

## *The Psyche In-Dwelling in the Body:*

States of integration, un-integration, and depersonalization as seen in severe neurotic and borderline childhood and adolescent disturbances---and in encapsulated and/or fragmented, confusional states in autistic children.

By Vincenzo Bonaminio (Rome)

*Poor soul, the centre of my sinful earth,  
Fool'd by those rebel powers that thee array,  
Why dost thou pine within, and suffer dearth,  
Painting thy outward walls so costly gay?  
Why so large cost, having so short a lease,  
Dost thou upon thy fading mansion spend?  
Shall worms, inheritors of this excess,  
Eat up thy charge? Is this thy body's end?  
Then, soul, live thou upon thy servant's loss,  
And let that pine to aggravate thy store;  
Buy terms divine in selling hours of dross;  
Within be fed, without be rich no more:  
So shalt thou feed on Death, that feeds on men,  
And, Death once dead, there's no more dying then.<sup>1</sup>*

---William Shakespeare, Sonnet 146  
(Bevington 1988, p. 338)

Esce di mano a lui che la vagheggia  
prima che sia, a guisa di fanciulla  
che piangendo e ridendo pargoleggia,

l'anima semplicetta che sa nulla,  
salvo che, mossa da lieto fattore,  
volontier torna a ciò che la trastulla.

Di picciol bene in pria sente sapore;  
quivi s'inganna, e dietro ad esso corre,  
se guida o fren non torce suo amore.

---Dante Alighieri, *La Divina Commedia*,  
Purgatorio, XVI (p. 634)

*From the hand of him who desires it before it  
exists, like a little girl who weeps and laughs  
childishly,  
the simple little soul comes forth, knowing  
nothing except that, set in motion by a happy  
Maker, it gladly turns to what amuses it,  
Of some lesser good it first tastes the flavor;  
there it is deceived and runs after it, if a guide or  
rein does not turn away its love.*

---*The Divine Comedy of Dante Alighieri*  
(Durling, p. 263)

The ideas I intend to set out in this study have for the most part a *clinical basis*. They come

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<sup>1</sup> In Shakespeare's sonnet 146, one can observe that the play of metaphor is elaborated: in the first two quatrains, the soul is the master of the bodily edifice, and the poet asks whether it is right to attend to a property that will be lost so soon; the third quatrain is an exhortation to procure heavenly possessions instead, and from this comes the conclusion expressed in the final couplet, in which the triumph of the soul over death is celebrated by means of subtle transitions from one metaphor to another.

out of my own experience as a child analyst---as well as an analyst with adults and adolescents---and from my role as a supervisor of resident child psychiatrists in training who wish to achieve additional skills and competence in child and adolescent psychotherapy, and with trainees in child psychotherapy, as well as with analysts seeking to become child and adolescent psychoanalysts. I shall therefore make reference to this vast body of clinical work, both my own and that of my colleagues and students, whom I should like to thank, first and foremost, for making their experiences and their material available to me.

Of course, in this paper I am able to draw on only a very small number of the many clinical experiences that have contributed to my thinking on this topic: specifically, *the in-dwelling of the psyche in the body*. I shall refer to two cases of my own, observed and treated in the course of analysis, and to a diagnostic consultation that I supervised throughout the process of clinical and psychotherapeutic evaluation.

### **Luana's Peculiar "Irritation" and Gennaro's Anxiety-Provoking Mirror**

I shall begin by telling the *story* of Luana's peculiar symptom and of Gennaro's distressing mirror.

#### ***Luana*<sup>2</sup>**

Two ladies---one of them around 30 years old, the other more mature in age---are seated in the waiting room of the outpatient section of the University Department of Child Neuropsychiatry. Sitting between them is a little girl aged seven and a half, Luana. When the mother and child are called by name and asked to come into the consulting room, both of the women stand, almost in unison; alternately, they urge Luana to get up, and when the child appears just a little reticent, both of them give her a push toward the door.

This is a first appointment. It is not at the outset obvious which of the two women is the mother of the child for whom the consultation has been requested. When it is made clear, with courtesy and tact, that *only* Luana and her mother are to come into the room, the younger of the two women directs a knowing look of reassurance at the other (who is later discovered to be her older sister) and goes off, saying that she'll wait outside. "It'll give me a chance to have a cigarette," she adds.

The consultation quite clearly begins within the confines of a symbiotic relationship between the two women (almost blatantly displayed), in which the elder, Luana's mother, asks for

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<sup>2</sup> I am grateful to Dr Teresa Sebastiani, Department of Child and Adolescent Psychiatry, University of Rome "Sapienza," who discussed this case with me and who generously made it available for reference in this paper.

support and reassurance from her younger sister. The latter willingly presents herself as a *counterphobic object* in exchange for “living someone else’s life” (to paraphrase the title of the movie *The Lives of Others*<sup>3</sup>), in order to make up for her own lack of motherhood and of any stable, emotionally fulfilling relationship of her own, as is made apparent later in the course of the consultation.

