

Is there such a thing as an Autistic  
language?

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## *Chapter One- Introduction*

### *1.1 Autism, Language and Speech*

Listening to a subject who has a diagnosis of autism, in particular the choice of words they use in speech reveals a running theme in the language of the autistic. The autistic chooses their words very carefully, and they are usually minimal, brief and concise words, but can be comprehended. In some cases of individuals with autism, the refusal of speech can be found but they are still able to communicate the message that they want. If autism is psychosis as some may suggest, then why is the language of the autistic filtered and not a chaotic 'word salad', that is usually found in the language of the schizophrenic.

The aim of this thesis is to investigate how an autistic subject enters into language and distinguish if there is a difference to the psychotic language. It will ask the question: 'Is there such a thing of an autistic language'?

### *1.2 History of Autism*

In 1907 correspondences between Freud and Jung touched upon autism and stated that "Bleuler still misses a clear definition of autoerotism and its specifically psychological effects...he doesn't want to use the description autoerotism, but prefers the term 'autism'" (1974 [1906-13] p.489). Bleuler drifted from the word autoerotism to autism to separate from Freud's libido theory, as he linked autism to schizophrenia where an individual had closed in on itself and they are made up of unorganized delusional elements, whereas for the subject with autism their disposable mental energy is attached (Adams 2006, p.7). This difference suggests that the schizophrenic is chaotic in comparison to subjects with autism who are more structured and predictable. An example of this being demonstrated is in the need of subjects with autism to have a set routine.

In 1943 Kanner coined the label 'early infantile autism' based on his observations of 11 children who showed high intelligence but a 'powerful desire for alones' and 'an obsessive insistence on persistent sameness' and he also observed an absence of imagination in these children (Adams 2006, p. 9). Thirty-seven years later in 1980, Infantile autism was officially separated from schizophrenia and was listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Adams 2006, p 11). Then in 1987 the word infantile was dropped from the label, and autism was defined as Autism Disorder. Along with this change in name the DSM included a checklist of diagnostic criteria (Adams 2006, p.11). Up until 1991 autism was labelled as a mental illness but this changed when the state then labelled autism as a disability. This allowed schools to identify children with autism and provide them with special education. This change has led to autistic individuals being addressed by mostly psychiatry an intellectual disability services (Noone 2003, p.50). Laurent (2012, p.15) stressed that a subject does not stop being a subject if they are disabled. Bailly (2011, p.48) suggests the parents push for a diagnosis for their child to ensure they receive educational support and disability benefits, as well as to relieve the guilt and label of being a bad parent.

### *1.3 Autism Today*

A study carried out in Dublin City University (DCU) in conjunction with Irish Autism Action by Stains (2018) stated that 1 in every 100 people have autism in Ireland. Autism Ireland describes subjects with autism as having a lack in the ability to form relationships, communicate, and develop language and to make sense of the world. These symptoms can range from mild to severe and every autistic individual is different. Autism Ireland describes autism as a hidden disability due to the fact that there are no physical deficits to distinguish individuals with autism from those without a diagnosis of autism. One of the biological myths associated with autism was described by Andrew Wakefield. His theory was that the measles-mumps-rubella (MMR) vaccine causes autism. This statement caused a vast reduction in the

percentage of parents' choosing to obtain this vaccine for their children, despite the aetiology of autism being unknown (Laurent 2012. P. 229).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013) outlines specific criteria for psychiatrists to use to confirm a diagnosis of autism. For example, an individual may demonstrate deficits in social communication and social interaction in multiple contexts including deficits in back-and-forth conversation, lack of emotion or affect and a failure to respond to social interactions. Furthermore, an individual may demonstrate deficits in non-verbal communication in social interactions including lack of eye contact, body language, facial expressions and understanding gestures, and may often struggle to develop and maintain relationships, have difficulties in sharing, making friends and in imaginative play. Other symptoms psychiatrists check for when making a diagnosis of autism is repetitive patterns of behaviours such as lining up toys, echolalia, ritualized patterns, difficulties with transitions, fixations on unusual objects and/or sensory aspects of the environment, adverse responses to sounds and/or textures and visual fascination with lights or moving objects.

The severity of these symptoms is divided into three distinct groups. Individuals placed in the level one category will require some support with their day to day life. Those placed in level two will require substantial support as their symptoms are more severe. Finally, those placed in level three, which includes the individuals who present with the most severe symptoms, will require very substantial support. This level three category may include non-verbal subjects.

There are two different descriptions of autism one of which arises from the viewpoint that autism is a psychotic structure and the second opposing description stems from the thought that autism, in itself, is its own structure. This chapter will aim to explore both of these viewpoints with reference to the relevant literature.

## *2.1 Is Autism Psychosis?*

To begin, Psychosis is its own distinct structure and Lacan (1955-56, p.106) states that in order to diagnose a subject with psychosis, one needs to identify language disturbances in the subject. Language operates differently in psychosis compared to neurosis. The language disturbances seen in the psychotic subject are distinguished as different to the language of a neurotic subject because neurotic subjects have found a place in language (Fink 1997, p.79). From the beginning all subjects are born into language, through the Other's discourse, which is the subjects' parents' language (Fink 1997, p.79).

The problem that arises for the psychotic is finding a place in language. For the neurotic, language becomes subjectified in comparison to the psychotic subjects whom Lacan (1955-56, p. 235) states are subjugated by the phenomenon of discourse as a whole (Fink 1997, p. 87). This subjugation is seen in the language of the psychotic, when they articulate that they are possessed by language and speak as if their words are coming from the outside and they believe that their thoughts are placed within their brain by some outside force or entity (Fink 1997, p.87). This difference in the psychotic language is caused by a fault in the mirror stage of the psychotic subject. Lacan (1955-56, p. 94) introduces the importance of the mirror stage and states that the child is invested with libido and it is internalized to the core of the child's ego and this leads to the development of a sense of self and for the child to be able to say 'I' (Fink 1997, p.90). This can be demonstrated in a psychotic subject by the fact that they do not question themselves unlike the neurotic subject (Lacan 1955-56, p.43). This absence of self-

questioning is also seen in subjects with autism, which explains why some theorists believe subjects with autism are rooted in the psychotic structure.

