



## From dementia praecocissima to autism spectrum disorders

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**Abstract:** A brief history of the concept of autism sheds light on the mutation which happened during the 1970s. Such mutation was based on the discovery of abilities supposedly little compatible with the pathology of their autistic subjects, as it was described by Kanner and the psychoanalytic theories. It has become obvious that autism may manifest at different levels of seriousness. In the early 1980s, when early infantile autism was connected with Asperger's syndrome, there appeared a new clinical approach, according to which autism was conceived as a spectrum. The prevailing understanding of autism in the Anglo-Saxon countries ceased to center around an emotional and social withdrawal to become the apprehension of a developmental disorder with severe cognitive deficits. The emergence of autobiographies of high-level autistics since the 1980s confirmed the existence of an autism spectrum and allowed a better comprehension of its specificity. Psychoanalytical theories, which could not but apprehend them from the viewpoint of the appearance of autism, hardly succeed in learning anything from them in order to better fathom Kanner's discovery. During the 1990s, the success of assisted communication and the publication of Birger Sellin's texts brought an unprecedented interest in early infantile autism. Golse and Lebovici certainly observed this in 1996 and aptly noted that, if we were to take these texts seriously, all our models of infantile autism had to be reformed. Classical psychoanalytic approaches to autism all have in common their assumption of an extremely serious, radical deficiency (in terms of primary narcissism for Mahler, extreme anxiety for Bettelheim, dismantling for Meltzer, proto-archaic fantasy for Tustin); they all refer to the intuition of an extremely precocious psychosis. This intuition does not seem relevant in the case of high-level autistic subjects. To say that psychoanalytic theory is heuristic in this domain now involves the necessity to clearly define the steady signs which define a larger clinical approach to autism.

**Key words:** Autism; history of the concept; psychoanalysis; psychosis.

**Sumilla:** Una breve historia del concepto de autismo clarifica la mutación ocurrida durante los años 70. Tal mutación fue basada en el descubrimiento de habilidades que se suponían poco compatibles con la patología de los sujetos autistas, tal como había sido descrito por Kanner y las teorías psicoanalíticas. Se ha convertido en algo obvio que el autismo puede manifestarse en niveles de diferente gravedad. Al inicio de 1980, cuando el autismo infantil fue asociado al síndrome de Asperger, surgió un nuevo acercamiento clínico de acuerdo al cual el autismo fue concebido en relación a un espectro. En los países anglosajones, la forma prevalente de entender el autismo dejó de centrarse en el aislamiento emocional y social, para convertirse en la captación de un trastorno del desarrollo con severas deficiencias cognitivas. La emergencia de autobiografías de autistas de alto nivel, a partir de los años 80, confirmaron la existencia de un espectro en el autismo y esto permitió una mayor comprensión de su especificidad. Las teorías psicoanalíticas, que solo podían captarlo desde el punto de vista de la apariencia del autismo, tuvieron poco éxito en comprender algo que permitiera profundizar más en los descubrimientos de Kanner. Durante los años 90, el éxito de la comunicación asistida y la publicación de los textos de Birger Sellin, trajo un interés sin precedentes en el autismo infantil temprano. Golse y Levovici lo observaron en 1996 e hicieron notar que si se toman en serio estos textos, todos nuestros modelos sobre el autismo infantil deben ser reformados. Los acercamientos psicoanalíticos clásicos al autismo tienen todos en común que asumen una deficiencia radical, sumamente grave (para Mahler en términos de narcisismo primario, de ansiedad extrema para Bettelheim, desarticulación para Meltzer, de fantasía proto-arcaica para Tustin); todos se refieren a la intuición de una psicosis en extremo precoz. Esta intuición no parece sin embargo relevante en el caso de sujetos autistas de alto nivel. Decir que la teoría psicoanalítica es heurística este campo hoy, implica la necesidad de definir claramente los signos estables que permitan definir un más amplio acercamiento clínico al autismo.

**Palabras Clave:** Autismo; historia del concepto; psicoanálisis; psicosis.

Some psychoanalysts have come to consider autism as «subjectivity degree zero». Why is that? Why do others consider that "autism is, in some way, beyond any theory of psychosis, and actually beyond any theory of defensive formation"?<sup>2</sup>. Why are psychoanalysts so little interested in Asperger's syndrome and high-level autistic people? And when some do evoke their existence, why is it that they consider them only from the viewpoint of post-autistic personalities or the autism appearance? Why should we renounce a chance of learning from these subjects as regards the specificity of autistic functioning? Why would we restrict our vision of the clinical features of autism

to an extreme withdrawal into oneself? A brief survey of the history of the concept of autism may offer some answers to these questions, by showing why and how a significant transformation took place during the 1970s, with a double result: the clinical features of autism gradually included a much larger continuum and cognitive sciences eventually imposed the idea that what used to appear as psychosis was actually nothing but a pervasive developmental disorder.

Child psychiatry became an independent corpus a long time after the field of adult psychiatry did. It became autonomous and started to create its own concepts during the 1930s only. During the 19<sup>th</sup> century, children's mental disorders were mixed up with the notion of idiotism forged by Esquirol. Idiotism was not seen as insanity but as a congenital disease, or a disorder contracted in early infancy. The demented person, said Esquirol, is a rich man become poor, while the idiot has always known ill fortune and poverty. Griesinger, in his 1845 treaty, epitomizes the general conception when he writes:

[...] at this age, the ego is not yet stable enough to present a durable and radical perversion; thus, diseases at this age freeze the children's development in all of their intelligent faculties<sup>3</sup>.

One year later, the French author Edouard Seguin wrote his *Traitement moral des idiots*, in which he asserted that "there exists no authentic observation of insanity in any subject under 10"<sup>4</sup>. In 1888, the French psychiatrist Moreau de Tours, in his work *La folie chez l'enfant*, still replied negatively to his own question about the possible existence of psychosis ("folie") in a little child. What may be the reason for such a delayed autonomy of the field of child psychiatry? Bercherie answers replies that it is due to

the lack of a psychology of the child, whereby the observer had to rely on adult-morphic models which allowed no distinction between the different pathologies of the child, grouped under a generic name expressive of their radical incomprehensibility: that of "idiotism". Bercherie adds that the reason why

[...] the psychopathy of the child could not constitute itself until a-let us say sufficient-psychology of the child appeared is the absence of any understanding, on the part of the adult observer, of a *common measure* between adult and child. How was it possible to differentiate and to classify pathologies, when no one had any idea of what there was to differentiate and how to go at it? In this regard, child psychiatry was close to animal psychiatry, all the more so since language, when present, is often ineffective in order to communicate subjective information, that is to say, the observer can hardly imagine the child's states of consciousness without prior training; at best, those remain constructions rather than direct apprehensions<sup>5</sup>.