But this is not the route I will follow in my narration of *Luana’s peculiar symptom* because it would expand the field of discussion too far. For this presentation, suffice it to say that Luana, an only child, lives within a very symbiotic family nucleus. And that we will return to this aspect in the course of the consultation---an aspect that is also seen as “her” problem, one with exquisitely diverse and particular developmental characteristics.

Mother and daughter take their seats. A question is asked about the reason for requesting a consultation. In the interest of brevity, I will have to convey Luana’s story, and the peculiarity of her symptoms, primarily through the mother’s initial description of it. But in the sessions with Luana in an individual setting that follow the first consultation (and that later point to the need for the psychotherapeutic treatment that is now in progress), through play and self-narration, the little girl substantially confirms her own experience of “peculiarity” in relation to her body. Indeed, she describes it in a voice that at times suggests resignation, and at other times rebellion. Her expression alternates between an adult mien and an emphatically childish demeanor.

The mother begins by saying that Luana “has a problem with getting dressed,” feeling the entire right side of her body, all the way up, as bigger than the left, and that, because of this, whenever she has to put her clothes on she complains that they are tight on one side and loose on the other. This is regularly linked to attacks of rage and distress that can last for “up to two hours.” The symptomatology had its onset around eight months earlier. But her mother preemptorily and firmly refers to Luana as having “always had ‘the irritation’”---as the little girl calls it---on the right side of her body. In fact, these problems were already obvious some two or three years earlier, albeit in subtler and more manageable forms, which were nonetheless “peculiar” and “worrying.” “Imagine that already when she was very small, maybe not even a year old, she would take off just her right sock; then as she got bigger, she wouldn’t want to put on her jackets because the right wristband was too tight,” the mother explained.

For over a year, the frequency of the crisis episodes multiplied from once or twice a month to becoming a daily event, along with a parallel increase in intensity. There was no fixed time of day when the symptoms would make their appearance: “We reached the point that every time she

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<sup>3</sup> *Das Leben der Anderen* (2006), directed by Florian Henckel von Donnersmarck. English Distribution: Sony Pictures, Inc.

had to go out, she had an attack,” the mother added. During these episodes, the little girl became very angry and pulled off her clothes, “almost tearing them off”; she would scream, cry, and throw her shoes and other clothes about. Her parents didn’t know how to deal with her behavior. They tried cajoling her, rebuking her, leaving her to calm down on her own, “containing” her---“but there is no way of soothing her.” The mother added that the father was better than she at dealing with it: “He can handle her better, whereas with me it’s a struggle from the very start.” Recently, Luana’s father had invented “the chronometer game” to try and reduce his daughter’s distressed reactions: with the chronometer running as she got dressed, “Luana concentrates on the fact that she has to do it fast and puts her clothes on with less trouble.”

Luana also presents certain obsessive symptoms, and this has always been the case: if someone kisses her on one cheek, she must also have a kiss on the other; if someone takes “even a single grain of rice” from her plate, they must then take another one, etc. It was as if she had to continually readjust what she felt was “lopsided,” what was *irritating* because it was “unbalanced” or “out of kilter.”

### **Gennaro**

Gennaro’s narrative in session seems uncannily to echo the *incipit* of Pirandello’s *One, No One, and One Hundred Thousand* (1925): from a mirror---its ambiguous and uncanny surface---a face for Gengè (the main character) emerges, a face of himself that has been ignored until now, a nose unexpectedly tilting toward the right.

“What are you doing?” my wife asked, seeing me linger, unusually, in front of the mirror.

“Nothing,” I replied. “Just looking at myself, at my nose, here, inside this nostril. When I press it, I feel a little pain.”

My wife smiled and said: “I thought you were looking to see which way it tilts.”

I wheeled around like a dog whose tail has been stepped on. “Tilts? My nose?”

And my wife said, serenely: “Of course, dear. Take a good look. It tilts to the right.”

[...] Perhaps my wife saw much deeper into that annoyance of mine and she added at once that, if I had the reassuring notion that I was without defects, I could dispel the thought because, not only did my nose tilt to the right, but also---

“What else?”

Oh, lots of other things! My eyebrows stood over my eyes like two circumflex accents, ^^, my ears were badly placed, one protruded more; and there were other shortcomings...

“Other---?”

Yes, other ones.... (Pirandello 1925, pp. 3-4)

The core of *One, No One, and One Hundred Thousand* is Pirandello's merciless analysis of the ambiguity and "diffusion" of an individual's identity in its impersonal and depersonalizing multiplicity. For Gennaro, too, the ambiguity of his identity as stemming from his bodily self is intolerable and has become a core problem.

Gennaro is a 19-year-old who fairly recently began an analysis with me on a three-times-weekly basis, and for him the disharmony of the body represents a deep-seated torment that has made him feel “different,” “not at ease,” and compelled to have continual recourse to operations of “bodily adjustment” and “physical positioning” when he is with others. And this, he says gloomily, makes him feel clumsy, insecure, continually self-observing, and lacking in spontaneity, with consequent diminution of energy for other ways of experiencing himself.