Another key element of the psychotic structure is outlined in Freud's literature regarding the castration complex. The castration complex is the process of the symbolic overwriting the imaginary which leads to suppression found in a neurotic subject (Fink 1997, p.82). For the psychotic subject this process of re-writing does not occur and it is due to the unsuccessful establishment of the ego-ideal and the lack of a functioning paternal metaphor (Fink 1997, p.87). This results in the imaginary being dominant in the psychotic subject.

Lacan (1955-56, p.285) outlines that subjects with psychosis have the ability to manage because of their ability to imitate. A psychotic learns to speak the way others around them speak through impersonating but they lack the essential structure of language that is integrated in a neurotic subject (Fink 1997, p.86). Furthermore, the psychotic is missing the ability to display and understand the metaphorical use of language and this is due to the failure of the paternal metaphor. This supports Lacan's (1955-56, p.106) theory that when language operates without a structure, other disturbances will appear (Fink 1997, p.86). For example the psychotic subject struggles to understand metaphors such as the phrase 'I have eyes in the back of my head'. For the psychotic subject this statement would be taken literally and they would believe that the person actually had eyes in the back of their head watching them.

Another crucial difference found in the language of the psychotic is their difficulty with understanding neologisms in the other's speech. These neologisms are new words to the psychotic subject, or new meanings for words for them. In Seminar three, Lacan (1955-56, p.43-44) states that the psychotic subject is unable to create new meanings for words that they had already understood to mean another specific thing or for words that sound identical to each other such as 'pear' the fruit and the word 'pair' to describe a couple. Instead the psychotic subject employs words that do not refer to any other explainable or known meaning.

In the paper *The importance of Symbol Formation in the Development of the Ego* Klein outlined a case of a little boy called Dick. Klein (1930, p.98) diagnosed Dick as schizophrenic because he displayed no interest in play, made no contact with his environment, had little communication with those around him and showed no desire for comfort when he had been hurt (Noone 2003, p.51). However, if a child were to display these symptoms in today's society, it is likely that they would be given a diagnosis of autism. Klein (1930, p.99) outlined that in Dick's first two years, he was shown no real love and his mother and father were very cold towards him until. Then, when at the age of two, a new nurse was hired to take care of Dick (Noone 2003, p.52), Klein (1930, p. 99) noted that Dick found feeding difficult and did not suck from the breast or bottle and later refused to eat solid food and insisted on liquid food instead (Noone 2003, p.52). Klein (1930, p.99) hypothesised that Dick became a sadist during his mental development. When sadism dominates, the subject's primary aim is to possess himself of the contents of the mother's body and destroy her by any means possible (Noone, 2003, p. 53). As a result, Klein (1930, p. 97) believes that the anxiety that is experienced during this phase by the subject leads to a desire to destroy the mother's organs which are portrayed as objects for the subject (Noone 2003, p. 53). Klein (1930, p.101) suggested that in Dick's case he failed to develop as a result of his inability to tolerate anxiety at the sadistic stage as well as the fact that his ego had failed to develop a phantasy life which led him to have no relationship with reality. This explains why Dick showed signs of being shut off from the world and no interest in play or in his environment (Noone 2003, p. 52).

At the time that Klein (1930, p.107) diagnosed Dick with schizophrenia, autism had not been fully described in the literature. However, in Klein's paper (1930, p. 107) she noted that for a psychotic there would normally be a regression in ego development but this was not the case for Dick as his ego had not developed (Noone, 2003, p. 54). Evidence of this can be seen through the fact that while Dick was in analysis for 6 months, he gained access to his unconscious which allowed him to challenge the unconscious difficulties in order for the

development of his ego to occur. This change was observed in Dick as he displayed a more affectionate attitude towards his mother, which supports Klein's uncertainty with the diagnosis of Psychosis at the time (Klein 1930, p.107; Noone 2003, p. 54).

Lacan's (1969, p.1) theory in the paper *Note on the Child* supports Klein's (1930) account of the case of Dick and he further states that the symptoms found in the child are a response to the symptomatic family structure. Elsewhere, Lacan (1969, p. 1) has outlined that the mother and father in the family have different roles. He stated that the care given by the mother should cause the child to take an interest in her whereas the role of the father is to take the place of the law in desire (Lacan 1969, p.1). He also noted that the child's symptom is a representation of the truth in the family structure (Lacan 1969, p.1). Lacan (1969, p.1) proposed that when there is a lack mediated by the father function through the paternal metaphor, the subject is forced to choose between the identification with the ego ideal and the mother's desire which then results in fantasmatic belief and Lacan (1969, p1) coined this as object a in fantasy. This leaves the child with no other function than to attempt to reveal the truth of the object of the mother (Lacan 1969, p.2). The child then substitutes himself for the object and accepts a lack and his existence appears in the real which causes the child to dwell in the fantasy (Lacan 1929, p. 2). However, this was not the case for Dick due to the lack of a Name-of-the-Father and due to the minimal care provided by the mother, which resulted in Dick not accessing fantasmatic beliefs of an object.

## 2.2 Autism as its own Structure

The literature discussed in the previous section outlines what occurs in the structure of a psychotic and highlights the differences in this structure in comparison to the structure of a neurotic subject. The next section of this chapter will discuss the differences that have been

outlined in the literature regarding autism being seen as a psychotic structure and autism being seen as its own individual structure.