Nevertheless, during the 19<sup>th</sup> century, some specific forms of idiotism were sometimes distinguished. Seguin, for example, described in 1846 a case of "furfuraceous idiotism". Such a case was identified again in London, a few years later, by Langdon Down who proposed to call it "Mongolian idiotism", nowadays called Down's syndrome or, in France, trisomy 21. In 1887, the same Langdon Down, in a book about mental disorders of the child and the adolescent, described another form of idiotism in children, a paradoxical form since it is compatible with extraordinary intellectual abilities<sup>6</sup>. This syndrome, a condition Down called "idiot savant", was characterized by exceptional capacities combined with an outstanding memory in a subject otherwise manifestly limited intellectually. Those were children who, according to Down, were intellectually retarded but nonetheless presented unusual

abilities and were likely to reach a remarkable development.

Not until the advent of the first traces of a child psychology could the notion of insanity in children become conceivable. Such is the reason why Sante de Sanctis's dementia praecocissima could only be distinguished from idiotism in 1906. It would take another twenty years, until Bleuler and Freud's theory spread to a wider audience before research on child schizophrenia would open up. This notion appears to have been introduced by Homburger in his 1926 treaty<sup>7</sup>. Brill in 1926, Soukarewa in 1932, and Potter in 1933 showed the relevance of referring to Bleuler's concept to apprehend some of the pathologies of children. In 1937, the work of Bradley, Lutz, Despert and Bender attempted the creation of a developmental clinical framework for child schizophrenia.

With the concept of child schizophrenia, it became possible during the 1930s to conceive infantile pathologies related to schizophrenia, but distinct from it. Therefore, it is not only the clinical genius of Kanner and Asperger which allowed them—the former in 1943, in Baltimore, the latter in 1944, in Vienna, — without any information about the work of each other, not only to isolate a very similar clinical picture, but also to use the same word to tag it: autism. They borrowed it from the vocabulary used to describe the clinical work which constituted their basic reference. By stressing psychopathy over autism, Asperger endeavoured to distinguish his clinical type from schizophrenia; on the other hand, Kanner appeared somewhat more hesitant. He emphasized the fact that the fundamental disorder of the children he described was not, as in adult or infantile schizophrenia, a withdrawal (which implies a removal of oneself from previous participation): these

children had never participated. There was, from the very beginning, an extreme autistic solitude. Nevertheless, he wrote in 1955 that he had no objection to including autism in a general conception of schizophrenia.

The dominant characteristic of the syndrome, a desire for solitude according to Kanner and a restriction of relations to the child's surroundings according to Asperger, guided them to the term most often used in the psychiatric discourse of their days to describe such a phenomenon, thereby following Bleuler's steps. Bleuler had been tempted to use the term "ipsism" but an echo of his correspondence with Freud seems to have convinced him to switch from Latin to Greek, eventually settling on "autism", from the Greek *autos* meaning oneself. According to Jung, the Bleulerian term is a contraction of "auto-eroticism," therefore retaining a discreet reference to the Freudian discovery while rubbing out the evocation of a disturbing sexuality.

### **Early infantile autism**

Kanner's syndrome is composed of two symptoms: loneliness and sameness behaviour. Kanner asserted that "extreme loneliness and a desire for the preservation of sameness" are the two diagnostic criteria of early infantile autism. He wrote: "The outstanding, "pathognomonic," fundamental disorder is the children's inability to relate themselves to people and situations in the ordinary way from the beginning of life. Their parents referred to them as having always been "self-sufficient"; "like in a shell"; "happiest when left alone"; "acting as if people weren't there"; "perfectly oblivious to everything about him"; "giving the impression of silent

wisdom"; "failing to develop the usual amount of social awareness"; "acting almost as hypnotized" (...). There is from the start an extreme autistic loneliness that, whenever possible, disregards, ignores, shuts out anything that comes to the child from the outside. Direct physical contact or such motion or noise as threatens to disrupt the loneliness is either treated

[...] 'as if it weren't there' or, if this is no longer sufficient, resented painfully as distressing interference [...]. There is an all-powerful need for being left undisturbed. Everything that is brought to the child from the outside, everything that changes his external or even internal environment, represents a dreaded intrusion<sup>8</sup>.

The relation of the autistic child to other people is very characteristic. He casts no interested eye in their direction and passes along them without trying to establish any kind of communication; what relations he may sometimes establish are fragmentary and he sometimes elects someone else's company without expecting any reciprocity or sharing. He does not react when his parents go away and seems to ignore them. He participates in no collaborative games with other children.

Besides, the child's behavior is governed by an obsessive and anxious desire for sameness which no-one except the child himself may break up, on rare occasions. Any change in routine, arrangement of furniture, behavior or in the order in which every action is carried out every day may drive him to despair. The outside world is thus fixed in an immobile permanence, where everything must be in the same place and where actions must happen in the very order in which the child discovered them for the first time.

The totality of an experience that comes to the child from the outside must be reiterated, often with all its constituent details, in complete photographic and phonographic identity. No one part of this totality may be altered in terms of shape, sequence, or space. The slightest change of arrangement, sometimes so minute that it is hardly perceived by others, may evoke a violent outburst of rage<sup>9</sup>.

The syndrome described by Asperger is very close to Kanner's syndrome. It manifests very early and it is characterized by severely disrupted although superficially possible contacts with the outside world, in intelligent children who accept nothing from others and who often engage in stereotyped activities. Asperger considers that the fundamental disorder pertains to a limitation of social relationships which persists throughout the subject's lifetime. "They follow their own ideas, which are mostly far removed from ordinary concerns, and do not like to be distracted from their thoughts"<sup>10</sup>. Indeed, the child behaves as though "he were alone in the world", yet "one is sometimes surprised, wrote Asperger, at how much is absorbed of what goes on despite the apparent lack of interest." For both clinicians, what dominates the clinical picture of these children is their loneliness. Although Asperger does not consider the desire for sameness to be a major symptom of autistic psychopathy, he still describes that very behaviour in most of his subjects. Ernst was "very precise": "certain things always had to be in the same place, and certain events always had to happen in the same manner, or he would make a big scene". As for Hellmuth, from earliest childhood "he created scenes when something was occasionally placed in a slightly different position from usual". Besides, both Asperger and Kanner noted the importance taken by objects to these children.

Some of them, wrote Asperger, "have abnormal fixations". Perhaps they fixate on a whip or a wooden brick or a doll that they never let out of their sight, and cannot eat or sleep when the 'fetish' is not there. There can be severe tantrums at any attempt to take away the object of such passionate attachment. "Kanner noted that the autistic child "has a good relation to objects; he is interested in them, can play with them happily for hours"<sup>11</sup>.

