jcfar

journal of the centre for freudian analysis and research

Issue 25
Child Analysis

Psychoanalytic Treatment of a Two Month Old Baby with an Autistic Brother, Showing Warning Signs of a Similar Development

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When Hassan was born, he had a big sister, eight years his senior, who was very gifted; a four year old autistic brother; and two young brothers, one of whom at two years old had shown great precocity with language, according to his mother.

As his brother's autism was diagnosed during the pregnancy, I had been worried about him before his birth. At the time, I did not take fully into account the statistical data of the occurrence of autism in siblings, because I did not give due weight to genetic phenomena. What concerned me was the corrosive effect that such an announcement can have on the mother's capacity for anticipatory illusion. The child psychiatrist who cares for the autistic brother, to whom I speak about my concerns, cannot see a way to propose a consultation to the mother for her baby. The issue is settled when the mother herself shares her concern about her one and a half month old infant with the doctor. She says that he reminds her of her autistic son, and not at all of her two previous children.

As she has five young children, it will be more than a month before she is able to visit us. I confess that before this session I was expecting a mother who, upset by the diagnosis of her son's disability, was now seeing it everywhere.

Preliminary interview: Hassan is two months and three weeks old

I am surprised, then, to encounter a child with whom contact is very difficult, despite my best efforts. It is only after an hour that I manage to do it. The mother is very reassured when she hears me confirm the accuracy of her feelings; it is indeed very difficult to establish contact with Hassan.

I reassure her: thanks to his very young age we can intervene and save him

from his brother's fate. On the matter of this promised 'miracle', I am decisive. Of course I am thinking about cerebral plasticity, without then knowing about the recent epigenetic data, which confirms the possibility that changes in the ambient environment may have a significant effect on even the expression of genes, especially since we are at the beginning of the infant's life. Now, the work of the psychoanalyst is to introduce an abrupt change in this 'ambient environment', breaking the downward spiral which, beginning with a baby who does not respond, affects the parental capability of the parent, thus reinforcing the baby's innate difficulties.

In this first session, it is the profound respect that I show for this woman's perceptions that establishes her positive transference to the psychoanalyst. How many parents of older autistics tell us that they had expressed concerns about their child to their paediatrician, only to hear that it would pass in time? How many mothers have been told that they are too anxious, that they need to calm down?

In addition, I do not tell her that there is a problem in the mother-baby relationship; a vicious sentence that many mothers have heard. When one tries for oneself to maintain contact with these babies for long enough, one perceives the difficulty. These babies refuse the relation to the other, not only to their mother.

There are additionally a group of babies who, while refusing to bond with the mother, fasten themselves to the next person who comes to help them. For these babies, there is no need to fear an autistic development, even if their depression requires rapid intervention. Often they have perceived a state of mental suffering in their mother, but that is not what brings about autism. In the latter case, there are factors which originate in the baby, and the best way to tell quickly is to experience it for oneself in a relationship with them. This is the experience which I had from the start with Hassan.

His mother was more able to identify with the analyst than the analyst was able to identify with the difficulties she was experiencing with her baby.

The following sessions

The mother only returns three weeks later. We could think of this as resistance, but the material reality of this young woman makes her visits complicated. I was very pleasantly surprised by the quality of this young mother. Her prosody is delightful and her baby gazes at her. Contact was established between them and I even wondered if I had not imagined the problem. The fact of not having video recordings of the sessions at this time contributes to this feeling. This shows how well my empathy with her difficulties as a mother enabled her to identify with my hope and with my cheerful way of addressing Hassan.

In taking a few notes of this session, I write 'my mother' instead of 'his mother' when referring to her. This slip of the pen indicates well the maternal quality that I recognise in her.

They do not attend the fourth session. Hassan has a forty degree fever and a bad case of chickenpox. They come the following Monday, after a weekend of worry during which his condition had been so serious that the paediatrician had wondered whether it was not necessary to hospitalise him.

He arrives covered in spots and refusing all contact. The mother says that this has lasted for several days, and that he is the same with his father. The mother shows me that none of her strategies are working. She calls him anxiously by name a few times, clicks her fingers, and claps to get his attention. All of this falls into an absolute void.

These tactics occur frequently in the family movies of babies becoming autistic, and I have never seen them in films of ordinary babies, who scientists refer to as 'typical'. It is a form of 'regulation up' stimulation that sometimes bears fruit, which is why parents continue to use it. In this case, nothing happens.

Working on the idea that what precipitated this baby's withdrawal was the great anxiety about his illness that he perceived around him, I am not worried, all the more so because the danger has passed. I am therefore able to speak to

him in a beautiful prosody with the pleasure of seeing him and the amusement of his little face still covered in spots. He returns. It is important to bear in mind that when these babies withdraw, it is all the more difficult to recover them because their parents, worried by their withdrawal, do not give them the opportunity to be playful.

Again the mother was able to identify with me because I explained to her that her son hated seeing them worried about his health. In the following days, the bond is re-established, which is confirmed in the next session.

First filmed session, sixth session conducted: Hassan is five months old

This session has two distinct parts:

1: The child is bonding well. We witness what Colwyn Trevarthen and Maya Gratier (2008) call a *narrativity* between mother and child. Their voiced responses – prosody, rhythm and vocal pitch – are in balance with one another.[1]

2: Rupture of the bond between Hassan and me, of my doing. Nobody can restore the bond.

First part: the establishment of musicality between Hassan and his mother

Hassan is lying on the baby chair opposite his mother who is kneeling in front of him. She leans towards her son smiling, who smiles back at her. I sit beside them next to the mother. At his mother's 'Ahaaa!' of satisfaction, Hassan responds with a very musical 'Oooo'.

'That's nice!' I observe. Hassan immediately looks at me while I continue, 'that was nice!'

The mother continues very musically, 'Ah yes... *Areu*! *Areu*! Your mummy ... *Areu*! *Areu*!'[2] Hassan looks at me and then turns his head. His mother calls

him, seeking his gaze and using his name 'Hassan! Hassan!' A brief interaction resumes, which Hassan cuts off again. The mother clicks her fingers while looking at him, making a puppet motion with her hand, and Hassan looks at her.