Meltzer (1994, p. 68) described autistic children as having a lack in integration and proposed that there is an 'autistic barrier'. Meltzer (1994, p. 68) believed that there is a sense of inner emotion in subjects with autism in contrast to the deadness found in schizophrenic subjects. Meltzer (1994, p. 68) believed that this barrier was formed as a result of the mother suffering from post-partum depression which may lead to the subjects with autism to be sensitive to love and to be unable to project into the breasts because the mother is unable to accept the projections. This rejection then causes the subject with autism to be fixated in an 'unintegrated state' (Noone 2003, p. 55). Tustin (1992, p. 10) supports the viewpoint of autism developing as a reaction to dealing with unmitigated terror of separation from the mother which causes a delusionary trauma which leads to autistic symptoms to be present in the subject which are seen as a protective mechanism (Noone 2003, p. 59).

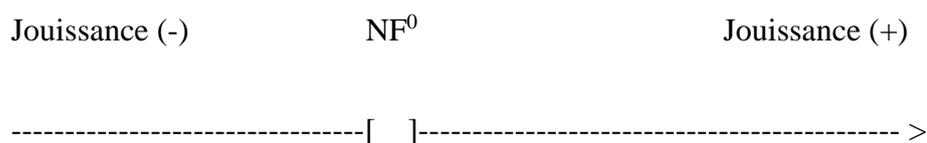
Tustin (1992, p.23) outlines in her work that the delay of the entry into language as a symbolic activity is due to the child being 'drowned in an uncontrollable sea of waves of sensation' which have not been held by adequate symbols that act as a container for feelings for the child (Noone 2003, p.59). Tustin (1992, p. 58) outlined that one difference found in a schizophrenic subject compared to a subject with autism is the willingness of the schizophrenic to respond to the other and maintain eye contact, although, their speech may be poorly organised, confusing and long-winded (Pimenta, Santiago and Santiago 2016, p.4). Another difference identified by Tustin (1992, p.58) is around the formations of symbols, as the psychotic child draws and plays during analysis which does not occur in a subject with autism (Pimenta, Santiago and Santiago 2016, p. 4).

Kanner (1968, p. 217-230) outlined that the subject with autism presents in a typical way. Kanner (1968, p. 217-230) included the inability to establish relationships and an extreme

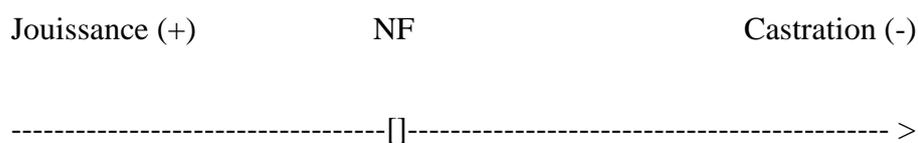
autistic solitude which involves ignoring everything that approaches them from the outside world in his typical presentation of an autistic subject. Baio (2002, p. 2) proposes that the subjects with autism are already at work when they present in the clinic, based on Lacan's axiom 'the unconscious is structured like a language'. Baio (2002, p. 2) based this on Kanner's (1968, p. 217-230) statement that operations such as repetitive movements, verbal rituals, operations of opening and closing, turning on and off, do in fact demonstrate a structure of language. Baio (2002, p.2) provided examples of this in the case of Didi, who turns the light on and off repetitively, in Fred who cuts his excrement into bits and in Isma who cuts her food into bits. All these behaviours involve the same action of repetitive cutting and the subject with autism cannot separate themselves from the objects. The difference in this compared to schizophrenia is that the subject with autism has no rim, and that there is a barrier known as the neo-rim (Poblome 2015, p.7). The lack of a rim found in the subjects with autism relates to the fact that they do not allow *jouissance* or the Other in, and they have a barrier up, and this is in contrast to subjects with schizophrenia when *jouissance* that is not located in the phallus returns to the body (Poblome 2015, p.7). Laurent (2012, p.24) adds to this by outlining that subjects with autism move in a space of *jouissance* where infinity and proximity are the same. If phallic signification is not there then it is not possible to measure the world, leading the Other to invade the subject's body with terrible *jouissance*, without rims. Maleval (2012, p.71) supported this by asserting that subject with autism display libidinal investments on the body, which can be sensory orientated such as focusing in on lights, chewing objects and the feeling of water. Mitrani (2010, p.242) suggested that the subjects with autism enjoy the feeling of water because it is associated with being inside the womb, which is the subjects pre-natal environment. In contrast to this the subject with psychosis does not experience these libidinal investments.

Baio (2002, p.3) supports the hypothesis that language is a logical construction made up of a pure signifying opposition. He agrees with Kanner's (1968, p. 217-230) proposal that

language is made up of “(+) and (-)” in order to treat the jouissance of the ill Other (Baio 2002, p.3). The “(+) and (-)” construct of language attempts to treat the jouissance through the erasing of the crazy Other. Baio (2002, p.3) states that this function is not supported by the symbolic order but by the imaginary order as a way for the subjects with autism to treat the Other. Baio (2002, p.3) strongly states that the subject with autism succeeds in treating the Other, but this results in the subject with autism vanishing themselves from the Other’s desire, gaze, request and voice and the barrier seen in subjects with autism is never broken. Baio (2002, p.3) demonstrated visually that the subject with autism is already at work through the function of being subtracted and this can be seen below:



The portion of the graph above demonstrates how for the subject with autism there is no substitution of the Name-of-the-Father which means there is no castration but endless jouissance (+) for them (Baio 2003, p.3).



The second portion of the graph seen above demonstrates the substitution of the Name-of-the-Father, which leads to castration in the subject from the law to the Other (Baio 2003, p.3).

The difference between the two graphs is that for the subject with autism, there is no function of the Name-of-the-Father ( $NF^0$ ) which results in the subject indulging in endless jouissance which is demonstrated by the (+) in the graph. The second part of graph demonstrates what occurs a neurotic subject where the subject experiences a lack through the Name-of-the-father

and this is successful because the subject is castrated (-) which provides order for the subject and puts a limit on their jouissance and leads a subject to desire.