Asperger observed over two hundred children over a period of ten years. He had a better hindsight than Kanner whose observations were made about only eleven children over a period of five years. Besides, Asperger's subjects are older on average—Fritz V. is eleven years old in 1944, Helmut L. is seventeen. Kanner's subjects are all under eleven. The major difference between the two syndromes concerns language disorders. They are more pronounced in the children observed by Kanner: three of them are mute, the other eight do not use language to "converse with other people". All of Asperger's subjects talk, admittedly without addressing themselves to an interlocutor, but they are able to give utterance to what they have experienced and observed in a very original way. This difference tends to subside with the evolution of the pathology, Kanner noting for example that the children he describes in his article tend to open up to the world and that their language becomes more communicative. Asperger is nevertheless much more positive than Kanner as pertains to their evolution. He notes his surprise at having noticed that those of the children who were "intellectually intact" always achieved professional success,

[...] usually in highly specialized academic professions, often in very high positions, with a preference for abstract content. We found a large

number of people whose mathematical ability determines their profession: mathematicians, technologists, industrial chemists and high-ranking civil servants.

When Kanner examined the fate of the eleven children of his 1943 article in 1971, results seemed less promising than he had foreseen: only two of them had managed to keep their job into adulthood.

Asperger's discovery remained little known for a long time. The few psychiatrists who noticed his work, such as Van Krevelen in 1971 or Wolff and Chick in 1980, usually tended to consider that it was a different pathology than that described by Kanner. They stressed the fact that it emerged later in life, that it concerned children less confined into solitude and that its prognosis was better.

### **Psychoanalytical approaches to autism**

Margaret Mahler was a psychoanalyst initially trained in Vienna. She worked on child psychosis for a long time and established the Masters Children's Center in New York. In the early 1950s, she took up Kanner's discovery to include it within a general theory of child development. She distinguished three phases: the normal autistic or pre-symbiotic phase, the normal symbiotic phase and the separation/individuation phase. This process, according to Mahler, takes place during the first three years of a child's life and results in a talking individual endowed with a permanent object. Margaret Mahler belonged to Anna Freud's genetic psychology school. She saw the baby from the fictional point of view of a primary narcissism in which the organism is enclosed within itself, self-sufficient and satisfying its needs in a hallucinatory mode. The maternal object is only discovered around the

third month of life, at the beginning of the symbiotic phase during which the child and his mother are a dual entity in a common shell. A failed individuation process is the basis for child psychosis. Mahler's theory includes two different forms of psychosis, relating to the two consecutive levels of development of the self. In 1952, she therefore completed Kanner's discovery of one form of psychosis (autistic psychosis) with a second form, symbiotic psychosis, which testifies to a higher level of development.

According to Mahler, in symbiotic psychosis the child regresses or cannot leave the stage of undifferentiated fusion with the mother which gives him the illusion of omnipotence, so that his defenses are created in reaction to separation anxiety. Autism testifies to a level of functioning prior to the symbiotic phase; it is apprehended as a fixation or regression to the first and most primitive phase of infancy, the normal autistic phase. The autistic child's solitude fits well into Mahler's genetic approach. The most obvious symptom, she writes, is the fact that the mother, as a representative of the outside world, seems not to be perceived by the child. She seems to have no existence at all as a living pole of orientation in the universe of reality<sup>12</sup>. In this sense, autism is apprehended as what she calls a tentative dedifferentiation and deanimation. This may be seen as the mechanism whereby such patients attempt to cut themselves off, in a hallucinatory way, from all sources of sensory perception, especially from the living world which calls for emotional and social responses. The inner logic of her theory led Mahler to lay more stress than Kanner on the importance of the autistic withdrawal into an inner world. She postulated a hallucinatory denial of perception that allows her to

suggest an experiment as a diagnostic tool: to drop a heavy metallic object next to the child—according to her, the autistic child should react as though he heard nothing. Kanner would probably have denounced the value of such a test. An intrusion, he wrote, could come

[...] from loud noises and moving objects, which are therefore reacted to with horror. Tricycles, swings, elevators, vacuum cleaners, running water, gas burners, mechanical toys, egg beaters, even the wind could on occasions bring about a major panic<sup>13</sup>.

Mahler also considered that most autistic children have a very low sensitivity to pain — a piece of information to be found in Bettelheims's work but never stressed by Kanner. Let us note also that her most precise observation in *Infantile Psychosis*, the one which has been most commented upon, is that of Stanley. She claimed that it illustrated the symbiotic form of the disorder, while the consensus today tends to be that it is a remarkable description of an autistic subject. Mahler's hypothesis, based on primary narcissism, logically emphasized the autistic person's confinement in a closed and self-sufficient world.

From then on, and for a long time, autism would be considered by psychoanalysts as the most primitive pathology testifying to the most profound regression. The idea that it is the most precocious of psychosis and probably the most serious of all has persisted, even among psychoanalysts who are away from the genetic approach.

Asperger noted that the autistic person behaves as though he were alone in the world, but he expressed his surprise at how well he understood what went on around him. Asperger's autistic is not stuck in primary narcissism; he

had no place in Mahler's theory and she did not mention his name.

A book that was to create a considerable stir in public opinion was published in 1967 in the United States: *The Empty Fortress*, subtitled *Infantile Autism and the Birth of the Self*. Its author, Bruno Bettelheim, was serving as director of the Orthogenic School of Chicago, a home for "emotionally disturbed children" where he implemented milieu therapy, based on Freud's concepts in an original perspective influenced by Kohut and self psychology. His analysis, started in Vienna in 1937, had to be interrupted because of the political events of the time. He was arrested in 1938 simply for being Jewish and the co-owner of a prosperous business. He spent over ten months in Dachau and Buchenwald. His experience of concentration camps profoundly marked his approach to autism. As early as 1956, he considered that any psychotic child suffered from having been submitted to extreme living conditions—such as those he had lived through himself. What characterized an extreme condition, he said, was the fact that it was impossible to escape from it; it was impossible to know how long it would last (potentially as long as one's life); it was impossible to predict anything; life itself was forever at stake and it was impossible to do anything about it. A child who is, very early on, confronted with such conditions will become autistic if his spontaneous reaction becomes a chronic condition because of environmental feedback. Bettelheim agrees with Rodrigué that the intense anxiety experienced by autistic children is close to the anxiety caused by imminent death.

Margaret Mahler's autistic child, trapped in a self-sufficient world, is not Bettelheim's, too open to intense anxiety. The hypothesis of early confrontation to an

extreme situation is radically opposed to that of a fixation in primary narcissism. Bettelheim noted this difference, when he said that it was sad to notice that Mahler, one of the first to study infantile autism with the help of psychoanalysis, never saw that autism was an autonomous reaction of the child, only because she thought that the child was only a half-individual. Mahler was convinced of the paramount importance of the symbiotic relation between mother and child and she considered that the cure must rely primarily on a reconstitution of the mother-child symbiosis as it existed in the very beginning. Bettelheim, on the contrary, posited that what causes autism is an inadequacy in the relationship with the mother and with the environment, so that treatment must be based on the necessity to provide the child with a favorable environment.