The mother, putting her head closer: 'Hello Hassan!' She stares deeply into her son's eyes, who gazes at her with pleasure. Then he pushes with his foot. She moves back immediately, saying:

'Hello, my Hassan! Oh, yes my Hassan!' (lowering her voice) 'Oh, yes my Hassan!' She kisses his hand gently as he follows her gesture with his gaze, and they find one another again. The baby smiles at her and says, 'Ohooo, *oui*...'[3] The mother replies to him in a higher tone, as I intervene in their conversation: 'What is it that you said to mummy? What did you say to her?'

The mother, amazed by her baby: 'Oh, *oui*, oh *oui*.'

Hassan replies to her in a higher tone: 'A, *eueeee*...' He looks at the chain holding his pacifier. The mother kisses his hand and moves back as if to better admire him. While they smile at one another, I comment, 'You know how to say 'yes' in French now!'

Hassan: '*Ouiiii*...' The mother looks at me to share her amazement. A big smile lights up her face.

The baby gurgles again and she replies to him, 'Ah, *oui*, ah, *oui*?' Hassan waves his arms in satisfaction. He sticks out his tummy towards her.

Probably too soon in the relationship between her and me, I offer the interpretation that the baby is belly-dancing. She looks at me, apparently very amused. I continue, asking Hassan, 'Is this to get kisses? Is this to get kisses?' The mother, who has her son's gaze, kisses his tummy again and again, giggling and saying, 'Oh, oh, oh!' The baby's eyes never stray from her.

The analysis of the sound recording of this moment in the session, carried out later by Maya Gratier, revealed to us a mother and baby in perfect musicality, the one following and responding to the rhythm and pitch of the other. However, acoustic analysis of the latter part of the interaction, when the mother complied with my suggestion, showed that the musicality became fixed and repetitive.

Moreover, if the baby continues to gaze at his mother, there is no reversion from the situation for him. He does not take the initiative himself in offering his tummy to the maternal kisses.

The mother had responded to the analyst's proposition, not to a movement that she had identified herself. On the theoretical level I would say that the baby did not, at this moment, produce the third phase of the drive circuit in offering himself as an object for the mother's enjoyment. He had, moreover, never done it before. It was too soon.

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Once the mother stops kissing his tummy, Hassan's narration continues. His mother replies to him with a chuckle of pleasure which, on the musical level, is again quite relevant to what her son has to say to her.

With Hassan, the narrativity – a term introduced by Daniel Stern (cf. Stern *et al.* 1975; Stern, 1977, 1985) and developed by Colwyn Trevarthen (cf. Trevarthen, 1979; Gratier & Trevarthen, 2008) – resembles that of an ordinary baby, but appeared much later. Laura, the baby who served as Trevarthen's example, was five weeks old when he studied the musicality of her voice in dialogue with her mother.[4] Still, the mother and I were very pleased to hear this narrativity.

As the third phase of the drive circuit has not yet been able to establish itself with this baby, who has an unfortunate tendency to close himself off, it is unsurprising that at the occurrence of an untoward event, he withdraws and becomes impossible to reopen. This is what will occur in the second part of this session.

In these long sessions of about an hour, the second part usually takes place on the sleeping mat with the baby lying down. We start off with an enthusiastic dialogue in which Hassan seemed very proud of the admiration I displayed for his strength and size.

I lean my face towards a smiling Hassan, who absorbs my words: 'Who's a strong baby? Very strong!'

Then, suddenly, his face closes down, he turns his head away, glancing at me once or twice and then closing off again, each time more tightly. He eventually becomes entirely inaccessible to his mother and me. She makes several efforts to recall him, to no avail. Finally, she says, 'I don't know where he is'. After half an hour he falls asleep, without renewing the slightest contact with us.

I understood nothing. Because I had moved the mobile from which hung little coloured fish, which he usually played with, I initially thought that he was annoyed with me for taking it away from him. I tried to talk to him about it, to give it back to him, to pick up again the previous cheerful praise, but to no effect. Reviewing this part of the tape is difficult for me, but very instructive. First of all, in respect of what parents with a child like this in similar circumstances have to live with; and secondly, about how this type of withdrawal can happen even to the psychoanalyst dealing with it. I usually play a few minutes of these sad scenes wherein the psychoanalyst strives to no avail, completely missing the point. I only 'got the point' thanks to our research group to whom I showed the tape a week later. This is what I hadn't grasped at the time, panicking when faced with the child's withdrawal from me.

A second after Hassan first turns his head away, I hear myself saying, 'I think we're looking at a little reflux...' Addressing myself to the baby, I continue, 'You're dribbling, you're dribbling...' I turn back to the mother, with a flat voice, typical of serious conversation between adults: 'Remind me who his doctor is because there's a danger here of ear infection...' The mother replies that, in fact, he had touched his ear once that morning. 'If it's only once, it's not a

problem', I reply reassuringly. But the damage was done. Hassan, who had turned to look at me again, now turns away with a sad look on his face. All my attempts to engage with him will fail.

If the dribble in the corner of Hassan's mouth had worried me, it is because it could indeed have been a sign of reflux. It is true that there is a relation between reflux and ear infection; that is what I was thinking about consciously. But a more worrying aspect had been repressed – the fact that there are many more occurrences of serious, painful refluxes causing multiple ear infections in the population of babies who develop autism than in the general population. So what had been repressed was the fear that he might become autistic; a fear that the mother had clearly expressed from our first meeting. In listening attentively to the tape of this session, one can hear in the waiting room the sounds of an autistic child like Hassan's brother. In fact, that day the father was unable to look after him and he was playing with the secretary behind the door of my office. It is possible that his noises played a part in generating the associations that my unconscious wanted to keep repressed. In listening closely to the tape from the start, Raquel Cassel, who filmed the sessions at the time, pointed out to me that I had made a slip of the tongue in calling Hassan by his brother's name.

As for the baby, how can we understand his cessation of eye contact before I raised the worrying issue with the mother, at the very moment that I was putting it into words? My face must have changed before I spoke. We must therefore assume that like so many others who become autistic, this baby displays visual and acoustic hyper-discrimination.

