

Dr. Theodore Mitrani's

Discussion Of Paper

by

V. Bonaminio

“Where does the Autistic Child Live?” asks Dr. Bonaminio in his presentation, which he centers on the topic of the *indwelling of the psyche in the body*, in Winnicott’s thinking, *the problem of integration between psyche and soma*. I have selected this question as the central point of reference for my discussion of this paper, which raises an abundance of issues worthy of deep reflection, both on the clinical and on the metapsychological level of models of mind. Clearly, our very rudimentary comprehension of the emergence of psyche from its somatic foundation is an integral part of such issues.

Poets, writers, religious thinkers, mystics and secular philosophers have attempted throughout centuries to approach these issues. My discussion is not an interdisciplinary study. It is a psychoanalyst’s perspective, and a rather biased at that. I shall attempt to highlight what, in my understanding, is the relevance of some of Tustin’s contributions to the issue at hand on this 13th Memorial Lecture gathering.

Bonaminio presents three cases, of which two – four and a half year old Antonio, and 18 year old Gennaro -- have been in his care, and 7 year old Luana, for whom he coordinated the diagnostic process. Luana and Gennaro each presented with a clear and idiosyncratic dismorphic body perception disorder, while Antonio was diagnosed as autistic.

Bonaminio begins his discussion of the presentation of Luana’s and Gennaro’s clinical material by saying: “With both Gennaro and Luana, we are at once led into a primary and primitive areas of psychic life, where deeply rooted processes are formed through *the sense of existence of self in the body*, processes that are seemingly distorted [...] and therefore continually interfere with the sense of self” (p. 7). In essence, I am in agreement with this statement. However, at the same time I would suggest that such processes are necessarily a function of an underlying, cumulative physical and emotional reality of the infant registering, in an ever so rudimentary way, that his or her existence impacts the mother. The baby in its proto soma/psyche needs to register first and foremost that it “exists” for the other. Short of that, and in the extreme case, the acute precipitation of a state of marasmus is secured.

It is my inference, from Klein’s model of the mind, that the prime mover for the establishment of object relations is the necessary projection of the excesses of the death instinct into the breast for the purpose of survival.

As we know, Bion, using the language of affect, deepened and complemented this model with a detailed consideration of the consequences to the infant's psyche subsequent to the way the primary other meets these projections. In his model of the container and contained, Bion attends to an example of a dread of dying. Seemingly in resonance with this, Tustin amplified the significance of Bion's model, insisting upon the importance of the object's response, not only to dreads and agonies, but also to states of ecstasy. For my part, I would explicitly add the importance of the object's response to *any libidinal expression*.

Some of us have recognized that in the course of the analytic process we are to attend not only to the analysand's projections, but we also try to tease out -- mainly through our countertransference derivatives -- instances of impinging projections of the object into the analysand, or failures of the object to respond to him/her. These occurrences become lodged in one's psyche. The earlier they occur, the more pervasive and non-delineated their effect. As we know, Winnicott calls the former "ego-alien objects" whereas Green addresses the latter state as "blank psychosis".

Now, both in the case of Luana and of Gennaro, we are faced with manifestations that lend themselves to be considered psychotic, given essentially the rigidity and consistency of aberrations of sensorial perception with their respective accompanying clusters of cognitive and emotional symptoms. How might we look at the matter in terms of primitive states of the rapport between psyche and soma? And in what way may some of Tustin's contributions be pertinent to the matter? In what follows, I will attempt to provide a partial response to these questions.

Luana

In the case of Luana, we are given relatively limited information about the background development of the symptom other than the fact that it had been of long duration since, at one year of age she would pull off only the sock on her right foot. The symptoms exacerbated eight months prior to consultation for unknown reasons. Luana is also said to present certain obsessive symptoms, essentially with regard to her compulsion to keep a togetherness of twos, i.e., two grains of rice removed, two kisses on the cheek, and so on. I suggest that the dismorphic bodily perception and tactile experience may have much to do with Luana's unwitting transformation of herself -- on the concrete bodily level -- into a grotesque demonstration of her indigestible incorporation of the peculiarities of the relationship between the mother and her sister and the notable non-engagement of the father in this enmeshed environment. Significantly, we are not told that father participated in the parental consultation.

