed in her letters was replaced by a nagging sense of an odd, impersonal, deadened space between us. It felt like I was in my office reading a letter from Linda who, rather than being engaged with me in the

room, was vacationing on an island far away. As I inquired about Linda's experience of hearing me read her letters I learned that what she liked about my reading was listening to my voice speak her words. She loved the sound of my voice saying her words and found the combination of the two comforting and soothing. I felt a kind of confusion. Was I the talking patient and Linda the listening analyst? Who was who here? Was Linda trying to conduct her own analysis through me as her mechanical puppet rather than her human analyst? More and more I felt a vast empty space between myself and Linda. In the throes of my bewilderment I tried to insist that we negotiate a shared responsibility for reading the letters. Linda begrudgingly and with genuine distress, agreed to begin reading a paragraph of each letter before handing the letter over to me to finish reading. I continued to feel uneasy, perplexed and deeply confused. This negotiated reading felt forced, awkward, and ultimately silly to me. In time she began to balk at this arrangement insisting that she could not read and entreating me to do all the reading because she had ADHD.

The deadening effect on me of my reading her letters, Linda's recounting of endless concrete details of her life and our seemingly inescapable and entangled existence together finally led to my awareness of feeling completely suffocated. It was at this point that I began to reflect on what it meant that Linda was wrapping herself in my voice speaking her words. Suddenly I realized that I had been hearing this as a relational, rather than an autistic statement of her experience. In short, I had become an autistic shape for Linda. We were entangled. I had been hoodwinked.

II: Untangled

The longer I saw Linda the more it seemed that all semblance of psychic space had vanished. Linda's thinking became increasingly concrete in sessions. The same could be said for me. However, as I became more frustrated and intolerant of simply reading about Linda's mind and capacities, I felt like I was regaining my analytic foothold. I began to view with great interest the Linda lying on the couch with no words, who didn't like to read, think or be seen, and her struggles to speak and to feel. When various interpretations failed to reach Linda and ease her anxiety and shame about talking and struggling to put into words what she was feeling, I was emboldened to finally say that I didn't think it was any longer useful for me to read her letters. I went on to say that I thought that by my reading her letters we were missing and not recognizing the hopeless, frustrated, young part of her on the couch who had no words and might long to be seen. Linda immediately replied that she had nothing to say. I responded that nothing was actually something and important to make space for and that I thought it was important that each of us speak when we had something to say and also make space for no talking. I wondered aloud to Linda that "Perhaps this nothing, this no talking that was something was scary".

I began to consider that my earlier extreme discomfort with her inability to speak and my colluding with her wish to use my voice as an autistic shape might have stemmed from my own inability to bear her annihilation anxiety. Recognizing this in myself, I felt a space open up that allowed me to begin to think again and to help Linda begin to think about her experience. Soon after this Linda left me a message saying that now when she left our sessions her insides felt raw and exposed and it felt like all her skin had been

ripped off. Subsequently Linda talked about how sad she felt when she picked up her children from school. She stated quite poignantly “It’s not that I got dropped, my mother didn’t pick me up in the first place, so how could I get dropped?” Now Linda talked about wanting to stay away from her family when she felt sad because she didn’t want her sadness to hurt them. Similarly, in the analysis, Linda quickly moved on to another topic after taking the risk of exposing her sad feelings to me, as if she were also fearful that her sadness would harm me.

At other times Linda would fill the session with a detailed recounting of her relatives who had died in the Holocaust. She worried that current international tensions were a sign such atrocities might happen again. Any attempt to link these fears with her immediate experience of me and the analysis or even to resonate with the horrific loss and fear implied in what she was describing was not effective in helping Linda to mentalize her experience. There was no sense of a kind of back and forth between us. Once I simply listened a whole session while Linda told the sad story of her family. I attempted just to take Linda in as she was, and chose not to offer up any of my thinking to her. She later told me this was the best session she had had and thanked me for listening to all that she had to say.

