

Memories in Feelings and Autistic Barriers

by

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According to Melanie Klein (1957), the infant's emotions and phantasies are re-experienced in the transference through what she calls “memories in feelings”:

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

She refers to what Freud wrote in his 1937 paper on “Constructions in Analysis” as regards the need to decipher in the transference all the repetitions of past experiences, including those that go back to early infancy -- these cannot be remembered as such even though they have left their mark on the individual's mental structure:

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

This is indeed a technical challenge that all analysts have to deal with – “to reconstruct from the material presented to us by our patients details and data about earlier stages” (Klein 1957 [1993: 177]), even though these earlier stages may have left only enigmatic traces that Freud compared to the ruins from which the archaeologist attempts to reconstruct ancient civilizations.

In *Narrative of a Child Analysis*, Klein (1961) returned to the concept of memories in feelings, emphasizing that they are often hidden behind screen memories, which cannot be fully analysed unless it becomes possible to discover “the deeper and earlier emotional situations which are condensed in them” (Klein 1961 [1984: 318]).

Piera Costariadis-Aulagnier (1975) describes similar kinds of phenomena that have to do with the infant's relationship to the maternal breast. That relationship is governed by *primal processes* that precede both the primary processes described by Freud as characteristic of unconscious thinking and the secondary processes which govern how conscious thinking functions. Primal processes have their roots in archaic forms of representation that Aulagnier calls *pictograms*.

The idea of “caesura” as defined by Wilfred Bion and the findings of Frances Tustin (1972, 1981, 1986, 1990) based on her experience of the psychoanalytic treatment of children with autism can help us, in my view, to clarify both what Klein meant by *memories in feelings* and Costariadis-Aulagnier's concept of pictograms. They do so by challenging the overly-linear aspect of models based on successive phases in mental development, starting with the most physically-based all the way through to the most psychological -- from feelings to representations and then to symbols. My hypothesis would be that the phenomena described by Melanie Klein as memories in feelings are not simply traces of experiences that took place too early in life for the individual to be able to remember them, but actual failures brought about by erecting autistic barriers against the psychical transformations that every attempt to bridge a caesura requires.

Bion's concept of the caesura (1975) is not a linear model even though it does refer to successive phases such as pre-natal and post-natal life. Bion emphasizes the fact that in the psychoanalyst's consulting room, the traces of these different phases do not succeed one another along a single linear axis: they build up in layers juxtaposed within each personality.

“...the personality does not seem to develop as it would if it were a piece of elastic being stretched out. It is as if it were something which developed many different skins as an onion does.” (Bion 1975 [1977: 48-49])

According to Bion, the temptation to locate in the more or less distant past some part or other of the patient's material is linked to the fact that every psychoanalysis necessarily has a temporal dimension. "This obscures the fact that we exist in the *present*; we can do nothing about the past." (ibid.: 48) Indeed, the various layers of the personality coexist in the here-and-now of the analytic session. The psychoanalyst's task is not so much to unmask past experiences dormant in the patient's unconscious as to devise in the present a method that can break through the barriers between the different layers of the personality.

"One cannot go back – although we talk about it in those words – to childhood or infancy. It is in the present that we have to have a method of formulation which can penetrate the barrier." (ibid.: 47)

Bion makes use also of the metaphor of translation, enabling movement to be made from one personality layer to another and back again:

"In the psycho-analytic experience we are concerned both with the translation in the direction of what we do not know into something which we do know or which we can communicate, and also from what we do know and can communicate to what we do not know and are not aware of because it is unconscious and which may even be pre-natal, or pre-birth of a psyche or a mental life, but is part of a physical life in which at some stage a physical impulse is immediately translated into physical action. That transitive experience from a passive to an active physical state may reflect itself even when we are dealing with potentially rational and articulate persons. Can we detect in these expressions of conscious rational communications vestiges of something coming from a part of the personality which is in fact physical?" (ibid.: 55)

The barrier to which Bion refers may be of many kinds. The first kind was described by Freud under the term "repression". Tustin, through her in-depth work with children with autism, discovered another kind of barrier which she called the "autistic barrier". In children with autism this barrier is an obstacle to the development of thinking; it may also hinder the translation from one layer of the personality to another of the experiences that are inscribed in that layer. This is particularly the case of communication -- in both directions -- between the part of the personality that Bion calls *physical* and another, mental, aspect. If this model

is indeed valid, it means that we can rediscover *memories in feelings* not simply as “memories” but as a means of expression of a part of the personality which has become cut off from other parts -- it is thereafter expressed physically, as bodily sensations, via enactments in reality or again psychosomatically.

Let us therefore examine a little more closely the concept of the autistic barrier as described by Frances Tustin (1986).