The task of articulating a hypothetical analytic formulation of Luana's plight is based solely on the report. Thus, I shall attempt to work within the limits of what is given. As a first layer of hypothesis I suggest that Luana exhibits a manifest symptom which resonates with an apparent state of a symbolic equation but not quite. Her symptom differs from symbolic equation for, in Segal's (1957) classical example, there is only a partial failure of symbol formation. The violinist recognizes that his violin is a musical instrument and that his playing produces music. Yet, it is exactly that which he cannot differentiate from engaging in the act of masturbating in public. For Segal's patient A, (the violin) equals B (his penis) and not A is similar to B. Playing equals Masturbating. In Luana's case, her expressed cognitive and sensorial perception of her body presents the observer with a symptom of concretization, of reification. Within the cyst of her symptom, Luana's capacity for symbol formation appears truncated and sensorial reality reigns supreme. For her, there seems to be no narrative, no context, and no significance to the symptom, only sensorial presence. The body, sensually felt to be asymmetric, is a concrete, organizing object that she relates to. She is insistent upon the acknowledgement of the symptom. It is this specific situation that indicates the operation of an aberrant response to a traumatic experience.

I suggest that Luana underwent a failed and perverted process of building up her primary identification. I consider, along with Tustin's (1992, p.32) that the child could not establish her rootedness in a responsive mother with a sturdy and lively core and reasonable boundaries, one who could really claim the child as her daughter and inhabit the function of mothering. Luana's mother seems to be entangled in a symbiotic relationship with her own sister also with regard to Luana. Moreover, during the interview she seems to express herself in terms of operational thinking (Marty & de M'Uzan). I think that Luana's "irritation" is analogous to the nasty prick in Tustin's patient John and at the same time, in its unyielding rigidity, it is also a "blockading thumb" (Magagna 2002, p.139), which holds her together against the potentially overwhelming experience of dismantlement in response to the black hole of the presence of *the mother who is not*.

Some of us have recognized that in the course of the analytic process we are to attend not only to the analysand's projection but also to try and tease out, mainly thru our counter transference derivatives, instances of impinging projections of the object into the analysand or failures of the object to respond to him/her. These occurrences become lodged in one's psyche. The earlier they occur the more pervasive and non-delineated they are. As we know Winnicott called the former "ego-alien objects" whereas A. Green addresses the latter as "Blank Psychosis".

In a way, one could consider that, while creating her ego-syntonic symptom in the service of psychic survival, Luana turned an abysmal vaginal space of an absent mother into a rigid, mummified phallus present, which preserved only a sensorial quality. Curiously, the activities in response to the symptom provided a secondary gain in the nature of affectionate, playful interactions with Father. Yet, Luana could invest herself only in a ghost mother. Subsequently, as Jim Gooch might say, she was “had” by the creation and the turning into a concrete *presentation (Vorstellung)* -- not a *Representation (Representanz)* -- of a two-bodied mother made of disparate parts bound together in a twisted trunk, in an attachment of untruth.

Bick (1986) points out that the second skin is patterned after some sensual element in the maternal environment. Clinical experience with these constellations often shows that it is a rather eerie element that is enlisted. In response to the eerie element, the infant is permeated with unbearable dread. Indeed, while reading the clinical description of Luana’s symptom, I detected in myself a sense of the uncanny, which helped me to detect the link between Mother’s inferred pathology and the little girl’s symptom. Apparently, while mother was in the grip of a stealthy *white psychosis* (Donnet, J.L. and Green, A., 1973 *L’Enfant de Ca.* Ed. de Minuit), Luana burst out, since her early neuro-motor maturation, with a *manifest psychosis*. As we recall, she would pull off only one of her socks since around one year of age.

Luana’s symptom can be considered a version of a second skin: a bi-dimensional entity through which she maintained an operatory, excitatory and adhesive connection with the two-headed, entangled mother–aunt entity. Most fundamentally, this is a formation which, unwittingly, enabled her a quasi-impermeable protection against the aforementioned dread, a scaffolding of an ossified thing functioning to hold herself together and form a pseudo-relationship with the mother.

In the case of Luana, I consider her adhesive connection to the mother not only as static, stultifying and deadening but also, paradoxically, as a very active entity which maintains a reciprocally parasitic, denying and depleting relationship between mother and daughter. Mother is deprived of the opportunity to function as an effectively caring parent, whereas the daughter is deprived of the possibility to find in mother some degree of containing presence. It is a perception of a sensual thing, the sensorial feeling of the dismorphic presence, which glues them together in a state of reciprocal immobilizing alienation and depletion. Luana’s sensation of the dismorphic serves as a plug to tap or to cover-over a psychic void. Mother,

and for that matter Father, haven't a clue about any possible significance of Luana's symptom. Most obviously it is an unthinkable matter for Mother short of being an annoying and disruptive insistence that has to be either suppressed or eradicated. This particular psychic lack of resonance should not surprise us, as I shall be clarifying shortly. Yet, we know both from Tustin's teachings and from our own clinical and, not rarely, personal experience, that the nature of this entity is dialectical: it deadens vibrant aliveness and preserves muted survival.