Bettelheim's autistic is not a narcissistic monad, he is a subject engaged in the difficult task of dealing with his own anxiety. Bettelheim's remarkable observation of Joey, the mechanical boy, describes at length the most detailed of resources an autistic child is able to mobilize to make reality a fit place to live in. *The Empty Fortress* relies on the conviction that the child does relate to other people. Bettelheim does not seem to have known of Asperger's work but he is very close to sharing his opinion on the "compensatory hypertrophy" inherent to the autistic subject's way of functioning.

Bettelheim's diagnoses and therapeutic results have been widely questioned. His theses have remained marginal in the field of Freudian psychoanalysis. It is therefore paradoxical today that this maverick analyst should be quoted by critics of psychoanalysis as the most representative of psychoanalysts.

At the same time, in London, analysts of the Kleinian school also tackled the enigma of child autism. Mahler's and Bettelheim's theses were not theirs: they considered the child to be, since the beginning, in object-relations rather than primary narcissism; moreover, Meltzer did not consider the autistic person to be confronted with extreme anxiety. Yet, the fact that this condition appears very early in life seemed to him suggestive of an extremely serious condition-but how was it possible, for Meltzer, to conceive of an archaic way of functioning still prior to the first months of the schizo-paranoid phase? Kleinian theory must be bended in order to admit of this, by inventing a state in which psychotic defense mechanism are of no use to the subject. For Meltzer's autistic subject there is neither splitting of the ego nor projective identification. His way of functioning is dominated by dismantling, a defense mechanism involving the dissociation of the perceptual apparatus "by a passive process that allows the various senses, specific and general, internal and external, to attach to whatever object is most stimulating at the moment"<sup>14</sup>. The relaxation of the attention function involves a dissociation of the sensory components of the self, inducing a dissolution of the mental organization. The dismantled autistic is in a primitive state essentially without mental activity, thus, said Meltzer, no persecutory anxiety and no despair results from this retreat from the world. The suspension of exchanges during transference is a key to an understanding of this condition. The autistic's object-relation is bi-dimensional, in a depthless world: a relation between surfaces or a relation with an object that cannot be seen as having an inner density. The autistic's adhesive identifications result from bi-dimensionality: the self

identifies to an object made of a single surface and neither object nor self possess an inside. This precludes any psychical communication and thus any development of thought processes. Meltzer's autistic subject has no defenses, no anxiety, no mental activity; he lives in a pure bi-dimensionality; he is stuck at transference degree zero. He is, thus, the archaic being par excellence.

Today, most clinicians agree that Dick, whose case Melanie Klein described in 1930, should be considered as an autistic rather than a schizophrenic subject. Klein herself noted that his was an atypical schizophrenia, characterized by inhibited development rather than by a regression after a certain level of development had been attained. Actually, in the course of the cure there arose a latent anxiety, phantasmal defenses and object-relations, so much so that Dick developed a strong transference attachment towards Melanie Klein (the cure lasted from 1929 to 1946, only interrupted by the war between 1941 and 1944)<sup>15</sup>. For Meltzer, as for the other Kleinians, this would be a coming out of autism. When his next analyst Beryl Stanford, with whom he would stay for three years, met Dick in 1946, she considered that he was not autistic but a real chatterbox. Ruth Thomas had assessed his IQ to be around 100 and he was obviously split but he also had an extraordinary memory, he read Dickens and his knowledge of music, picked from a piano teacher, was remarkable<sup>16</sup>. When Phyllis Grosskurth met Dick, he was fifty years old. She said he was very friendly in a childish way, well informed and able to keep a job if it didn't imply excessive tension. These descriptions would befit a subject with Kanner syndrome during infancy who had reached "high-functioning autism" in adulthood, but Kleinians would rather consider that he emerged from autism very fast with the treatment, while his

later verbal and intellectual capacities do not sit well with Meltzer's myth of an autistic free from anxiety and from violence, unable to mental functions and destituted of object-relations.

Frances Tustin was trained in London by one of Melanie Klein's first disciples, W.R. Bion. She first described autism in much the same way as Meltzer. She considered that the autistic is trapped in a protective shell or capsule, within which all attention is focused on self-generated sensations. This idiosyncratic and perverse use of sensations generates the illusion of protection<sup>17</sup>. In a world permeated with such auto-sensuality, the psychic life of the patient practically stops. Tustin's autistic patient can no more mentalize than Meltzer's, although he is radically different: he erects defense mechanisms against a painful situation. Tustin talked of primitive depression, or very early oral trauma, correlated to an unthinkable separation arousing a form of archaic anxiety-not of castration but of annihilation<sup>18</sup>. This trauma, later hidden by the protective capsule of autism, is that of the "black hole", a consequence of the child's feeling of having lost a vital part of his own body after a too-early experience of separation from his object of instinctual satisfaction and a catastrophic sensation of being wrenched from his own substance. This appears in the fantasy of a breast which nipple has been ripped off, leaving in the mouth a gaping black hole full of persecuting objects. Tustin explained that if the child realizes he has lost the nipple before he is able to have a mental representation of absent objects, he will feel as though he were definitely cut off from it: the autistic child seems to strive to avoid the repetition of such experiences. Tustin called those children psychologically premature. She emphasized the complexity of

the protective mechanisms developed by autistics, especially through the function of the object used to seal off the black hole. Without this object, the child would feel exposed and wide open.

The four most important psychoanalytic approaches to infantile autism have one thing in common: the intuition that it is the most archaic of all pathologies. For Mahler, it is the most profound libidinal regression; for Meltzer, the most faulty functioning of the self; for Bettelheim, the most extreme anxiety; and for Tustin, the most catastrophic fantasy. Such approaches implicitly suggest that autism is the most serious of pathologies, with a dismal prognosis. For a long time, autism bordered on madness in the imagination of many clinicians. In 1956, Léon Eisenberg published "The autistic child in adolescence" in the *American Journal of Psychiatry*; his statistical evaluations were the ground for a very dark picture, revealing of the then prevalent opinion that all therapeutic approaches were futile: he found only 5% of positive results<sup>19</sup>.

### **The turning point of the 1970s**

There was a turning point in the approach to autism in the United States in the 1970s. It apparently stemmed from the discovery in autistic subjects of extraordinary capacities hardly compatible with the deficient image of their pathology such as described by Kanner and the psychoanalytic theories. Why such a new approach, at this precise time? There was a peak in the audience of psychoanalytic theses during the 1970s, but it was around this time that the authors of the DSM-III started their attempt to restore the medical approach in psychiatry by

advocating an a-theoretical approach to etiology, one major consequence of which was a clean sweep of all psychodynamic hypotheses<sup>20</sup>. Many clinicians who were then disappointed with North-American psychoanalysis chose to turn to other conceptualizations, precisely at a time when cognitive sciences started to gather larger audiences; these aimed to take into account everything that behaviorism had rejected into the "black box" of the psyche, by exploring the brain as an information processor.

