

# Autism and Childhood Psychosis

Specific references to autism and the psychoses of childhood in Lacan's written works and seminars are scarce. Yet his theses on the structure of psychosis (see foreclosure; psychosis), have enlightened the clinical approach to those conditions and generated a wealth of research, theoretical developments and debate among psychoanalysts of the Lacanian orientation who work with children.

The topic is, however, of relevance for the theory and practice of all Lacanian analysts, as the psychoanalytic field is one, and interest in particular clinical or conceptual problems should not be understood as being the domain of only 'specialized' forms of psychoanalysis. Whether autistic, psychotic or neurotic, it is as a subject that the child (or the adult, for that matter) enters the psychoanalytic experience.

In Lacanian psychoanalysis, the child works in this experience as a subject in his/her own right and in the full sense of the term; this is so despite the fact that the psychotic or autistic subject is outside discourse (*hors discours*) and cannot therefore be considered to be a 'subject of the unconscious' constituted by the operations of alienation and separation. It is still the aim of the psychoanalytic experience that the psychotic or autistic subject establish a 'workable' link with discourse.

Within Lacan's works, the main references that have inspired the psychoanalysts who work with psychotic and autistic children (leaving aside for the moment the distinction between the two terms) are:

- The doctoral thesis on paranoia (1932).
- The article on the family published in the *Encyclopédie française* (1938).
- The commentaries on the cases of Dick (treated by Melanie Klein; Klein 1930) and Robert (treated by Rosine Lefort; Lefort and Lefort 1988). Both are part of the 1953–54 seminar, or Seminar I.

- The seminar on the psychoses of 1955–56.
- The now ‘classical’ 1959 paper on the treatment of psychosis included in the English-language selection of the *Écrits* (1977).
- The intervention at the conference on childhood psychosis organized by Maud Mannoni (1968).
- The note on the child addressed to Jenny Aubry (1969).
- The revision of the concept of the Name-of-the-Father and the function of the symptom developed in the seminars of 1974–75 (*R.S.I.*) and 1975–76 (*Le Sinthome*).
- The 1975 Geneva lecture on the symptom.

## Diagnosis

The first question that faces the practitioners in the field, both of practical and conceptual significance, is that of diagnosis which, from a Lacanian perspective is necessarily structural.

In his seminar on the psychoses, Lacan speaks of ‘the structure of the psychotic phenomenon’: the observable phenomena are moments of the structure, rather than epiphenomena.

From a clinical perspective, ‘observable’ phenomena are not perceived unless the clinician’s conceptual mapping is prepared to admit them; and this requires structural hypotheses.

In the Lacanian orientation, childhood and adult psychoses are identical from the viewpoint of their structure; this position contrasts with the view adopted by the authors of current psychiatric classifications. In making of psychosis a developmental disorder, what the psychiatric orientation represented by the *DSM-IV* causes is, in the first place, to consider the psychotic phenomenon as a deficit, rather than a production; and secondly, to define the deficits of the patient in terms of developmental norms external to the structure of the subject as such.

Diagnosis is thus established on the basis of what the subject has not achieved developmentally and his/her deviation from norms which combine medical and educational criteria, adaptation to conventional social demands being the central point of reference. This is a questionable criterion for clinical phenomenology, since the emphasis is placed on what is absent and not on what is phenomenologically observable, which is a production.

Lacan always insisted on the notion of the psychotic phenomenon as a production, a view taken already by Freud since the beginnings of psychoanalysis and the best example of which is Freud's analysis of President Schreber's psychotic productions.

A clinic of production, as opposed to a clinic of the deficit, necessarily requires a structural approach and a positive explanation for clinical phenomena which, in turn, is indispensable for any therapeutic intervention. A clinic of the deficit is content with verifying the presence of malfunction or disorder, and not interested in the order which exists, since psychosis is one of the possible organizations of the speaking being, including the cases in which the subject does not actually speak (catatonia, autistic mutism). Even in such cases the subject is subjected to language and, for instance, the absence of verbal productions is interpreted by those around the subject as a refusal to speak, rather than as an absolute inability to speak.