But what may have triggered Luana's creation of such an aberrant entity, a thick screen of beta quality, if you will? What is the nature of the black hole that she tries so creatively to stay away from? Alongside her basic vulnerability, not necessarily abnormal, I think that an important piece of the puzzle of her plight may be found in the impact upon Luana of certain features of Mother's personality and self presentation, along with Father's attitude and behavior, as they come across to me through Bonaminio's report. Bonaminio is clear in his diagnostic impression of a symbiotic relationship between the mother and her sister. Even though we are presented with only an abridged relevant account thereof, I very much agree with this diagnostic impression. As I mentioned earlier, part of my inference is that Mother, in her unconscious and for reasons unknown to us, could not or did not truly claim and inhabit the universe of being Luana's legitimate mother and could not psychically act as such. She might have frozen up her depression, she might have been manically compensating her sister due to guilt, and/or the two may have been existing in the shadow of an unreliable maternal presence in their psyche. One can only speculate. Regardless, much of mother's libidinal resources seemed to have been invested in the entanglement with her sister. One would wonder whether her pregnancy, giving birth and rearing Luana had been unconsciously determined, besides an impersonal biological urge, more by strong notes of compliance with implicit social/familial expectations and by a need to provide her sister with a baby than by an experience of individual engagement.

My intuition, cautiously based on the available report, suggests that indeed that might have been the case. Thus, I hypothesize that mother existed in a chronic subjugating compliance and deference to her ideal ego, i.e., to what she unconsciously believed she *should* be. That predicament confined or even squashed what she *could* be. We may think of Mother's squashing ego-ideal to have been close in its nature to what Bion described as a Superior Ego. Subsequently, and rather unconsciously, what she could offer Luana was not only an absence of a presence of an experientially-mothering Mother, who knows herself to

be one, but an imposing presence of a false and ghostly entity who needs and demands to be confirmed by her child as a real mother. A suggestive detail which obliquely clues us to my aforementioned inference about Mother's silent plight emphasizes the ongoing bitter and frustrating fights between mother and daughter at the time of dressing. If such was Mother's own plight, it follows that she was unable to provide the needed receptivity for Luana -- what Tustin (1981/1992 p.208) called a *stomach-mind*, where ingestive and digestive processes occur and transform sensations into precepts and concepts. The struggles during dressing Luana brought to my mind a relevant segment of infant observation as described by Jean Magagna (2002).

When mother shows baby the bottle he looks at it as if he doesn't recognize it. He then turns away and looks at his rotating hand. This is a regular pattern when the bottle is offered. Mother pushes baby's hand away from his mouth and inserts the teat. Baby sucks once and spits out the teat. Each time this sequence is repeated mother becomes increasingly insistent as she firmly presses the bottle hard into baby's mouth. Baby grabs the bottle with both hands, pushes it away and spits out all the milk from his mouth. Mother becomes more nervy intrusive and angry as baby becomes increasingly strong-willed in wrenching the bottle out of his mouth, vomiting and returning to sucking his fist (p. 137).

In addition, it could be inferred from Bonaminio's account, that Mother also unconsciously engaged her sister in the position of Luana's co-mother. The latter seemed to embrace and claim this position as a substitution for her own childlessness and as a feature of the entanglement between the two sisters, yet another arrogation of an insubstantial and therefore false pretense.

The sister is described by Bonaminio as a counterphobic partner to the mother. At least in appearance, she seemed to take with apparent ease being shut out of the diagnostic interview and planned to "blow off" the narcissistic offence inflicted upon her through the smoke screen of a cigarette. The pun, mind you, is fully intended. It is also highly significant. There seemed to have been no attempt, on the sister's part, to contribute anything on Luana's behalf once her adhesion to her own sister was dis-invited by the interviewer. The sister also seems to present herself -- in accordance with her own ideal ego -- as a co-mother, who tacitly expected the unconscious lie to be recognized as a truthful reality. In this way, Luana was

faced with the absence of the input of an aunt who could recognize herself as such, and could potentially be of invaluable support, both to mother and child, given the more modulated nature of the reciprocal libidinal and aggressive investment. Instead, Luana is presented with the bodily presence of a woman known as her aunt and whose imposing unconscious misrepresentation of herself and expectation to be accordingly recognized is in tight alliance and entanglement with mother's.

