

## What Can the Body of an Autistic Child Achieve?

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**ABSTRACT** - Michel Henry's Phenomenology of Life allows us to understand verbal interpretation with autistic children as an indispensable tool to create the transference relationship in psychoanalytic therapy. According to Henry, the *reassuring and comforting* principles of *Intentionality* as donors of sense protect the subject against the other. The interpretation would have the pretension of occupying a constitutive place through the assignment of meaning to the behavior of the child, tending to approach the child through deductive and *aprioristic* knowledge. Verbal interpretation is discussed as a *reassuring and calming* principle for the psychoanalyst, since this principle is *intentional, and it is a donor of sense*. The body of an autistic child may enable the psychoanalyst to experience it as pure phenomenon of affection.

**Keywords:** Psychoanalytic therapy, Phenomenology of Life, autism.

## O que o Corpo de uma Criança Autista pode Realizar?

**RESUMO** - A Fenomenologia da Vida de Michel Henry nos permite entender a interpretação verbal com crianças autistas como uma ferramenta indispensável para criar a relação de transferência na terapia psicanalítica. Segundo Henry, os princípios de *reafirmção e conforto* da *Intencionalidade* como doadores de sentido protegem o sujeito contra o outro. A interpretação tem a pretensão de ocupar um local constitutivo, atribuindo significado ao comportamento da criança, com uma tendência a se aproximar da criança com conhecimento dedutivo e *apriorístico*. A interpretação verbal é discutida como um princípio *reafirmadr e calmante* para o psicanalista, uma vez que é um princípio *intencional, que é doador de sentido*. O corpo de uma criança autista pode permitir que o psicanalista o experimente como puro fenômeno de afeição.

**Palavras-chave:** terapia psicanalítica; fenomenologia da vida; autismo.

The meeting with a child who does not establish affective contact with the others, does not play, and does not symbolically represent the reality was portrayed by Melanie Klein (1930) for the first time in psychoanalytic therapy with the case of *Little Dick*. According to the author, the psychoanalyst needs to make verbal interpretations, even if these arise from actions that are little representative of a self-absorbed child, who does not fantasize reality. At that time, Klein categorically stated: "I felt compelled to make my interpretations based on my general knowledge, since the representations of Dick's material were relatively vague" (Klein, 1930: 73). According to the psychoanalyst, symbolism may be revealed by a child inhibited by details of his/her own behavior, allowing the psychoanalyst to make an interpretation so that, in this case, the transference relationship that characterizes the psychoanalytic relationship with the child is created.

The application of Freudian interpretation method with a self-absorbed child was drafted in psychoanalysis by the clinical case of Little Dick. The action of interpreting gained a new strand, i.e., extracting and giving sense to behaviors and sounds emitted by a child who does not create fantasies. In this way, Klein promoted a significant modification in the *interpretative* action (*deutung*), or better, in the *psychoanalytic therapy*, as defined by Freud. The result of this perspective is that interpretation would not explain the unconscious meaning transformed through psychic mechanisms, but would have the pretension of occupying

a constitutive place through the donation of meaning to the behavior of the child.

The German word "*deutung*" used by Freud (1900/1980) was translated as *interpretation*, and was initially used for *translating, explaining, and revealing* hidden meanings of dreams from symbols and free associations. According to Mezan (1986), *deuten* means making clear what seems confused or blurred and, at the same time, revealing the logic, showing the connections of what is being interpreted as the set of the person's psychic life. In this sense, the psychoanalyst has been compared to an *archaeologist* or a *detective*.

Another strand opened by Klein is related to the interpretation in transference relationship. The psychotherapy of *Dick* demonstrated that, even with a self-absorbed child, the psychoanalyst *can create the transference relationship through verbal interpretation* from the beginning of the treatment. The psychoanalyst extracts symbolic value of vague representations of the child by interpreting poorly symbolized anguish. Klein did not stop in the first phase of *interpretation: translating* the symbolic material (dreams and free associations) brought by the patients. As *Dick* did not play any type of game, Klein *anticipated* an interpretation. By stating that the representations of *Dick's* material were relatively vague, Klein started listening to herself and interpreting from a deductive action arising from previously acquired knowledge, in view of the absence of representative clinical material about the patient.