Besides, Kanner's autistics were older and their evolution was documented. Kanner himself examined in 1971 the fate of the eleven children he had described in his 1943 article. Unsurprisingly, nine of them never reached an autonomous social life, yet one graduated from college and worked as a cashier in a bank, and another got used to some routine job and was considered a very capable employee by his manager<sup>21</sup>. Therefore, the proportion of those who had reached some level of social adaptation is not insignificant.

As early as 1964, Rimland had reported some cases of spontaneous recovery from autism in children gifted with a rare intelligence: one of them became a mathematician after graduating in three years from one of the top schools in the country, another became a meteorologist and another a composer<sup>22</sup>.

By the end of the 1960s, Bettelheim published *The Empty Fortress* in which he claimed that intensive treatment, such as the one provided by the Orthogenic School of Chicago, could reach as much as 42% of success with autistic subjects. He also related the remarkable therapy of Joey, the mechanical boy, who eventually graduated and had a profession. A book called *Dibs in Search of Self* was published in the United States in 1964

and translated in many languages. It tells of the cure of a "weird child" through play therapy, a therapy inspired by Rogers. Is Dibs psychotic? He seems trapped inside himself and lonely, he does not answer when talked to. Axline seemed to waver in her diagnosis. She did evoke autism, but at the time it was difficult to talk of autism when faced with such a child: at the outset of the cure, Dibs turned out to have an IQ of 168<sup>23</sup>.

In 1978, Rimland carried out a survey involving 5400 autistic subjects. After analyzing the questionnaires sent to their parents, he was able to assess that 9.8% of the autistic children presented surprising abilities, most of which were combined with an exceptional mnemonic aptitude: some were calculating prodigies and others were graphic artists, the greatest number, musicians. Many publications during the 1970s tackled the subject of autistic savants. In 1972, Tustin noted that many researchers in psychology believed that idiot savants are actually cured autistic children.

In 1976, an international symposium took place in Switzerland, followed by the publication of an important volume edited by Michael Rutter and Eric Schopler in New York two years later, which aimed at reappraising the concepts and treatments of autism. From this volume emerges the impression that there may be different levels of seriousness to autism<sup>24</sup>. Solitude may not always be as radical as Kanner had suggested. According to P. Howlin, a detailed analysis of the behavior of autistic subjects shows that 30% of the time, autistics do engage in approaches towards others and that they engage in some form of activity 50% of the time. Besides, although they rarely take the initiative of meeting others, once the contact has been established, they tolerate a greater proximity and

closer physical contact with adults than other children<sup>25</sup>. Rutter noted also that Asperger syndrome may not be distinct from moderate infantile autism<sup>26</sup>.

In 1978, Schopler succeeded Kanner as director of the *Journal of Autism and Childhood Schizophrenia*. As a researcher, he was mainly interested in behavioral treatments of autism and he objected to psychodynamic approaches. The name of the journal became *Journal of Autism and Developmental Disorders* and its orientation tended to disclaim the connection between psychosis and autism and to turn to cognitive disorders. Psychoanalysts were denounced as incapable of making an accurate diagnosis (including the use of tests), as impeding empirical research and as manhandling parents by accusing them of ill-treating their autistic children. In 1980, the DSM-III ratified this new orientation by inserting autism in the category of "Developmental Disorders", where it appeared as the most typical and most severe subtype of these disorders. In 1987, according to the DSM-IV, the main feature of what was now called "Pervasive Developmental Disorders" became the impaired acquisition of cognitive, linguistic, motor and social abilities. The new concept of "pervasive" meant that the subject is affected in his deepest being. These changes in designation had consequences as to treatments, because they were strongly suggestive of the idea that autism is a matter for specialized education rather than psychiatry; actually, since 1972 a structured educational strategy for autistic children has been developed in North Carolina, with the active participation of parents involved in transferring classroom methods at home. It has spread widely since, under the name of TEACCH ("Treatment and Education of

Autistic Children and Related Communication Handicapped Children)<sup>27</sup>.

In such a context, autistics' abilities and their evolution being gradually brought into focus, the image of the trouble became less negative and Asperger's discovery could be apprehended differently. The general opinion was then that it was an original syndrome, distinct from autism. Nothing predisposed psychoanalysts to take an interest in Asperger's syndrome: their intuition of a precocious dementia without mental states is little compatible with the richness of Asperger children's inner life. Neither Mahler nor Meltzer, nor Bettelheim, referred to "autistic psychopaths"; only Tustin mentioned them in her latest research, although she always referred to their condition as an independent syndrome<sup>28</sup>. At the same time, researches in experimental and cognitive psychology on the evolution of autistic children imposed a more positive view of Kanner's syndrome. Rutter, in his conclusion to the collective work of 1978, asserted that, as autistics reach adulthood, they develop good verbal skills and they have a normal intelligence, no cognitive troubles or psychotic perturbations; they also wish for social contacts, but, manifestly, they still experience social difficulties<sup>29</sup>. The time was ripe for Asperger's syndrome to be tied up with Kanner's autism. The English psychologist Lorna Wing was the one to do it when she revised Asperger's work of 1944 in *Psychological Magazine* in 1981, along with a summary of previous work on the subject and a suggested definition of Asperger's syndrome. She illustrated her article with 34 case studies, some of which demonstrated an evolution from infantile autism to the pathology described by Asperger<sup>30</sup>. In 1991, Uta Frith's major work *Autism and Asperger Syndrome* imposed the connection between the two

syndromes and allowed Asperger's article to be widely circulated thanks to her translation of it into English. In this book, Lorna Wing asserted that "perhaps the strongest argument for a seamless continuum from Kanner autism to Asperger's syndrome comes from clinical case material where the same individual was typically autistic in his early years but made progress and as a teenager showed all the characteristics of Asperger's syndrome". The author added that the terms of high-level autism and Asperger's syndrome are practically synonymous<sup>31</sup>.

### **Theory of mind**

The many researches of cognitive scientists on data-processing in autistic subjects led in 1985 to the determining of what appeared as the core feature of autism: they asserted that autistics are unable to build a theory of mind. This hypothesis appeared in an article published in *Cognition*, "Does the autistic child have a 'theory of mind'?" by S. Baron-Cohen, A.M. Leslie and U. Frith. The authors built on the observation that we all have the capacity to interpret the actions of other people, and sometimes to predict them: everyone is capable of empathy in order to understand others. The authors claimed that autistic children lack such empathy.