The first time that he turns away occurs a moment before I hear myself speaking about the reflux. This moment must correspond to the formulation of the question in me, which can be read by a child like this as anxiety. That is what these babies cannot cope with. However, he looks back at my face to hear me asking his mother for his doctor's name.

In these cases, which occur in everyday life, ordinary babies look for the

adult who was playing with them and who now evades them. We hear them uttering 'Oh! Oh!', which often makes the adult who had dared to break off the conversation laugh. It is clear that in this case the stakes were serious, even if the psychoanalyst did not realise it; there was a danger of an autistic development. I am not sure that an ordinary baby would pause when faced with an unconscious formulation. My hypothesis is that they would not perceive it, or that their resilience would allow them to get through it. The normal baby calls out. It makes itself seen and heard. That is, it becomes active in its demand. This is the third phase of the drive circuit.

These babies who cause us concern do not do that. I had already experienced this breaking of the bond with other babies whose early symptoms were the same. But this was the first time that it had happened on camera.

What is more remarkable is that this child cannot 'switch', as Professor Marcos Mercadante says.[5] I was lucky enough to be able to show him the film sequences of Hassan's treatment. He commented on them from a neuroscientific perspective. Professor Mercadante, who has unfortunately died since then, was the director of the department of child psychiatry of the *Faculté Paulista de Médecine*. He had a special reputation in the field of the neuroscientific study of autism, which was the reason for us having met. The first time we spoke, we discovered several points of agreement, despite the radical heterogeneity of our fields. He had invited me to present a case study of the treatment of infants at his seminar. This presentation was filmed, which allows us to have the exact wording of his remarks.

Second filmed session, seventh session conducted: Hassan is five and a half months old

The mother is not able to attend the next session. She has five children, one of whom is autistic, so her visits to the *Dispensaire* require a lot of organisation. It seems to me, however, that the sad experience of the last session has something to do with her difficulty in coming.

The secretary rearranges it and she comes a fortnight later, despite Hassan having a fever due to a serious ear infection. Hassan is sleeping when they arrive and his mother takes the opportunity to speak about medical and family problems. I always leave sleeping babies alone. It seems to me that they know their mothers need to speak to me. When their mothers are finished, they wake themselves up. This obviously presupposes that the time we can devote to them is sufficient; at least one hour.

When Hassan wakes up, we start to play with him on the floor. He bonds quite quickly with us and begins to babble. His mother recalls how much he dislikes us calling him anxiously, 'Hassan! Hassan!'

In this case, as nobody is worried – his mother has already taken him to the paediatrician and he has started to get better – he responds to her calls. Then he begins a dialogue in narrativity with her. It looks a lot like the one I have already described and I am as pleased as I was the last time.

The mother, who plays the game perfectly, eventually complains that Hassan no longer articulates consonants in their verbal exchanges. Hassan immediately cuts off contact. I try to give voice to the disappointment of them both, but the bond cannot be re-established.

According to the developmental schema, his mother isn't wrong; the sound productions of her little boy are poor for his age. She has already had four children and she realises that he is less advanced than the three others who developed normally. We must not forget that her fear is that he might be like her older son – the second child of the siblings – who became autistic. It is always important to listen to the mother. They know what they are saying about what they observe. Even if it is necessary to reassure them in respect of what happens next, especially during these extremely early interventions, where cerebral and genetic plasticity are in our favour, it is appropriate to listen attentively to what they are saying about the present state of things, especially if they already have other children.

To keep hope alive whilst not contradicting her, I hear myself explain that she is right – that beginning at six months babies develop a proto-language which includes consonants – but that Hassan is only five and a half months old. Hassan, who seems withdrawn, as if he did not hear what was said, then begins to sob. I am surprised when confronted with these sobs, all the more so because I had never heard them before. The mother takes her baby into her arms. He stops crying, but does not re-establish contact with her.

Hoping to make her laugh, to create a more relaxed atmosphere in which Hassan might be able to renew the bond, I make a joke: 'Mummy wasn't very pleased with your grades', I say with a feigned sadness. This makes the mother laugh, but changes nothing for Hassan. He no longer seems accessible. The mother replies to me, 'Yes, I find he's a little behind, it's true'.

Me: 'You see how sensitive he is, it made him cry!'

The mother, laughing: 'I've been waiting six months, okay!' Between us, the tone is cheerful, but her son keeps looking down, clinging to his giraffe Sophie which he holds in his hand. To contextualise what she said about her baby, I add, 'You told me that you have two very bright children?' She then starts talking to me very proudly about her fourth son, who was born just before Hassan: 'At the age of three months he started to say 'baba'. We were in Kabylia, when at three months old he called his grandfather 'baba'. Three months! Now he says everything, as soon as he wants something'. Her face illuminated with pride, she lists all the words that her son says: 'hello, goodbye, eat... everything!'

As Hassan momentarily lifts his face, I speak to him: 'When mummy is speaking about your brother she has nothing but praise for him. It isn't easy for you'. This comment makes the mother laugh, but has no effect on Hassan who has already dropped his head. I then give him a rattle, saying, 'You have masses of skilled brothers, it's not easy'. His mother, hugging her son: 'For me, as soon as he says a word, that will be it!' I reassure her by saying that I will not give up until her son speaks fluently.

Hassan quickly drops the rattle and lowers his head as if overwhelmed with sadness. His mother tries to lift him out of his withdrawal by clicking her fingers in front of his face, as if the sudden noise would bring him back. It is very rare that with an ordinary baby an adult feels compelled to make this gesture, but I have seen it frequently in family movies of babies who become autistic. We could say that this is a typical behaviour that parents use with this type of baby. They do it so much that sometimes it works, the sudden noise causing the withdrawn child to return to the relationship. This gesture may perhaps be a pathognomonic characteristic of the parents of this type of baby. Research on family movies of babies who became autistic shows to what extent the parents try to get them back through stimulating behaviours – 'stimulation up' – much more frequently than with ordinary babies.

But here the mother's clicking of her fingers does nothing.