So far, we can recognize two essential absences, stealthily covered over by chronic untruthful presences. But there is more. I would venture to suggest the consideration that Luana's father is but a coincidental appendage in mother's and aunt's mind as far as their rapport to the child is considered. Father himself is not known to intervene in Mother's and Aunt's claim over Luana, so much so, that he did not even show for the interview regardless of the severity of the difficulties at home. Paradoxically his apparent distance allowed him to stay in a benevolent and helpful position. He created for and provided the child with a focus of interest common to both of them, which allowed her to skirt the violent emotional reaction when her symptom was being denied by the insistence that she wear ordinary clothes. It seems symptomatic that mother, imprisoned in her own plight, could not even attempt to emulate Father's technique. Nevertheless, it seems to me that for Mother and Aunt, with regard to Luana, Father was but an adjunct problem-solving helper when mother felt no longer able to impose her parental authority. Father's apparent quiet compliance with this state of affairs constituted a third absence under the auspices of the mother/aunt tacit blessing. In short, both the dyadic and the triadic constellations were severely interfered with. Most especially, the dyadic connection was deformed and disfigured by Mother's tenaciously upheld unconscious empty pretences masquerading as truths. On Luana's part, the compulsive repetitive defeat of Mother deprived her of whatever her mother, with all her limitations might still provide her with.

An additional formation of a second skin patterned after a feature of the mother could be detected in Luana's well developed verbal abilities. Bonaminio noted Mother's descriptive verbal cascades during the interview. I was impressed that, Luana's verbal utterances, at least in her individual interviews, were very much of the quality of a similar operational descriptive nature, devoid of curiosity, emotional resonance and imaginative elaboration. It seemed to me, when reading the text, that her distress and suffering were by far more a reaction to the non-recognition of what was, for her, the reality of her symptom, rather than to its very existence. This kind of verbal production is also a deadened entity, unconsciously

misrepresented as a communication with the tacit expectation that it be recognized as relatedness. Instead it buttresses and reinforces the insulating shield.

As I conceive of Luana's condition, her not-so-peculiar symptom was a presentation in concrete, physical, bodily sensation of the disfigured and disfiguring two-headed mother. The live psyche of the child, within this cyst, is expunged. Luana became the entity mother. Like the latter, she insists, in total naiveté, that the symptom-she be acknowledged as true and not tampered with. The mother she was turned into seemed to have been her reaction of denial, given her inadequate resilience to withstand the overwhelming massive clash with a stealthy, psychically unyielding, depriving and obstructing presence, whose predatory assaults were meant to obliterate the child's and probably the baby's sense of being, turning it into an indentured servant -- as in dentally occluded -- to the maternal delusions of her own ego-ideal. The very capacity to discriminate between true and false, real and dissimulated seemed to have been targeted. Needless to say, under such circumstances, the possibility of exercising projective identification either as communication or evacuation is negligible indeed, as is the chance for introjective identification.

Tustin (1981 /1992) pointed out the necessity for experiences of *flowing-over-at-oneness*, formerly recognized by Imre Hermann (1929) as a precursor to the establishment the sense of skin and therefore an inside and an outside, at which time projective identification can emerge. My thinking here resonates with Genevieve Haag's (1997 p.366 Mitrani & Mitrani). When experiences of flowing-over-at-one-ment are seriously deficient or denied, there are consequences. Among those, the emergence of sense of a presence not being, a pre-perceptive thought either about a loss of a presence or about its possible reappearance is seriously interfered with. Instead, there is a sense of that, which in our inadequate adult language, we may call *an amputation gone forever*. It is precisely that open, bleeding wound that needs to be plugged up in the service of survival. For Luana, that cork, that hard object of positive hallucination is her symptom. Her attachment to it is *thin and tenacious*, in Deutsch's terms. as phrase she employed with regard to the "as-if personality."

In my understanding, Luana was confronted much too prematurely with a sense of non-receptive otherness as a source of imminent annihilation, which stuns the psyche (and as a rule, some biological tissues as well) into a frozen state. There is no room for rootedness (Tustin 1982/1992) to develop nor for a *rhythm of safety* (Tustin 1986) to unfold, for the sense of perch to stand on to emerge, for a quiet feeling of belongingness to gain any significance, and certainly for imaginative elaboration of bodily sensations to take place.

Both Isaacs and Winnicott remind us, in different language, that these are prerequisites for the development of unconscious fantasies. Both unconscious fantasy and relatedness are subsequently stunted. Curiously enough, Freud (1921) touched ever so briefly, and only in a footnote, on what he named *common substance*, in connection with processes of identification. It would seem that in Luana's case, the development of common substance between her and Mother was meager indeed.