She has shown (Tustin, 1972, 1981) that the discovery of otherness is experienced by children with autism as a terrifying discontinuity, for they do not have the capacity to integrate it within their internal world by means of representation and symbolization. It is important to note that the trauma she described in these children is not the consequence of physical separation – nor even of repeated experiences of separation – from the mother; it has to do with the child’s becoming aware of the fact that mother and infant are not in a state of reciprocal continuity. In other words, it is the awareness of bodily separateness between self and object which is experienced as traumatic. As Tustin put it,

“[the patient’s] infantile awareness of bodily separateness had been traumatic, and had been experienced as a ‘black hole’ associated with elemental panic and rage about the seeming loss of part of his body.” (Tustin 1981 [1992: 11])

It is separateness rather than separation as such which lies at the heart of the traumatic impact. The infant cannot tolerate the gap which at that point opens up between self and object because he or she does not have the requisite psychological means to process, in the internal world, the discontinuity that is experienced in the self’s relationship to the external world. That discontinuity is felt to be an unmitigated loss, a hole that fills up with persecutory objects. As a protective measure against the return of this traumatic awareness, the child with autism has recourse unconsciously to “autistic manoeuvres” the aim of which is to deny or disavow otherness by plunging the infant into an undifferentiated world of ill-defined self-generated sensations which act as a barrier between the child and his or her awareness of the other person and the external world. In such a state,

any clearly differentiated shape or form is fraught with threat and persecution. Denial of otherness encompasses not only the human beings in the child's environment but also his or her perception of the surrounding world as a whole – it is impossible to tolerate the fact that objects can co-exist separately and in their own distinctive manner.

Tustin went on to describe what at first she called *autistic enclaves* (1984) then *autistic barriers* (1990); her aim was to emphasize the obstacles raised by these barriers against the development of symbolization. Autistic barriers, which are encountered in many different kinds of pathology in children, adolescents and adults, involve states of non-differentiation between self and other, accompanied by a more or less pronounced lack of demarcation in the patient's representation of the world; these co-exist with more differentiated parts of the self and with clearly-defined representations of the perceptual universe. These aspects of the patient's mental functioning come particularly to the fore whenever he or she experiences some degree of discontinuity in the analysis (holiday breaks, cancelled sessions, the end of the analysis).

In my view, autistic barriers are obstacles to any attempt at getting through the caesuras as Bion defined them: the caesura of birth, naturally enough, but also the caesura linked to moving from one state of mind to another. "Cyril" is a 12-year-old boy with autism whose psychoanalytic treatment with me began when he was about 5 years of age. His way of expressing the issues I am discussing here is in terms of whether or not it is possible to go from one storey to another in the building where his sessions take place. "If we go up to the first floor," he asks, "how will we get back down again? If we go up to the second floor, how will we get back down again? And if we go down to the zero floor, how will we get back up to the third floor?" ...and so on. That kind of questioning is usually accompanied by certain physical sensations and manifestations of physical needs such as going to the toilet for a bowel movement. It is as though Cyril were asking whether it is possible for him -- with my help -- to move from one level of his personality to another: can he go from his "physical personality", as Bion described

it, to different layers of his mental personality? For the moment, Cyril's reply is always the same: "Let's take the lift [elevator]!" -- which seems to me to be still a very mechanical solution rather than a psychological one. Gradually, however another way does seem to be opening up -- this time towards symbolization -- but with the inevitable Oedipal issues that this implies; Cyril is still very reluctant to go along that particular road, and his resistance is still quite strong.

I would like now to give a more developed illustration of the obstacles created by autistic barriers. The material I shall now present is taken from the four-session-per-week analysis of an adult patient whom I shall call "Jerome".

A borderline adult patient

Jerome is a handsome man in his thirties. He sought analysis just over nine years ago, one year after the death of his father from a brain tumour, because he was feeling increasingly anxious and afraid that he might be going mad. The eldest of three children, he has two sisters.

Jerome's later childhood and adolescence were apparently uneventful. His early childhood, however, was marked by several serious medical mishaps. When he was only 5 weeks old, he was poisoned by medication (talcum powder). He began convulsing and had to remain in hospital for several weeks; it was feared that he would not survive. That hospitalization, of course, meant an abrupt separation from his mother. His parents seem to have been extremely worried by this event, to the extent that, thereafter, they treated him as a fragile child who had to be protected at the first sign of danger. When he was just 1 year old, the trauma of separation was repeated: he had to be re-hospitalized for asthma-related bronchitis.

Throughout Jerome's early childhood -- including the time when he was ill and the first time he was hospitalized -- his father was hardly present at all; he was doing his military service at the time, some 70 miles away from where the family lived, and was allowed home only for the occasional week-end.

Quite early on in the analysis, issues relating to his links with the analyst came to the fore in a variety of ways.