It is my impression that he seizes eagerly on my fleeting mention of the analytic couch and its use, and I notice that he casts frequent looks at it from his armchair in the course of the early consultations. Indeed, he is the one who asks to use it early on, as if to remove himself from my gaze, which he fears might relay to him the impression spelled out on my face of the “real perception,” as he calls it, of the disharmony of one part of his face, the right side---the perception that he has a lopsided face---even though once he is stretched out on the couch, he accounts for his choice by saying that he wants to have a “true analysis,” one that will get to the bottom of his problem.

And with this assertion, unconsciously, through the communication of transference, Gennaro immediately shows me the road to be followed, the road that will reach not only the deep roots of his corporeal sense of himself, but probably also, one might say, the “historical” roots, down to the germinative stages of his sense of existing in his body. In the initial transference, Gennaro’s eagerness to lie on the couch is an enactment whose “evocative power” lies in his compelling need for self-amputation, so to speak, from the visual field of the analyst, because of his *pervasive sense of shame*.

As Wright (1991) has shown convincingly, both at a clinical and conceptual level, “*shame--being seen as an object*,” i.e., “*being seen from the Other’s view*,” goes back to the idea that *the self as a visual object* “is...constituted where inner [one’s own experience] and outer [the other’s view] invariably meet, at the interface between persons” (p. 29). Visual contact is one of the main components of the mother’s capacity to give the infant a holding experience, i.e., one in which all the parts may be held together in a coherent unit. And this constitutes what Winnicott calls the *achievement of integration*, which guarantees the experience of *going-on-being* (cf. Giannakoulas and Hernandez, 2005<sup>4</sup>), or---as Wright (2008) recently put it---*the possibility of being*.

In other words, I have the impression that---by lying down on the couch almost as a kind of acting out---Gennaro wants to actively remove himself from my gaze by repeating *ab initio* and *in*

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<sup>4</sup> Andreas Giannakoulas and Max Hernandez devoted the latest International Congress on Winnicott (Milan, November 2005) to this very topic, which was examined and discussed from various angles by many internationally renowned authors.

*toto* throughout the transference what could be hypothesized as a relative failure of containment, of visual investment in which to be mirrored, on the part of the primary object. “What does the baby see when he or she looks at the mother’s face?”---Winnicott wondered in “Mirror-Role of Mother and Family in Child Development” (1967a). “What the baby sees is himself or herself. In other words the mother is looking at the baby, and what she looks like is related to what she sees there” (p. 131).

It should be emphasized that Winnicott’s statement that the “mother’s role of *giving back* to the baby the baby’s own self” is similar to his “very simple statement about interpretation”---whose central role is, in his own words, that of “giving back to the patient” what the patient has communicated (1968, p. 208). “This glimpse of the baby’s and the child’s seeing the self in the mother’s face, and afterwards in the mirror, gives a way of looking at analysis and at the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and at large it is a long term giving the patient back what the patient brings....The patient will find his or her own self, and will be able to exist and feel real” (1967, pp. 137-138).

With both Gennaro and Luana, we are at once led into a primary and primitive area of psychic life, where deeply rooted processes are formed through *the sense of the existence of self in the body*---processes that are seemingly distorted, displaced, imperfectly focused and therefore continually interfering with the sense of self.

Conjecturally, we can also relate these states to a very primitive origin that could be described as *somato-psychic enclaves*, or encapsulations, in terms of what Frances Tustin (1981, pp. 32-33, 1990; see also Bion, 1962) seems to have intuited when she spoke of *the binary split of the body-self*. She also noted that this binary split in body-self operates in different forms of autistic organizations---encapsulated, confusional, fragmented---and it acquires significant differential features. Tustin describes “the infant ‘body-self,’ his ‘sensation self,’ his ‘earthy self,’ his ‘archaic self,’ his ‘felt-self’” (it is to be noted that all these adjectives insist on the element that the psyche stems from the body sensations and that it develops from them), and explicitly links her ideas to what Winnicott wrote about a great deal: the psychotic split between psyche and soma (Tustin, 1981, p. 186; see also Hansen, 1994; J. Mitrani, 1992, 1996).

It is interesting to note, by the way, that when Tustin starts to approach those primitive areas of early development that seem to her to be outside the realm of the Kleinian description of early life, she turns her attention to Winnicott, even though she cannot fully embrace Winnicott's language; it is as though she feels compelled to use Kleinian terms such as *split* and *splitting*. At that time, perhaps, she had no other vocabulary than the established Kleinian one, and she is not yet able to appreciate the semantic (and conceptual) differences between *splitting* and *dissociation*, a term used by Winnicott to explain the failures in integration between psyche and soma.