One of the problematics of a non receptive object is specifically addressed by Tustin (1990, p. 56) in her considerations of un-received projected states, including the more primitive attempts at flowing-over-at-one-ment either of agony or of ecstasy. She specified that, within the rhythm of safety, the repetitive sensual re-connection with the caring object creates a primitive sense of the latter being a complementary part of the body, thanks to which the ecstasy of the reconnection can be tolerated. A complementary process occurs when dreads and frustrations are recognized, processed and responded to by the other. The foundations for the future emergence of symbol formation is thus set. However, Tustin also (1990, p.56) pointed out that "I is indeed a diabolic situation for these children when they feel that their projections of extreme states, such as rupture and tantrum, are 'thrown through' a 'nothingness' instead of being caught by a reflective human being... ." In such cases, the sense that one is being dispersed into infinite space is not uncommon. By contrast, the psychic elaboration and responsiveness of the primordial, sensation-dominated passions, both libidinal and aggressive, both the symbolon and the diabolon facilitate the process of symbol formation. The elaborations of these projections also contribute to the establishment of a sense of being received in an object capable of returning the projections now transformed. This capacity of receptivity, elaboration and return by Luana's mother, incarcerated in her own difficulties, seemed to have been rather constricted. This limitation grossly interfered with the healthy formation of primary identification. Incidentally, based on infant observation, Haag (2000) described most perceptively a wholesome primitive version of this process, which she dubbed "The Loop of Return." It chiefly involves the gaze, the eyes and the inside of mother's head.

Tustin (1981/1992) recognized that, when primary identification fails to develop, while the capacity for psychic survival persists, a common solution is the formation of *adhesive equation*. She goes on to specify: "This is a delusory state in which the child feels stuck to and at one with mother in a pathological unchanging way. [...] Adhesive equation obviates awareness of bodily separateness, but it seriously stunts the child's psychological growth"(p.

33). This is a pathologically sensation dominated state in which attention is heavily invested in bodily auto-sensual reactions that “Generate illusions of fusion or confusion with the mother who is experienced as a part of the child’s body.” The activities arising from these reactions become idiosyncratic, rigid and intractable to a damaging degree.

It follows that, if my hypothetical analytic formulation about Luana is valid, this child withdrew from her initial contact with an anti-background-mother compounded with an invasive, co-opting object-mother with whom she had no resources to contend. In parentheses, I wonder if both mother and aunt carried some similar dimension within themselves, to which they responded by their symbiosis and operatory thinking. Luana’s black hole of chaotic dreads, meaninglessness, unthinkable anxieties and agonies, along with a continuous horror of annihilation, was plugged up by her icy delusional symptom. Enclosed in her autistic enclave, she sheltered herself in a place of non-feeling, non-thinking and non-recognition of the ‘me’ from the ‘not-me’. Also, she probably sheltered herself from being lost in a confusional state with the confused and confusing mother/aunt entity.

In a related issue, Tustin (1981/92) clarified that “One function of the psychosomatic illness seems to be to release and deal with the violence associated by unregulated sensuality, as well as to give form and shape to formless, raw, auto-sensual elements.” It is clear, from Bonaminio’s, report, that Luana’ symptom was not a psychosomatic illness, inasmuch as it did not show any organic pathology. Her symptom suggests much more the creation of an inert, idiosyncratic perceptual and sensual phenomenon, a lifeless, arid nipple-substitute around which Luana’s lips of attention latched themselves and through which she managed to involve the whole family, albeit in a life-eviscerating manner. Subsequently, we may consider her “peculiar irritation” to be a transformation into a *psychotic equation*. However, Tustin’s remark, concerning one of the functions of psychosomatic illness, seems to me relevant and valid in Luana’s case as well.

It may be important to note that the state of the original turbulent agony of consciousness (Tustin, 1981/1992) at the violent rupture of a preconception of an illusory common psychological membrane trigger also the eruption of *precipitation anxieties* (Houzel 1995) and the paralysis of the capacity to mentalize experience (Mitrani 1992). These factors, among others, disallow any emergence of grieving and mourning, since the crucial reality of the plight is not that of the loss of a formerly present and libidinally invested object, but instead is the void of its absence.

Much could also be reflected on or hypothesized about the significance of Luana's obsessional symptoms, particularly on her insistence on things being given or taken in two's, and on her shifting, during the interviews, from pseudo-adult to regressive states and vice versa. These are all varieties of active stabilizers, against dreads of both dissolution and/or confusion. Perhaps a few relevant formulations might include those of Anzieu (1989), Houzel (1990), McDougall (1989) and Haag (1990/1997.) However, considerations of time do not allow me to extend my discussion of Luana's case further.

Suffice it to say that a distinct autistic enclave is masked within Luana's otherwise psychotic symptom. The latter constitutes a circumscribed dimension of an apparent neurotic personality. The enclave also suggests *a coincidence of vulnerability* (Mitrani 2001) with a mother affected by a white psychosis. These dynamics result in an inert, mute libidinal disconnectedness, encumbered by an antagonizing and parasitic link. As we know, Tustin (1986, 1990) attended to this intricate configuration as well. However, in response to Bonaminio's central question, "Where does the autistic child live, I would suggest that *the autistic child does not live*. He/she survives, frozen and buried in the sealed fortress of disconnectedness from feeling, thinking, imagining and the recognition of 'me' and 'not me.' Their shell or their inert symptom is the regulator of their black hole.