There were periods of time in which Linda would say she had no thoughts or nothing to say and yet seemed very uncomfortable with any silence or signs of our separateness. She seemed to have an almost complete lack of tolerance for any space or silence between us. I found myself feeling a desperate sense of foreboding and an urge to speak in order to fill what I now experienced as a frightening void between Linda and myself. Despite having told Linda and myself that “nothing is something” I frequently continued

to experience a dreadful fright and extraordinary bodily tension and I had to actively resist the urge to speak just for the sake of filling up the empty space. One time I found myself purposely turning my head away from Linda so I would not feel “pulled” to talk. Instead I realized I was perusing my bookcase, oblivious to the book titles and, enthralled instead with the array of vibrant colors of the various book covers. I was immersed in a very private sensory experience. I consider this to be, in part, an identification with Linda’s autistic state, but most importantly this sensory experience served to help me work my way further out of entanglement with Linda. The bright vivid colors provided a needed sensory alternative to grab onto and helped to release me from the deadening effect of being entangled.

Sometimes Linda would ask why we should have the session if there’s nothing to talk about. She explained to me that she never had empty time and always filled her time with various to-do items. She felt there was no point in wasting time. That’s why she always went from one thing to another with no empty time. A more dramatic example of this intolerance for ‘between space’ occurred in the midst of a severe snow storm when she called from her car to suggest we start the session in order not to waste time. With 5 minutes left in the hour Linda stumbled into my office in her typical manner. It suddenly struck me that she acted as if she had fallen out of one world only to fall into another world, my office. In an unspoken way she conveyed a feeling of not knowing quite where she was, who she was, where she was going, or where she had been. Rather than go immediately to the couch she stood awkwardly in the middle of my office and self-consciously said, “Maybe this wasn’t such a good idea. Should I stay for the session? Do you think we should just say it’s a wash?” It was as if her experience of our

relationship at that moment was not of disappointment or lost opportunity for contact, but more utilitarian and based on some algorithm of time invested versus return received.

III: To and Fro

Having become less entangled and less able to use me as an autistic shape, Linda entered into a long period of vacillation in which she ventures out into the object world in non-autistic ways and then need to retreat again to the safety and comfort of her autistic encapsulation. Tustin referred to this vacillation as ‘to and fro’ and emphasized the need for patience in working with those emerging from autistic encapsulations. She cautioned against the detrimental attempts of trying to take away the encapsulation from the patient. Instead she recommended patience and an analytic attitude of going forward, always with the appreciation for the patient’s need to return periodically to the safety and familiarity of autistic protections.

Linda’s need to withdraw or to use me as an autistic shape continues. However progress is measured by her increased ability to use her mind creatively and for growing periods of time she can collaborate with me in understanding herself and the cost of her autistic protections.

After a long vacation, Linda spent her first session back insisting that the analysis was meaningless and not going anywhere. She returned the following day feeling quite differently. She began the hour with her characteristic first statement “I’m anxious” then proceeded to lay down on the couch and tell me “Something is happening”. She continued by explaining that ‘limitations don’t register with me’ because “I’m inside these barriers, these steel walls, these walls are all around me and inside these walls no limitation is reasonable. I don’t bother with someone else’s perspective because nothing is reasonable. They are steel walls and I’m bouncing off them, bruised and I just get back up and throw myself against the steel walls trying to penetrate them. This happens over

and over again. Then there's a crack in the walls, and if there's a crack there might be a reasonable perspective. This is quite new for me. If there is a crack or opening then I can go through it but then I imagine falling down into space. Or it's like I'm in a balloon that goes higher and higher with all my own thoughts and then the air goes out of the balloon and I fall, crashing to the ground, broken.

For Linda this was a remarkable statement and demonstrated a heretofore unavailable ability to observe, reflect on and communicate to me the challenge and predicament her autistic barriers presented her with. I understood her ability to describe her autistic protections and her anxieties as directly related to my decision to stop reading her letters. To the degree we were untangled Linda had been helped to develop a better differentiated perspective of her own experience. While cognizant of the relational transference elements of what she was reporting (the narcissistic mother/analyst as steel wall, rigid and impenetrable), I privileged hearing this communication as a statement about Linda's relationship between her(self) and her felt bodily experience and as a step toward forming a more coherent self-definition.