Next, Baio (2002, p. 4) outlines in the paper *A Clinic with an Autistic Subject*, that an effective approach in getting the subject with autism to reduce the distance that they place the Other from themselves is for the Other to position themselves at the level of the subject with autism. This displaces the imaginary dialectic of (+) and (-), by mirroring the subject but remaining at a distance. Baio (2002, p. 4) reaffirmed this in the case of Deborah, who used to rock back and forth while saying “yes-no, yes-no”. Baio’s (2002, p.4) intervention was to immediately respond to Deborah with the word “no” after she said “yes”, in the hope that Deborah may acknowledge the “no” response from the Other which may lead her to look at the Other and become interested in the presence of the Other. This action is more suited to Deborah because the Other is positioned at her level and this allows the distance between her and the Other to narrow (Baio 2002, p.4).

Baio (2002, p.5) supports Laurent’s (1987, p. 145) view that autism should not be detached from psychosis as he believes subjects with autism are already at work to repair their ill Other, affirming that the subjects with autism are already in a psychotic position. Baio (2006, p.6) supports this statement due to his view that subjects with autism are not retarded, behind or late, but the subject with autism offers new knowledge due to their high intelligence and that they are already at work.

On the contrary to this, Tustin (1913-1994) who was originally Kleinian influenced, proposed a different route to investigate in her study of autism. She initially believed that subjects with autism had a psychotic structure but her research and clinical experience led her to support the claim that autism should be defined as its own structure. Tustin (1992, p. 110) proposed different types of autism one of which is Abnormal Primary Autism (APA) which occurs when the child and mother are differentiated because of the lack of external care that is

essential for the baby resulting in neglect (Pimenta, Santiago and Santiago, 2016, p. 2). Normal Primary Autism (NPA), which was outlined by Tustin (1992, p.110) occurs as a result of APA and it involves a baby not being able to recognise and distinguish external objects that are presented with different characteristics (Pimenta, Santiago and Santiago, 2016, p. 2). Tustin (1992, p. 110) proposed that the majority of subjects with autism remain in the NPA stage which is then defined as Secondary Encapsulated Autism (SEA). Tustin (1992, p. 141) separately classifies childhood schizophrenia as Secondary Regressive Autism (SRA), which involves the subject displaying signs of normal development prior to the onset of symptoms (Pimenta, Santiago and Santiago 2016, p. 2). Therefore, Tustin (1992, p.141) is suggesting that subjects with autism are locked in from the beginning, whereas subjects with psychosis display no signs of psychosis until something triggers the onset of symptoms.

For the subject with autism, Tustin (1992, p. 113) also outlines that they take refuge in an inanimate world, where they hide non-self-objects from the outside world causing a barrier/shell against possible shocks or sensations of destruction (Pimenta, Santiago and Santiago 2016, p. 3). The subject with autism attempts to prevent this possible destruction by avoiding speech and eye contact leading to them displaying a dissociated state (Pimenta, Santiago and Santiago 2016, p. 3). Tustin (1992, p. 61) further proposed that subjects with autism are not capable of differentiating between the inanimate and animate and this then causes the subject to have 'autistic holes', which can be demonstrated when a subject with autism treats objects and people the same and does not experience pain or suffering and does not miss a significant Other, meaning that these holes are of emptiness and are wounds that are not healed by signifiers (Pimenta, Santiago and Santiago 2016, p. 3). Tustin (1992, p. 77) argues that for subjects without autism these holes are wounds which allow for representation and this is exemplified when a neurotic does something wrong and they are then corrected by the Other which results in them representing this in the unconscious and they are aware of their wrong doing (Pimenta, Santiago and Santiago 2016, p. 3).

Tustin (1992, p.156) believes that the autistic object has an essential role in autism because it is a part of the external world they experience as part of themselves and the object helps them by allowing them to avoid frustration as it defuses any perceptions of existence (Pimenta, Santiago and Santiago 2016, p. 4). Pimenta, Santiago and Santiago (2016, p.4) reinforced Tustin's statement using the fact that subjects with autism do not play or draw which is understood to be an obstacle to imaginative capacity. This leaves the subject with autism living in a two-dimensional world and their object provides them with protection from 'being inside' the real (Pimenta, Santiago and Santiago 2016, p.4).

In comparison to this, Tustin (1992, p. 32) argues that the schizophrenic subject has understood the three dimensions of outsides and insides, and this is displayed in the way the schizophrenic subject responds in conversation, rarely displaying echolalia and importantly in the fact that they are able to maintain eye contact which can be described as piercing in schizophrenic subjects (Pimenta, Santiago and Santiago 2016, p.4). In analysis, the subjects with schizophrenia have symbolic potential, as they draw and play unlike subjects with autism. In particular the subject with schizophrenia, tends to choose soft objects which Tustin (1992, p.75) labels as 'confessional objects' because they are an amalgam of 'me' and 'not-me', whereas in the subject with autism the object choice tends to be hard objects, such as a trains or cars (Pimenta, Santiago and Santiago et al 2016, p. 4).

For the subject with autism, Tustin (1992, p.163) outlines that the autistic object is part of their body, blocking 'not-me' that is present in the subject with schizophrenia (Pimenta, Santiago and Santiago 2016, p.5). Laurent (2012, p. 28) states that for subjects with autism, their objects are essential and inseparable. The subjects with autism have an inability to identify the difference between inanimate and animate and this is displayed by their choice of a hard object (Tustin 1992, p. 73; Pimenta, Santiago and Santiago 2016, p.5). In comparison, for the subject with schizophrenia they are able to identify a difference between animate and inanimate

and this is seen in their choice of a soft object (Tustin 199, p.1532; Pimenta, Santiago and Santiago 2016, p.5). For the subject with autism the choice of hard objects reflects their body state as a double (Tustin 199, p.1532; Pimenta, Santiago and Santiago 2016, p.5).