I try in my own way to bring Hassan back by speaking in his place: 'I'm disappointed, mummy, I smiled at you so much for half an hour, full of smiles, mummy, and you said in front of Madame Laznik, *sniff*, that I wasn't yet speaking at the level of my five and a half months, I'm really disappointed!' This theatrical game moves the mother, who kisses him tenderly as if he had uttered these words himself. But it has absolutely no effect on Hassan.

All our attempts on this day will prove futile. Concerning this, Prof. Mercadante will comment: 'I noticed, when he disappears, that his 'shift' of attention is very poor; his ability to focus here and refocus there is very poor. In terms of brain mechanisms, the end result is often a hyperfocus that we see in some cases of PDD and also in cases of attention deficit disorder'.

This was indeed the case with Hassan's autistic brother who would spend hours watching an object that he was spinning around. For this reason, his motor skills were extraordinary.

Let us return to the present session. With babies who come for a reason other than a massive relational withdrawal, speaking in their place is an excellent

way to capture their attention. In practice, all those who care for the baby do this, even though the vast majority do not realise it. I even met a fellow psychoanalyst working with babies who believed in all good faith that he only used the second person to babies. Watching one of his sessions, we realised that he spoke in the baby's place, as we all often do. Mothers do it all day long when their baby is little. However, in viewing the tape again, I notice a significant difference: I do not wait for Hassan to look at me before speaking in his place, which I usually do and which mothers usually do. I am forceful, speaking in his place without his support. That is why it does not work with him, which has to be expected. On the other hand, it enables the mother to bring out again all of her maternal skills. Let us continue.

I point out to her the sensitivity of her son, who was hurt when he heard his mother comment on his language delay. Again, I think that an ordinary baby would have ignored this, perhaps not perceiving the maternal anxiety, but doubtless having acquired a resilience to it; a resilience which these babies do not have.

I say in his place, 'I understand very well, and I'm anxious'.

Hassan begins to whimper, and I take up his whimpering, saying musically in his place, 'Oh, oh, oh, it was so sad, mummy'. The mother then begins to rock him gently. I continue, 'While you say that I'm big, that I look nine months old, that I'm mummy's best boy, then I'm happy'. The mother kisses him, moved. I continue, 'But when they say that I disappoint mummy, well then, there's nobody there any more'.

Hassan allows himself to be rocked by his mother. His whimpering stops. My usual experience in parent-child treatments is that the mothers respond to what I say in their babies' place as if it was they who had said it. Hassan's mother is no exception, she is equally moved.

Some time later Hassan, about to start crying, raises his head as if to be better heard. His discomfort is clear. I verbalise, 'Look how hard this is, mummy!'

Then the mother tells me that he has cried a lot since that morning, and that he did not sleep well. It thus seems that the half hour during which Hassan had smiled at us and babbled non-stop was quite exceptional. I say to Hassan, 'Was it just for Madame Laznik that you made all those beautiful smiles, then?' The mother touches his forehead to check his temperature, whilst her son whimpers and I sympathise through vocalisation, without getting any results. His mother puts him down to sleep and he yawns, but the whimpering starts again more strongly. The mother moves her face tenderly towards the child's, nestling her body around him.

The calms down a little and the mother tells me how bad he has been all day. Leaving to go shopping, she heard whimpering from the stairs. She adds, 'In the subway, he cried, then he fell asleep'. Hassan opens his eyes just a little and seems to look at me. As I say that he had been so happy for half an hour, Hassan moves his head as if to say 'no'. I reply to him, 'So it was just to be polite? Then I was very lucky'.

The baby continues to whimper and his mother begins to softly sing him a lullaby: '*Do, dô, l'enfant dô, l'enfant dormira bien vite, do dô, l'enfant dô, l'enfant dormira bien tôt...*'

The baby finally falls asleep, relaxed. I comment that he is lucky to have a mummy who knows how to sing him lullabies. I am truly moved by this scene, and in awe of this mother.

It was only later, when viewing the tape again, that I realised that it was I who had taught this lullaby to the Kabyle mother, whose own mother had died when she was two years old. This had not stopped her from becoming an excellent mother to her eldest daughter, and to the two boys who came after her autistic son. I cannot overemphasise how much I am against the idea, held by certain psychoanalysts – and not little known ones – that the mother's mental state may be the cause of their child's autism. On the contrary, I think that the autistic traits of the baby brutally disrupt their mental state, demolishing their capacity to be a mother. Yet here we can see that as soon

as a mother is supported by a psychoanalyst, all of her skills return. This is my experience with most mothers. On the condition that I can help them very early, the musicality in the dialogue with their baby amazes me. This type of narrativity in music corresponds to a phase in the baby's development; after that, it is much more difficult. Nevertheless, the two previous sessions show that such music is not sufficient to get the baby out of danger. Much more sensitive than other babies, a perception that they cannot process leads them to withdraw, either from their mother, their psychoanalyst, or anyone else. It is practically impossible to get them to return on the same day.

Third filmed session, eighth session conducted: Hassan is six months old

After this session with the breaking of the bond between mother and child, the mother is unable to attend the next session.

I call her, not to talk about the previous session, but about the one where I had experienced the breaking of the bond between me and Hassan. I propose that she watches it with me on the computer at the end of the next session. This offer reassures the mother who is coming on the following Monday. I had never before shown a session to the parents and I have never done it since. There are no recipes, each case is different, but here it seemed necessary to share my failure with this mother. It was well worth having discussions about the fact that her baby could have serious difficulty in relationships with anyone, not just his mother in particular. These babies, put into a nursery or with a nanny, cause the adults who are looking after them to fail in the same way. Therefore, it is important to support the people who look after them before they contrive unconsciously not to have to face this type of failure with the child; that is to say, to no longer engage with them.

At the beginning of the session, I propose to the mother that she speak in Kabyle to her child. The father is Tunisian and the parents often speak in French, though it so happens that the mother speaks Kabyle to her other children. In my experience of lengthy treatments with older autistic children, use of the mother tongue often had spectacular results. With babies whose

mothers speak another language than French, it is I who adapt to the mother tongue, asking the mother to translate into her language what I say to the baby, and often repeating when I can what the mother has said.