Recently Linda spoke to me about the huge sadness she felt. As was characteristic of her she quickly moved from this beginning expression and description of feeling to recounting again that depression runs in her family. She once again reminded me that her grandmother was depressed and never recovered from the car accident in which the grandfather and baby son were killed by a drunk driver. I listened to this experience of a huge catastrophe, of being blindsided and left with a feeling of overwhelming and tragic loss. I then said to Linda that I thought she was telling me about a huge catastrophe in her feelings that resulted in a sense of wasted potential and

damage and that feeling sad was very scary because she felt frighteningly out of control of her feelings. Perhaps, I continued, her sadness felt like she had been hit by a drunk driver she did not even see coming. Linda responded as she usually did by reminding me that these things had really happened to her grandmother and she never did recover. And she, Linda, really could get hit by a drunk driver because these things really happen. Didn't I agree that it could really happen? I replied, "She never recovered, the damage was permanent." I heard Linda asking me to verify some kind of emotional reality involving irreparable damage. While aware that transference themes pertaining to her experience of me and the analysis as dangerously out of control were also present I considered them secondary to validating her felt emotional experience. When Linda left the session I struggled with a sense of futility and despair, feeling that I had failed to make real contact with her despite my efforts to do so. Much to my surprise I found myself wondering if it was worth it to continue the analysis. I even had fleeting thoughts about the possible professional irresponsibility of continuing to see Linda five times a week on the couch. Later that day Linda left me a phone message. She said that my comment likening her feeling sad to being hit by a drunk driver was very astute of me. She thought this was true and that she did feel like the "sadness will knock me down like a drunk driver and everything will come to a screeching halt. I won't be able to move forward." After listening to her phone message I began to consider that my despair was arising from my own contact with her steel walls, her sense of hopelessness and fear that she could ever breach them, and the enormity of her struggle to live and feel in the real world.

When Linda returned the next day she lay down and was uncharacteristically calm. She began, "I'm sad. I think I'm depressed." I replied yes. She then remembered a recording by Marlo Thomas entitled *Free To Be Me* which she used to play alone in her room while laying on the floor as an adolescent. She loved this tape. There was a story about a princess who ran in a race and would marry the guy who ran faster and could catch her. Linda always thought of herself as the princess except no one ever ran faster than she did in order to catch her. I said so you stayed free. She replied by saying: "I think I run faster and faster so I don't have feelings and because if I have feelings I'll collapse and won't be able to go further. Do you think that's a problem?" Yes, I said. Linda went on to tell me that the day after she was born her mother, father, and brother went on vacation leaving her in the care of her maternal grandmother, her "crazy and depressed grandmother" and a nanny who kept everything clean. I purposely avoided interpreting the obvious transference dimensions of what Linda was saying, although I was aware that her story about being a princess, about running faster and her fears of being caught all had deep transference echoes. Instead I elected to try and remain close to and attentive to what Linda was describing about herself and her immediate experience in the words and at the level she was immediately aware of. I am not trying to translate Linda's action based story into something more symbolic primarily because at this moment she was announcing a new appreciation of her difficulties, an appreciation I feared she would quickly lose if I asked her to consider the transference implications of her statements.

Recently Linda spoke to me about the differences between her experience of her first analyst and her experience of me. She explained that in the last session of her first

analysis she had thanked her analyst for “joining me on my magic carpet ride”. In contrast she thought that I had refused to go on a magic carpet ride with her. She described her experience with me as my saying to her, “Hey why don’t you come on to the ground with me and put down the magic carpet?” In the following session she likened this feeling of being on the ground as one of being stuck in quicksand with a cement block tied to her foot. I interpreted that maybe she worried I would weigh her down and she would become stuck in the quicksand of our relationship rather than being helped to move forward. She responded that maybe thinking was the way out toward her potential and maybe her fear was the cement weighing her down. It was her fear that weighed her down, not her sadness.