Pimenta, Santiago and Santiago (2016, p. 5-6) have demonstrated this in the case of Fabrizio, who stopped eating for a week and his mother was unable to pin point a reason for his refusal. The parents were unaware that their removal of an abandoned car, parts and wires of which Fabrizio used to spend his time pulling at, from their back garden, was the reason for his refusal to eat as this was his hard object (Pimenta, Santiago and Santiago 2016, p. 5-6). The removal of this object resulted in Fabrizio becoming tense and he behaved as if he had lost part of his body (Pimenta, Santiago and Santiago 2016, p.5-6).

Tustin (1992, p. 135) proposed that when the subject with autism's object is abandoned, they should be able to learn to make the distinction and integrations that the subject needs to aid their development. Tustin (1992, p.135) stresses the importance of appropriately removing the subject with autism's object, at the right time, a time where this loss can be comforted by humans. Grandin (1995, p.162) would disagree with Tustin's (1992) recommendation and instead suggests that subjects with autism should be guided towards constructive activities to motivate the subject involving their object.

Pimenta, Santiago and Santiago (2016, p.8) outlined the difference between subjects with autism and subjects with schizophrenia through the different characteristics of the master signifier  $S_1$ , which represents the subject for the Other in speech and when a subject has a relationship to the  $S_1$  it means that the subject is functioning in language. This is not the case for the subject with autism because the  $S_1$  is not functioning in relation to the  $S_2$  because it is the  $S_2$  that provides the subject with metaphorical meaning to the  $S_1$ . If the  $S_1$  is not functioning at the level of meaning then there is a possibility that the  $S_1$  can touch the real, resulting in meaning being totally excluded from the real which is seen in subjects with autism. Maleval

(1997) pointed out differences for subjects with autism in that there is an additional form of pluralization in  $S_1$ , which results in an order formed through a coating process which affects the external position of the master signifier (Pimenta, Santiago and Santiago 2016, p.8). Laurent (2012, p. 23) outlines that the  $S_1$  is the signifier with a connection to the real and its repetition without displacement. This explains the subject with autism's need for order which is an isolated signifier and an example of this is obvious when something changes for the subject with autism without warning and a crisis occurs and the world becomes confusing as they do not have any metaphorical meaning to language (Laurent 2012, p. 23).

Separately, castration is important for a subject. Castration allows the subject to identify with the body image. The intrusion of the paternal metaphor allows the subject to see themselves in a place and experience a lack (Poblome 2015, p.5) The Object  $a$  responds to the lack of castration, allowing the image to be stabilised and reality constituted (Poblome 2015, p. 5). If this action does not occur then this leads to *jouissance* circulating in the body, searching to be localised in an object, which explains the disturbed the image of the body for the psychotic which causes fragmentation (Poblome 2015, p. 6). For the schizophrenic subject *jouissance* occurs in the body, but in paranoia the immoral *jouissance* comes from the voice and gaze of the Other (Poblome 2015, p. 6). This is not the case for subjects with autism because the path of the drive does not exist (Laurent 2012, p.32). Freud's (1911, p.17) case of Schreber is a good example of fragmentation in the subject as his body image is destroyed and his reality becomes undone due to his libido detaching itself from the external world (Poblome 2015, p. 6).

Based on the literature reviewed and explored in the previous chapter, it can be said there are distinct differences between the subject with autism and the description of a psychotic subject. These differences are numerous and multifaceted and are related to wide ranging aspects of behaviours and response to the Other. This chapter will focus on the differences between subjects with autism and psychotic subjects in relation to their entry into language and how they process language.

### *3.1 Differences in the Subject with Autism compared to the Psychotic Subject*

To understand fully the failings of subjects with autism regarding their entry into language, we must first understand how a neurotic enters into language as they succeed in this process. Bailly (2011, p. 53) states that when a child accepts the paternal metaphor, they enter fully into language and they possess capabilities in verbal reasoning and this gives them the ability to understand laws and the rules of social life. Poblome (2015, p.1) supports Lacan's theory that the completion of the mirror stage is important for success in entering into language. The subject assumes an image which allows them to find the ideal ego which then leads to them developing their own ego and this action gives the child a sense of potency (Poblome 2015, p.1). For Lacan (1966, p. 79) he identifies the feeling of omnipotence as a paranoid dimension of the ego. Thus, it could be argued that the schizophrenic's feeling of paranoia is solely a psychotic symptom and it is not existent in subjects with autism. Poblome's (2015, p.2) example of a little boy who wanted to play with a red toy car that his peers were playing with but refused to accept a replica of the toy car because he wanted the red car his peers had demonstrates that the boy's desire is the desire of the Other.

In addition the emergence of the symbolic is important as it allows the development of the ego ideal into the ideal ego (Poblome 2015, p. 3). The fact that a subject can identify themselves in the mirror when dressed differently or after a haircut reassures the subject that

they recognise themselves as one and this occurs in a neurotic subject. Poblome (2015, p.3) outlines that the issue for the psychotic subject is the failure of the symbolic identification in the ego ideal, which is exemplified in Poblome's (2015, p.3) paper where a young girl went missing and believed that a felt moustache was a sufficiently convincing disguise and was baffled when people were able to recognise her. This demonstrates a failure in her symbolic identification and an absence of an ego ideal.

Bergeron (2010, p. 2) states that prior to the mirror stage the child is battling with the voice of the other inside him that threatens his integrity. Then the mirror stage enables a creation of the external Other and entry into a system of relations and the ability to negotiate their existence with the internal Other (Bergeron 2010, p.2). In order to enter into language there needs to be a loss, Bergeron states "a loss of the unmediated relation to mental representation-the mental object-by the voice called up by the audible which mobilizes the subject's drive" (2010, P.2). Bergeron (2010, p. 2) proposes that, for the subject with autism, there is a refusal to enter into language because he runs away from the alienation from the maternal other's object of desire and that they chose to remain within their own universe of mental representation. On the other hand, the psychotic enters into the realm of the ther of language, which can be observed in their ability to express feelings using language. The psychotic is dictated to by the voices of the Other and believes that there is a limitation in the structure of language and this forces his life to be focused on the restoration of language (Bergeron 2010, p. 2).

