Little Jeremy’s Struggle with Autism, Schizophrenia and Paranoïa

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Psychoanalysis is a way of thinking. Freud saw that his thoughts about his patients did not help them much, so he started to think about himself. “Know thyself” is the old precept. But he thought about himself in a most particular way: he started to think about his dreams, his desires, his souvenirs and he started to correlate them. He saw that this helped him with his patients. This way of thinking about one’s own life is the basis of psychoanalysis. The more difficult our cases are, the more psychoanalysis implies the capacity to play, to keep a dreamlike state of mind, to suspend judgement and to appeal to discreet humour, to blend poetry and science. Psychoanalysis is a way of thinking about our personal history and how it is mingled with desire, dream and language. Between desire and dream stands poetry. Between desire and language, stands science. What once was unconscious history shall become conscious history, as a consequence of recollection and reconstruction through transference. During this process, psychoanalysts are simultaneously engaged in exchanges with one another, all sort of exchanges but mostly through reading and writing. Psychoanalysis implies transference, counter-transference and its own forms of transmission. Psychoanalysis is a way of thinking about life which takes into account the possibility of dreaming, the ambiguities of desire and the certainty of death, as well as the fact that signifiers and language dominate us. As we know, ideology can often fill the gap between wisdom or knowledge, on the one hand, and ignorance or distraction, on the other. Knowing history – our own, that of our discipline and that of humanity – may protect us from the dangers of ideology.

Before us

“Andron paranoia” (human paranoia): this is how history begins, in an all too human way. It begins with fear of strangers, of foreigners, of angels, of our eerie familiars, of our intimate enemies. Psychoanalysis has taught us to recognise the threats generated by our innermost being. Paranoia comes from the Greek “para” which means near, almost, against in two senses: next to the other, close together, intimate, but also warring against or fighting against the other. “Noia” means reason, understanding, comprehension. Paranoia is thus a composite term used to signify what reason or understanding is up against, in both senses. The first two occasions in which this word appears occur in Aeschylus’ “The Seven Against Thebes”, and in Euripides’ “Orestes”. In Aeschylus’ play, the chorus tries to describe the link between

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1 This paper is based on a conference held at Saint-Anne Hospital Center, in Paris, in 1997. G. Haag, A. Green and P. Williams participated in the discussions that followed. It will appear in a different version in A Language for Psychosis: The Psychoanalysis of Psychotic States, edited by P. Williams, London: Whurr Books, 2000. It has been reformulated and expanded here.
Oedipus and Jocasta. According to Buckley’s translation, “t’was frenzy linked the distracted pair”.

Frenzy is here a translation of the Greek word paranoia. Mother and son in love, driven by paranoia, went as far as sexual intercourse. They could not understand their folly, as their reason was impaired. In Euripides’ play, the situation is altogether different. The chorus describes Orestes after Clitemnestra’s death:

Oh, ‘tis the slight
Of impious sophistry putteth for right
The wrong: ‘tis the sinner’s infatuate folly.

“Folly” is a translation of “paranoia”. “Andron paranoia”, or human erring – our inability to fully comprehend the world while pretending to do so all the same.

The first two occurrences of paranoia show that the word indicates either a son in sexual intercourse with his mother or a son in murderous intercourse with his mother. This establishes a close parallel between sexual intercourse and murder, and implies that our inability to understand stems from our relationship to our parents. I say parents rather than mother, as we must not overlook Laios and Agamemnon.

Related to these historical considerations of the concept of paranoia is the fact that the concept of autism first appears with the concept of schizophrenia. In his seminal work on dementia præcox, Bleuler writes:

... autism is more or less the same thing Freud called auto-eroticism » (1:112, n. 80).

... there is a normal autistic thought that does not need to take reality into consideration and its orientation is determined by the affections. Children play with a piece of wood which stands for a baby, then a house (1:474).

... we may also find an insufficient distinction between imagination and reality in a lack of attention, in dreams and among children (1:474) (my translation).

In fact, autism is a fundamental schizophrenic symptom, and even more so for later authors, for whom it corresponds to a dismantling of psychic elements linked to experiences of the body, such as perceptions, sensations, movements, etc. The dismantling is such that it makes the subject prisoner of the world, for his or her own subjectivity becomes inaccessible to him or herself. He or she is literally “out of his mind” and, fully identified to dismantled elements of the body. Whatever their nature, the subject is unable to establish anything but partial relationships among them. The elements which remain unbound, will thus appear to him or her as persecutors.

Melanie Klein’s genius was to link in a dynamic relationship the old concept of paranoia and the new concept of schizophrenia, the old concept of mania and the new concept of depression. She also advanced the notions of position and working through as central to the understanding of transformations from one of these states of mind to another. Melanie Klein had no use for the concept of nosographic entity known as autism. She might therefore be in agreement with Freud when he wrote:

However, the autistic thinking of Bleuler does not by any means correspond with the extension and the contents of the preconscious, neither can I admit that the name used by Bleuler has been happily chosen (2)

Kanner’s contribution to the concept of autism was his exclusive focus on children and the organisation of their symptoms through systematic observation. However, he does not seem to offer new clinical descriptions, if one bears in mind those of Anna Freud and Melanie Klein. His undeserved celebrity as the creator of the concept of autism, a status attributed to him even by the Encyclopædia Britannica, is due to political factors in at least three senses.

First, during World War II, no North American or British psychiatrist would have acknowledged the seminal contributions of German psychiatry. Second, Kanner was spearheading the creation of infantile psychiatry, as some of his early papers show (3). Prior to his papers on “Autistic Disturbance of Affective Contact” (4), schizophrenic or psychotic children were simply considered to be “feeble-minded” (5). Third, and of paramount importance; at the Richmond Meeting of Psychiatry in the USA, Kanner strongly opposed those advocating the physical elimination of the mentally ill, including children. Kanner’s “autistic” children were “feeble-minded” children saved from death by extermination in the United States.

2 The reader shall remark: Bleuler’s notion of autistic thinking does not exist for Freud, but he rather considered the “autistic thinking of Bleuler”, at least in as much as this clinician was not joining the psychoanalytical movement but staying by himself, with his new forged concepts. “Autism” was not a concept for Freud, but a notion linked to Bleuler’s.
of America. “Autism” was a way of surviving. And we should remember that “Muselmänner”, in the concentration camps, who presented so many autistic symptoms, were also trying to survive in their own ways.

Nonetheless, from a scholarly point of view, it remains astonishing that so many psychiatrists and psychoanalysts have scarcely acknowledged the origins of the concept of autism and its relevance to the views they have developed. Consequently they never explain their reasons for considering autism as an altogether different affliction from schizophrenia, rather than, as Bleuler suggests, one of its main symptoms. Indeed, psychiatrists and psychoanalysts seem at ease with the concepts they use, disregarding any lack of congruence between their own research and that of their colleagues. In no other discipline would such liberties be so widely accepted.