As a student and supervisee of Frances Tustin for over 10 years (starting in the mid-seventies), I well remember that, in individual and group supervision as well as in personal communications, she made frequent references---but, one might say, timid ones---to the clinical phenomena described by Winnicott, which fascinated her because they “made sense” to her in the light of her experience with autistic children. Once she told me that she was unable to think about Winnicott's clinical descriptions (which she discovered late in her life, and which she found very stimulating) in anything other than her own terminology, and that not everything was “covered” by or overlapped with her terminology. Later, toward the end of her life, she used to say---as Maiello (1995) recounts---that “we must outgrow our theory,” i.e., we have to go beyond our consolidated formulations if they are “outgrown” with respect to clinical evidence and descriptions, and to recognize our own errors (Tustin, 1994).

Let's come back to Gennaro, in order to appreciate that, in his narrative, his sense of being out of kilter is *deeply rooted*, as I have tried to portray in the foregoing comments (cf. Bonaminio, 2008).

“Since I was little,” he tells me, “so little that I was no more than three and perhaps even younger, I always felt myself to be ‘out of place,’ as if I were not perfectly inside my body, as if it was a bit too big for me or at the same time a bit tight, and as if a part of me were slightly outside it, but not much. It's a bit like when they got me a windbreaker that was a size too big, so that it would do for another year, and I was embarrassed about wearing it because then everybody around me could see that I was lopsided. Or like when I put on my jacket from the year before: the sleeves were too short, the armpits too tight, and the whole thing too high at the hem.”



Still today, Gennaro is conscious of a similar problem that persists, not just in relation to his face: it is with the shape of his hair. He spends hours deciding when to wash it because he knows that, when he puts on his motorcycle helmet, his newly washed hair will assume a “ridiculous shape,” appearing in a bulge at one side and all puffed up, while the other side is flattened and reveals the asymmetric shape of his head. And then he spends hours working out which day of the week to wash it---timing this for when he knows he won’t use his motorcycle immediately afterward, or won’t have to go to a party, or won’t be meeting friends at the pub.

Gennaro says that he can’t look at himself in photographs, the ones taken of himself on his own or with his mother and father---or worse still, in group photographs, from primary or nursery school days, because even then it was obvious how out of proportion his face and hair were. And that is the proof---beyond any attempt to convince him of the contrary---of how he felt himself to be even that far back. His parents, to whom he complained about his “oddness,” treated it as an annoyance---of course, something to be overlooked and not taken seriously, something he would get over. If it were up to him, however, he would go from house to house visiting his various schoolmates of the time, to track down every single copy they had of those ghastly photographs and destroy them forever.

In the transference, Gennaro asks me---almost explicitly, one might say---*not* to overlook these sensations of his, and to listen to him, to understand him, to take him seriously, but first of all to accept him (cf. Bollas, 1987; Bonaminio, 2002).

And he also has a clear memory that he experienced the trauma, the first one, when he was five or six years old and was going to swimming lessons, which he hasn’t been able to cope with ever since. One day in the changing room, his little schoolmates saw him in the big mirror that covered almost a whole wall and made fun of him. “Hey, look at him! He’s got a face like a pudding, somebody must have made it out of plasticine and it came out a funny shape.”

He felt abysmal; he nearly vomited, but could only accept the confirmation of what he had always felt, always perceived. From that moment on he hated the swimming pool, his classmates, his parents, the swimming teacher. It was an ordeal every time, having to risk the possibility of being “unmasked” and mocked for his oddly shaped face, his hair. But this was it: in looking at his reflection in the mirror, his classmates---contrary to how they usually saw him---had become aware of his lopsided face, the very same face that he himself always saw in the mirror, the face in which he saw and recognized himself and could not make it any better.

“People can’t go outside themselves and see themselves from outside as they really are. I mean, I can’t lean any farther out, any more than the way I don’t feel myself---‘me not fitting’ inside, all wrong....When I’m in the underground I try to avoid seeing myself in the train windows,

even accidentally and for just a moment. The windows become like mirrors when you're in a tunnel. But I'm also drawn, almost by some magnetic force that compels me to look at myself because I'd like, *without my being aware of it*, to take myself by surprise and see myself from outside, as if my mind was somehow outside me. And so I'll be able to keep a check on how I am, how other people see me. But then I become clumsy, awkward, stuck in a deliberate attitude for whatever I'm getting ready to do--I dunno, like going into a group of friends; but then I feel myself stripped of any spontaneity. I'd like to feel myself free, every bit of me in the right place and *my mind inside my head, not outside, as I often feel when I observe my body, when I feel its movements; I'd like to put it back in the right place so that I wouldn't have to think about it.*"

Notice, besides the dramatic force of Gennaro's description, the request to the analyst that he be understood, as well as the narrative thrust of an almost existential-philosophical sort, which throws into clear relief the contradiction and the paradox of a kind of lucid hyper-self-consciousness, which is absolutely necessary for him, but from which he would like to free himself.

