AUTISM AND PSYCHOANALYSIS

Our convictions

We affirm here the principles that govern our actions.

1) Let us remember that in France, since the 60s and 70s, it was child psychiatrists and psychoanalytically trained psychologists who started to be interested in the kind of autistic children that had previously been placed in psychiatric hospitals or closed institutions, where the dimension of deficit was predominant. They leaned on the Anglo-Saxon psychoanalysts like Frances Tustin, Margaret Mahler or Donald Meltzer, and on the Institution of Maud Mannoni “The Experimental School of Bonneuil”, and the work of Rosine and Robert Lefort, students of J. Lacan. All this work gives practitioners – psychiatrists, psychologists, nurses, educators, speech therapists, psychomotor therapists - the idea of a possible treatment and of a way of learning that takes into account the symptom of the subject, beyond any form of coercion. The Day hospitals, in the movement of sectoring in psychiatry, are created in this perspective. It is about offering a reception that is not based on deficit, but takes into account the particularity of each subject. The family situation is part of this particularity, because the family constellations are far from identical. The parents are received and listened to. The children and adolescents are received into small groups, invited to participate in “workshops” where their interests can be discovered. During meals, games, and study, they can experiment with new relationships with objects and demands, with what is structuring the world of all children, but against which autistic children defend themselves.

2) This long experience of diagnosis, support of families, establishing a path that is specially woven for each person, has been the subject of many publications and collections of work. It could not be sustained without the daily reference to psychoanalysis, to its textual corpus, and vibrant teaching. How to situate today’s place of psychoanalysis in the treatment of the autistic child? We propose five axes of a response:

1. The analytical training, that is to say the experience of a personal psychoanalysis, gives to the people involved a powerful tool to situate their actions towards autistic subjects, from a good distance, keeping a distance from ideals of normalisation, or a normality incompatible with the professional accompaniment of suffering subjects.

2. This respect for the position of the subject is indeed the compass that guides this action. It is by no means about letting the child or adolescent be the object of his own stereotypy’s, repetitions, echolalia, for example, but to consider them as a first treatment elaborated by
the child to defend himself, and to introduce, through a discrete presence, new elements that will make “the autistic world” be more complex.

3. The challenge is first of all how, for the child, anxiety can be localised, or the perplexity that the interpellation of an other triggers in him, and to put into play the bodily functions in connection with this demand – to eat and be fed, losing urinary and anal objects, to watch and be watched, to hear and be heard. Psychoanalysts have for a long time noted the dimension of rituals of interposition that constitute many invalidating symptomatic traits. The creation, or the child’s discovery of an “autistic object”, of whatever form, is often a fruitful resource to create new links and spaces, more freed of the “autistic” constraints.

4. Psychoanalysts do not contest in any way the inclusion of autistic children in learning systems. They value on the contrary that the autistic subject is often already “at work”. The so-called “high level” autistics attest to a massive investment of thought, of language, and of the cognitive domain, where they find original resources. More generally, for all children, practitioners seek to focus on educational and pedagogical approaches that can adapt and make room for the social and cognitive singularities of autistic children. Teachers and educators within the Psychoanalytical Institute of the Child, bear witness to what they have developed with the child or the adolescent.

5. By contrast, psychoanalysts strongly object to methods of so-called “intensive learning”, which are methods of behavioural conditioning, which use massive lobbying and even intimidation, to promote totalitarian and totalising “support”, proclaiming themselves as the only valid treatment for autism. Far from this reduction, we must differentiate the different potential approaches to learning. Psychoanalysts and other participants within the Psychoanalytic Institute of the Child, representing all categories of professional groups present in the field of childhood, concerning autistic children and adolescents, declare to be especially attached to the systems of care existing in France, in so far as they allow for the separation of the respective responsibilities and differences between the professionals of care, of education, and the parents.

3) The current classifications of mental disorders - especially the DSM – introduces confusion into the debate, by putting at the same level of diagnosis, childhood symptoms such as stuttering or enuresis, the “disorders” that refer to social normality (such as “oppositional defiance disorder” or “conduct disorder”), and autism (“autistic disorder”). Autism in its various forms, is thus isolated clinically within the category of “Pervasive developmental disorders” (PDD). The on-going debate on the continuity of “the autism spectrum”, on the advisability of maintaining in the same series of PDD’s the so called “Asperger’s syndrome”, shows how much this category is unstable. Within this “spectrum” we must examine in detail the phenomena of invasion of the body and locate the strange and disturbing events it is prey to. Many psychoanalysts and practitioners of the Lacanian orientation accompany many children and adolescents in this elaboration, which allows them to keep or find a place in social and family links. The parents can then allow themselves to talk about certain traits of their child, to understand their value, despite their strangeness. This is necessarily long work, as it supposes that we engage with the difference of the child, which may go against expectations and desires that surround his presence in the world. The psychoanalyst, in the place of gathering this suffering, must also be attentive to the suffering of the parents and support them in their ordeal.

4) Multiple etiologic hypotheses – genetic, immunisation, neuro-cognitive, etc., presented as scientific truths - often as a result of one single article in one journal - of which one learns a few months or years later the one-sided character, circulate in various media and alarm families. These causal hypotheses strictly refer to the reduction of autism to a developmental disorder, presented as
a genetic disease or even an epidemic. They are reinforced (in France) by the 2005 law on disability, which featured a sentence of the type: “this is a disability, so it is not a disease”, to allow an orientation adapted for the child and a help for the family. Much on this point remains to be done, and parents’ associations are an indispensable force and essential to advance suitable projects, especially for very young children and for the older teenagers and young adults. In this sense, the announcement of autism as a great national cause can only rejoice those who are mobilised in the care of autistic children and adolescents.

5) Psychoanalysts follow all scientific debates on the causes of infantile autism. Whatever the causes may be, they cannot reduce the subject to a mechanical object. Psychoanalysts take into account the suffering they encounter and they promote the institutions and practices that ensure that the child and his family will be respected in the subjective moment they are in. They facilitate, wherever possible, the inclusion of the child into social links that do not harm them. They are not holders of a “psychological” truth about autism; they are not proponents of a special “educational method”. They convey a clear message to the individual with autism, to the parents, and anyone who, in an institution or at a special home, take sides and take the challenge to accompany them. The psychoanalysts belong to those who think it is possible to build a different world, from the world of defence and protection that the autistic child is enclosed in. It is possible to build a new alliance between the subject and his body. Everyone’s effort aims at clinically demonstrating that possibility.

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