Bleuler, and authors such as Kanner, Tustin and Meltzer, as well as many contemporary researchers in mental health, have never linked the concept of autism primarily to organic malformations or malfunctions. Clarity of the clinical approach in mental health requires that autistic children or adults, whose troubles are mostly organic, should not be identified as autistic. Even if, late in their studies, authors such as Bleuler or Kanner gave up their research on the psychic origins of autism, thus yielding to the siren’s song of future discoveries in organic research, we should try to understand these changes, instead of merely subscribing to them. Bleuler and Kanner were most probably discouraged by the failures of their approach to autistic patients; perhaps they did not have solid frameworks for diagnosis and research. Tustin and Meltzer tried to pursue research on the psychic origins of autism and on the distinction between autistic troubles and organic troubles which have an impact on the psyche. In contemporary French research, an author such as Haag occasionally establishes an intimate and statistical link between autistic problems and organic malfunction.

Nowadays, “autism” is a term used for different purposes by different specialists. All kinds of neurologists, psychiatrists and many researchers in medicine use “autism” more or less in the same way as “feeble-minded” was used before Kanner’s research. “Autism” covers a field which does not correspond to Bleuler’s seminal purpose or even to Kanner’s essential research, even if both authors’ thought may be the object of epistemological inquiry.

Here, autism is mixed with problems, which are basically neurological, stemming from the brain, from the nervous central system or linked with motor co-ordination. They may be considered as having psychological consequences, but they are not considered to be essentially psychological or to originate mainly in the parent-infant relation. In fact, since 1966, an author such as Winnicott pointed the risks of confusion between organic problems and autism proper, as well as the schizophrenic nature of autism.

“Autism” is also largely used by Kleinian psychoanalysts, which appropriated Kanner’s early propositions. In this case (as may well be the case with the precedent use of the term), autism seems to appear as a nosographic entity by itself, quite different from psychosis. Lately, Lacanian psychoanalysts have undertaken to tackle the origins of this term, with Bleuler, thus trying to articulate autism to schizophrenia or paranoia, but according to a structural point of view, more than to a dynamic or economic perspective, which leads them to maintain autism as a single entity, apart from psychosis, instead of integrating it as one of its most important manifestations.

Applying the revolutionary notion proposed by Klein of “positions” rather than fixed entities, we may conceive of “narcissistic or autistic positions” (7) in the same way we as conceive of “manic-depressive or schizoid positions”

Whatever our theoretical options, more often than not, reality will defy it and will impose on us to think it over. The quest for theoretical coherence in our own field of research will be defied itself. This should not allow us to forget our history.

Freud and his followers – Abraham and Tausk, Klein and Mead, Searles and Lacan, Aulagnier and Perrier, among others – never thought that organic deficiency could be the main cause of psychosis, or even a primary aspect of psychotic symptoms, even though psychotic symptoms may appear when organic or genetic disorders are present. In other words, psychosis corresponds to intellectual,
affective and sensorial functioning that obeys schizophrenic (splitting), paranoid (projection) and exclusion (preclusion) mechanisms. These are shaped by the transgenerational chain to which the psychotic subject belongs, as well as by his family, and give rise to a wide variety of problems. These problems stem from the exclusion or important distortion of major signifiers concerning birth and death, the differences between the sexes and between generations.

Nowadays, no clinical approach of psychosis would be conceivable without a simultaneous approach of the psychotic patient’s surroundings; no theory of psychosis can be accepted, if it is not congruent with the other approaches developed throughout the century. Conceptual incoherence in any theoretical field implies a breakdown in the relation between theory and reality, which inevitably leads to the rise of ideology. Psychoanalysis is not spontaneously protected from this danger – quite to the contrary. Recollection of psychoanalytical history and a return to clinical observations, as Jackson and Williams have recently demonstrated (8), can help protect psychoanalysis from the harm ideology so readily inflicts.

The case history that I am here presenting is an attempt to clarify some of the links between schizophrenia, paranoia and autism. Clearly, I do not consider autism as an entity with an important organic basis, even if it has organic consequences, affecting mainly the muscular and neurological systems inasmuch as they themselves are dependent on family psychical activity.

In fact, anthropology or sociology may help more than chemistry in understanding and healing psychosis, as far as psychosis belongs to humanity and not to “nature”. The decision to attribute the care of mental ailments mainly to medicine is a political decision with unforeseen consequences for human societies.

**Meeting Jeremy**

Let me begin by describing the successive settings of Jeremy’s treatment. I first began treating him at a Child Guidance Clinic located in a rich neighbouroughd in the outskirts of Paris. His parents had just moved there. When enrolling their child in the local school, they were advised to consult a psychiatrist from our Clinic, who, in turn, asked them to take their child to a psychologist. Both of them gave their decision about the diagnosis and the orientation to be offered to this family. This is a frequent procedure in France, when a child presents serious problems. After I left this clinic for another one in the heart of Paris, they decided to follow me. This is an option given to parents and their children when an analyst leaves a public institution for another one. Jeremy’s parents were used to travelling far and wide by road, sea and air. It would only take them twenty minutes from their home to my new working-place, if I could offer them a suitable hour. Later, we all decided that Jeremy should attend regular sessions at my private office. How Jeremy was to pay for his treatment was, from the very beginning, an important problem. I first asked Jeremy to bring me something that he himself had chosen at each session. He began by bringing me nuts, shells or small stones that he would pick up in his garden. Now he brings me bank notes his parents give him before each session. We have also agreed that they are not to bring their son to my door, but to leave him at the corner, so he can walk up my street by himself. All of this is part of his treatment settings.

My clinical experience in child guidance clinics is very different from the one I have in my private office. In the public mental health system, I am required to receive whoever asks for help, as is the case for any psychoanalyst, psychiatrist, psychologist, social worker or other person working in the national health services. People who consult these centres come from diverse backgrounds, as compared to people who request private treatment. This accounts for a wider variety of clinical experiences. In my private office, I am very much protected: I have large walls of cultural, social and economic barriers around me. But in no way do I think that psychoanalysis is defined by a specific setting. Stable settings were not present at the beginning of psychoanalytical treatment nor have they been offered always and everywhere. After many years of experience in an emergency unit nearby Paris, I may say that the need of the stability of the setting is rather a private psychoanalyst’s illusion than a technically appropriate device, in a large number of cases. Psychoanalysis

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5 I certainly do not share concepts which stick to the immobility of the geographical and temporal setting as a condition of psychoanalysis. To my view, the only imperative condition is the capacity of the analyst to think and dream, aloud or not, with his/her patients creations.
is essentially a way of thinking that constantly takes into account a metapsychological approach to the world. If we are to establish at all costs a difference between psychoanalysis and psychotherapy (which Freud did not), to my mind it would appear that psychoanalysis is a way of thinking about one’s own self and its counter-transferential movements where a place is built to receive a stranger, a foreigner, who will help us to help him or her; whereas psychotherapy corresponds mainly to a way of thinking about the other and perceiving its transferential movements in a way which neglects counter-transference, trying to help him or her without taking into account one’s need to help oneself, supposing he or she really needs what we are bringing and nothing else.