For Gennaro, therefore, disharmony is either a "natural given of his face" (this has been his bad luck, he says) or the result of his futile attempt to see himself from outside in order to really know how he feels inside. A paradoxical and very distressing condition.

Although these symptoms may seem particularly serious in psychopathological terms, for anyone working psychotherapeutically with adolescents, although not frequent, these symptoms are not a rarity. Along with a whole procession of dysmorpho-phobias that are typical of this phase of development, such symptoms go hand in hand with somatic transformations that erupt in the body at puberty, shaking its very foundations and putting the adolescent at risk of experiencing that developmental breakdown whose crucial importance Laufer and Laufer (1984) taught us to recognize.

Of course, the possibility of developmental breakdown under the pressure of rapidly changing drives and a changing sense of self remains a risk, but one that is not inevitably enacted in a psychotic break with the continuity and sense of the self. Often these symptoms "re-enter," so to speak, spontaneously, sustained by a silent process of internal elaboration. In analysis with adults, it is sometimes possible to see, through dreams or memories---and/or in the transference, too---the "archaeological traces," the found residues of these tormented relationships between mind, psyche, and body during adolescence.

However, what characterizes the critical nature of Luana's and Gennaro's experiences is their persistence, their continuity in the arc of life lived up until that moment. Through their speech, through their narratives, Gennaro and Luana immediately lead us to think about those primitive and primary phases of individual development that are constitutive of the self and the sense of self, and that have to do with those basic processes of development that, whether facilitated or obstructed by environmental factors, relate to primary integration, un-integration, or pseudo-integration.

The *in-dwelling of the psyche in the soma* is fundamental in this *process of personalization* that occurs in the early weeks of life while the infant is sustained by maternal care---a process that cannot be taken for granted, and one that Winnicott's experience has handed down to us so that we can better understand the foundation of the individual's existence in his or her body, the significance of the drive, the fantasies of the body and on the body, and the emergence of individuality.

Winnicott's 1945 essay "Primitive Emotional Development" should be seen as a brilliant master plan, a manifesto of his intentions, however "unconscious," and one that contains in a nutshell the basis of all the future developments of his clinical and conceptual thinking. With great clarity, Winnicott traces the key outlines of what he deems the germinative phases of psychic life.<sup>5</sup> Here he describes the fundamental importance of three processes that he describes as "seem[ing] to me to start very early: (1) integration, (2) personalization, and (3)...the appreciation of time and space and other properties of reality---in short, realization" (1945, p. 149).

But let us go back for a moment to Luana. The little girl's parents had consulted the family pediatrician about the persistence of the "irritation" the child complained of. He sent them to our department with a diagnosis of "disturbance of body image and perception," and suggested psychotherapy.

During the first appointment, the little girl shows no sign of being either concerned or frightened. There are points at which she appears older than her age and describes with precision her symptom and her own perception of it, the irritation that "persecutes [her] and won't leave [her] in peace," as if it were an outside presence in her body ("it feels odd to me," she says). There are other points at which she seems to regress. At these times, she covers her face with her arm and moves close to her mother. The regressive attitudes come out in particular when she is faced with questions addressed to her with the purpose of throwing light on her perceptions, sensations, and feelings connected to getting dressed.

The mother appears indecisive toward Luana: on the one hand, she urges her to answer; on the other, the tone of her plea betrays fear, as well as an acquiescence that prompts an impression of

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<sup>5</sup> Here and in later quotations, we can appreciate Winnicott's rich description of subtle clinical ideas.

the mother's compliance with the child's semi-dictatorial regime. This latter tone is a mixture of indulgence and false irony, a clumsy attempt to put the child at ease and diminish the significance of her emotional reactions.

During the first clinical staff meeting, much alarm was expressed at description of the little girl's symptomatology. Many questions came up about the peculiarity of the symptom in absolute terms, but even more in relation to Luana's tender age and the sensitive developmental stage that she was going through. From Luana's account and that of her mother, it seemed almost as if we were witnessing a live example of defective integration between mind and body, whose serious consequences and outcomes gave the clinic staff cause for concern. Thus, a decision was made to opt for psychotherapy that would offer the child a place where she could bring the incipient mind-body dissociation, with its risk of further *Spaltung* (splitting), and where she could be helped to "pick up the scattered pieces" by having a therapist to listen to and hold her---and who, through the largely preverbal transference, would provide the child with an object whom she could adhere to and introject into.

The integration of mind and body is described by Winnicott as a "psychosomatic collusion," to which he also refers in terms of the "psyche in-dwelling in the soma." The term *in-dwelling* describes the positive outcome of a process of personalization that occurs as the result of the mother's handling of the child during the holding stage, a phase in which the baby is totally dependent and when the (healthy) mother is in a state of primary maternal preoccupation. Winnicott's use of the word *psyche* merits some special attention; he distinguishes it from the way it is used by other authors, which is only apparently analogous. For Winnicott, the psyche is "the imaginative elaboration of somatic parts, feelings, and functions and is often synonymous with 'fantasy,' inner reality,' and 'self'" (Abram, 2007, p. 236).