A first indication of this characteristic was based on the "Sally-Anne experiment". Frith explained that the experiment included autistic children, clinically normal preschool children and children with Down's syndrome, all with a mental age above three. There were two doll protagonists, Sally (with a basket) and Anne (with a box). Sally first placed a marble into her basket, then she left the scene and the marble was transferred by Anne and hidden

in her box. Sally returned, wanting to play with the marble. The experimenter then asked the critical question: "Where will Sally look for her marble?" The answer is obviously: "in the basket". It is the right answer because Sally put the marble in the basket and didn't see Anne move it, therefore she *thought* the marble was still where she left it and she was going to look for it there, although it wasn't there. Most normal children found the right answer: they pointed to the basket. On the contrary, the autistic children (except a few of them) pointed to the box: this was where the marble really was but obviously Sally did not know it. Those children had not taken into account what Sally believed<sup>32</sup>.

The conclusion was that autistic children have a defective or underdeveloped theory of mind. Frith considers that they function the way behaviorists do: they take into account people's behavior (what they see of it) rather than the meaning behind this behavior. Actually, in the Sally-Anne experiment a subject manifests nothing other than a transitory attitude: he considers that Sally knows what he, himself, knows. Such a phenomenon is a permanent feature of psychosis. Its obvious manifestation in autism, where the dimension of the double is omnipresent, justifies the relative pertinence of the "theory of mind" hypothesis and its consecutive success. Yet, it should be noted that transitivity is not a permanent feature in psychosis, nor in autism; besides, it has been noticed that most high-level autistics are capable of conceiving that other people's thoughts are different from their own<sup>33</sup>.

In twenty years, the perspective on autism changed radically and structured itself around the cognitive theory of autism, followed by a few others; together, they now supplant the psychoanalytic perspective in international

publications. Rutter noted as early as 1974 that this change in paradigm was most manifest in the transition from seeing autism as a manifestation of a withdrawal from the social and affective orders to seeing autism as a development trouble with severe cognitive deficiencies due to various forms of cerebral dysfunction. Once the predominance of the "withdrawal" aspect of autism was abandoned, autism became a much larger concept: Asperger's syndrome was included and the notion of "autism spectrum" was popularized.

### **Autism spectrum disorders: a new concept.**

Kanner's subjects had grown older and the "withdrawal" aspect of autism had been played down: this new situation created the necessary conditions for the appearance of a new literary genre: personal accounts of a coming out of autism. During the 1970s, the first books of this kind aroused little interest, except among specialists. Still, by showing that educational measures improvised by the family may bring spectacular improvements in autistic children, they allowed a completely new approach to appear. Some ten years later, in 1986, Temple Grandin's biography was published in the USA; it focused on the account of a self-therapy with the help of a "hug machine". The book was an international bestseller. In the introduction, Temple Grandin referred to the new concept of autism, quoting Lorna Wing and noting that it is wrong to suppose that autistic children never relate to other people<sup>34</sup>. Confronted with such a testimony, the first impulse of many clinicians was to doubt the diagnosis. Yet she included in her book the Rimland E2 questionnaire her parents had filled in before she was three. Her score clearly labeled

her autistic, although the definition of autism, in this case, must be understood as a large category such as a spectrum, since it tends to consider that Kanner's autistics constitute only 5 to 10% of all autistics; besides, some works indicate that Asperger's syndrome is more frequent than Kanner's. Autism had become a very large concept.

Grandin's book was an encouragement for publishers to find other autistic authors. The Barrons published *There's A Boy in Here* in 1992 in New York and the same year, in London, a young Australian girl, Donna Williams, published a book as exceptional as Grandin's in its clinical perception, *Nobody Nowhere*.

Those texts support the new perception of autism issued from cognitive approaches. It is no coincidence that Grandin was a strong advocate of those theses. For analysts of the Kleinian school, these texts did not represent a problem despite the absence of such traits as withdrawal, solitude and the absence of mental functions: the cases of Grandin, Williams or Barron did not belong to autism but represented, they claimed, post-autistic personalities.

During the 1980s, "facilitated communication" was devised by an Australian, Rosemary Crossley. This method involved the use of computers to help disabled children to communicate; some autistics seized on it. A young German, who had not talked since the age of 2 and presented a clinical picture of severe autism, discovered computer-assisted typed communication at 17. To the amazement of his family, Birger Sellin started to give written expression to the richness of his inner world. His texts were published in Cologne in 1993. He wrote: "the fact is I could already write and even do arithmetic when I was almost five but nobody noticed because I was so chaotic but I was only that

way because I was afraid of people its just because I wasnt able to talk I found reading so easy and so I looked in lets say important books for everything I could find"<sup>35</sup>. The autistic fortress suddenly turned out not to be empty. If it was to be taken seriously, Sellin's testimony prompted specialists to give up all previous theories of autism. It disproved the psychoanalytic approaches, given that Sellin was an authentic autistic in Kanner's sense rather than a post-autistic personality: he made it known that neither withdrawal nor the absence of mental function were characteristic features of his inner world. The very title of his first book, *I Don't Want to Be Inside Me Anymore: Messages from an Autistic Mind*, is an address to others<sup>36</sup>. True, Sellin gave utterance to the suffering caused by his imprisonment, but he wrote:

[...]I would be lying if I were to describe loneliness as if it were something I wanted loneliness is my enemy and I will fight the good fight against it<sup>37</sup>.

Besides, contrary to Grandin, Sellin is no proponent of cognitive sciences:

[...] it is nonsense making simple mental problems out of important questions the way Gisela does she is working on the theory that anxiety is a flaw in the mind but anxiety is something which cant be grasped so easily it is a disturbance I am afraid it is so strong that I cannot describe it my autistic behavior gives an impression of it for instance screaming and biting and all the other senseless things<sup>38</sup>.

And yet, it would be wrong to say that his testimony definitely refuted both psychoanalytic and cognitive theories; the omnipresent anxiety evokes a psychopathological disorder rather than cognitive troubles.

He explained also that his stereotypic behaviors soothed him less than when he was a child:

[...] as long as i can remember the restlessness has been there a force like no one can imagine it almost makes me crazy once i thought i would faint away when i was even smaller my stereotypical behavior was a little help but nothing helps now except writing and i am glad you listen and i want to say anything that can help in this area can help to get the handicap under control<sup>39</sup>.

Autistics who, like Sellin, started to express themselves with communication aids were highly disturbing. Not only did they question what knowledge of their pathology currently existed, they also—some of them—accused close relations of sexual abuse<sup>40</sup>. Sellin openly challenged specialists of autism, writing that it was absurd to say that he felt nothing, and that specialists had no idea what autistics really were and what they experienced<sup>41</sup>. Those specialists reacted by calling into question the authenticity of Sellin's texts and the relevance of facilitated communication, implying that it was merely a fabrication on the parents' part and that such a method was pernicious and destabilizing. Institutions which had started to use such methods suddenly prohibited them. The necessary double to the autistic subject in such a communication setting obviously cast some doubt as to the true origin of the texts, but Sellin kept the same style and the same thoughts throughout the years, with over ten different people he accepted as assistants; since 1993, he even managed to write a few sentences by himself. Besides, many autistics around the world proved capable, under such conditions, of producing texts expressive of the richness of their inner world and of their efforts to communicate. Many specialists still question facilitated communication,

but all high-level autistics agree that computers may be a great help to them, whether they use facilitated communication themselves or not; all agree also to say that objects are useful mediators for them to learn anything. In 1986—before assisted communication existed as such—Grandin had already noted that typewriters and word processors should be made accessible to autistics very early on<sup>42</sup>; in 1996, Williams wrote that computer programs could be beneficial when autistic children had learned how to use them. When all of those who are most concerned agree on the matter, why should such methods be banned for all teachers who wish to use them in order to help autistic children to communicate?