With Klein, *interpretation (deuten)* became closer to the idea of *constituting sense* than the idea of *translating*.

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Klein felt “compelled” to *interpret*, even in the absence of clinical material coming only from the child. This Kleinian proposition gives the psychoanalyst the ability not only to be a *translator and interpreter* of a foreign text offered by the patient, but the ability of being the one who *offers meaning* to non-symbolic behaviors of a child. This proposition hurts the ethics of the meeting, because it brings meaning arising from *aprioristic* knowledge. From an epistemological point of view, we would be going from an inductive perspective, contained in Freud’s teaching, to another perspective that is mainly deductive.

### The paradigm of interpretation after Klein

The Kleinian formula - contextualized in various existing psychoanalyses - produced different forms of interpretation over the last few decades, namely: *interpretation of the game* (Klein, 1932); *interpretation of autistic figures and objects* (Tustin, 1972; Meltzer, 1975; Haag, 1985; Ogden, 1989); and *interpretation or translation of the signifiers* (Lefort, 1980; Jerusalinsky, 1988; Laznik-Penot, 1995). As can be seen, the characteristic of the necessary verbal interpretation remained as a psychoanalytic technical model for establishing the transference relationship with a self-absorbed child. In this horizon of work, there is a design in which verbal expression is seen as the legitimate field of psychoanalytic praxis. However, this prospect is problematic in those cases where a patient does not have the possibility to use verbal language, as in the case of *Dick* reported by Klein, or in an autistic child. In these cases, the psychoanalytic literature shows a type of clinical practice in which the psychoanalyst tends to approach the patient through deductive and *aprioristic* knowledge. Would this practice be used as a *reassuring* principle in face of a meeting where the psychoanalyst would avoid the “not knowing” inherent to all activities in the clinical situation? Would the attachment to verbal expression be at the service of maintaining the psychoanalytic identity of the professional? Would there be an imaginary identification with the creator of psychoanalysis through the appreciation of the verbal expression in these cases?

The interpretative perspective as donor of sense seems to be not only a prerogative of Kleinian psychoanalysis. We also found similar guidance in other aspects of psychoanalytic therapy. Some authors of the current Lacanian clinic point out the place of the psychoanalyst as one who, together with the autistic child, “anticipates a subject who arises” through a “bid of interpretation” for the establishment of the transference relationship. Laznik-Penot (1995) states:

The psychoanalytic work with an autistic child is done from the opposite perspective of the classical psychoanalytic cure: the analyst’s goal is not interpreting the ghosts of a subject in the unconscious already constituted, but enabling the advent of the subject. The psychoanalyst is the interpreter in the sense of foreign language translator and, at the same time, a translator with respect to the child and the parents. (p. 11)

Through an “interpretative bid” (Jerusalinsky, 1999), the subject may arise, namely, a speaking being. This cut is essential to discuss the ethics of the meeting with a child who does

not speak. Placed as an arising subject, the entire practice is centered in making him/her speak. In this scenario, the subject would be born at least twice: once as a living organism and another as a speaking subject. The human factor would be thought of as any pre-ontological thing, which needs to find its finitude adopting the prosthesis of language.

Starting from Henry’s notion about the *reassuring and comforting* principles of natural sciences, the urgency to interpret would be at the service of the psychoanalyst’s need of belongingness related to his/her psychoanalysis schools, in spite of a psychotherapy based on meetings. The same criticism addressed to the natural sciences can be also discussed in the psychoanalytic field, since the psychoanalyst offers him/herself as a donor of an *aprioristic* sense to the autistic child.