Yet in Hassan's case, the use of Kabyle throughout a part of this session hardly seems to change his relationship with his mother. He remains equally indifferent. The mother then uses the techniques that she knows well for bringing her son back. As he is lying in the baby chair, she leans towards him, pressing her hand on his leg, as he is captivated by the rattle that he shakes up and down by moving both arms. Under the pressure from his mother's hand, Hassan looks at her for a moment, then looks away and occupies himself with his rattle again. The mother calls him softly, maintaining the pressure on his leg, 'Hassan! Hassan!' Again the baby's gaze meets hers for a moment. Then he is again captivated by the noise of his rattle. The mother calls to him again, but this time she raises her voice. The baby jumps, which has the advantage of making him look at her. He even smiles in response to her smile, and then looks away.

The mother says to me painfully, 'He looks at me for a bit, then he turns his head away'. As I try to reassure her, she says that it often happens.

I say to the baby, 'Well then? Is that true? Tell me, Hassan, is that true?' As my voice is prosodic the baby gazes at me, smiling, but immediately turns his head away. I continue, 'Is it true that when mummy speaks to you in Kabyle, you look away just as quickly?'

The baby stares at his mother for a moment, then confronted with a new prosodic peak in my voice, gazes at me while I say, 'Well then?' But he has gone already. He comes back for a brief instant while I use the pet names which his mother calls him in Kabyle; here again my prosody has an effect. But I have not said two words before he cuts off, and my attempts to recall him using these affectionate little names remain ineffective.

I therefore fear for Hassan, or more precisely for his neurological development.

At the age of six months, a number of brain areas are developing, in particular those which correspond to what neuroscientists call the 'social brain': the parts of the brain which are used when listening to someone speak or when watching someone's face – the superior temporal sulcus and the amygdala, among others. I wonder whether if he continues to look at us so little, he will have hyperperfusion of these areas, with the damage that would certainly follow.

I then decided to undertake a recusitation of the drive in order to reintegrate Hassan into the world of emotional relationships in a more stable manner. For this, I will need to use an intense libidinal call in addressing him. It is not a question of giving him my admiration, as I have already done, but of making him enter squarely into the world of the drive, in the Lacanian sense of the term. Lacan reserves the name 'drive' uniquely for the partial sexual drives, so that is where I want to lead my little man. It goes without saying that at six months old sexuality is far from genital. It is therefore necessary to train him in an oral eroticism appropriate for his age. This eroticism is, for Lacan, completely independent of the need for food. The three phases of the drive, on the oral level, are as follows: sucking, sucking oneself (the thumb, for example), to enjoy having oneself sucked. This last phase, eminently passive, is reworked by Lacan into a much more active mode: having the little finger sucked, or the little hand, or the little foot...

In ordinary babies this is very common; we accept the little baby's offer of its fingers which it puts in the adult's mouth, and it hopes that we will tell him how delicious they are, like a sweet, a little honey sweet. He likes to offer his foot, too. And adults play this game with the baby, without knowing that it is an erotic game. It is a matter of infantile sexuality which, in my opinion, is always missing in those who will become autistic.

When the baby realises that he is the source of joy for the adult who cares for him, he is overcome with happiness and will often repeat the experience.

I had already had the opportunity to experience success with this procedure

of psychical resucitation with Marine, another baby who was veering towards a danger of autism.

PREAUT[5] research on the early signs of autism with babies between four and nine months old, conducted with six hundred PMI physicians and which has already examined twelve thousand children in France, is a practical application of these hypotheses. Therefore, it is not a new invention that I will try with Hassan, but rather the application of very consistent hypotheses.

How to train him into the third phase of the drive circuit? He is in his baby chair, his giraffe Sophie in his mouth. I approach him and imagine that the giraffe is a pure gustatory delight. I suppose that the giraffe is an extension of Hassan's own body. It is as if, through her, we were dealing with his own little fingers.

Me: 'Ummm, yum, yum, yum! Umm! Hassan's giraffe is so good! She's so good!'

Hassan, who kept staring at me, looked down for a moment, but the 'humm' that comes with gustatory enjoyment brings him back straight away. I do not move from my chair opposite him, but I know that, to keep his attention for long enough, my voice must constantly convey real surprise and true joy. I have to be amazed and astounded at what I am seeing. So I have recourse to a strategic fantasy: I imagine myself in the land of Hansel and Gretel, a wonderland where everything is gingerbread, barley sugar, cake and chocolate. I am in a state of childlike wonder.

Me: 'Yum, yum, yum, we'll eat Hassan's little giraffe, she's so good. We'll eat the little horn, the little ear... Hmm, it's good, it's good, it's good mummy! It's good, it has a little taste of strawberry. And the little nose... we'll eat it all up.' The mother who watches her delightful son with great pleasure, then kisses his hand gently.

Me: 'It's so good, so good, so good. She's so good... hum! What a good giraffe this is. Mummy! Oh la la, she's so good. She must be made of sugar,

mummy, don't you think? Hassan's giraffe is a little sweetie? Hummm! Barley sugar!'

The baby's eyes are fixed on me; he does not look away at any point. This indicates that my prosody, which is called motherese, is of excellent quality, adorned with the ups and downs of surprise and joy. But he does not laugh. Viewing the tape we see that he is very serious, perhaps even a little worried.

The mother watches her son watching me, and she holds his hand. If this very long sequence – which lasts for almost ten minutes – is possible, without the voice becoming repetitive or losing its quality at any point, it is thanks to the wonderland of Hansel and Gretel that I am discovering with them. But what remained repressed in this experience, so that I can make use of it, is the witch. I did not think about it at any point. The fantasy of children being devoured by an adult remains hidden. In this situation, I am like all mothers who say, kissing their baby's adorable foot, 'we could gobble up a baby like this!' or equally, 'I'll bite you!' Obviously, no one thinks about this fantasy of devouring; it is just a game. The only difference is that here the analyst does not touch the baby's body or even the giraffe; she merely speaks about the wonders which present themselves to her. But the baby's serious face could indicate a perceptive discrimination of the repressed and disturbing elements.