The following are the diagnostic categories generally accepted in the Freudian field, although there is no unanimity as to exact definitions:

1. Paranoia, whose existence as one of the psychoses of childhood is maintained, contrary to the opinion of non-psychoanalytic psychiatry. *Les structures de la psychose*, by Rosine and Robert Lefort (1988), contains a full account of the treatment of Robert, the Wolf Child, and a detailed comparison of Robert's and President Schreber's clinical presentations, which has led the authors to assert the structural identity of both cases. Paranoid psychosis manifests clinically through delusional formations and hallucinations which are the spontaneous attempts at recovery on the part of the patient, an attempt to reconstruct a world that has collapsed and where it has become impossible to live.
2. Schizophrenia, which manifests itself through fragmentary delusional formations and hallucinations; incoherence of speech and thought; blunted or bizarre affective responses and catatonic behaviour, all of which represent the subject's attempts to deal with a collapse of the representation of the body, or inability to construct that representation in a relation with the small other, *i(o)*, the body thus becoming a place almost impossible to inhabit.

3. Melancholia, which has not received much attention but which appears during childhood, characterized by delusional feelings of worthlessness, insomnia or hypersomnia, poor appetite, failure to thrive, suicidal ideation and actions, and apathy (which may be interrupted by manic episodes). These phenomena represent an identification with the real lack in the Other, that is, the absence of the desire of the Other which remains as an unsymbolized nothingness, the locus of the suicidal identification. There remains an open question whether melancholia can be considered as a structure in its own right, or whether it is a variant of paranoia – and, in some cases, perhaps, of schizophrenia.
4. Autism, for which Leo Kanner's (1973) original description of 1943 remains valid, characterized by inability to relate socially, aloneness, the failure to assume an anticipatory posture, the profound disturbance of language, the presence of excellent rote memory in many cases, echolalia and delayed echolalia, literalness and the mechanical repetition of pronouns, with onset within the first thirty months after birth. Such clinical features suggest an absence of the Other as the locus of the representation of both the world and the body. There is no unanimity as to the specificity of autism: whether it constitutes a structure in its own right, separate from the psychoses; or whether it is a variation and the earliest clinical version of schizophrenia. Current research by Lacanians who work with autistic and psychotic children deals with this question and the related issue of the evolution of the autistic subject, that is, what becomes of the autistic child when he/she enters adulthood.

### **Conceptual foundations for diagnosis**

A minimum of four terms is needed to map and describe any clinical phenomenon:

$S_1$ , the master signifier, or signifier of the subject (although originated in the field of the Other);

$S_2$ , the signifier of the Other, or signifying chain less the  $S_1$ ;

§, the subject, necessarily divided, an effect of the signifying chain: that which is represented by a signifier for another signifier; and

*a*, the object cause of desire, which represents the function of *plus-de-jour* (surplus enjoyment) and a localization of *jouissance*.

These are the four constitutive terms of what Lacan called discourse, or social bond, that defines the position of the subject even before he utters any statement. Each of the four discourses posited by Lacan represents a particular combination of these four terms, which occupy places that are invariant:



In this sense of the term, discourse, Lacan says that the psychotic is outside discourse (*hors discours*); but the psychotic is not outside language. In addition – and this is particularly relevant to a discussion of the psychoses and autism – any diagnostic account must consider the vicissitudes of the specular relation, for which three more terms, that are not directly represented in the matheme of the discourse, are necessary: *i(o)*, the image of the specular other, or small other; *i'(o)*, the ego; and *I*, the ego-ideal. The Schema L of Lacan, as presented in his seminar on the psychoses, is the basis of subsequent elaborations on these terms:

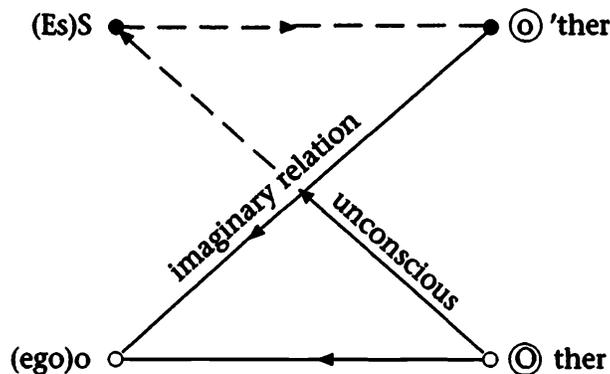


Figure 2: Schema L  
Source: Lacan (1993), Book III, p. 14.