A German child psychiatrist, director of a private general hospital for children and adolescents in Munich, was interested in Sellin's testimony and chose to use facilitated communication in his practice. Jochen Stork related five observations, all tending to show that, although Sellin was probably exceptionally gifted, autistic children do have cognitive and symbolization abilities, and that they have a wide range of feelings nobody had suspected until then<sup>43</sup>. As for the possible influence of the facilitator, he wrote:

[...] considering the content of those texts, which testifies to violent feelings in these children and their anxiety about being submitted to outside influence; knowing also that the same thing happens in the psychoanalytic situation; it is inconceivable that what happens in the reciprocity of interpersonal communication might be a scenario unconsciously set up by the facilitator.

His conclusion was that assisted written communication should not be idealized as a therapy (he did not notice any significant improvement in his subjects), but that it may

bring precious information about the psychodynamics of precocious autism. He considered that infantile autism revealed "archaic and primary conflicting components—rather similar to those found in other psychotic illnesses—thus reinforcing the ideas psychoanalysis has worked out about psychosis".

True, such clinical documents reinforce the psychoanalytic approach to psychosis, but by writing this, Stork passes over the fact that they also invalidate previous psychoanalytical approaches to autism. B. Golse and S. Lebovici noticed this when they commented on this article and on Sellin's book in 1996, noting rightly that if all this must be taken seriously, "all our models of infantile autism must be questioned". They added that

[...] the positions of cognitive theory pertaining to autism should also be re-examined, because the suffering to be found in Sellin's text precludes a reduction of autism to a simple deficit (or handicap) and speaks in favor of its defensive function<sup>44</sup>.

The richness of the inner life of autistic people, which Asperger had noted as early as 1944, was not limited to high-level autistics. The radical change in the perception of autism, which started in the 1970s, developed drastically during the 1990s following the publication of new testimonies. After people have read Sellin, "discussions about infantile autism will never be the same again", wrote Golse and Lebovici; this observation is just as valid concerning the study of autism spectrum, after reading Grandin and Williams.

I consider it necessary to take Asperger seriously when he notes that there exists a clinical unity, with unmistakable traits since the age of 2, which endure

throughout the autistic's life, with stable, non-evolutionary symptoms even when subjects reach a better adaptation to their environment and a better social integration. "The essential aspects of the problem remain unchanged", he wrote.<sup>45</sup> The question is then, what is it precisely that remains invariable, what are the "characteristic features which remain unmistakable and constant throughout the whole life-span" despite clinical diversity? To explore this question is to adopt a structural clinical approach. To my knowledge, only a few psychoanalytical studies have tackled this option since the end of the 1990s.

Rosine and Robert Lefort's elaborations about infantile autism date back to the cure of Marie-Françoise, a 30 months old girl Rosine Lefort met in the early 1950s<sup>46</sup>. The slaps the little girl gives her in the face are a sign that for this child, "the world is a place to destroy or to be destroyed by".<sup>47</sup> This led the Leforts to apprehend the structure of autism as dominated by a destructive stance towards the Other. The autistic's Other would be a real Other, without lack, which precludes any transferential relation.

There is a will for jouissance which is addressed to the Other's real body in a Sadian way: it aims at the division of the Other rather than its completeness, as in psychosis<sup>48</sup>.

In the absence of alienation to the signifier and of a separable object of the drive, the question of the double proves fundamental to the autistic structure. "The division of the subject happens in the real of the double, in the real of the same"<sup>49</sup>. Two major notions thus appear clearly: the destructive drive and the primacy of the double.

From 1996 onwards, the Leforts have taken into account the new clinical approach to autism. They have noted that there are "degrees of autism" and they intend to circumscribe adult autism thanks to "the notion of autistic personalities with the presence of substitutes and the preserving or even the enhancement of intelligence". To understand what remains constant in autism, they extrapolated a model stemming from early infantile autism, based on the cure of the mute little Marie-Françoise. They consider two traits to be necessary in order to describe a personality as autistic: in the autistic structure,

[...] the subject is subject to a real alternation between the life drive and the death drive, which binds him intimately to the question of his own double, where the real contends with the imaginary<sup>50</sup>.

The predominance of the double and of the destructive drive are, in our opinion, notions rather too large to grasp the structure of autism; they would imply that a known paranoiac such as Hitler should be included within the field of autism—something the Leforts did not flinch at in the first place. Besides, such a structure might become too pervasive; in 2001, in "L'autisme et le génie: Blaise Pascal" ("Autism and genius: the case of Blaise Pascal") where they mentioned Grandin, Williams and Sellin for the first time, the Leforts considered that their approach could "considerably broaden the problem of autism", which brought them in turn to examine "the exceptional singularity of geniuses celebrated throughout the world": Edgar Allan Poe, Lautréamont and Blaise Pascal. In this article, they also announced they would be working on the autistic structure, with studies about Proust, Hitler and President Wilson<sup>51</sup>. They did publish *La distinction de*

*l'autisme* ("The distinction of autism") in 2003, in which they attempted to clarify the specificity of this unlikely autistic structure, with the figures of Marie-Françoise, Temple Grandin, Donna Williams, Birger Sellin, Edgar Allan Poe, Fedor Dostoevsky, Lautréamont, President Wilson, Blaise Pascal and Marcel Proust. They also introduced an original approach to the notion of structure, although its epistemological status would need clarification. They asserted that Dostoevsky was not autistic and mentioned the "neurotic unconscious" of Proust, still considering that the autistic structure was effective in both<sup>52</sup>. With this new trans-structural approach, their thesis must either renew the conception of the tripartite of subjective functioning (neurotic, psychotic and perverse) which they nonetheless constantly refer to or, more likely, to reduce the autistic structure to what others, such as Tustin, call an "autistic core" which they detect in a variety of pathologies. Their insistence on the absence of Other and the predominance of destruction in the autistic structure precludes any possibility to lean on the transference relation in order to establish the right conditions for a psychoanalytic cure. Neither the clinical knowledge about people recognized as autistics nor the clinical practice of numerous other psychoanalysts confirm such impossibility.