Verhaeghe (2004, p.429) stressed the importance that to become a subject, you must become a linguistic subject. Neurotic subjects are provided with linguistic tools by the Other as the Other's answers are reinterpreted through the phallic signifier and displaced onto an other, allowing the subject to desire (Verhaeghe 2004, p.429). In a subject with perversion, the process of disavowal leads the perverse to recognise a lack and the law but solely for others and not for itself which is seen in the subject with perversion as their speech is interchangeable,

meaning any word can mean what most imposes jouissance on the other (Verhaeghe 2004, p. 430).

Lacan (1956) did not use the term infantile psychosis; instead Lacan labelled it psychosis in children, believing that if a child is psychotic they will be psychotic in adulthood. There is some discussion regarding whether or not he commented on a time at which psychosis occurs in children (Cottes 2003, p.2). It has been suggested that Lacan (1956, p. 204) outlined that this triggering occurs in adulthood despite the lack of text surrounding the difference between psychoses in the child compared to an adult. This adds confusion to the question that exists in relation to whether or not it is psychosis or autism that presents in a child (Cottes 2003, p.2).

With respect to language, Lacan (1975, p.47) outlines that the psychotic is inside language, even if it is a psychotic language, which does not include the normal social bonds that are founded on lack and desire (Verhaeghe 2004, p.435). The primary difference in the psychotic language is visible in the content of their delusions. Another difference in the psychotic language exists in the form of neologisms such as the idea of the eyes in the back of a head as discussed above. Verhaeghe (2004, p. 441) describes the psychotic reaction to this statement as a feeling of being fully certain in their belief that they are being watched by these eyes and this results in the psychotic having no sense of reality because of the lack of access to symbolic reality.

Lacan (1994 [1964], p.237) introduced holophrase where two or more signifiers are monolithically linked, meaning there is no normal-neurotic space between them, which leads to associative displacement and function of meaning to become impossible (Verhaeghe 2004, p.441). Holophrase is a characteristic of psychotic speech and it explains the paranoid linguistic disturbances or ‘word salad’ associated with a psychotic language. Verhaeghe (2004, p.442) outlined a case of a psychotic subject who experienced a meaningful delusion and became threatened by an advert that quoted, “BBL is thinking of you” and this lead the psychotic

individual to become fully-centred in the meaning of the others' words and as a result developed a delusion of being under threat from BBL.

Bergeron (2010, p. 2) separately outlined the importance of the mother tongue for the child through naming things that allows the child to construct a shared perceptible universe and by confronting the mother's voice, which holds her desire. In contrast to the subject with autism, there is a refusal of the desire in the maternal other. Bergeron's (2010, p. 2) viewpoint about the importance of desire in the voice and gaze of the mother's desire is supported by Sean Barron's (1992, p.34) own explanation of the period of his life up until he was 6 years old when he could not identify his mother and described her as a negative presence and stated that he never really looked at her. This demonstrates the refusal to enter into the desire of the Other as it is too unbearable and the subject with autism will attempt to avoid it. For subjects with autism, it is common that they have an obsession with certain objects and Bergeron (2010, p.3) explains that the subject with autism creates their own universe with objects and chooses to remain in the present instant.

Like Sean Barron, Daniel Tammet (2006, p.172-173) also wrote a book on his experiences with having autism, and in particular his difficulty understanding abstract words. Tammet (2006, p.172-173) wrote that he kept mental images that helped him to remember the meaning of abstract words. In one example, he revealed that the word *complexity* made him think of a braid and in another the word *triumph* made him think of a trophy. He also used to become very confused when someone asked a questions without stating clearly what they mean (Tammet 2006, p.172-173). Other sources of frustration for him were when a word had two different meanings and when people used idioms in speech (Tammet 2006, p.172-173). The reasons for Tammet's difficulties are due to the fact subjects without autism regularly include metaphors and desire in their language which allows the subject to take the Other into account (Bergeron 2010, p.3). The mother tongue is only interpreted if the Other is taken into account

and subjects with autism refuse to relate to the Other and this difference can be explained by subjects with autism not understanding sarcasm or jokes (Bergeron 2010, p.3).

Lacan stated that “a voice cannot be assimilated; it is incorporated” (1962-63, p.320). Bergeron (2010, p. 4) supports Lacan’s quote based on the fact that the autistic subject cannot eliminate the mother tongue and the effect triggered by the voice; which is inscribed in him to form his body, and makes every attempt to not inscribe through the voice of the audible Other and this opens up the hole of subjectivity, an unstable equilibrium. Unlike in a subject with psychosis, where a desire is present in the gaze, gesture or voice, the subject with autism is guarded against anything that endures desire (Bergeron 2010, p. 5).

Furthermore, the position the subject takes during the mirror stage when entering into language is important. The psychotic subjects enter into language and confront the Other, but this leads the psychotic to be influenced by voices and the commands and injunctions (Bergeron 2010, p. 7). During the mirror stage the identification with the mother’s desire results in an alienating submission to the jouissance and the voice of the Other (Bergeron 2010, p. 7). In comparison to this, the subject with autism does not enter into human language and they dismiss the audible in the voice of the mother tongue (Bergeron 2010, p. 7). The subject with autism builds a world of things and objects that serves as a wall against the Other, leading them to become withdrawn (Bergeron 2010, p. 7).

Another difference that exists in the language of the subject with autism is their problem with names. A name is applied to singular objects and does not have a context of meaning, such as names of places (Rodriguez 2001, p. 133). A subject with autism struggles to understand this concept because the signifying chain is improperly constituted as the \$, S<sub>1</sub>, S<sub>2</sub> are outside of the discourse (Rodriguez 2001, p. 133). The word ‘I’ is also absent in the language of the autistic subject and they may appear in their own discourse in the ‘third person’, and not as a subject but as an object which is an example of a pure signified of the Other (Rodriguez 2001, p. 134).