Over the course of the past year Linda has been able to use her mind more creatively and returned to a longtime interest in writing poetry. She has taken classes and received very positive encouragement from classmates and instructors regarding her talent. Recently she spontaneously and effortlessly read one of her poems to me. She commented in the next day’s session how amazed she was that she had read her poem so easily. She had no idea how that happened. She was pleased but discombobulated that her teacher thinks she has great talent and that her poems are publishable. I understood this to mean that positive experiences could be just as stressful and overwhelming for Linda as more negatively tinged experiences. Her ability to filter or regulate positive or negative feelings was nascent and just developing. The next day, a Friday session, Linda began with “I’m anxious” and then became quiet. Eventually she complained that she didn’t know me and that our relationship was meaningless. She felt sad because she just felt like a time slot to me. She asked me how I handled sad feelings? I interpreted when

she came today to see me she was worried she would fall into a closeness that she could not get out of, and she worried that when she left she would feel a terrifying aloneness in which she might spill away, as if we would not be back together again on Monday.

Unlike many other occasions Linda was able to take this in without needing to immediately argue with me. She simply replied, “Yes, I think so.”

I heard Linda’s question to me as a bid to become re-entangled as a way managing anxiety over feeling positive emotions from the previous day’s session. She was anxiously trying to bridge the weekend gap and related anxieties about a lack of self continuity and/or sadness she might experience. Her concerns about a lack of a sense of going-on-being had recently caused her to spend almost an entire session pressing me for contact outside of our sessions after the analysis ended. I interpreted this as a wish that we go on forever as an attempt to provide herself with a feeling of continuity and reassurance that she would continue going forward. She worried that she would come to a complete halt if she separated from me. She explained, “Sometimes I have good ideas and if I keep at it I can make it happen. Accepting ‘no’ is not the problem. I could adapt to ‘no’. The problem is accepting ‘no’ too early when it could possibly be a ‘yes’ – that’s where I have a problem. I understood Linda to be telling me about her ‘infantile catastrophe of experiencing a maternal void or ‘no’ just when she might have felt the possibility of a maternal presence or ‘yes’. This is the wrenching separation that Tustin so vividly describes as fundamental to autistic withdrawal.

Following this session Linda left me a voice message: “I think the reason I feel so anxious and talk about forever, is because I think I’m feeling like I just came into the world for the first time. I feel totally raw and suddenly exposed and worry it will end and

you will disappear. You're the first person who saw me, but it's so weird almost like I'm naked. I'm showing everyone these poems and it's exhilarating but terrifying. I don't have all that armor, that's good but it's also scaring me."

Discussion

Patients who require autistic defenses seem endlessly creative in substituting aspects of their physical and sensory worlds in the place of real human contact. While always problematic, there are special challenges in the analytic encounter where an element so central to the treatment as the analyst's speech can come to serve instead, as it did for Linda, as an autistic shape. Voice and speech seem inherently relational and since they serve as coin of the realm in analysis it is especially difficult to reorient oneself to the way in which they can be co-opted for purposes which are inherently anti-relational.

Hoodwinked is the word Tustin used to describe the charming effect a patient's autistic shapes can have upon the analyst which put the analysis at risk for going on forever. I believe this may be an explanation for the lack of a clear termination in Linda's first analysis and certainly it threatened to derail her analysis with me. I was susceptible to being hoodwinked largely because I did not want to reject Linda's offerings to me. My "being hoodwinked" continued because I mistakenly assumed that the letters were written by a part of Linda that wanted to be in a relationship and to communicate with me. In fact this assumption obfuscated the true function of the letters which was to protect Linda's preferred state of being out of contact. Tustin writes:

In this state, these patients become 'know-alls' who try to teach us our job, and who are very affronted when we will not conduct the analysis in the way they think it should be done.They do all this so charmingly that we are liable to become as anaesthetized by it as they are by their use of autistic shapes. p.289

Was it important for the analysis that I become hoodwinked by Linda? I believe becoming hoodwinked is a key part of the analytic process in working with entangled autistic states. I think it was crucial that I agreed to read Linda's letters in the beginning. I am reminded of Tustin's recommendation that the analyst must first accept the patient's

need for withdrawal and the fact that “such patients have taken the ‘bit between the teeth’ from very early on in their development and have become ‘impervious to outside influences.’ (1986,p.289).