In family movies of babies who later became autistic that I have been lucky enough to access, thanks to the generosity of the teams of the Stelle Maris Foundation in Pisa, it is clear that the games of devouring always capture the attention of babies who later develop autism. Their worry prevents the transformation of the scene into one of shared jubilation, and very quickly the parents tire of it. In a family movie that was given to me by the parents of Garance, when she was small, we hear the father saying very sensitively that it amuses her, but also scares her. He will only do it now and again, just to have his daughter's gaze. Ordinary babies pass over this disturbing dimension. It would not surprise me if research could show the nature of the unbearable discriminative capacity of these babies, who can only react by withdrawing. Every drive has its dimensions of life and death, and human relations are

possible because we only perceive the pleasant dimension if it is dominant. It is the game which carries us along.

An American study on brothers and sisters of autistic children in the USA concluded that it is not possible to distinguish before twelve months of age which babies will become autistic and which will not. It seems to me that this research was unwittingly at fault because of the method employed. They were filming the response of the babies to a game of hide and seek. Unfortunately for this study, the American version of the game consists of hiding your face before suddenly revealing it saying, 'peekaboo!' All the babies reacted, even those who went on to become autistic. The sudden revelation of the mouth and eyes accompanied by the noise was sufficiently disturbing to hold the attention of them all; some through pleasure, others through anxiety.

Here, the sequence was long enough to reassure him of my intentions. Now it was a matter of him daring to play his part; that it was he who contrives to have his little finger eaten. However, this knotting of the drive is of interest only if it develops between the child and the mother. If they discover the joy in such a libidinal link, they will want to repeat it frequently and this psychical repetition will inscribe itself in the lived experience of the child and even in his brain. I only saw the baby for one hour each week. Yet even even two or three times weekly would be a lot less than if the mother became my co-therapist and practiced this enjoyment several times a week, not because it has been prescribed, but for the pleasure of it.

Me: 'Now it's mummy's turn! Is mummy going to taste?' As Hassan has dropped his giraffe, the mother picks it up. Mother: 'Hummm!' But Hassan looks down.

The mother calls to him, 'Baby, Hassan?' She seeks his gaze in vain. Clicking her fingers: 'Hassan?'

Me: 'If mummy were to taste it with pleasure...' I am trying to enable her to have an exciting prosody. I do not think it is useful to give theoretical lessons

to parents. We will find out together, through experience.

The mother laughs and pretends to eat the giraffe, which Hassan tries to recover. He puts it in his mouth. Mother: 'Oh, you want to taste it on your own? Isn't mummy allowed?' Hassan looks down.

The mother calls him. The giraffe slips out of his hands and she catches it, and makes it squeak. The noise attracts Hassan's attention and he looks at the giraffe. The mother puts the giraffe next to her face and says to him, smiling, 'Huh!' The baby responds to her smile. We know that for the link not to be broken, the mother must be able to produce a beautiful prosody.

Me: 'Is she good, mummy?' The mother plays along. 'Yum, yum!' she says, laughing and putting her mouth to the baby's hand. The latter, smiling, places his hand on his mother's face, and starts to play with the edges of her veil, near her eyes. The mother is veiled. She chuckles with pleasure and her laughter is delightfully prosodic. Hassan puts his fingers in his mother's mouth, who finds them delicious. As she rubs her face on Hassan's tummy, I ask for a report of this new delight. It is very important that this libidinal interaction last for as long as possible. The baby too has a happy smile. They are a beautiful sight.

Me: 'Ah, well, mummy is getting all the looks that she wants!'

Mummy pretends to eat her child's tummy, which makes him smile beautifully. They babble together.

Then, because Hassan has pulled on it, his mother's veil covers her eyes. I see him looking at me, then back to her face, and it seems that he is bothered by not being able to read her facial features. I ask the mother to move it back a little further.

Then, carried along by the erotic momentum of the situation, the mother pulls off her veil, saying, 'After all, we're all women here!' I have never shown this part of the film, out of respect. Mother and son continued their loving play, the

little one taking more of the initiative each time to have his fingers bitten, with obvious pleasure. It goes without saying that veiled mothers are absolutely no more likely to have autistic babies than anyone else. In the current racist climate, it is best to make that clear. If this detail is worth reporting, it is because it gives a measure not only of the loving atmosphere of the moment, but also of the identification of the mother with the analyst who had had a short loving exchange with the little one just before. It is true that the analyst was not wearing a veil. I have never seen the mother's hair after that, and her child did not become autistic. Yet we were not sure about that until a year later, even if this session brought about a very important tipping point in Hassan's psychical functioning.

Even though other systems persisted and only disappeared little by little throughout the following year, he has never again been inaccessible. Something had changed in him which meant that he could 'switch' from temporary withdrawal to a new and better experience. The mother played the leading role, often repeating with her baby the enjoyment of a shared oral eroticism. This woman is worthy of all my admiration because she was able to keep these experiences within the correct framework, so as not to overexcite her baby.

A terrible event struck them some time after this session: the father lost his job in very hurtful circumstances. The mother shared his unhappiness and the baby did not withdraw again, as we both had feared that he might. It is true that we told him many times that he had nothing to do with what was making his mother sad, that he was a wonderful baby. The problem was his father's 'work'. I repeated this word, believing that it allowed him to hear a signifier other than 'baby'.

He got through this challenge with us, but all was not solved.

One of the symptoms which the mother had long complained about was related to Hassan's motor function. She thought that his arm movements were not symmetrical, and that he too often neglected his left side. She also found

that he did not move his legs as often as his arms.

At the time, I was unable to take into account what she was saying to me. I had often thought that out of concern for her little boy, she projected her fantasies onto him. I had interviewed the mother and had discovered that a great-nephew of her father had had a perinatal accident and could only move very poorly one side of his body. Even if I had said nothing to the mother, this was enough to reinforce the idea in me.

Yet today I know she was perfectly correct. This baby had an asymmetry between right and left, and also between the upper and lower halves of his body.

The latter persisted throughout his second year of life. Moreover, this baby only walked at seventeen months of age.

As regards the left-right asymmetry, it seems to me that it has become less pronounced since the joyful scene. At the end of the session, on the playmat, Hassan wiggled his feet and arms, as he had never done before.