Likewise, the term *mind* is used by Winnicott to convey a meaning that is altogether different from the one generally used in psychoanalysis. For example, it is quite different from Bion's meaning. For Winnicott, mind is *a sophisticated defense that arises at an early stage as the result of the failure of a satisfying integration, collusion or installation of the psyche in the body*. For him it is the expression of a dissociation in the individual, largely describing an intellectual functioning in which the individual feels the mind as an entity separate from him- or herself, and not as an integrated part of his or her sense of self. The signs of this "mental defense," of this dissociation, are apparent in the accounts of Gennaro and Luana, as I believe I have shown.

Winnicott's 1970 essay, "On the Basis for Self in Body," written a year before his death, contains a passage that is even more illuminating on this concept of personalization/depersonalization: "I adopted the term 'personalisation' as a kind of positive form

of depersonalization, which is a term that has been used and discussed fairly fully. Various meanings are given to the word ‘depersonalization,’ but on the whole they involve the child’s or the patient’s loss of contact with the body and body functioning, and this implies the existence of some other aspect of the personality. The term ‘personalisation’ was intended to draw attention to the fact that the in-dwelling of this other part of the personality in the body, and a firm link between whatever is there which we call psyche, in developmental terms represents an achievement in health.”

The term *in-dwelling* also merits particular attention. Winnicott uses it---a rather esoteric term in English---in an idiosyncratic way. *To indwell* (without a hyphen) means to occupy a place, a space---to inhabit spiritually, to settle into. For Winnicott, therefore, it has a positive meaning in the sense of giving shelter to the psyche in the body, feeling oneself at ease within the body, as one might feel in one’s own home.

Where does an autistic child “live” or “inhabit”? Where is his or her *soul*, his or her *human element*? We owe a great deal to recent neurobiological and neurocognitive theories in terms of recognizing the different forms in which the disturbances of the so-called autistic spectrum present themselves, but these are questions that neuroscientists seem unwilling even to take into account, such is their wholehearted enthusiasm for dismantling all that they see as “false” and “misplaced” within the psychoanalytic understanding of autism. This misguided impulse is taken to the point of dehumanizing the autistic child---in other words, it goes in the same direction toward which the autistic defense itself inclines.

### **Where Does an Autistic Child “Live”? Antonio and the Flying Bluebottle**

So where, then, is the autistic child’s habitat, in terms of internal experience, insofar as this is something simple? Is it still inside his or her body, or is the body---as Bruno Bettelheim said---an empty fortress? Or, as Winnicott (1967b) retorted, is the fortress really empty only in some cases, because often there can be something left inside to be defended, something that is worth the trouble of protecting, with a defense as sophisticated and radical as the autistic one?

I think of Antonio, a four-and-a-half-year-old autistic child whom I have been treating for some three years. Treatment began after an in-depth clinical consultation across every related area then available for exploration by an entity such as the Department of Child Psychiatry. This consultation led to a diagnosis of “confusional” autism, according to the classification used by Frances Tustin (1981), with whom we had been working for more than ten years.

We are in the second year of psychotherapy, and some significant changes have been noted. From an initial diffuse uneasiness and a continuous discharging of motor and linguistic stereotypes, Antonio has become progressively more capable of attachment---albeit in an intermittent form---to me, someone whom he sees three times a week.

In the space of a year, intermittent forms of something approaching symbolic play have appeared, which were practically non-existent before. These came about with the appropriate use of various objects put at the child's disposal in the consulting room and with the furnishings of the room itself. Similarly, Antonio has demonstrated a capacity to maintain eye contact with the analyst, along with fragments of linguistic interaction that hardly ever occurred before, along with semi-articulate guttural vocalizations that primarily express something of an affectionate nature.

The session I will discuss finds me in a state of expectation, somewhat anxious and preoccupied. This is a period when Antonio has been separated from his mother for around ten days because she has been having surgery. He has been moved to his maternal grandparents' home, together with his babysitter, who is also the person who brings him to his sessions while his mother is temporarily away. The babysitter had "forgotten" to bring him to the session the previous Monday---as I was to discover later after a telephone call in the evening, and now, on Wednesday, I wait with particular anxiety to see him appear at the far end of the corridor leading to my room. I am expecting to be met with a child who has undergone a triple deprivation: the loss of his mother, because of her absence in hospital; the babysitter's thoughtlessness in "forgetting" an appointment that for the child is now something internalized as a ritual occasion; and the absence of the analyst who, in his eyes, I think, will appear as a bad person, because he too has abandoned the child.