Jeremy was just four, when I first met him. The colleagues who referred him to me wrote that it was not clear whether he was more schizophrenic than autistic, or the other way round. Presenting a child in this manner already assumes a theoretical position, in this case separating autism from schizophrenia, while simultaneously linking them in mutual opposition. Jeremy’s drawings, which accompanied my colleague’s letter, immediately called to my mind the shapes so often described by Tustin (9), apart from one of them where it was possible to decipher a stab at writing his first name. This consisted of intermingled shapeless blots in different colours above which floated scribbles forming vague letters, also in different colours. His first name reminded me of a widely publicised case of a murdered child in France, particularly because my young patient was born around that time. As I would later learn, this was just a first indication of the importance of death in this child’s life. My experience with autistic children has indicated that death is overwhelmingly present to them, even before their conception and birth. It is not simply that their parents may have been severely depressed, but also that they may not have had the necessary conditions to elaborate important mourning experiences.

Shortly after receiving the letter from my colleague, I received a letter from Jeremy’s mother. In it, she told me that her son’s problems were deep-rooted and that he refused to eat alone or to dress himself, that he was in no way autonomous and that his fingers lacked tonicity. She recounted that, on his teacher’s advice, she was teaching him to help her with cooking, which he did well. He apparently prepared quiches by himself once she has massaged his fingers. As for the rest, she wrote, he was “completely mad”. He banged his head on the ground and against the walls, scratched himself and bit his hands until he bled.

My personal response was to consider the likelihood of a severe developmental disorder, but not of real child psychosis, since his teacher could at least keep him in class and his mother seemed satisfied with his quiches. As for banging his head, even if it is no doubt a psychotic symptom, I wondered rather what terrifying anxieties could lead a child to such extremes.

When I first met Jeremy in my waiting room, my heart shrank. He walked sideways, “like a crab” as Haag has frequently described (10–12). He also walked on the tips of his toes, awkward as a young foal. His hand was limp. He could not meet my gaze nor look at anything else. His head seemed too big in relation to his shoulders or to the rest of his body. His mother hesitated about leaving him with me, but soon gave in and dived back into her book. In the corridor Jeremy took my hand, then let go of it and ran in front of me on tiptoe, waving his arms around as if trying to take off in improbable flight. At his age he still did not speak. He expressed himself by twittering like a bird and occasionally I believed that I could make out the sound of a word. Further on I shall deal with this image of Jeremy as a bird.

On entering my office, Jeremy flattened his back against the wall in a corner of the room. The back and flattening oneself have special importance. The back is a hard element of the body, as Deleuze pointed out in his comments on Klein (13). The back stands for a shell and it implies protection, defence or reassurance, as much as walls themselves. As such, the back may indicate modalities of parental presence. To flatten oneself seems to be correlated to some form of adhesive identification, as clarified by Meltzer (14). Nevertheless, what I indicate here as being adhesive identification, corresponds to my experience with children who express the need to get physically in touch with me, putting their heads against mine or their bodies against mine in whatever sort of way. Adults also use these kinds of movements: most often they hold my hands or, when there is no severe regression, they fix their eyes on mine or on my movements. Staring at each other’s eyes may be a
basic form of adhesive identification. We all need to recognise the balance between otherness and sameness.

Klein has convinced us that every single gesture, posture, movement, look or noise is significant. As Lacan pointed out in his seminar on the logic of fantasy, the body itself is the first signifier; and in order for it to acquire meaning for the subject, it must first have been significant to the mother. We can easily understand that she creates this significance out of her own history and unconscious, as well as out of her relationship with the child’s father and with their respective families.

I sat down and watched Jeremy’s glance slide erratically over the things in the room, the windows, the light emanating from the last rays of the winter sun, the mirror in which it was reflected. I felt I didn’t exist for this child. He probably glimpsed a shadow, a vague outline, or so I guessed. He, on the other hand, existed for me as a deep sorrow, the sorrow conjured up by wrecks or dead animals. Jeremy spent this time sizing up the place, maybe comparing it with other places he knew, with his past and current feelings. And meanwhile I wondered a lot about him. My correspondent was evidently right. Here were all the signs of autism as described by the principal authors I had read.

I therefore prepared myself for more manifestations of psychotic behaviour from Jeremy, with more obvious schizophrenic elements. Depressed at the thought of having to contradict my theoretical options, I waved toward the jumble of toys in a corner of my office. Jeremy’s eyes followed my gesture, staring at my hands, until he saw the toys. He rushed over to them and knelt clumsily on all fours. He took each toy in turn and lifted it so that it was level with his eyes. The movement of raising the toy was accompanied by a backward jolt of the head, as if he needed to use the ceiling as background in order to examine the toy. He moved quickly and repeatedly from the diving movement into the toys to its counterpart, peculiar to a particular type of psychotic transference that I have previously described in relation to Schreber (7).

Fantasies of omnipotence tend to correspond to a look that plunges, seeing the world and human beings from above, God-like, while fantasies of falling, being torn away or abandoned correspond to a counter-movement which sees the other rising into the infinite sky. The “*Denkwürdigkeiten eines Nervenkranken*” (“Memoirs of my Nervous Illness”), the best book ever written on the history of psychiatry, according to Freud, has one single illustration: it depicts the layout of the psychiatric ward where Schreber was admitted, as seen from above. The author meanwhile describes his permanent fear of being forsaken by God and, in order to illustrate this, he offers as an example a picture where women and angels ascend to heavens high above, as seen from the earth.

Jeremy seemed to grasp the toy characters in an omnipotent mode and then to gradually abase himself before them when they seemed ready to forsake him. I watched the boy, fascinated and sad. This game lasted a long time. Then, to my surprise, Jeremy began to organise the toy figurines into families—the elephant family, the bear family, the lion family, the gorilla family, the human family and so on. I rejoiced and told myself that our game was taking the right direction. Jeremy’s behaviour certainly presented many psychotic elements including autism, but there was never any excessive, destructive, projective identification nor was there overwhelming adhesive identification. Nonetheless, my feelings were largely those of the counter-transference which had awoken in me and which followed his transference, which corresponds to these types of identifications.

This session also revealed an Oedipal bud which seemed ready to bloom. At the end of the session I said to him: “Sometimes we think it would be good to be grown up straight away and yet we feel so very, very small, as if we were as little as we imagine ourselves to be”. I now think that this remark already implied the designation of a world existing in several dimensions, even if, to my mind, these do not exactly correspond to Meltzer’s categories. As we know, Meltzer refers to spatial data whereas I want to emphasise temporal data, even if they do get mingled at some levels of mental functioning (15, namely pp. 287–88).

What I said to Jeremy implied distinguishing between what he himself is and what he himself would like to be, as Freud pointed out in his paper on narcissism (16), and which clearly implies temporal differentiation. What I said to Jeremy also established the facts that we were able to think and that he and I were together. These are temporal distinctions, which make sense in terms of Freudian metapsychology. In my previously cited
paper, I indicated that Klein’s theory, as well as her followers’ theories, overwhelmingly insist on spatial references, mostly when these acquire bodily expression. These theories however completely neglect temporal references.