André Bullinger (cf. Bulinger, 1991), a sensory-motor specialist and creator of a remarkable approach, has given much importance to these asymmetries in babies who subsequently develop autism. These left-right and upper-lower asymmetries are also central to many of the observations made by Geneviève Haag (1993-1997 – cf. Haag, 2006). With different concepts, they seem to me to reach the same clinic.

Today, I would work differently with Hassan. At the same time as supporting the parent-baby bond on the psychical and drive level, I would like to set up a sensory-motor programme for the baby and his mother. We had the opportunity to experiment several times at the Alfred Binet Centre and it proved to be very interesting. We no longer find, with these little ones, consequences at the level of bodily organisation. I think that Hassan would have walked earlier, but mostly it would have perhaps stopped his compulsive rocking more quickly.

Indeed, during the second year of his life, it was these rockings which took hold of him during the night, which worried his mother a lot. He knelt down and rocked in that position, and was unable to be stopped by either his mother's voice or her calming gestures. She was forced to take him into her arms and hold him very tightly to stop this overwhelming stereotypy.

During the day, it seems that it did not present itself, at least not to my knowledge.

It must be said that, between his twelfth and eighteenth months, we were all worried about his autistic brother. Renal malformation was discovered, and a suspicion of Bourneville's syndrome hung over him and thus over Hassan. This is a severe degenerative condition, often coupled with autism. Test results were slow to arrive. It was a difficult time for the mother who fully understood that there was a danger of a serious illness. She must have felt that I was worried too.

Could there be a link between this family anxiety and the compulsive rocking of the child? I cannot say, but it disappeared after the concern was lifted.
In my opinion, what definitely took this child out of the danger of autistic development, was the discovery that he played with the tea set.

Let us examine what happened, and consider what importance to give to this game, as much from the neuroscientific point of view as the metapsychological one.

Fragments of a session when Hassan is fifteen months old

He is sitting on the floor, with his mother beside him. In reviewing the tape it is clear that the whole of the lower half of his body remains quite motionless. He is, however, very skilled with his arms and face, even if he is not yet speaking. At the time, I especially wanted to bring him into symbolic games. As he takes a pen and begins to turn it around in a plastic cube, I imagine that he would like to play with the tea set. So I go and find one for him, so that he can play

better. He has a big spoon in his hand and looks surprised at his mother, who is playing at dipping a little spoon into her cup. He obviously knows about cups and spoons from his everyday experience. But here, these women are playing without anything inside the cups, and what's more they laugh while pretending to taste and enjoy it.

Me: 'It's funny, huh! You can play with the tea set!' I laugh. 'Yum, yum, yum!' says the mother, feeding her son with a spoon from the tea set. He smiles. I comment that her son understands the imaginary play.

'Yeah!' exclaims Hassan, and the mother repeats it after him. She feeds him again and he opens his mouth hungrily for the spoon.

Me: 'And Madame Laznik? She wants some too!'

Mother: 'He feeds me sometimes.'

Me: 'He feeds you for real. Here, it's pretend.'

The mother opens her mouth wide and guides her son's hand so that the spoon enters her mouth. Hassan looks at her face while she goes into raptures. Mother: 'Again, again.' She places the little cup close to the spoon that the child is stirring. She opens her mouth again: 'Aah – for mummy?'

Me: 'Is that good?' I know that this game's success will depend upon the prosody of pleasure which accompanies it. But Hassan has lowered his head. The mother calls: 'Hassanou?' He looks at her and puts the spoon in her wide open mouth, a gesture which the two women welcome with obvious joy.

With a broad smile the mother softly says: 'Again for mummy?' She hands him the little plate going: 'Aam!' – a sound which her son repeats after her. I ask for some for me too, but today all the attention is for his mother, in contrast to what normally happens in the sessions. I can only rejoice.

Hassan stirs the spoon in the cup and complies with his mother's requests that he put it in her mouth. His action is, here too, greeted with an outburst of enjoyment.

I am particularly interested and reassured because what is happening here is that Hassan, without knowing it, is in the process of passing one of the pathognomonic tests of the CHAT.[7]

This test, validated in England with sixteen thousand babies, is one of nine that has been retained. It consists of two questions which should separate babies at risk of autism from others.

One of these is called the ability to pretend. It consists of asking a little one of eighteen months old, who is presented with a tea set, to give coffee or tea to their mother and to the examiner. Hassan was only fifteen months old. I think that this is the only session in which I discussed 'theory' with the mother. I told her about that. His incessant rocking during the night was really worrying her.

The rest of the session continued in the same way, with Hassan very happy to test out his newfound power. At one point, the mother told him that she had had enough, that she wasn't hungry, and I heard myself saying that what her son was offering her was sweets that are only served on the evenings of Ramadan, and which are so nice that they are eaten incessantly. It was essential for the enchantment to continue.

In the following days, all the staff at the nursery were abundantly fed by Hassan, and they showed themselves to be perfectly ready to appreciate how suitable the food was that he offered them.

During the next three months, the restaurant became important for our sessions. Hassan was very attentive to the open mouth of his interlocutor. Soon, he opened his own, too. This is what all ordinary babies do, but not those at risk of developing autism for whom empathy is problematic. I think that the mirror neurons were activated from this point.

It is as a psychoanalyst that I was overjoyed to see the extent to which the third phase of the drive circuit was working well for him. With age, a baby stops offering his own body for tasting. He offers himself, in a sublimated mode, through nice things given in play. Marine, with whom I have worked for several years, one day replaced the spoon game with the restaurant game. She knew how to prepare delicious and colourful dishes with modelling clay, to which she would give equally appetising names. I noticed that the restaurant game would return more often when a difficult situation emerged for her in real life. She found, through this game, the experience of shared pleasure which she was able to initiate.

This investment in orality had another significant consequence: the appearance of language.

Fragment of a session when Hassan is nineteen months old

Hassan is standing in front of the mirror, looking at his little cup and spoon. His mother is on the floor very close to him, and she smiles at him in the mirror. I am further away, at a little table. They do not need me to be glued to them. Hassan turns to face his mother who looks at him lovingly and admiringly. He leans towards her to put some food in her mouth. The mother pretends to find it delicious and I comment from the sidelines. He approaches the little table where I am and where there is a small plate. He plays at filling his spoon and giving it to me, gazing into my eyes. I am thrilled at what he gives me to eat, as is his mother, and he feeds himself. Then, he goes to admire himself in the mirror while I say, 'In terms of his language, are there a few little words?'