When I see Antonio appear at the end of the long corridor (I'm waiting for him, as usual, in front of my door, but visible enough for him to become aware of my presence, even from a distance), I am immediately relieved. Antonio runs toward me as if propelled, pulled along by some force of attraction. He loosens his hand from the babysitter's and comes running down the corridor, differently than usual, but with his typical gait: on tiptoe, his body axis directed forward, his head protruding even more, like that of a sprinter aiming to cross the finishing line more quickly by thrusting himself forward with as much of his body as possible. His arms, half bent, stick out from his trunk, like two big toes that are not quite straightened out. His hands are whirling round like two propellers. This image I have of him makes it seem that the child is flying forward so as to be reunited with me.

So it *seems*. But when he gets closer, I realize that it is not so; I experience a fleeting moment of disappointment. Antonio is emaciated and pale: he strikes me as thinner than usual, as if his body were an empty bundle of tense nerves. He swerves into the room, almost pushing me aside, even though I had bent down toward him and said: “Welcome back, Antonio, here you are at last! Vincenzo was waiting for you!”

Afterward, I realize that I was speaking to the “child who is not there,” as we had been told countless times by Frances Tustin, whose supervision warned us about the risk of “constructing” a non-existent child in order to fill the void of communication---to connect with the feelings and symbols that the autistic child may carry with him or her, either temporarily or, to varying degrees, permanently. I had been predisposed, I realized, to find Antonio in a particular way, believing I could be in tune with the *human* being who at that moment wasn't there, whereas I would have liked to see him for the sake of my own reassurance.

Instead, Antonio at that moment is absent. He strikes me as being like a small, frightened alien who, in finding himself in the room with me, feels as though by some chance he has entered a blind alley. He doesn't know what to do. For a little while, he continues running round in circles; then the running dwindles away, almost to nothing, and the child collapses like a puppet that has lost its strings. Now more in tune with what I perceive as a level of communication closer to his experience, I tell him that “Antonio is frightened. He doesn't know where he is---he feels like a kind of Piglet [the stuffed animal from the Winnie the Pooh family that he sometimes brings with him to the session], thrown down on the ground.”

My rapid change of register in attempting to adapt my communication to the level at which I believe---I “feel”---he is at the moment is disturbed by the buzzing of a bluebottle, which has been trapped in the room since I closed the door behind Antonio. From time to time, a little dry knock can be heard, which I find very annoying; it's the sound of the bluebottle trying to get out, attracted by the light coming through the big window, but managing only to hit the glass. It isn't the kind of window I can open completely to let it out, but there is an open flap.

I notice that Antonio is becoming increasingly attracted by the buzzing sound of the bluebottle. Like me, he seems to be irritated, but I think that at least this is a lively reaction in comparison to the torpor of a few seconds before. This attention to the bluebottle then becomes a genuine sign of life---the child's real presence in the situation---when he manages to focus his gaze on the insect as it buzzes madly around the room.

I tell Antonio that this bluebottle buzzing around and hitting itself against the glass is like him. It, too, feels frightened and bewildered. It doesn't know where it is; it doesn't even know who it is. It hits against the glass and hurts itself, but it doesn't know why; it only feels “sore”---like

Antonio, who feels sore all over and doesn't know why. Mummy isn't there and he doesn't know why; he is in a different house and he doesn't know why; Lily has forgotten to bring him to see Vincenzo and he doesn't know why; Vincenzo "disappeared" the other day, and was bad to him; he made him feel sore and Antonio doesn't know why. He doesn't even recognize Vincenzo any more.

This time, Antonio appears to show signs of "understanding" what I am telling him about himself and the bluebottle. His attention seems slightly more focused. Encouraged by this albeit faint connection, I tell him, almost without thinking: "Listen, Antonio, do we want to send the bluebottle home to its own house? Because if we don't he'll be lost and will hurt himself. What do you say? Should Vincenzo open the door to let him out? Then he'll find his way home and he'll feel all together again and not frightened any more?"

Incredibly, at the word "door," Antonio gets up and goes over to it; he tries hard to follow the ever-maddening flight of the bluebottle. I open the door, and for a moment I visualize Antonio and me as if we were two wardens, two guards on either side of an opening, alert and ready to spot anything that happens. In retrospect (*nachträglich*), I can say that at that moment, the child and I are as though we stand in front of a mirror: he is me and I am him. I can say, in looking back, that this is a fleeting moment when the two of us are in tune, and I can say that we were in the domain of primary identification.

After a bit, the bluebottle finds its way out, and both Antonio and I watch, I believe, as it goes through the door. Antonio takes a few steps out into the corridor, as if he wants to follow its flight. There is even the hint of a hand movement, as if he were pointing to the bluebottle, or as if he wanted to attach himself to it so as to be pulled along. Then, spontaneously, he comes back inside. He is calmer, or at least it seems so to me---as if an experience has been completed, has run its full course.

I tell him: "It's a good thing that the bluebottle has found the way back to its own house. It'll be just fine there, you know! And Antonio has found the room again, too: he has found Vincenzo again. He feels he's back together now." And, a little later: "Now Antonio can recognize his own things, his pieces of wood, his toys." I tell him this as I observe him exploring the walls of the room with his eyes and slowly moving closer to the little cabinet that contains his things. A few more seconds go by; then I hear him whispering faintly, as if to himself, "*gocare*," which in his language means "giocare"---*to play* in Italian. He has come to life again; this is the word he uses when he is handling his---for the most part, broken---toys: his little blocks of wood and the scraps of cloth he has brought from home during this first year of therapy.