- A tender, intimate link he associated sometimes to his mother's cuddling and at others to his father's availability when he put Jerome to bed at night, read him a story and held his hand: protecting him from any danger that might come from outside.

- A secure, happy link to both parents when they looked after him together, for example when they bounced him up and down in a sheet that they held as though it were a trampoline.

- A virtual link that was not really attached to anything: for example, his infantile fantasy of swinging like Tarzan on a liana, only to find that the liana was not in fact tied to anything.

- A complete lack of any linking, experienced as endlessly falling at breakneck speed: this experience, already present in his nightmares as a child, came to the fore in the dreams he had during the analysis as well as in fantasies in which he ran along the top of a cliff, kept on running past the edge, then suddenly realized that there was nothing beneath his feet – at which point he plummeted to the ground.

- A link that was torn apart at times of separation; Jerome associated this to the time in his early childhood when, because of his illness, he felt wrenched away from his mother's embrace.

- Shutting himself into a closed-off space, a shell that cut him off from any link with the outside world.

Lying on the couch, Jerome very often had powerful bodily sensations, particularly in the early years of his analysis: feelings of dizziness, of falling to one side, of his back not being supported, of being stripped bare, and of his skin being ripped off. During one phase of his analysis, he had the fantasy of being wrenched off the couch at the end of each session, leaving the skin on his back still adhering to it. He often had the fantasy of touching me physically; this could of course be interpreted as a metaphor for emotional contact, but it seemed to me to be linked also to that primitive level of mental functioning that Bion calls the "physical personality" in the extract I quoted above. At that level, any gap

becomes intolerable -- only direct physical skin-to-skin contact seems to be able to provide the relief and reassurance that is being sought. Esther Bick (1968) described the experience of this skin-to-skin contact between infant and mother as a matrix in which the infant can bring together the different parts of his or her personality. In his description of the mother's containing function, Bion (1962) goes further: the task of the mother (and probably also of the father or any other of the infant's carers) is to take in the baby's projections and transform them into thinkable elements that the infant can then assimilate into his or her mind. If this transformation is not carried out, experiences in early infancy remain un-thought about and unthinkable. The caesura that separates feeling from representation can never be bridged.

Frances Tustin's (1986) description of autistic barriers took this a step further. She showed that the autistic manoeuvres which are triggered in order to counter the experience of the intolerable gap between self and other not only highlight the traumatic trace of primitive experiences that have not been transformed but also create an obstacle to any new attempt at transformation and symbolization. Jerome found it impossible to tolerate his wife's first pregnancy. He felt rejected sexually by her and at that point began an extra-marital relationship so as to fill up immediately the gap that he felt was opening up between him and his wife.

In one session in the tenth year of his analysis, he was at last able to make a clear distinction between what he called an "interval" and a "discontinuity". This was his last session of the week, with a four-day break to come (his sessions are on Tuesdays, Wednesdays, Thursdays and Fridays). After remaining silent for quite some time, he said that he was thinking about the coming weekend in two different ways: as an interval, and as a discontinuity. He then went on to clarify the distinction he made between these two feelings: an "interval" implies separation with the idea of getting back together again, while a "discontinuity" is like breaking off completely.

In that same session, Jerome spoke of the caesura between the adult world and that of children. (He remembered being in a fight one day with a schoolmate in the playground; when the teacher came to separate them, Jerome saw him as a giant

figure pulling him out of that situation.) He recalled also the caesura between childhood and adolescence, when he had a girl-friend for the first time. It was after talking about these caesuras that he thought about the coming weekend break which he experienced sometimes as an interval, sometimes as a discontinuity.

My interpretation brought together the caesuras about which he had spoken and the forthcoming weekend break. I said that he was perhaps experiencing these transitions from one state to another as being sometimes a discontinuity in his development, at others as a continuation of it.

Jerome compared his experiences of discontinuity to a patchwork that had not been sewn together, or to a pearl necklace without a thread to hold them together. Those images seemed to me to be a very accurate description of his inability to bring together the various parts of his personality into a coherent whole. The memory of his father beside him helped Jerome to get back in touch with a feeling of continuity.

The illusion of continuity

In her final papers, Tustin (1994a, 1994b) modified her initial model of infantile autism. She had thought at first that “premature psychological birth” gave rise to autistic reactions; this was based on the idea that all infants go through a phase in their development in which they feel themselves to be in continuity with the maternal object. She then reconsidered this initial model in the light of her new hypothesis according to which, before the traumatic awareness of physical separateness, any mother-infant relationship based on an “illusion of continuity” is in itself pathological. It is as though both mother and baby need to hold on to the illusion that each is in continuity with the other. It is impossible to break free of such an illusion without some experience of being torn apart, hence the trauma suffered by children with autism. Ronald Britton (1989) has emphasized the importance of the fact that, in early infancy, the child has to be in a “third” position, acknowledging that his or her parents are in a sexual relationship, initially at part-object level. This creates a “triangular space”.