Deltombe (1999, p. 163) stressed that the place the child is within in the symbolic field is more important than the care they receive. From the beginning a child is born into a pool of language and humans are linked to one another through their places and names (Deltombe 1999, p. 163). Deltombe (1999, p. 163) supports the literature of Lacan (1955) which suggested that the relation to the symbolic starts in the child through crying, laughter and vocalisations, which occur before speech.

Lalangue is the pre linguistic enjoyment with pieces of language and is a realm that is necessary for language as a structure for communication. Lacan (1973, p.11) introduced the word 'Lalangue' which is a side to language that has its own form of jouissance and is the conception of an initial link between words and body (Deltombe 1999, p.164). With there being no connection between words and body in the subject with autism, the problem with the Other attempting to encounter it results in the subject with autism not listening to the Other (Deltombe 1999, p. 164). Deltombe (1999, p. 165) raised a question about a 10 year-old girl called Sabine regarding lalangue and its importance in 'introducing the mortification of enjoyment by language' Deltombe (1999, p.165) outlined that Sabine's mother brought her to her clinic because the school had complained about her lack of integration in the group. However, Sabine's mother strongly stated that the school were responsible for Sabine's difficulties. Sabine was born at five and a half months and was placed in an incubator for three and a half months which involved little contact with her parents (Deltombe 1999, p. 165). During Sabine's first year her mother recalls that she did not cause a fuss and always remained calm. However, Deltombe (1999, p. 165) outlined that the mother of Sabine failed to notice that Sabine still did not ask for anything and she is still continued to make every choice for her daughter.

Deltombe (1999, p.165) identified that Sabine was existing through a double, which was her mother, who lived for her. Sabine showed a lack of demands and subjectification in the sessions and she would sit in silence and repeat phrases her mother would have previously

vocalised to her (Deltombe 1999, p. 165). Deltombe (1999, p.165) summarised that despite Sabine's inscription into language she was alarmed by a few signifiers which were not dialecticisation. Laurent (2012, p.25) supported this as he affirmed that subjects with autism attempt to reduce the disorder of language to a language where the rules that are fixed and can be extracted. The rules of language are disconnected from the body and the imaginary. Daniel Tammet, was a subject with autism and he was able to recall the number pi up to 22,514 decimals and he has previously stated that as a child numbers were his only friends, and he succeeded in mathematics and syntax but struggled with empathy, communication and seeing the bigger picture as he became held up on the details (Laurent, 2012 p.27).

In comparison to this, for a neurotic subject, there is a strong attachment between language and the child and language has a finality of enjoyment and a distinction between words and body are established (Deltombe 1999, p. 168). Maleval (2012, p.78) noted that subjects with autism think and function differently to subjects with psychosis because they experience enjoyment in a specific way and for the subject with psychosis the jouissance returns to their bodies, whereas for the subject with autism the jouissance returns to the rims. Freud outlined that "when the child learns the vocabulary of his maternal tongue...he couples words without any concern for meaning, to enjoy the pleasure of rhythm and rhyme. This pleasure is gradually forbidden to the child until the day when only the association of words according to meaning are tolerated. But with the progress of age he will still seek to free himself from these restrictions acquired with the use of words, he disfigures them with some flourishes, alters them by some artifices, he even forges a conventional language with his playfellows" (1919). This links to the signifier introducing itself as a tool of enjoyment and establishing a lack of wanting to have a body (Deltombe 1999, p. 169). Therefore, for the subject to maintain enjoyment, the formation of symptoms form as the subject cannot vocalise all their enjoyment and the unconscious is found itself in the symptoms (Deltombe 1999, p. 169).



It is common for subjects with autism to repeat phrases and/or words they have heard in films and TV shows. The phrases they repeat are often linked to the objects that they are fascinated about and the repetition of these phrases and words are described as logorrheic jouissance. Rodriguez (2001, p. 5) supports the claim that the subject with autism remains outside the discourse, and as a result the subject is possessed by the Other and becomes the inseparable mouthpiece of the Other. Although, Rodriguez (2001, p. 5) points out that it is not the Other of the discourse but of jouissance for the subjects with autism. The case presentations discussed in this chapter will provide evidence to suggest that the subjects with autism are not psychotic subjects and that there is indeed a such a thing as an autistic language.

The father of Owen Suskind, who had a diagnosis of autism and he remained silent until after his third birthday, published a book about him entitled *Life, Animated* (Maleval 2015, p. 6). Owen would watch Disney films on repeat and he would regularly rewind certain scenes over and over again. Specialists recommended limiting the time Owen would rewind certain scenes (Maleval 2015, p. 6). Owen's father noticed that when his son was watching '*The Little Mermaid*' he would murmur the same unintelligible speech. The specific words were "Juicervose, Juicervose", meaning "just your voice", a phrase Ursula the evil Witch directed towards the mermaid to turn her into a human being. Owen's father noticed the resemblance of this phrase for his own son and the fact he had been living in an isolated world (Maleval 2015, p. 6).

Another observation Owen's father made about in his son's speech was at the end of his brother's birthday party when this brother cried because it was over. In response to this, Owen remarked "Walter does not want to grow up, like Mowgli or Peter Pan". For Owen this was a very complex phrase compared to his usual lack of language and there was much meaning attached to the phrase which sparked Eoin's father to incorporate Disney into Owen's everyday life (Maleval 2015, p.6). He began to use a puppet of Owen's favourite character, Iago (a parrot

in Aladdin), and he imitated the voice every time he spoke to Owen. This led to Owen responding to types of questions that he had never responded to previously. One instance of this was when Owen's father asked him, 'how does it feel to be you?' to which Owen replied saying, 'I am not happy, I can't understand what people say'. As Owen's family began to speak to him more as the puppet, his dialog increased and his speech was progressed very fast (Maleval 2015, p. 7). Owen's fascinations with Disney films continued to help him understand the world around him and his parents took him out of special education because the school he was in were reluctant to incorporate the Disney characters into his learning (Maleval 2015, p. 7).