Through his Philosophy of Life, Michel Henry (1922-2002) makes an interesting contribution to the discussion of these issues. By means of his conception of Pure Phenomenology, he points out that it is in the materiality of the phenomenon - as it originally occurs in the person - that a likely opening to the other takes place. According to the author, the first moment of a relationship between one person and another is not that of *intention to donate sense*, reassuring his/her own fears, since it requires non-pathological *originary vulnerability* constitutive of the human factor. Affection may arise and announce itself from this *originary vulnerability*.

The notion of *originary vulnerability* from Henry’s Phenomenology of Life can be recognized in the psychoanalytic therapy with an autistic child based on the teachings of Ferenczi and, mainly, Winnicott. Inspired by the psychoanalytic therapy of children, Ferenczi (1921/1992) adapted the psychoanalytic technique to enable treating “difficult cases”. According to him, it is necessary “to introduce substantial changes in the technique of adults’ psychotherapy, almost always in the sense of attenuating the usual technical rigor” (p. 70). Similarly, in order to treat patients whose traumas develop towards psychopathology, Ferenczi (1928/1992) and Winnicott (1967/2007) advocated the need for the establishment of the psychoanalytic technique beyond verbal interpretation.

According to Ferenczi, it is essential that the psychoanalyst performs through plastic means and allows him/herself giving in to patient’s trends (Ferenczi, 1928/1992), being adapted to the patient’s rhythm instead of framing that patient in the rigidity of the classical technique. Winnicott (1971) stated that the therapist has to surrender to the *non-sense*, the non-form, and atemporality to establish the clinical relationship with difficult patients.

Following Wainscot’s thought, Safra (1999) regards the expansion of the clinical situation through the understanding of human suffering as a crystallization of hope, which means positioning oneself in face of patient’s pain in a way to underpin the future of the patient. In the case of *Ricardo*, where the aesthetic experience (sounds) is used in the session as place of event, Safra states that:

“We are in the face of the phenomena that initiate the subject in the experience of being, so that he/she is able to exist as a human being. Repeating the sound profile that he emitted was echoing the uniqueness of his existence. A terrible fact is making

a sound which will never be echoed by another human being, which means being lost in infinite spaces, annihilators of any of psychic life.” (p. 31)

With Ferenczi, Winnicott, and Safra, we can understand how therapeutic actions can exist beyond the *reassuring principles* of verbal interpretation as *donor of sense*. Experiencing the chaos of *nonsense* with a patient through the action of the therapist echoing the sounds of a child who does not represent the reality would be, in Henry’s language, experiencing the *originary vulnerability* by means of which affection can appear and announce itself.

The originary presentation of the human being occurs through affection, through the living body that is present in its materiality open to the other. Aesthetic figures are drawn through the body, i.e., plastic movements seeking the body of the other in a communication that is prior to the words. Henry states:

The real body is the living body, the body in which I am placed, that I never see and which is a bundle of powers - I can, I take it with my hand - and I develop this power from the inside, out of the world. It is a metaphysically fascinating reality, because I have two bodies: the visible and the invisible. The being of the body is subjective; it is absolute immanence; it is absolute transparency. The inner body that I am and that is my real body is the living body; it is with this body that I actually walk, grab, hold, and I am with the others. (Henry, 2002, p. 156)

With this approach, Tafuri (2003) presented the case of *Mary* in the doctoral dissertation entitled “From sounds to the word: explorations on the psychoanalytic treatment with the autistic child”. It was a paradigmatic clinical case from the first meeting, characterized by the absence of verbal interpretations at the beginning of the treatment which took place in the 1990s.

### Revisiting the case of *Maria*

The first meeting with *Maria*, a three-year-old autistic child, was characterized by a sensitive phenomenon: the child emitted loud and strident sounds with a *strange* sounding. They seemed metallic and lacked the sound of human voice. However, this sound changed completely when, unexpectedly, the child began to rotate the hands in front of her face quickly and lightly. She seemed hypnotized by herself. In those moments, her voice was more melodious and followed the rhythm of her body. Seated on the ground, she swung her body back and forth in cadenced rhythm, as if she was sitting in an invisible rocking chair. The state of enjoyment exhibited by *Maria* was visible and attractive. There was rhythm, melody, and the expression of a *quiet* psychic state. However, the child was totally absorbed in her own sensations.