Gennaro

I shall be much more brief in my consideration of Gennaro's case, not because it is less complicated, but out of respect for the time allotted to our panel of discussants and the your – the audiences -- interventions. In reading Bonaminio's report, I found myself in agreement with his formulations. However, I would like to add some thoughts of my own.

Gennaro does not seem to have reached a psychic sense of his being a vertebrate or maybe a sense of his being at all. He manifests a pervasive and chronic example of failed integration of the soft and the hard. Besieged by his perception of being and looking like a deformed plasticine figure, his shell is particularly rigid. His plight may remind us of Neville Symington's model of psychosis, with its core of Jelly. Additionally, issues of disfigured anality and deformed phallic narcissism are extremely relevant. But these considerations by far exceed the limits of this discussion.

The problem of the gaze is central to Gennaro's plight and it is unclear to me through whose eyes he observes the body, which intellectually he knows to be his. One could suggest that his "I" is so evanescent that there are no grounds for him to consider himself, and much

less so his self as an objectified other to be reflected upon. However, he is compelled to look at his *physical* reflection, and what he sees only confirms a long-lasting, pre-established image of his face. These moments seem to me to be eroticized into an excitatory suffering, which abducts and subjugates his attention away from the potential horror of his state, resembling that of a deformed Raggedy Ann Doll. I am convinced that Bonaminio's detection of a faulty process of personalization and integration is indeed accurate.

It is important to specify that the growth-promoting potential of Mother's gaze is enlivened through her libidinal attachment and *her capacity to think the child she looks at*. It is unclear to me from the report whether the problematics were mainly located in the constriction of an absent-minded, preoccupied, depressed or more cerebrally inclined caregiver. At the same time, could it also be some basic sensitivity in Gennaro, owing to which he either needed more vibrant, sturdy emotional input or, on the contrary, had to block-out or screen such input, which triggered unbearable excitement. Did he have to blot out his sense of hardness or was it a primordial hard sensual quality that triggered essential distress at the dawn of his perinatal reality.

Whatever the reason might have been, it is clear that Gennaro failed to go through a reliable development of the early binary sensual split between the soft and the hard. As we know, Tustin illuminated this process, as she focused on the significance of the interaction between teat and tongue, mouth and breast, and presence in the emptiness of the buccal cavity. If things go well enough, a sense of cooperation between receptivity and penetrability emerges from this seemingly humble, initial moment. The historical causality may have little importance to the actual unfolding of the analysis. It would be mainly, but not exclusively, through the countertransference derivatives that a construction could be attempted in the long run. For now, the symptom exists out of linear time with neither organic history nor significance. Gennaro somehow feels that something is essentially askew with him besides his physicality and he longs to have a mind in his body like others. But, of course, he cannot consider what has been going wrong, since it is an unthinkable matter for he who has no tools for reflection.

Gennaro pleads with the analyst to recognize and accept the veracity of his image of his face and body, his devastating state of shame, etc. I translate these pleas as his crying out to be seen and to exist in the heart and mind of the analyst. One could say, an attempt to provide him with a chance to be enveloped with a psychic skin. One essential possible way to respond to such a need may be through descriptive, thoughtful

interventions, to the best of the analyst's judgment, of the states Gennaro goes through during the session, and their link to the dreads he cannot and does not suffer. This approach differs in essence from interpretations of causal linking. I trust that a great many colleagues present here today are quite familiar with this matter.

In a related issue, I agree with Bonaminio that Gennaro's extensive descriptions of his situation was essentially in the service of maintaining a static, protective beta-screen of anti-knowledge as different from organic knowing. It seems to have been part of his protective shell, an auditory bubble as Tustin describes it, and agglutinated to the consuming obsessions, shame and torment. Unwittingly, Gennaro may have been trying to abduct the analyst's attention into the tight mantel of this shell. It seems clear, both to Bonaminio and to myself, that failure of the analyst to detect the operation of such unconscious, seductive and powerful maneuvers of the protective shell can easily set the grounds for a pseudo-analysis that will necessarily miss the essential consuming plight. The latter remains, for a long time, unknown and unknowable to the analysand. In this context, Jim Gooch raises a cautious note: The unconscious spreading of the protective and diverting shell over the analyst's attention may entrap, convoluted in its folds, disguised genuine fragments of substantive, non-evasive communication. The analyst's burden to discern and tease out the one from the other, within the privacy of his/her own introspection, may at times be demanding indeed .