The new clinical approach to autism, based on the concept of a spectrum, has some difficulty finding a definite conceptual frame in the field of cognitive approaches, due to the uncertainties pertaining to the limits of the syndrome: it does not offer enough protection against too large an extension of its application—as in the Leforts' work. Grandin also, by basing her analysis on a few behavioral criteria, is led to distinguish autistic traits in Albert Einstein, Ludwig Wittgenstein and Vincent

Van Gogh, who were rather solitary children. The same applies to Bill Gates, who had remarkable abilities as a child (he could accurately recite long passages of the Bible) and who, as an adult, rocks to and fro during meetings and plane journeys, has trouble meeting people's eyes and shows mediocre social skills<sup>53</sup>.

By thus expanding the field of autism, both Grandin and the Leforts (although with different presuppositions) reach a conception of autism which cuts them off from Kanner's and Asperger's findings. Those converge to define a syndrome characterized by attitudes of withdrawal from other people, difficulty before environmental changes, an exceptional attraction to objects, persistent language disorders and an early appearance of these traits (before 24-36 months). True, Asperger evoked widely different levels of personality among autistic psychopaths, among which figures predominantly "the highly original genius"<sup>54</sup>. He probably thought of such "weird eccentrics" as an extremely gifted mathematician, or another of his subjects who had become an astronomy professor: in all probability, he did not make out brilliant autistics to be men of genius. To my knowledge anyhow, none of the above cited famous people presented in their early childhood all of the major traits of autistic syndrome.

Hence we present our proposal for another psychoanalytical approach to the structure of autism, taking into account the new spectrum concept of autism. It was outlined for the first time in an article, "De l'autisme de Kanner au syndrome d'Asperger" ("From Kanner's autism to Asperger's syndrome")<sup>55</sup>. Two major elements are proposed to outline the specificity of autistic psychosis: on the one hand, the lack of a primary identification, causing persisting enunciation difficulties, and, on the

other hand, an original defense grounded on an object which allows the subject to localize jouissance on a protective rim. In this approach, it is important to note that the object used as a principle of autistic defense may take many different forms, from Tustin's autistic object to Grandin's squeeze machine to imaginary friends, a particular member of the family or even animals: these things all have in common the character of a double. In this sense, this new approach is close to the Leforts' on some essential points. However, it differs on the importance to be attached to these points, and on the nature of autistic transfer. In my opinion, its impossibility owing to the primacy of the destructive instinct does not constitute a typical feature of autism. Donna Williams reported a cure with a psychiatrist whom she was anxious to please and who functioned "as a mirror"; the cure ended in a friendship which lasted long after the end of therapy<sup>56</sup>. Besides, many cures of autistic children have shown that transfer could be established without turning into destructive attitudes: two of the most famous autistics come to mind, namely Dick and Dibs.

On condition that the clinical approach to autism takes into account what has come to be called the autism spectrum and that it does not confine itself to studies of early infantile autism, it seems possible to assert that the autistic subject's double sometimes acts a substitute Other, made of signs rather than signifiers, through which (in such extremes of the spectrum as Williams' and Grandin's cases exemplify) the autistic may reach some compensation for the lack of primary identification and for enunciation difficulties. In such a perspective, the autistic appears as a subject for whom the structuring alienation in language constitutes the major difficulty,

but who also possesses the means to remedy this situation to some extent by leaning on a double, from which he might derive many resources.

Autism, in this sense, is no longer the earliest of all psychoses nor the most serious, but an original form of disorder, always combined with cognitive difficulties and troubles in the expression of affects. Its specificity and the most appropriate modes of treatment remain to be specified. To say that psychoanalytic theory is heuristic in this domain now involves the necessity to clearly define the steady signs which define a larger clinical approach to autism, which boundaries probably do not include true genius but may still lead to the perception of some discreet forms, yet unknown, of Asperger's syndrome.

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<sup>2</sup> Calligaris (1991), 101.

<sup>3</sup> Quoted in Bercherie (1983), 102.

<sup>4</sup> Seguin (1846), 93.

<sup>5</sup> Bercherie (1983), 113.

<sup>6</sup> Down (1887).

<sup>7</sup> Bercherie (1983), 106.

<sup>8</sup> Kanner (1943).

<sup>9</sup> Kanner (1951).

<sup>10</sup> Asperger (1944) in Frith (1991).

<sup>11</sup> Kanner (1943).

<sup>12</sup> Mahler (1968).

<sup>13</sup> Kanner (1943).

<sup>14</sup> Meltzer (1975).

<sup>15</sup> Klein (1930).

<sup>16</sup> Grosskurth (1986).

<sup>17</sup> Tustin (1990).

<sup>18</sup> Tustin (1981).

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- <sup>19</sup> Eisenberg (1956).  
<sup>20</sup> Maleval (2003).  
<sup>21</sup> Kanner (1971).  
<sup>22</sup> Rimland (1964).  
<sup>23</sup> Axline (1964).  
<sup>24</sup> Wing in Rutter and Schopler (1978).  
<sup>25</sup> Howlin in Rutter and Schopler (1978).  
<sup>26</sup> Rutter, "Diagnosis and definition." in Rutter and Schopler (1978).  
<sup>27</sup> Lansing and Schopler in Rutter and Schopler (1978).  
<sup>28</sup> Tustin (1990).  
<sup>29</sup> Rutter, "Developmental issues and prognosis." in Rutter and Schopler (1978).  
<sup>30</sup> Wing (1981).  
<sup>31</sup> Wing in Frith (1991).  
<sup>32</sup> Frith (1989).  
<sup>33</sup> Vidal (1994).  
<sup>34</sup> Grandin (1986).  
<sup>35</sup> Sellin (1995), 58.  
<sup>36</sup> This address is less obvious in French as it is in English (the title chosen for the French translation was *Une âme captive* : « a captive soul »).  
<sup>37</sup> Sellin (1995), 217.  
<sup>38</sup> Sellin (1995), 117.  
<sup>39</sup> Sellin (1995), 168.  
<sup>40</sup> Bicklen (1993).  
<sup>41</sup> Sellin (1997).  
<sup>42</sup> Grandin (1986).  
<sup>43</sup> Stork (1996).  
<sup>44</sup> Golse and Lebovici (1996).  
<sup>45</sup> Asperger (1944) in Frith (1991).  
<sup>46</sup> Lefort (1980).  
<sup>47</sup> Lefort (1997), 21.  
<sup>48</sup> Lefort (Entretien, 1997), 177.  
<sup>49</sup> Lefort (1998), 316.  
<sup>50</sup> Lefort (1997), 21.  
<sup>51</sup> Lefort (2001).  
<sup>52</sup> Lefort (2003), 172.  
<sup>53</sup> Grandin (1995).  
<sup>54</sup> Asperger (1944) in Frith (1991).  
<sup>55</sup> Maleval (1998).  
<sup>56</sup> Williams (1992).