At the time, I spoke thus to Jeremy mostly to reassure myself, though I knew this made me present to him in another way. It allowed him at least to hear the sound of my voice – an element so important in the analysis of disturbed patients, be they adults or children. Sometimes just talking is more important than what we actually say. Philosophers studying music have stated that the importance of the voice comes from the fact that it represents the flow of time.6

When I took this boy back to the waiting room, his mother buttonholed me. She wanted to know how the session had gone and my reply that all was going well did not satisfy her. She had lots of things to tell me about her son: she needed to explain details of his education, an accident that happened to him, and so forth. I felt overwhelmed. I can still recall my train of thinking. My first thought was, Jeremy must suffer a lot with such an invading mother. My second, just as banal as the first: here is a psychotic’s mother, who invades as much as she herself has felt invaded throughout her life. This was followed by: here is a woman who passes her schizophrenia on to her son through her invasive hysterical defences. Until finally I thought: this woman suffers so much when separated from her son that he suffers from it as much as she does. I suggested to her that we should all three meet together the next time. This she readily accepted, with relief. Indeed, scorn towards those supposed to be loved is a primary manifestation of psychosis. I said, “It is not to you he has done it”. And thinking that I was wrong and, in some ways, she was right. I was afraid of my thoughts, because they implied that I was becoming aware of the fact that, for each of them, there was such a small difference between the two of them. And also that I was feeling split apart. Nevertheless, this difference between them, as slight as it might be, also showed me, from my experience with mother and child, that I was subject to a dual transference and to a dual counter-transference, even if I was as yet unaware of their nature. I also felt intuitively that my only chance of getting the best out of this situation was to harmonise these transferences in such a way as to create a space where they might link up and join. The only instrument to achieve this was to successfully harmonise my own counter-transferences.

The few words I addressed to the mother seemed to put her at ease. She told me of Jeremy’s false timidity, arguing that he was very stubborn and

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knew exactly how to get what he wanted. While deriving comfort from what I had said, she completely invalidated my remark: if what she had said was the truth, her son couldn’t possibly be shy and she would not accept what I had just said. She thus confirmed Jeremy’s autistic symptoms and disqualified my proposition, placing her son in such a position that being shy and not being shy could be true at one and the same time.

Her way of invalidating my statements changed later, when she developed what we came to call a “theoretical-point-of-view-argument” which made us laugh when we understood it as her way of seeking a privileged relationship with me, while refusing an analysis for herself. For instance, when she claimed we were arguing about the need for three sessions per week for her son – although I was not aware that we were having an argument – she would tell me that I was completely right from a theoretical point of view, but that, from a practical point of view, I should do exactly as it pleased her and was therefore wrong.

She finally agreed with my proposal once I explained to her that I was not at all arguing for any particular theory, but for emotional consistency and permanence, whereas if she was bringing theory to the fore, we should agree that some degree of coherence between this and our practice is always welcome.

Jeremy usually listened to my words and then went on to play. A temporary mother-child therapeutic relationship was set up. For some months, I continued to see Jeremy’s mother face to face, while her son played with toy characters or with water from the tap, either between us or in a corner of the room. Sometimes he came over to snuggle up to his mother and she was obviously very ambivalent about this, holding and rejecting her son, cheering and despising him in the same movement. At other times, when my questions seemed to disturb his mother, to trouble him or to perturb them both, he threatened me with one of his animals. I then took another animal and the two fought for as long as it took his mother and myself to re-establish peace or until Jeremy returned to his own play. I would bet that, even when playing, Jeremy paid very careful attention to what his mother said and how she said it.

Once a month, her husband joined us. Even though this rhythm of appointments was not always scrupulously adhered to, it is important that it was fixed, and that, whenever an appointment was broken, this was queried into. May I point out that I never impose heavy constraints on children’s treatments, and that I always let the family decide on their rhythm of participation and individual presence. These stand for the family’s unconscious movements in relation to me as well as to their own organisation.

Much later, I concluded that my conversations with mother and son had given Jeremy the opportunity to work through adhesive identification and onto projective identification, thus establishing more developed ways of elaborating his identity (as differentiated from identification, according to what Perelberg has established (24)).

Examples of adhesive identification are Jeremy’s previously mentioned practice of gluing his back to the wall, but also his way of clinging to his parents. An example of transformation from adhesive to projective identification would be the boy’s practice of bringing his eyes up close to mine when trying to attack me or during our protracted fights. Both of these mechanisms began to fade away after one particular session during which Jeremy spent almost the entire time in the toilet. When I asked him what he had been doing in there, he explained that he had had trouble cleaning himself. The risk of getting dirty during a session was thoroughly worked through during a particular period of his therapy. I need hardly mention that this was linked essentially to the working through of an extreme violence displayed in the families of our toy characters, dirtiness and violence being generally closely related, either when the subject imposes it or when he or she suffers from it.

Many of the early sessions with Jeremy and his mother were very trying. This woman was absolutely determined to annihilate me, and yet at the same time she idealised me. She talked so much that I could hardly mumble a word. Most of the time she did not look at me while talking and then, suddenly, she would stare at me as if I could work miracles. I often thought that I was going mad or wondered if I ought not to interrupt her and tell her to shut up.

At that time, I began to doubt the basis of my approach. Jeremy’s play seemed to regress and he became unable to organise the toy characters into families. He started to pile them up, and then blew up the pile or had it blown up by one of his toy animals. This I found discouraging. Sometimes he
organised the animals into totem poles, which usually cheered me up. In the meantime, his mother droned on in her nasal voice, which reminded me of Jeremy’s twittering. Her gaze seemed to shift constantly, like that of her son, but whereas Jeremy’s glance usually slid over things, hers met an object or my gaze and sharply shifted elsewhere.

In doing so, she talked about anything and everything – shopping, neighbours, the car, how she was all alone with Jeremy and how her husband was hardly ever there, how the house was big and difficult to manage, her problems with one of her son’s teachers who advised her to consult someone for her own sake, her sympathy with another teacher who asserted that anything of the kind was useless. There were times when I got the impression that she wanted to tell me something, that she had started to do so, but that in her extreme confusion and her desire to tell, something would all at once prevent her from doing so and she would lose her train of thought. Little by little, however, I got the feeling that she was able to find her way back and recover the thread of what she had begun to tell me.

The sessions always ended with a request for reassurance on her part and with guarded encouragement on mine. She made massive use of me as an idealised and scorned dustbin-breast, all powerful yet reduced to complete impotence. Jeremy’s totem poles reassured me, as did the fact that once in a while his mother showed herself capable of not entirely losing her train of thought. Tustin once pointed out how shapes could be made out of plasticine. I think that there is more to these shapes which, when organised in piles, make them look like small totems. Freud’s studies on the subject has made us aware that the construction of totems is related to the working through of destructive drives towards our elders or our beloved ones. Totems are also related to the mourning provoked by their death. Thus, Jeremy’s totems seemed to me signifiers of the working through of mourning and aggressiveness.