Mother: "Papa'... And when I change his nappy, he says to me 'it stinks!"

Me: "It stinks?" I find this very funny and laugh. Hassan looks at me, pleased to have surprised me again.

Mother: 'He says 'thank you' too, and 'mummy'.' He began to play hide and seek with me: 'You could say 'hello' too?', I ask him.

Mother: 'Yes, and 'goodbye'. He loves to say goodbye when he goes to nursery.' Hassan, smiling, then waves goodbye beautifully.

A neuroscientific reading of the changes in Hassan

Here I give the floor to Professor Marcos Mercadante concerning Hassan:

'How I think about this – that is, about how the environment sets out social behaviour – is in terms of the social brain. At the start, Hassan only put the felt pen into a cube. Here, it's a question of the spatial development of the brain. Later, he was experimenting with putting a spoon in a little pot. There are two things which they did which delight me from the point of view of cerebral plasticity. They reconnected these circuits of experimentation with two social functions, one of which is putting the object in a mouth. In my view, he was just introducing it into another hole, but they attributed significance to it and were so very excited that they suddenly activated the limbic system of pleasure, so he built up some networks. As regards this input of reward, there are many things which excite my brain when I put something in my mother's mouth. I think that this behaviour is something that certain children do easily and spontaneously; they take advantage of everything, all the time. For other children, there has to be someone who succeeds in finding the level of cerebral stimulation such that they are able to make these associations.

For this to work, the neurons, when they connect, must remain stable. The synapse must remain, and has to undergo the famous LTP – 'long term potentiation' – which Kandel described.[8] This is necessary for the circuit to become stable and able to be used. If it does not become stable – that is, if there is no permanent connection – then it's done for, and will probably return to the previous connection; that of geometric and spatial relationships. It all depends on the quantity of pleasure.'

I thank Professor Mercadante for this clarification which sets out the necessity for us to show our joy and for Hassan to seek it out frequently, as we had already achieved.

I met him for a few more sessions before the parents went to Kabylie for the summer holidays, to the mother's family. Over there, just before flying back, Hassan became dehydrated and required hospitalisation. As a result, the mother lost her return tickets. At the time of purchasing new ones, as the tickets were very expensive, she bought them for the following week. When boarding, it was discovered that the little one, who did not yet have a passport, had travelled with a temporary document.

The visa was no longer valid. The family were only able to return to France three months later, despite the best efforts of the organisations which were contacted.

I was terrified that Hassan might relapse, especially because I had experienced a relapse with another little child. But I found him smiling and speaking Kabyle! The mother had told me how much she too had feared a relapse, how she had thought about our work and had spent most of her time playing with him. The result was excellent, except that I did not understand what he was trying to tell me.

Two weeks later, Hassan was already beginning to speak French. Meanwhile, they had moved to a district further away. It was difficult for the mother to attend, especially as the autistic son was waiting for a place at a day centre. I saw them a few times later on, in the context of a neuro-paediatric examination.

Report on the neuro-paediatric evaluation of Hassan

Here are a few elements of the examination conducted by Dr. Regina Amorim, when Hassan was two years and four months old.

'The child is smiling, he participated in all of the activities offered and was very interested in the tricycle from which it was difficult to separate him.'

In respect of this tricycle, Hassan showed us all how clever he could now be. Having well understood that he could not take it with him, he argued that it was

not for him, but for his little brother who had stayed at home.[2]

'Walking was acquired at the age of eighteen months,' reported the neuro-paediatrician. 'On examination, I found a slight hypertension of the limbs, predominantly of the lower limbs with equally slight hyperlaxity of the ligaments. Hassan has hyporeflexia which is clear in the lower limbs. Behaviour is appropriate for his age. According to his mother, his use of Kabyle seems to be improving. He understands certain instructions in French and uses gestures to communicate about what he wants, when he does not know how to say it in French.'

The very proud mother told me that Hassan was by far the most of advanced of their children in terms of language.

I still hear news of him during his first year of nursery. He had difficulty separating from his mother for the first few weeks but is now very well adapted to school.

notes

[1] A more recent article written jointly by both authors is titled 'Musical Narrative and Motives for Culture in Mother-Infant Vocal Interaction' Gratier, Maya; Trevarthen, Colwyn. Journal of Consciousness Studies, Volume 15, Numbers 10-11, 2008, pp. 122-158.

[2] [Translator's note: '*Areu!*' is an onomatopoeia used in French to mimic the sound that a baby makes.]

[3] [Translator's note: All instances of *oui* (meaning 'yes' in French) that occur in this exchange have been preserved.]

[4] Daniel Stern first introduced the term 'proto-narrative envelope' in 1995 in his book 'Motherhood Constellation: A Unified View of Parent-Infant Psychotherapy' (Stern, 1995). Trevarthen later borrowed the concept and expanded it into his own notion of 'narrativity', along with 'musicality', to capture this dynamic in the mother-infant interaction.

[5] Professor Marcos Mercadente is a child psychiatrist from Brazil and author of one of the first studies into the epidemiology of autism in Latin America. He is also the founder

of Autism & Realidade NGO in São Paulo.

[6] The PREAUT organisation was founded in 1998 by a group of psychiatrists, psychologists, and psychoanalysts, all autistic-disorders practioners, as an Association for the Prevention of Autism. It's primary aim is to carry out research aiming at the validation of early communication disturbances that could be linked to an autistic-disorder risk, and thereby develop a set of diagnostic tools called the 'Evaluation of a Consistent Set of Tools Identifying Early Communication Perturbations That Could Lead to a Developmental Disorder of the Autistic Spectrum'.

[7] The Checklist for Autism in Toddlers (CHAT) is a screening instrument first developed in the UK in 1996 with the aim of identifying children aged 16 -30 months who might be at risk of having social-communication disorders.

[8] Here Mercanante refers to the work of Kandel in Kojima et. al. (1997).

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