The imaginary axis is improperly constituted in psychosis, and virtually absent in the case of autism. While the symbolic order is the support of the imaginary, there is no proper access to the symbolic without the intermediation of the imaginary. The subject's encounter with a 'bare' signifier without an imaginary

cover (a signifier reduced to being something real) has the uncanny, enigmatic effect that the psychotic subject typically reports.

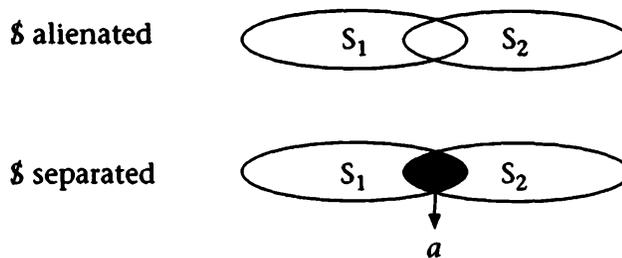
The subject is constituted as such through the two operations of alienation and separation. The concept of alienation refers not so much to the fact that the subject is already determined in the field of the Other, even before his birth, through his name, position in the kinship system and the family, the family myths and the whole symbolic universe that precedes him, but rather to his determination by the binary structure of the signifier. A signifier represents the subject, but for another signifier:

$$\frac{S_1}{\$} \quad \rightarrow \quad S_2$$

The operation of alienation constitutes the subject as subject of language. The operation of separation is necessary for the constitution of the subject as subject of discourse:

$$\frac{S_1}{\$} \quad \rightarrow \quad \frac{S_2}{a}$$

The object *a* effects the separation (hence its designation as a ‘separator’ or ‘separating object’). As Colette Soler has argued, the separation in question does not separate the subject from the object, but from the signifying chain – from the Other, in so far as the Other represents the signifying chain (Soler, 1990, pp. 9–24):



The object falls from the other

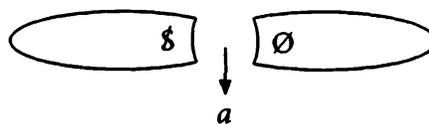


Figure 3: The object falls from the Other

Source: Soler (1990), pp. 9–24.

In the neuroses, the subject wants to occupy the place of the object of the Other's desire: to be the object  $a$  or to have it, which is what the structure of fantasy represents:  $\$ \leftrightarrow a$ . The relation between subject and object is one of impossibility, since this object is a lost one – not because it has been actually lost, but lost as an effect of the structure. The image of the other,  $i(o)$  acts as an  $a$ , that is, it functions as a separator from the Other of the mirror. Thus, the inscription of the loss of the object  $a$  in the symbolic register requires the experience of the mirror and the constitution of the imaginary register.

In the psychoses and autism, the function of separation does not take place, which means that the subject remains un-separated from the signifying chain (or the Other as the locus of the signifying chain). The object  $a$  is not constituted, and therefore there is no subject of the unconscious – which is equivalent to saying that there is foreclosure of the Name-of-the-Father, since this is the signifier that introduces a lack or hole in the primordial Other, the mother. In psychosis, the unsymbolized lost object emerges as an object 'in excess' (*objet en plus*), which the subject desperately tries to get rid of.

The concept of holophrase was introduced by Lacan to designate a variety of clinical effects of the lack of separation between  $S_1$  and  $S_2$  (Lacan, 1964, pp. 237–8; Stevens, 1987). The holophrase is a word that expresses the meaning of a whole sentence or several sentences, and is a normal phenomenon at the beginnings of the development of speech; for example, 'wet', for 'my pants are wet', or 'truck', for 'I want to play with the truck'.