There are two points about which I hold a somewhat different consideration than Dr. Bonaminio. The first is the importance of Gennaro's conscious experience of persecuting shame, due to his conviction of physical deformity. It is obvious to me that the grievance has to be acknowledged and responded to as such. At the same time, it is as important to keep quietly and firmly in mind that the shame itself is a by-product of the positive hallucination which, in its turn, tightly covers up the unthinkable dread of the unheld invertebrate. In this way the shame could be easily unconsciously harnessed into attempts at diversion. Gennaro's manifest and declared shame, however real and biting, seems to me to be of a different ilk than the shame of one who either recognizes or is convinced of being unwanted by those who are quintessential to his survival.

The second point regards Gennaro's intense preoccupation with his appearance as, in part, a feature of his being an adolescent. No doubt it is a feature of adolescence. However, while the healthier adolescent engages in cultivating his/her physical image in the service of enhancing their sexual attractiveness, differentiating themselves from

adults and fitting into the circles of their own age group, Gennaro's preoccupation maintains only the veneer of all the aforementioned. The nature of his obsessional activity is of a different quality and for a different purpose. It seems to be a desperate attempt to disassemble, a repair of a fundamental and pervasive deficiency and defect in his existence, which he concretizes into his bodily hallucination. Gennaro seems to be surviving, not living, in the dimension of the undead.

Antonio

On the grounds of Bonaminio's report, Antonio comes across as affected by a florid autistic syndrome. The progress achieved with Antonio throughout the period that preceded the specific session may have a particular significance beyond a testimony to the resilience of the analytic couple. To the degree that this syndrome is also organically based -- a prospect that Tustin as well as contemporary psychoanalytic workers with autistic children have no reservation to recognize -- the experience of the last 50 odd years (in Italy, Germany, France, the UK, South America, Israel and even with some cases in this country) has provided evidence that some autistic toddlers and children could definitely be reclaimed (Alvarez) from the claws of their deadening encapsulation through an effective analytic process. Additionally, autistic enclaves in children and adults have been shown, not infrequently, to be considerably attenuated in analysis. To my knowledge, there is no medication that can cure or tone down the primary symptoms as different from the secondary ones. The latter include possible outbursts of rage and violence and/or compulsive and perseverating, physically agitated behaviors, which might endanger the individual and those in his/her environment. These symptoms are liable to burst out in those Tustin (1981/1992) identified as carrying a *segmented shell of a secondary encapsulation*. The latter are also affected, at times, by more expulsive psychotic trends.

Back to Antonio. The session described so sensitively and thoughtfully by Dr. Bonaminio takes place, chronologically, against a background of trauma induced by mother's disappearance and the baby-sitter's mindlessness. I use the phrase "chronological" since that has a meaning only to the observer. The autistic child exists outside the dimension of linear time. This is not due to natural immaturity, but rather to his/her compulsion to blot out the recognition and experience of the flow of time, or more precisely, our unstoppable and imposed linear flow within time. Change of the familiar equals a threat, and often an event of a devastating, disorienting disaster. To my mind, the

forgetfulness of the baby-sitter violently disrupted Antonio's apparent rhythm of safety of the to and fro of his encounters with all the sensorial realities, which reappeared in an established, constant pace on his way to session, the building itself, the room, its content, and the lively presence of Dr. Bonaminio himself.

The repetitiveness of the rhythm itself is an active presence that, ever so slowly and with inevitable setbacks, contributes to the emergence of some sense of safety in the face of the pervasive dread of the unfamiliar. The live presence and interventions of the analyst becomes a tentative guarantor that the repetitiveness of both objects and rhythm of safety not turn surreptitiously into an empty ritual. I say "a tentative guarantor" since it is inevitably bound to happen intermittently. It would also be a long time before the encapsulated child would yield a sign of recognizing (in the analyst) a live presence, as different than a thing, a source of either soothing or impinging sensorial stimulation, that is, if he/she would suggest that they note at all the presence of the other in the room.

In Antonio's case, the disruption of the rhythm of safety, with its built-in salutary undulations, to my mind brought about a catastrophic effect, which destroyed much of the necessarily modest former achievement of a budding sense of continuity and subsequently, in the long run, of a floor in the mind. The deleterious effect was by far more seriously compounded by the vanishing of Mother, which recreated a violently invasive black hole reality for Antonio. This was intensified by his being blotted out from the baby-sitter's mind, the dynamics of which are unknown to us. Antonio was left as an orphan of nothing, with utterly reinforced meaninglessness and freezing helplessness. Now, this concatenation of events would certainly unleash serious reaction in any psychologically resilient and healthy young child. For Antonio it was most probably a catastrophe that flattened him out and shot him out into a sense of horrifying free-fall into a bottomless abyss.