The Father and the Birth of the Son
I was very surprised by my first meeting with the father and husband. He introduced himself as a high-ranking businessman, which indeed he is. His wife had always introduced herself more modestly. He made excuses for not having been able to come earlier, but as the director of an important industrial group he was always on the move. When I told him that I couldn’t do much without his and his wife’s help, he promised to try and do his best.

I believe this to be an important psychoanalytical step to take at one moment or the other: to make it clear to patients, discreetly but firmly, that we cannot do much for them if they do not try to help us think about them.

What surprised me most about this father is that he seemed to maintain the same confused and split relationship with the mother-son dyad as the mother maintained with their son. His manner of speaking, a mixture of onomatopoeic cartoon sounds, incongruous mimicry and guttural explosions, often made him just as incomprehensible as his wife and son, although funnier. He waved his arms around a lot in a disorderly fashion when he spoke, which reminded me of Jeremy’s attempts to take off in flight. Amused, I ended up imagining that this was not a case of schizophrenia or autism at all but, given that everyone in this family talked in such a bizarre fashion, it was more a case of a peculiar family sub-culture. Quite often, different kinds of psychopathology are just particular subcultures, as Freud has shown when studying the relationship between obsessions and religions.

In time, I also learnt that this couple had only just arrived in the Paris region when they came to see me. The child was born in another big French city. The father’s profession had always obliged them to move frequently both within France and abroad. They had tried time and again to have a child together, but several miscarriages had finally discouraged them. They had decided that she would take the pill, and just as she had started on it, she fell pregnant. “Isn’t that funny, doctor?” she asked me. “The pill stimulated my pregnancy rather than stopping it!” she exclaimed somewhat gleefully. I did not find this funny at all but, on the contrary, catastrophic both for this woman with respect to her relationship with her own mother, but also for the child to whom she had given birth.

I perceived a knot of problems presiding over this child’s entry into the world and I sensed the shadow of death upon him. If the concept of structure means something in mental life, it can only be transgenerational history and its link with the compulsion to repeat. Jeremy’s birth had taken
place in the context of an impossible mourning related to the serious illness and impending death of both grandfathers. The boy was himself the only survivor of multiple miscarriages and so was bound to become the redeemer. Let us not forget the particularities that surround his forename.

Thus the shadow of the object fell upon the ego, according to Freud’s seminal definition of narcissistic identification (18). This same metaphor appears earlier in Freud’s writings and indicates differentiation between generations, as I have discussed elsewhere (19). Indeed, Freud writes in relation to mourning and the taboo of the dead: “If their shadow were to fall on anyone, he would be taken ill at once” (20). The object whose shadow falls upon the ego is quite often the family fantasy of a dead elder, the mourning of whom was never accomplished. Our experience shows that there is an intimate relationship between children’s mental problems and the difficulties experienced by their parents or close relatives in working through mourning, as mentioned earlier. The point I am stressing here is that narcissistic identification is not mainly, or not only, a mirror relationship, but a transgenerational relationship involving at least three persons, in which one of them is actively identifying the other with a third dead person, the mourning of whom cannot be accomplished. Indeed I think that the partition of the mind into unconscious, preconscious and conscious would acquire an altogether new consistency if transgenerational factors were taken into account. Grandparents’ and more generally ancestors’ histories play an important role in the constitution of unconscious.

My intimation of catastrophe when I heard of all the failed pregnancies before this first live birth was far from shared by Jeremy’s parents. Jeremy’s father called him “ma biche”, to my intense irritation. According to them, if Jeremy had problems (minor ones, of course, according to them), then it was because he had squashed his finger in the door of their previous house, or because they must have looked at more than a hundred houses before deciding which to buy. On top of that, they had not been able to move immediately! “All that was unlikely to make our son feel secure”, they concluded. They were right, from a psychoanalytical point of view. As far as I was concerned, more than a hundred houses, countless moves and several miscarriages are signifiers of a fragmented universe, which had dismantled Jeremy’s perceptual, sensorial and motor behaviour. And a father who calls his son “ma biche”, “my doe”, is at the very least disturbing his possibilities of masculine identification.

### Some Elements of the Parents’ History

These splits were far from being the only ones we worked through. In the course of our conversations, I learnt that already the life of Jeremy’s maternal grandparents had been subjected to powerful divisions. His maternal grandfather, who came from a traditional socialist family, and his maternal grandmother who came from a fervent catholic one, had been forbidden to marry by their respective families. The young couple disregarded this prohibition and were banned from family life by both families. Not a single member of either family has since contacted them, condemning them to withdrawal into themselves – to a kind of conjugal autism.

In my view, it is extremely important that both parents arrive at a point where they are able to tell their children their family histories, so that the children can listen to them. It is not only the telling of the history, which is important, but also the transferential moment when it occurs and the countertransferential movements it evokes. Allow me to cite Freud once more: “Parental love, which is so moving and at bottom so childish, is nothing but the parents’ narcissism born again, which, transformed into object love, unmistakably reveals its former nature” (16). Psychoanalysis has shown us that children do not identify with the conscious system of their elders, but rather with their unconscious system: most probably, whatever parental narcissism reappears in children has its roots in the reappearance of their own parents’ narcissism in themselves when they were children. Hence the importance of grandparents to children and the imperative nature of a transgenerational approach.

In the present case, the grandparental families in the maternal line belonged to traditionally opposed groups such as Socialists and Catholics; these then became the signifiers of splitting functions passed

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7 For another approach see Bollas, C. (21).
on from these groups to the couple and, later on, to Jeremy himself. My experience shows that, whatever the nature of the differences between any two groups, if these differences are not fully recognised and worked through in a somewhat harmonious way, they will support and reinforce the psychic activity of splitting. I have worked with adults and children born from couples of Jewish and Muslim backgrounds, of Moroccan and Algerian origin, of Ashkenazy and Sephardic Jews, of Corsican and Austrian or even Breton origin. Their origins make little difference. It is as if, in constituting a couple, those who have set out to meet otherness, in a compulsive way are doomed to meet sameness, in an autistic inversion, because of the violence of the splitting they have experienced. Almost as if the effort to meet someone from a different background would paradoxically emerge as a way of denying more fundamental differences, such as sexual differences or the difference between generations. It is obviously not the origins of these couples, or the attempt at differentiation, or even the effort to think about the other within the couple, which are at the root of psychosis, but rather the fact that meeting the other is experienced as transgression, as if otherness had become an impossible object of thought. This is counter-balanced by one or several denials or threats of punishment stemming from an archaic unconscious superego, the foundation of which lies within the group, the family or individual masochistic experiences, if not in all of them. Indeed, attacks on linking are always followed by strong masochistic mental functioning. The splitting in the couple, grounded in the splitting in each of its members, keeps them from creating a protective shield for one another and for their children. Jeremy’s parents’ unconscious mental functioning was unable to keep his projective identifications from splitting. The experience of pain may call for more pain in order to be worked through.