“The acknowledgement by the child of the parental relationship with each other unites his psychic world, limiting it to one world shared with his two parents in which different object relationships can exist.” (Britton 1989: 86)

According to Britton, the absence of this “triangular space”, which we observe in psychotic patients or in the psychotic aspects of the transference, is linked to a prior failure of maternal containment.

I have suggested (Houzel 2005) that at an even more primitive level than that of part-objects -- i.e. the relationship between infant and container -- integration of bisexuality is required if the containing object is to be penetrable while maintaining its consistency no matter how violent the projections that it takes in may be. Positive integration of the bisexual aspects of the container depends above all on the quality of the mother's parental identifications; it is thereafter relayed by the quality of the relationship between the parental couple.

Jerome would often say that his mother had been traumatized by the serious health problems that he had had as an infant; when she went back to work, she experienced the fact of putting him in the care of a childminder as being torn apart from him. Jerome also described his father as being very anxious and protective towards him -- but then he mentioned that one of his uncles, his father's older brother, had suffered from a hebephrenic psychosis as an adolescent. In my counter-transference, I had often felt that there was something fragile about Jerome -- thereby, no doubt, tending to make me over-protective towards him. I then realized something of the dark cloud that hung over the relationship that Jerome's parents had established with him from infancy onward -- not only because of his life-threatening illnesses but also, on his father's side, because of the dramatic fate of that uncle, a fate that Jerome's father might well have feared was going to be repeated in his own son. I was thus able to interpret to Jerome the fear of going mad about which he had spoken when he first asked for psychoanalysis -- he experienced that interpretation both as unexpected and as opening up the possibility for him to move forward in his own way.

After last summer break, which lasted more than two months, Jerome came back to his session suffering from an abscess of a sweat gland which looked like a

kind of painful cyst. It makes me think about autistic phenomena in neurotic patients described by Sydney Klein (1980)ⁱ leading to psychosomatic problems, in particular different kind of cysts. He related me a dream he had had several times during the holidays: "he was with his father; his mother was absent. His father was ill and weak. There was a child who made a tactless remark making everybody uneasy. He scolded the child severely to the other adults' astonishment. Then he felt embarrassed and guilty". He linked his dream with his memory of his father's illness and with a scene of the movie "The Name of the Rose". In that scene a monk is found drowned in a tank : first one was can see nothing due to reflection upon the water, but when the camera came closer one could discover the monk's skull in the water.

I underlined the theme of the men without wife, alone and weak or dead as a defense against what he seemed to fear before the holidays break, that I would leave him to join another person, maybe my wife. I wondered whether the child making a tactless remark wasn't the part of himself acknowledging the separation from the analyst during that long interval.

During the following sessions he remembered the delicate gesture of his father covering with a blanket a tenderly embraced couple lying on a beach. He remembered also himself as a child opening the door of his parents' room while they were making love and closing the door delicately. He set against this the memory of his aunt clasping him to her breast until he felt suffocating and with his mother telling him all her complaints about her conjugal problems. That day he noticed the smell of a perfume that a lady, I had just seen before his session, has let in my consulting room and he said that he was saturated by this smell, whereas before entering my consulting room he was not at all thinking of the session.

I underlined the contrast between the two situations: being saturated by the perfume and being free of concern about the session.

Then he thought of his young son, near five years old, who started showing his need to protect his own private space. My patient seemed to unfold step by step his own internal space while acknowledging the intimate relationships between his internal parental couple and being able to tolerate to be excluded from this privacy.

Conclusion

Autistic barriers are erected in order to avoid the pain linked to the traumatic awareness of the gap between self and object. They would appear to involve an overly-narcissistic relationship between the infant and one or other of the parents, a relationship based on the illusion of continuity. It is impossible to break free of that illusion without feelings of being torn or wrenched apart: a catastrophic discontinuity. These barriers make it difficult to overcome caesuras and leave primitive experiences in an untransformed state; these are expressed in the psychoanalytic situation in a physical or bodily manner which corresponds to what Melanie Klein called memories in feelings. The analysis of these primitive levels involves three aspects: the lifting of repression, in particular those forms of repression involved in screen memories; constructions in the sense that Freud used the term in psychoanalytic work; and the analysis of autistic barriers that hinder any attempt at bridging the caesuras which operate early on in life. Access to these autistic barriers requires a careful working-through of the counter-transference experiences that reproduce, in the psychoanalytic relationship, those forms of object relations that are overly narcissistic.

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¹ KLEIN S. (1980), Autistic phenomena in neurotic patients, *International Journal of Psycho-Analysis*, *61* : 395-401