Against this background, I agree with Bonaminio that, initially he was greeting a child who was not there. It is conceivable to me that Antonio started to run towards Dr. Bonaminio and his room out of a bursting excitement of being stimulated by the now-familiar objects, including the analyst. I assume that, until that moment they were gone for the child, gone forever, that is, along with pieces of his eyes, ears, mouth, skin and each sensorial modality he had "touched" them with in his faint perceptual memory traces. Dr. Bonaminio seems to have sober up very quickly from his wish to find in Antonio a child who could recognize and relate to him as a lively, interactive person.

What takes place in the room is of great interest. I would suggest that for a while, Antonio's preoccupation with the blue bottle was both mindless and salutary at the same time. Mindless, inasmuch as it was a source of a distinct non-impinging and non-vanishing sensorial stimulation, which Antonio could hold onto at will, with the arms of his eyes and of his ears. Bick, Tustin, Symington and J. Mitrani have attended to this phenomenon at some length. This elemental state of continuity in holding himself together around the bluebottle-nipple-substitute in the presence of another, however meagerly acknowledged, helped Antonio to slightly re-regulate the engulfing dreads of both falling forever into no-where and the unbound excitement in discovering the familiar. This transformation apparently allowed for a degree of attentiveness to his analyst. The latter engaged in telling him a lively and creative story, drawing a mirroring between Antonio's agonies, dreads and the bluebottle.

It is next to impossible to infer what Antonio made of the content of the story, if anything, since expressive language lags much behind comprehensive language. However, based on Bonaminio's account, it seems that Antonio may have sensed that Dr. Bonaminio was extending over him some sort of a mantle of protective common psychic skin through his thinking about him in a lively libidinal way. I wonder if we may try to conceive of some sensorial elements of this mantle as consisting of the music of the voice combined with the gaze and imbued with an actively receptive, thoughtful state of mind in the act of extending itself to facilitate engagement.

I have just used a metaphor of a mantle for the extended, offered psychic skin. This reminds me of an observation made, I think by Lacan, that when we make recourse to metaphor, our theories seem to be lacking in clarity, deficient. In this case I did not develop any theory, but presented a hypothetical clinical impression. Regardless, the argument cannot be easily dismissed. And yet there is a twist. Anybody, including a secular responsive person, who watches a Jewish father spread out his praying shawl over his son in a Bar Mitzvah in an engaged, rather than in a mechanical way, or a mother giving her daughter a piece of her heirloom jewelry at a significant moment of the daughter's life, or who witnesses monks receiving their tunics upon being admitted into the folds of their order in a special initiation Mass, knows and experiences the empowering robustness of these acts of loving thoughtfulness, recognition and acknowledgement. When these acts are sincere, they allow no room for sentimentality. There is also a quality to such experiences that is real but ineffable, 'un-sayable'. To be

described, it requires the introduction of a metaphor with its resonance rather than a high level of abstraction. It seems to me that something akin to what I have just described may have taken place on a very primitive and delicate but real level of connectedness between Dr. Bonaminio and his little patient at the door: a moment of a mirroring togetherness. Subsequently, following some distracting inhibitions, and probably as a reaction to the vanishing of the bluebottle, a transformation took place. Antonio seemed to locate himself in the room, to propel himself with intentionality, to reflect upon what he wanted, to articulate it symbolically, i. e. verbally and communicatively. For that moment a sense of orientation in space, of agency and of relatedness was established as a sense of a psychic skin and a floor for the mind were gained however momentarily.

Freud (1921, *Group Psych and the Analysis of the Ego*, vol.18

Magagna in Andrew Briggs *Surviving Space* 2002 p.139

H. Deutsch's (1942 *Some Forms of Emotional Disturbance and their Relationship to Schizophrenia*. *Ps. An. Quart.*, 11, 301-321) phrase with regard to the As-If

Houzel, D. (1995) *Precipitation Anxiety*. *J. Child Psy. Ther.* 21, 1 : 65-78)

G. Haag (2000 *In the footsteps of Frances Tustin, IJInOb and Its Applications*.3:7-22)

(Mitrani 1992) *On the survival function of autistic maneuvers in adult patients*. *IJPA* 73 (2): 549-559)

Anzieu (Anzieu, D. 1989. *The Skin Ego*. Yale UP. N Haven and London.) Houzel, D., 1990 *The Concept of Psychic Envelope*. In Anzieu, D., Ed. *Psychic Envelopes*. Karnack. London. 1990. Ch 2) McDougall (Mac Dougall, J. 1989. *Teathers of the Body*. N.Y. Norton.) and Haag (1990/1997 . In MandM Eds. *Encounters*.....)