Without an interval between  $S_1$  and  $S_2$ , the object  $a$  does not fall from the field of the Other. The psychotic's experience of perplexity at facing the enigma posed by the signifier for him could be explained as an effect of this soldering of  $S_1$  and  $S_2$ : since the signifier does not refer to another signifier, it appears as devoid of signification.

Captured in the holophrase, the subject in psychosis and autism cannot be a subject of discourse, even if he is still inscribed in language. Discourse requires two discrete positions: subject and Other. That is why in psychosis the function of the shifters (also called deictics, or *embrayeurs*) is disturbed.

Shifters are those expressions whose referent can only be determined with respect to the interlocutors in an act of enunciation,

such as the pronouns of the first and second persons, 'here', 'yesterday', 'at this time', etc.

Emile Benveniste has shown that deictics constitute an irruption of discourse within language, since their meaning, although depending on language, can only be defined with reference to their use (Benveniste, 1971, chapter 5; Ducrot and Todorov, 1979, pp. 252–3). Autism shows an extreme position of fusion of the subject in the holophrase  $S_1S_2$ , manifested as absence of the function of the deictic, which is tantamount to saying: absence of the subject of the enunciation.

### **Different modalities of the failure of the operation of separation**

The modality of the failure in separation can be used as a criterion for differential diagnosis. Without the separating object, the subject is exposed to a direct, unmediated and therefore enslaving and terrifying relation with the Other. All spontaneous attempts at recovery in the psychoses and autism, delusional or otherwise, tend to establish a distance in relation to the Other. The absence of the object a means that *jouissance* is not localized and permanently threatens with invading the subject: for the psychotic, sexual activity is actually or at least potentially traumatic. In psychosis, as *jouissance* is literally the Other's *jouissance*, it invades the subject and becomes a compulsory and compulsive torment for him.

In paranoia and schizophrenia, the Other occupies the position of an absolute Other, and the subject, recognizing a lack in the Other but an unsymbolized one, attempts to complete the Other, since the Other's lack is unbearable, experienced as the destruction of the Other. This completion is achieved by the subject becoming the object of the Other's *jouissance*, the plaything of the Other. The case of Schreber is, in this sense, and once more, paradigmatic. Robert, the Wolf Child, treated by Rosine Lefort in the early 1950s, shows a mode of relationship with the Other identical to Schreber's (Lefort and Lefort 1990).

In paranoia, the delusional production is an attempt to stabilize the disarray of the world produced by the invasion of the Other's *jouissance*, whereas in schizophrenia the location of the disarray is the subject's body, that is to say, the imaginary representation of

the body. In paranoia, the subject is at the mercy of the Other's engulfment. In schizophrenia, the subject is at the mercy of the Other's fragmentation as experienced in the body itself.

In autism, on the other hand, the Other is absolute but does not present a separable object, an object that could be extracted from the Other. Rosine and Robert Lefort are of the view that the autistic child tries desperately to produce a separable object in the Other, and therefore his position *vis-à-vis* the Other is the opposite of that of the paranoiac: instead of trying to complete and unify the Other (as in paranoia), the autistic subject tries to divide or de-complete the Other, so that the object can be produced. This would explain the particular quality of the destructive behaviour of autistic children, which usually involves making holes, cutting and scratching, which the Leforts interpret as the attempts to obtain a real lack in the Other – real, and not symbolic, due to the failure of the symbolic instruments.

By attempting to create a lack, the autistic subject attempts to create desire in the Other, which is the condition for the emergence of the subject's own desire. In autism, the Leforts argue, the Other is reduced to an absence; the Other is present, but in the paradoxical form of an absence: the Other is murdered (Lefort and Lefort, 1992, 1994).

In melancholia there would be an identification of the subject with the lack in the Other as such: not the lack that creates desire, but the lack of lack – the identification with a pure emptiness, the absence of desire in the Other. This could also be understood as a particular moment in a paranoiac structure, characterized by a failure of the imaginization of the a. The specificity of melancholia as a structure is thus open to further research.

### **The question of the specificity of autism**

Is autism a separate structure, different from psychosis, although structurally produced by the foreclosure of the Name-of-the-Father, or is it a variation and the earliest form of schizophrenia? Both positions have supporters in the Freudian field.