Winnicott's *Human Nature* (1988) is a companion piece to the article already cited, "On the Basis for Self in Body." In *Human Nature*, Winnicott writes: "How easy it is to take for granted the lodgement of the psyche in the body and to forget that this again is an achievement. It is an achievement which by no means falls to the lot of all" (1988, p. 122).

The concept of "in-dwelling of the psyche in the body"---which I have attempted to describe as a *fleeting moment*, grasped ambiguously in the course of a psychotherapeutic treatment with an autistic child---is thus a clinical concept derived from and developed in the work of Winnicott. Like so many others of his ideas, I have found it particularly helpful in my clinical practice. This concept of the in-dwelling of the psyche in the body is particularly important because it is actually *missing* from other models of the early stages of development, or else "mixed up" with other processes to the point of losing any particular significance. I deliberately use the word *missing*---meaning overlooked, omitted, erased from other theories, rather than expressed in other terminology.

I surmise that this statement is controversial, and this is what I am hoping for: that we may compare different ways of "visualizing" the germinative phases of psychic life and their multiple declensions as expressed in the individual's subsequent development, be it normal or psychopathological.

### **Some Epistemological Considerations on the Germinative Phases of Psychic Life**

Psychopathology---and, by correlation, our clinical and therapeutic approach to the various forms of psychic disturbance that present themselves in infancy and throughout childhood---continues to be, in my view, a privileged point from which to observe phenomena that otherwise remain unseen by virtue of the fact that they act upon development in silence, so long as this is, as Winnicott would say, "good enough."

It is only when the "good enough" environment fails to a more or less massive degree that it is possible to see, through the effects on the child's self, those processes that have not taken place, or that, through environmental impingement, have determined a distortion of development. As Winnicott says in his now-famous metaphor, a child cannot remember being held in its mother's arms in any adequate way because this experience has become a constitutive part *of his/her self*. But if the experience of being held was uncertain, precarious, or actually absent in the psychic sense, the child will have a psychotic sensation of falling forever, and will be prey to unthinkable anxieties.

Winnicott (1957) describes *Nachträglichkeit*--posteriority, the *après-coup*, in an exemplary way when he tackles the topic of the difference between *deep* and *early*. We need to pause, albeit briefly, for the sake of a little digression on the distinction he makes between these two words, for here we are drawing closer to an understanding and an illustration of a process akin to the in-dwelling of the psyche in the body.

Of course, the concept of *in-dwelling* is a metaphor, as are all the concepts and inferences we construct about child development. These help us understand it better and with greater precision, independently of the fact that they are presented to our eyes “clad” in observational data and therefore seemingly objective, or that they are by definition the result of a specific elaboration that is strongly imbued with affective and cognitive elements that the psychoanalyst brings to the consulting room. These are always inferences, and they always possess a metaphorical character, because we would really be going back to a kind of naive realism if we thought that such “observations” are truer and more objective than the psychoanalyst’s interpretations.

It is precisely for this reason that, in such a context, Winnicott’s distinction between *deep* and *early* is particularly helpful to us. It is a distinction characterized by the acumen and methodological rigor that was apparent in his work as far back as 1957, in a paper significantly titled “On the Contribution of Direct Child Observation to Psycho-Analysis.” Here Winnicott begins by stating that he wants “to deal with the confusion I think may arise through an acceptance of the word ‘deep’ as synonymous with the word ‘early’ ....Deep is not synonymous with early, because an infant needs a degree of maturity before becoming gradually able to be deep....To some extent ‘deeper and deeper’ does of course imply ‘earlier and earlier,’ but only to a limited extent.” If “deeper into deeper” were synonymous with “earlier and earlier,” Winnicott observes, then the child would be conscious of its environment. Instead, the environment prompts reactions only when it fails in some important aspect.

This is where Winnicott puts forward the now-famous statement I have already quoted, which is still particularly illuminating, about the different points of view of the child that are implicated in the necessary distinction between *deep* and *early*---and, we might add, between psychoanalytic observation and direct, empirical observation. This extremely fertile distinction links *deep* to the baby's fantasy life---in other words, to his or her inner world, emerging through analytic investigation---and connects *early* to the child's holding environment, which is directly observable.

As Winnicott (1957, p. 114) summed up: "Psychoanalysis has much to learn from those who make direct observation of infants, and of mother and infants together, and of small children in the environment in which they naturally live: also infant observation is not able of itself to construct a psychology of early infancy. By constantly co-operating, analysts and direct observers may be able to correlate what is deep in analysis with what is early in infant development. *In two words: a human infant must travel some distance from early in order to have the maturity to be deep.*"

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