For instance, when Jeremy’s mother reached adolescence, her father started to develop Alzheimer’s disease. Towards the end of her adolescence the young woman couldn’t stand her situation any longer and left her family home to settle in Paris, where she pursued studies at the university. In possession of a diploma and a good job, she decided the time had come to discover love. She had no luck. Not long afterwards, she developed a brain tumour. Despite successful surgery, she had to return home to be looked after by her mother, just like her father. Her first erotic experience could be said to have corresponded to an incorporation of her sick father. This incorporation ends up by taking the form of an imaginary birth, where the incorporated organ generates a baby-tumour, which precedes her later miscarriages.

Having survived this ordeal, she eventually managed to marry for the first time. Her husband refused her a child and she expressed her indignation so strongly, that, fed up with her, he went off with his best friend’s wife. Never mind! She and the best friend consoled one another and ended up getting married. They then left for a distant land where they hoped to live happily ever after. The decision to have a child motivated their return to France, but once the decision was made, the wife developed epilepsy – perhaps as a late sequel to the tumour. Miscarriages and epileptic seizures then alternated. Even after Jeremy’s birth and despite the care lavished upon her, she remained panic-stricken at the thought of unexpected crises arising in the large house they had bought. These crises tended to arise in anticipation of visits from friends and relatives – a paradox given that they had bought such a large house precisely in order to receive visitors.

She never stopped worrying about this and much else. She worried about the size of her son’s head. Or that maybe his problems were hereditary, a result of family illnesses, like those of her father and his relatives. If only Jeremy’s father could be with them a bit more!

Would you believe that on New Year’s day, Jeremy’s father was in Japan and Daddy, Mummy and I were in the living room waiting for his phone call. At midnight, on the dot, Jeremy got up and went over to his grandfather calling him Daddy. Do you think he misses his father too much and that this is the main problem? I certainly thought he missed his father very much. I also thought that a fantasy of incestuous descent hovers over this family, with poorly resolved Oedipal problems.

Later, when Jeremy’s analysis was well under way, his mother suddenly requested an urgent appointment. Her mother-in-law, Jeremy’s paternal grandmother, had made appointments to have her grandson examined by a neurologist, a neuro-psychiatrist and a neurobiologist, one after the other. “She has been alone ever since her husband
died after a long illness – leukaemia”, she explained about her mother-in-law. “She thought that Jeremy might be seriously ill given that both his grand-fathers had been very sick”. And she added: “If only he had been a girl!” I advised her not to let her mother-in-law trample on her relationship with her son like this. “Wasn’t she satisfied with the progress we were making?” I insisted on the “we”.

I would here like to bring up a few points. First, her fantasy of Jeremy being a girl is inscribed in a general reversion of signs, so common in schizo-paranoid formations: proximity and confusion between birth and death, between grand-parents and children, between male and female, warmth and coldness, love and hate and so on. The autistic position paralyses or attenuates these reversions and confusions. It may also dislocate them to motor or other body peripheral experiences. For instance, an autistic child will tip touch instead of grasping and holding or walk on tiptoes instead of stamping. Secondly, “being a girl” is also a particular fantasy described by Fenichel in his seminal paper about the equation between girl and phallus (22).

If we follow a metapsychological approach, Jeremy’s dramatic and funny way of walking and waving his arms, which makes me think of a bird, can be understood as obeying a multiple determination. It corresponds to an over-cathexis of experiences which are falling apart, in an attempt to hold them together, and it is his expression both of the experience of being a phallus to his mother and of the fantasy shared by both parents that he could have been a girl. In his paper on Schreber’s “Memoirs”, Freud pointed out this phenomenon of sign reversal and also that “bird” may stand for “girl”.

I would finally like to emphasise, from a conceptual point of view, that the subject’s “perceptual background”, depicted by Haag and also by poets such as Henry Michaux as a “wavy backdrop”, according to our translation, always includes a transgenerational dimension, so that any signifier or group of signifiers along the transgenerational chain can be inscribed at any moment on the perceptual, sensorial, motor and psychic apparatus of the subject. “Father”, “mother” or “grand-parents” can also be represented by bodily organs, functions or sensations, for instance. This approach of the concept of space implies that space is built on representations of time. Bodies are signifiers of temporal experiences. They are not only organisms but also compounds of identifications.

In my experience there is not a single element of the perceptual, sensorial or motor fields, of the body or of the bodily functions, the meaning of which is not rooted in the subject’s history, in the unconscious mind. There is no spatial representation in the mind without a simultaneous temporal representation. The first representations of time are representations of rhythm and imply space, just as the first representations of space imply expansion and hence time.

**Autism and Paranoia**

I have tried to indicate how psychoanalytic treatment can be established with a child who, threatened by his family’s schizophrenia, has retreated into autism as a means of self-protection. It would be intriguing to ask Meltzer, Tustin or Haag about the families whose children they have treated or are treating and the work they have undertaken in relation to these families. I do not believe that psychotic children can even begin to solve their problems, whatever the strength of the interpretative devices deployed, or the genius of their analysts, if concomitant work is not undertaken with their families.

Jeremy never failed to participate in all the conversations with his parents. When something did not seem clear to me in his mother’s account, I asked him if he had understood. At first, he did not seem to hear me; then, after a while, he began to reply, with groans at first, then with nods. Later on in our analytic work together, he was able to stand up, turn towards us and reply with a firm “yes”, before going back to his toys.

As Jeremy matured, his father gradually came to appointments more punctually. I advised them against getting a speech therapist for Jeremy, unless they considered that they all needed one. One day, I asked Jeremy what he felt when his father called him “ma biche”, just when he was getting to be a big, strong boy. It was extremely funny, for Jeremy threw himself onto his father, smothering him with caresses. The father has since thought twice about the way he addresses his son, I believe. A child who decides not to withdraw into autism has no other solution than to integrate his/her parents constella-
tion of signifiers before learning how to get rid of it and create his/her own constellation and set him/herself free, which is a quite slow process. Schizophrenic muteness may well signify one’s incapacity of getting rid of the parental constellation and its form of catastrophic love.

The conversations we all had together formed an integral part of Jeremy’s analysis. Their aim was to let him hear the transgenerational background of his history in such a way as to permit him to free himself from its burden and start to think about his own life by himself. Jeremy’s mother and father had always agreed to collaborate with me; they did not avoid my questions and were generally sincere and dignified, funny and active. This is not usually the case in such difficult analyses. I still wonder if they were consciously co-operative or if they were following some teacher’s advice in their own nonchalant way. The father often led me to believe that he did not want to understand anything and that he was simply giving in to his wife’s whims.

I now wish to point out what I understand as “psychotic” with respect to Jeremy and his family.