Another question, related to the first, on which there is no consensus, and which has generated research and animated discussions, is that of the existence of a 'progression' of autism (at least in

some cases) towards a paranoid-like position. Rosine and Robert Lefort are in favour of separating autism from the psychoses, for the reasons outlined above, which stress the differences in the ways the autistic subject and the psychotic subject relate with the Other.

The Leforts emphasize observable clinical differences between the two categories, and other authors have pointed out clinical features in autism that could be used to stress the distinction with respect to the psychoses.

Colette Soler has pointed out four features of autism which have been generally accepted in the clinic.

1. A persecution emanating from the Other, especially through the voice and the gaze.
2. Consistent attempts at the annihilation of the Other (by not talking, looking at or doing anything with the Other).
3. The dimension of appeal from and to the Other is virtually or completely absent in the autistic subject: the autistic child does not demand, or his demands are minimal.
4. There appear in autistic children difficulties with separation – not in the Lacanian, but in the concrete sense of the term (Soler, 1990, pp. 16–18).

Are these traits, and others that can be enumerated, sufficient to justify the affirmation of a separate structure?

Pierre Bruno and others consider autism as a form of schizophrenia. They emphasize the failure of the imaginary register and the representation of the body in autism, and consider it to be structurally identical to what has been described in schizophrenia (Bruno *et al.*, 1992).

Bruno accepts that autism can be differentiated from paranoia, but not from schizophrenia. He refers to a remark made by Lacan in his Geneva lecture on the symptom, in which Lacan refers to 'something frozen' in the relation that both the schizophrenic and the autistic subject have with language (Lacan, 1975, p. 20).

Autism would be the earliest form of schizophrenia. As in schizophrenia, the operation of alienation becomes disturbed as a result of the failure of separation. The subject is inscribed in language, but is not addressed by the Other. The status of the speech of the schizophrenic and the autistic subjects would be:

'It speaks about him' (signifier)

'He apprehends himself there' (signified)

Pierre Bruno expresses it eloquently:

What will become of him [the autistic or schizophrenic subject] if 'it speaks of him' without ever 'addressing to him', that is to say, without a demand being addressed to the subject, thus extracting the subject from the anonymity of language in order to transform him in a being of speech?

In order to become an object of the maternal desire, a demand addressed to the subject himself is indispensable, not just a 'speaking about him' in the third person. (Bruno *et al.*, 1992, p. 293)

Colette Soler remarks that the autistic subject remains a pure signified of the Other; he does not enunciate: he is not a subject of the enunciation (Soler, 1990, p.18).

The question of the specificity of autism and its autonomy as a separate structure remains, therefore, an open one.

### Strategy of the transference

Outside the Freudian field, the analysts who have experience in the treatment of autism (such as M. Mahler, F. Tustin, D. Meltzer) have considered that the analyst comes to occupy the place of the primordial Other, the mother, and therefore there is a tendency towards the incorporation of this Other in the delusions (in paranoia) as a persecutor, or towards its being absent, with sporadic persecutory irruptions (in autism). The identification of the analyst with a maternal position is not favoured by the Lacanian orientation.

By occupying the position of the semblant of the object *a*, which is the place of a lack, the analyst opens the possibility of becoming an object cause of desire for the patient. Consequently, the analyst's interventions tend to be minimal.

Especially in the case of autism, one must bear in mind that any initiative coming from the Other is experienced as invading and intrusive. Speech itself becomes persecutory, due to the failure in the transmutation of the real into the signifier: the signifier itself

acquires the weight of the real. It is therefore better to wait until the patient initiates.

This, undoubtedly, requires patience in the analyst. Sooner or later, the patient takes the initiative. Psychotic and autistic children who are at the very limits of what constitutes analytic transference, nevertheless make progress in analysis.

Rosine Lefort is in favour of the analyst adopting a position of deliberate passivity: a secretary and an object for the child. In her view, the analyst should never say 'no' to a psychotic or autistic child, since that 'no' has the effect of making the child feel that s/he is being annihilated.

*See also:* alienation, body, discourse, foreclosure, ideal ego, mirror stage, Name-of-the-Father, object a, phallus, psychosis, schema, separation

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