The controlling and suffocating experience of being entangled, while a central aspect of the analytic strain of working with patients like Linda, also serves as the countertransference signal that if listened to enables the analyst to begin the process of disentanglement and psychic separation. This is a painful process for both parties and involves considerable confusion, anxiety and dread. As Linda and I became less entangled, I began to think of myself as functioning as Linda’s autistic shape and metaphorically representing the lost part of herself, that is her mouth, entangled with the maternal object. I had to experience with her the terrifying dread of being in contact with a void and spilling and dissolving away that was her felt experience if she was exposed to the separateness of our worlds without recourse to her autistic defenses.

I had assumed a kind of continuity to Linda’s experience that was simply not the case. Her experience was more along the lines of leaving the safety of steel barriers of her autistic defenses and the sense of continuity and safety they provided for a falling into nothingness. She experienced the dread of dissolution and then an effort to stem her fears of dissolving away by wrapping herself in the commingling of my voice and her words. She had a porous mind that did not hold onto thoughts and feelings and this contributed to her feeling of being lost behind the steel barriers and entangled wrappings of her autistic retreat. She was trying to tell me how little she comprehended of the world of feelings and relationships and how tenuous her sense of herself was in the world.

As we became less entangled and Linda began engaging the world in the vacillating manner that Tustin called “to and fro” certain technical problems became clearer to me. In particular I observed how Linda reacted if I too readily interpreted her experience along transference lines. Typically she recoiled at such interpretations and would attempt to engage me in arguments. For instance when I interpreted Linda’s anxiety regarding her dependency on me she was adamant that I not use the word ‘dependency’ ever again. In using the word dependency she experienced me as cementing her to me. She first needed to consolidate a sense of herself before she could tolerate interpretations of her infantile transference. As she hesitantly emerged from her autistic world she needed to first firm up her sense of her own self and the reality of her own perceptions of her predicament without the burden or impingement of having to consider my transference comments. It was only when she began to signal a readiness to consider our relationship and demonstrated a genuine interest in my perspective and experience as differing from her own that I felt that comments about the transference were acceptable to her.

An important aspect of becoming untangled was my effort to build space for my own thoughts and bodily experience. At first this happened within the context of reading the letters. Later, when I found myself gazing at my bookshelf, I became aware of how hungry I was for something real or grounded in reality, all qualities missing from my experience of Linda. I needed to work with myself on a physical and sensation based level in order to regain my footing as Linda’s analyst. Perhaps I sought a healthy autistic-contiguous experience as an alternative to entanglement and the turning away from reality that this involved. This may be connected to what Linda referred to as

leaving her magic carpet ride for being on the ground with me. For Linda, being on safe ground was a very new experience since she expected only the dangers of quick sand.

As Linda began to emerge from her autistic protections she experienced herself as vulnerable and as easily overpowered by the stimulation of both her feelings and my presence. I learned if my interpretations were too wordy or too complicated or removed from what she said she was unable to use them. Her response would be to become embroiled in an intellectualized and provocative debate or to completely dismiss what I said. I was more effective with crisp, one word comments and agreements which simply recognized the reality of what she said and did not impute additional meanings. Most importantly, I tried to stay with what Linda was saying and only comment on our relationship when she was commenting on it. Otherwise Linda seemed to experience my verbal presence as dominating or crushing her sense of herself. It seemed that her self definition or cohesion was so fragile and easily over run by my presence that she was quickly frightened back to her autistic defenses. Perhaps this is a newly developed part of Linda getting used to being outside of her autistic encapsulation and entanglements. She is beginning to acclimate to human holding and containing by her analyst/mother but at the same time wary and mistrustful of the dangers that this new perspective or crack in the steel wall brings.

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