First, Jeremy undoubtedly showed autistic symptoms as part of his schizophrenic movements when he first came to meet me. These symptoms were enough to make his teacher worry and to make an experienced psychoanalyst confirm this concern. They implied heavy motor problems, an incapacity to speak or to take simple everyday measures, like dressing or cleaning himself. They were counter-balanced by an extremely good quality of play and by the use he made of our toys. Nevertheless, schizophrenic adults with mainly autistic symptoms can be very good about repetitive tasks even if they are complex, like solving mathematical equations or other kinds of abstract problems. However, they are unable to learn from experience, as Bion has showed.

Happily, this was not the case with Jeremy, even though he learned only very slowly at the beginning.

Second, in many ways his mother had and still has an ambivalent way of getting in touch with him. She both holds and repudiates him almost simultaneously. She talks about him both as a miracle and as an object of contempt. The family and personal constellation surrounding the boy’s birth and his name were certainly uncanny. In fact, it was his mother who warned me not to mistake Jeremy’s name for that of the murdered child. Jeremy’s mother overloaded her son with death signifiers, usually a sure sign of evolving psychosis. Nonetheless, she does care for him: she has been and still is ready and eager to take advice and follow it, even when she does not quite agree.

Third, the quality of Jeremy’s father’s presence has not been entirely reassuring. He does not seem to take things seriously: he always seems ready to make a joke out of anything, while denying that he is doing so, and then suddenly claiming that he in fact is taking things much more seriously than one would believe. His way of being serious makes me feel that he is joking; then suddenly, he will appear bored, not really concerned by what is happening, as if his presence is simply due to an accumulation of circumstances.

Everyone in this family is striving to help Jeremy, although it is not quite clear what Jeremy signifies to his parents and relatives. Jeremy himself will have to find his own way through so many contradictions. He has been coping quite well and I believe that he will keep on doing so without running into any major pitfalls, at least until adolescence, the discovery of erotic sexuality and separation from his parents. I must also point out that even if this family shows many signs of psychosis, they are all intelligent and sensitive. Quite often we forget that psychotics, just like any of us, are more or less intelligent, more or less sensitive, that they possess the same human qualities or faults which contribute to forge our particular lives or destinies, and which give us a better or worse chance of dealing with our difficulties. Besides being a clinical diagnosis, psychosis belongs to banal human folly.

Tustin makes a keen clinical remark when she points out that, whenever she meets an autistic child, a depressed mother is not far, and that whenever she meets a depressed mother, there is most certainly an absent father (9). May I add that, quite often, this depression is not manifest and may hide behind a playful and well-grounded appearance, just as the father’s absence may be, not a matter of fact, but an absent way of being present. On each occasion, we should consider the whole family constellation, including the parents of both father and mother. Each time we must consider the symbolic, imaginary and realistic inscription of what a father, a mother or a child signify to one another.

Experience shows that the diversification of the levels of the psychic apparatus in a child suffering
from early psychosis alters the nature of transference. This induces a change in counter-transference and requires that a variety of treatments be placed at the disposal of families where such psychosis appears. In Jeremy’s case, it gradually became possible to direct his parents toward a family consultation, then towards an individual psychoanalysis for the mother. She strongly resisted this approach and, despite our multiple precautions, ultimately broke off her analysis.

Sessions with Jeremy

I must recall here some of my experiences with Jeremy. This young boy gave me constant reassurance against his dangerous impulses. The quality of his play never stopped evolving, even though my direct interventions during this period were infrequent and largely aimed at bringing conversation into play. His totems were always a great solace to me. Other children build them in plasticine or by drawing circles one on top of the other. As already pointed out, Freud in «Totem and Taboo» suggests that totems express the paranoid elements of mourning, which implies at least some attempt at organising the experience of loss. Our clinical experience shows that schizophrenic patients may go through autistic mourning with fantasies of keeping one or several corpses embalmed in the unconscious.

For a long time, Jeremy’s play obeyed strict repetition compulsion: he made a pile of toys then blew them up. The origin of the explosion might vary, but once the pile was scattered all over the room, he would gather them up and rebuild the pile. I would help him to collect them, express my sorrow about these explosions and try to link this violence to other violent scenes, words or feelings which his parents had told me about. Sometimes Jeremy took a toy and put it under water. I told him that he was sick and downcast. For some time now, he had made the dinosaur family his favourite toy characters. There was a daddy-saur, a mummy-saur and a little baby-saur who was still half in the egg. The solidity of these toys allowed them to resist Jeremy’s numerous attacks, especially upon the baby-saur, which he banged regularly against the wall or on the ground, and then trampled. I intervened to tell Jeremy that perhaps he found this baby irritating, who could not manage to get born and that he wanted to help him come out of his shell.

Another time, I suggested that he felt annoyed by all those babies who had not been born before him and that he wanted them to be dead for good, instead of kept alive in his mother’s heart. On yet another occasion, I suggested that he really wanted to kill all the babies that his mother was not going to have anymore, and that when he banged his head against the wall, he was hurting himself to feel alive, because all the babies his mother had lost made him very sad and made him think that he too might have died. After I said this, the daddy-saur was made to leave the scene and the mummy-saur turned toward her baby and said, “Be careful or I am going to crush the peanuts out of you!” We were both astonished at this expression, which made Jeremy laugh very much about what he had just made the mommy-saur say. The signifiers “peanuts” implies the notion of “pee”, of course, and the corresponding organ. We talked about that. But also the gorilla couple wondered what it

\[8\] In fact, the situation is slightly complicated. Remember this analysis takes place in French. The signifier is not “peanuts”, but “cacahuètes”, which of course implies “caca”. In the context although what it implied and what Jeremy pointed at was “the balls”. We may of course wonder about a chock between “caca” and “the balls” or about a degradation of penis into “caca”.

way, talk to one another. Two scenes at least were created in this way: one where we played, the other where our characters – I should say our objects – met each other. Jeremy’s characters met in violent combat, accompanied by all sorts of explosive noises and shouts, whereas mine reflected and commented on these battles. I thus tried to create an additional space within that of the session. Jeremy’s destructive projective identifications were then directed into the game. When he decided to attack me, he would attack daddy gorilla, mummy gorilla, gorilla children, or all of them. We then talked about it and he seemed quite interested. Very rarely did he attack me physically and, when he did, I took him in my arms to contain him.

Sessions with Jeremy were often exhausting for me. At the end of one, I heard Jeremy say distinctly that the animals were very tired, and that they were now going to sleep in warmth until the next session. Not long afterwards, Jeremy came to his session sick and downcast. For some time now, he had made the animal family his favourite toy characters. There was a daddy-saur, a mummy-saur and a little baby-saur who was still half in the egg. The solidity of these toys allowed them to resist Jeremy’s numerous attacks, especially upon the baby-saur, which he banged regularly against the wall or on the ground, and then trampled. I intervened to tell Jeremy that perhaps he found this baby irritating, who could not manage to get born and that he wanted to help him come out of his shell.

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meant, on the one hand to crush the peanuts out of someone, and on the other, for a mother to threaten her baby like that. The gorilla children asked their parents if a mother could want to kill her child or if a child could get the impression that his mother wants to kill him. The mother gorilla said that if the daddy-saur went away much too often and for too long, the mummy-saur could become so sad that she thought she and her little one were going to die.