At other times, *Maria* ran on her toes from side to side without exploring objects of the consultation room. Those races, without looking at the objects and neither to the psychoanalyst, were accompanied by metallic and strident sounds, as if she was in a state of psychic suffering. Suddenly, she was in a state of distress, biting herself, hitting her head on the walls and without accepting comfort from any other, even from the parents who were there.

In the first meeting with *Maria*, the psychoanalyst remembered the image of a hummingbird. *Maria* jumped on his toes in an agile and very fast way in the same place in front of an object. She stared at the object in an insistent and interested way and, at the same time, she swung her hands and arms as if she wanted to fly. The sounds became more strident and, once in a while, she placed her fingertips in the object she was staring at in a fast and fugacious way. *Maria* did not lean her body against any object. She looked like a hummingbird when it touches a flower only with its beak, keeping its body suspended in the air by fast moving its wings.

From the image of the hummingbird, the psychoanalyst noticed the place in which *Mary* put her in that first meeting. In fact, there was not a radical isolation with respect to the objects of reality. She touched the objects with her fingertips in a fugacious and, apparently, non-committal way. However, it was possible to perceive that there was a choice and certain interest and, at times, a real delight in touching some objects. The way *Maria* got in contact with reality was unexpectedly brought to the mind of the psychoanalyst through the image of a hummingbird. That was a beautiful image which was determinant for the psychoanalyst to rethink the place occupied by her in the transference relationship with *Maria*.

In that first meeting, there was the presence of a first communication arising from the *primary creativity* (Winnicott, 1951) of a subject in a state of suffering. Therefore, it would not be necessary to *anticipate* a subject to come through *interpretative bids*. *Maria* was present through sounds, mannerisms, and sensitive touches on the objects. That was an open and distressed body in search of the understanding body of the other, the presence of not being able to be named; however, therapeutically welcomed through the action of the psychoanalyst echoing the sounds produced by the child, no matter how anarchic they seemed to be. Differently from translating or decoding *Maria’s* sounds, the psychoanalyst started experiencing the sounds and the mannerisms, without decoding, translating, or interpreting.

In this sense, the voice of the psychoanalyst had a primordial role in the evolution of the child’s treatment. *Maria* started playing with the sounds creating the transference relationship with the psychoanalyst in the absence of verbal interpretations. According to Freud, a fundamental state of availability is expected from the psychoanalyst, a *pathos* with respect to the other. It is an opening to the other, whoever this other may be, speaker or non-speaker. In this sense, the psychoanalytic therapy leads us to the nature of a meeting beyond verbal interpretations. In the process of opening to the meeting with the other, some questions are necessary: What can the body of an autistic child achieve beyond the verbal interpretation of the psychoanalyst?

### What the body of an autistic child can achieve

According to Henry’s notions brought by Florinda Martins (2010, 2014), it is possible to revisit the original text of *Maria’s* psychoanalyst and identify the *reassuring and comforting* principles from the verbal interpretations:

The interpretations arose in my mind in such an insistent and automatic way that they prevented me from experiencing the

isolation in which Maria put me. In fact, my thoughts served to fill my inner world, because I felt extremely alone in the presence of the little child. As I tried to explain Maria's reactions to myself, I came in contact with a knowledge that only gave me an illusory safety: understanding her self-absorbed behavior. I concluded that I needed another type of knowledge to live that self-absorbed behavior - which arose from my impressions about that child - and not the knowledge coming from the explanatory interpretations produced in my mind almost in an automated manner. (Tafuri, 2003:34)