The daddy gorilla added that children were often sad at being left alone with their mother, and that children often worried about their mummy and daddy. They sometimes even wondered if their father might not be dead when he was away travelling. Jeremy attended to all this with increasing curiosity. He then asked me if he could play with my characters and for once I let him. He laid the daddy gorilla on top of the mummy gorilla. I said that all our previous conversation had been very interesting but that I wondered if the main thing he wanted to know was what his parents did together in their bed at night when his father came back from a trip.

Jeremy answered me in an uncertain voice, but it was comprehensible all the same: “Not at all, not in the least. What I want to know is how babies are made”. An adult patient of mine, a man with an important political career but whose paranoia is unresolved, considers it a psychoanalytical and medical delusion to believe that babies are born from a couple. He thinks that babies are born out of themselves, father and mother only serving as very temporary shelters. I think that at that particular moment in the session, Jeremy emerged from his paranoia just enough to enter into a problematic yet definitely Oedipal situation. Piera Castoriadis Aulagnier has shown that the subject in a paranoid position organises two dyads, but never makes a triangle out of them (25). The paranoid subject superimposes father-child or mother-child couples, but can only conceive of hate between father and mother, both of whom eventually turn their hatred onto the child in order to acquire an illusion of loving each other. The impossibility of inscribing the name-of-the-father results in soul murder, as described by Schreber during his paranoid episode. My last intervention in this session also showed me how, through my gorillas, I had become for Jeremy a continent for a non-dangerous father-mother relationship and for a primal scene. Henceforth Jeremy could start to be simply a little boy, curious about life.

Jeremy later joined a group of children benefiting from group psychoanalytic psychotherapy, while continuing his analysis with me. When he arrived for his first group session with my colleague, he glued his back to the wall. I came to the conclusion that he was turning this into a seductive manoeuvre. Anthony Perkins’ image suddenly popped into my mind, as did his specific place in the history of cinema, as the actor in Hitchcock’s “Psycho”. The murder of the mother or identification with the murdered mother returns incessantly in the analysis of both adult and child psychotics, as I have shown elsewhere (7).

Five years have gone by and Jeremy is still pursuing his analytic treatment. Lately, he built a vessel out of plasticine. He called it “the strange vessel of foreigners who goes to discover new worlds”. He says it is “a very bizarre vessel”, but still finds it “quite beautiful”. All our animals come to visit this vessel and it may be a kind of Noah’s ark. Jeremy’s father recently went on a long professional journey which took him from India to Mexico. He surely told his son stories. Jeremy has also asked me about the country where I come from. It is always interesting to work through this material on a transference and countertransference level.

Allow me to describe one particular session which opened the way for a very creative sequence. My computer stands on a table in one corner of my consulting room. It is always set up, even if the screen is blank, but screen savers will appear if the mouse is touched. Jeremy walked to my computer and did exactly this: he touched it. I also have a device installed which changes the screen savers each one or two minutes, so Jeremy could watch a succession of screens. He asked if I could hold a particular screen saver where the camera runs along corridors with monsters eventually appearing. At the beginning I was quite reluctant to let him play with the computer and tried to bring him back to our toys, but he was quite decided to use this new toy, so I let him do it. He stared at the screen for a fairly long time and finally asked me if I knew who it was that was running away. In fact, we had no reason at all to suppose that somebody was running away. I thought I could

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9. Mozart’s œuvre in general and particularly his Zauberflöte bring to our minds these couples with a querulous fate.
use this material as a chain of associations and I told him that I did not know, but maybe he had some idea on the subject himself, I added. Jeremy told me he thought it was a small boy who was running away. I asked him from what and he told me that he was running away from his parents. I asked him why was he doing such a thing and he told me that this young boy’s parents were driving him crazy with their ideas and talks, that it was so terrible that the boy preferred to face the monsters. I asked him if it did not come to the same thing, having to face such parents or having to face monsters. He told me “no”, that the boy could fight the monsters, but it was very difficult to struggle with parents. I told him that I thought I could see his point and asked him if he knew some boy in that situation. Jeremy hesitated. He answered very quickly “yes”, and then “no” again and again. I told him that he could also imagine such a boy. He said he could. I asked him how he was and he answered me that in fact the little boy looked a lot like himself. In a following session I asked him if he remembered when we talked about the dead babies and about crushing peanuts and he answered me he did. I told him that everybody in the world would be afraid if things came to dead babies and crushed peanuts and he agreed. I then added that in my opinion the running young boy was he, himself and he asked what I had done to guess. I played with him and asked him if he was kidding me. Both of us laughed a lot.

It seems to me that a good analysis always reaches a point where the subject expands his/her capacity for talking and free associating. Sometimes we have to verify that this capacity is present and eventually work to reconstruct or to enlarge it before free associating may take place. A third and maybe final step will be to transform souvenirs in history by the comprehension of the links between them and current desires.

Jeremy’s scenes of violence have undergone many transformations and these have had the effect of attenuating his own violence, allowing it to be sublimated. For this child, it is no longer a question of violently dismantling his perceptions, feelings or body parts, nor is it a question of enduring the unmanageable violence of projective identification or the violence of his family history. It is, more mundanely speaking, the violence that hunters do to animals or, as Jeremy puts it, that all hunters on the planet do to all animals on the planet. In other words, the violence that human beings have always inflicted on nature and nature on them. Jeremy has pointed out to me that human beings may be a threat to the planet and to themselves. He is very funny when, with a scholarly air, he tells me about ecological films he has seen. His “strange vessel of foreigners” is as contemporary as it is mythological.

Human beings must protect themselves from the inhuman within: this is what Jeremy’s autism was all about and this is where it relates to our own. Man as a wolf to man is what Jeremy’s paranoia was about, and so it merges with our own. Andron paranoia: human paranoia is common to all of us, as is a corresponding withdrawal into autism, with which we protect ourselves from ourselves. This is where we all began.

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Translated by Lyn Cole.

References


**Summaries in German and Spanish**

Prado de Oliveira LE. Der kleine Jeremy im Kampf mit Autismus, Schizophrenie und Paranoia


Prado de Oliveira LE. La pelea del pequeño Jeremy con el autismo, esquizofrenia y paranoia

La generalización del término “autismo”, desde su formulación por Bleuler en 1911, debido principalmente a su utilización por Kanner en 1943 y lo rehecho por autores de inspiración kleiniana, implica problemas que nosequivocan, confundiendo nuestra percepción y entendimiento de las realidades clínicas. Nuestras posibilidades psicoanalíticas pueden aumentar a través de un claro conocimiento de la historia del psicoanálisis, una aproximación dinámica a la clasificación psicoanalítica y a los problemas relacionados con el setting. Basándose en un caso el autor muestra como un niño y su familia elaboraron síntomas autísticos y propone nuevas aproximaciones para algunos conceptos psicoanalíticos.