From the first meeting, the psychoanalyst started echoing *Maria's* sounds, without looking directly at her, as if she was looking for *Maria*. She made herself exist in the sounds produced in an anarchic way. Following Winnicott (1971) and Safra's (1999) teachings, *Maria's* sounds hold the *primary creativity* of a self-absorbed child in a world which lacked sensations. According to Henry, it was in the materiality of the phenomenon - the sounds echoed by the psychoanalyst - that affection was able to announce itself and become communication: inter-corporeal experience. *Maria* started to place the back of the hands in the psychoanalyst's mouth throughout the sessions. Gradually, she began looking and putting her index finger into the psychoanalyst's mouth. It was as if she was searching for the sounds in the mouth of the other. For the psychoanalyst, the child seemed so fragile and sensitive to the other, that even the words could be invasive and too tough for her. Talking to her would be like touching her with words. She was too fragile to be touched without first having made it possible to find the other through her corporeal being. *Maria* needed to find the other without being invaded by the excessive presence of that other. The psychoanalyst would have to be there to be found (Tafuri, 2012). Therefore, the verbal interpretations were postponed.

After some time in which *Maria* explored the psychoanalyst's body, there was an amazing and organizer fact of the *setting*. The little child started to expect the psychoanalyst to imitate her. This fact constituted a set of sounds in a transference relationship established in the absence of verbal interpretations, which was an expectation characterized by bodily gestures. If the psychoanalyst did not imitate her, *Maria* exhibited distress. She began to bite herself, scratching the psychoanalyst, or screaming in a desperate way. The game of sounds started to become increasingly elaborated; the suffering related to the expectation was replaced by a sensitive game. The little child started to play hide-and-seek waiting the imitation of the sounds on the part of the psychoanalyst. She hid under the table, emitted sounds and waited! *Maria's* face started expressing joy and pleasure of being found. The psychoanalyst started echoing the sounds of the little child adding the gesture of the encounter that took place. When the psychoanalyst listened to *Maria's* sounds, she emitted the sounds looking for her in different places of the room, behind the door, in the toilet, etc. Then, she looked under the table and showed great delight in finding her, changing the intonation of the usual sounds to the sound of "I found you!"

In this context of sounds game, *Maria* started looking at the psychoanalyst and allowed being hugged physically, producing the first scribbles and the first words. The psychoanalyst started interpreting the first graphic and

verbal representations of the child and the psychotherapy continued until *Maria* started studying at the university, when she was 22 years old.

## Final Considerations

The body of an autistic child may enable the opening to the other if experienced as pure phenomenology of affection. On the other hand, the child examined, interpreted, or decoded by the other in the phenomenology of the representation is doomed to muteness. In this situation, the word has an invasive and potentially traumatic character. An interpretative bid preceding any enunciation of a child seems to be a *reassuring and comforting* principle for the preservation of a technique that only has value for the psychoanalyst as an element which supports his/her identity. Opening toward the other, whoever this other may be, means escaping from the field of deductions and the colonialism of the other's being, as was seen in the cases of *Ricardo* (Safra, 1999) and *Maria* (Tafuri, 2003). When the body of an autistic child is read and approached by means of a pre-existing conception, the psychoanalyst places that child in a significant network, whose consistency is given by the psychoanalyst's theory, which leads to be enclosed in a set of pre-existing meanings. In this case, the only thing that the psychoanalyst does is to *anticipate* with respect to the other, inserting the child in pre-established categories of language. The psychoanalyst that bids an interpretation inserts the child in various networks anticipating and constituting a still nonexistent logic for the child.

Both *Ricardo* and *Maria* as sound beings where impossible to be decoded, translated, or interpreted verbally. The only thing the psychoanalyst can do is "being there to be found" (Tafuri & Safra, 2012). From the first meeting, *Maria* was present through gestures and sounds that expressed the "*primary creativity*" (Winnicott, 1951). In the words of Henry (2000/2001):

Life experiences itself as pathos. It is an originary and pure Affectivity, an Affectivity that we call transcendental because in fact it makes experiencing itself possible, without distance in the inexorable suffering and in the unsurpassable passivity of a passion. It is in this Affectivity and as Affective that the self-revelation of life occurs. (p. 66)

The psychoanalyst has to follow the ethics of a sensitive meeting, who by following the sounds and mannerisms of the child offers him/herself as a living body to be found.

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