This led to Owen's parents designing a space in their basement where Owen spent his time drawing his favourite scenes from the Disney films. Owen's drawings were very detailed and it was easy to identify his anxiety through the facial expressions drawn in some of the characters (Maleval 2015, p. 7). Owen's father observed that Owen had written phrases such as "No sidekick gets left behind; I am the Protektor of Sidekicks" and when Owen's father asked him about the meaning of this phrases Owen replied, "sidekicks helps hero's fulfil their destiny" (Maleval 2015, p. 7). Owen's parents understood that the purpose of Owen drawing sidekicks was as a reaction to him leaving school and he wanted to become a protector of the discarded by supporting characters in their adventures (Maleval 2015, p. 7). Owen's parents then applied Owen's sidekick identification in his learning by him that he needs to be able to protect and advise which encouraged him to focus on his educational as he wanted to be a good sidekick and through this his capacity to learn developed (Maleval 2015, p. 7).

Owen's parents continued to encourage him to use sidekicks to solve problems throughout his educational learning and this gave him a purpose and reason to learn and he eventually graduated from high school and entered into college (Maleval 2015, p.7). Owen also had a romantic relationship with a girl in college and he was able to achieve this, despite his diagnosis of autism, because he was able to identify himself with the Disney

relationship of Aladdin and Jasmine (Maleval 2015, p.7). He was able to relate to this relationship and this provided him with somewhat of a roadmap for how he should behave in his own relationship (Maleval 2015, p.7). As he adapted more to life in the real, he came to understand that sidekicks only existed in his imagination (Maleval 2015, p.7).

Maleval (2015, p. 2) also outlined the case of George Romp. George described his world as though it was divided into two parts and one side needed help and in the other side people acted strangely and he felt that he was blamed for their problems. George's mother stated that George was only attracted to those who need help, such as his disabled friend, herself and Ben, who was an abandon cat (Maleval 2015, p. 2). Ben fascinated George due to the fact that he showed weakness and because Ben struggled to find a place in the world just like George, his double. George's mother described their relationship as harmonious and they would play together and Ben the cat would follow him everywhere and he seemed to understand how important routines were to George (Maleval 2015, p. 3).

This harmonious relationship between George and Ben gave rise to George then imitating Ben and he pretended to be a cat. George began to talk on behalf of Ben and only spoke to Ben in a soft voice which was full of affection and unlike is usual voice and his mother called it 'cat talk' (Maleval 2015, p. 3). This allowed George to talk more easily and like in the case of Owen, George's mother began to use the 'cat talk' which she felt caused a big improvement in his interactions and language in everyday situations. Maleval (2015, p. 3) stated that the 'cat talk' allowed George to shield his own voice, but also allowed him to react to an Other, as he began to listen and respond to his family, which he had not done prior to Ben's arrival. In addition, George allowed began to become self-reflective of his thoughts and behaviours (Maleval 2015, p. 4). After this, George's mother began to teach him etiquette rules that she had previously attempted to teach him but was unsuccessful. She did this by using Ben, stating that Ben does not like it when you burp during a meal. He began to leave the room every time

he needed to burp and from then onwards he would tell those who had burped during a meal that it is impolite and Ben does not like that (Maleval 2015, p. 4).

The importance of the Ben being George's double was highlighted when Ben went missing. When this happened, George returned to his old autistic isolation and he no longer wanted to participate in anything or play and he began to become engaged in repetitive compulsive behaviours of organising colourful objects. Maleval (2015, p. 4) stresses that George's centre had disappeared and his libidinal dynamic no longer functioned and his reaction was to form a protection against the world that was too painful for him to be in alone. Ben was luckily found three months later and George then left his seclusion and once again began to use the 'cat talk' and continued to improve (Maleval 2015, p. 4).

In addition, another case described by Maleval (2015, p.5) which demonstrates the importance of understanding a subject with autism's object choice and the benefits of incorporating it into their everyday life to encourage their access into language and interaction is in the case of Jake Barnett who was a three year old boy that was very isolated from the world and had a diagnosis of autism. Jake's object choice was coloured alphabet cards which he was overly attached to and he slept with them at night (Maleval 2015, p. 5). The specialist's viewpoint was to take away the alphabet cards as it was auto-stimulating Jake and created an obstacle to his learning (Maleval 2015, p. 5). However, in contrast to what was recommended for Jake, his mother decided to withdraw him from the specialized programme. Instead Jake's mother included his interests of the alphabet cards in his learning. Over time Jake began to learn to read and found that he co-operated more when his special interests were incorporated (Maleval 2015, p. 5). Maleval (2015, p. 5) emphasised, through this case of Jake, the importance of not taking away the subject with autism's objects or focusing on the subject's weaknesses. Instead, he suggests involving the subject with autism's interests and passions in their learning (Maleval 2015, p. 5). Interestingly, Grandin (1995, p.30) identified with Jake,

and she explained that she herself was closed off in her childhood, did not speak, would sometimes appear deaf, had violent outbursts, denied physical contact, played with her excrement and drew on walls.

The three cases presented above are just some of the several examples that show how important it is to recognise and involve the subject with autism's objects that captivate them. For example, in the case of Owen, his echolalia's are more than random repetitions of films, as he instead identified with the mermaid who also lost her voice. Donna Williams (1992, p. 300) in her book about her own struggles with autism, specifically stated that she was also echolalic until she was four years old and repeated words and phrases from TV adverts and CD's of fairy tales (Maleval 2015, p. 7). For Williams (1992, p. 300) the introduction of two imaginary friends, allowed her to distance herself from echolalia and move to enunciations (Maleval 2015, p.7). The imaginary friends are seen as masks and allow the subject with autism to function socially without implicating themselves subjectively into the world. However, Williams (1992, p. 221) states that despite being able to recognise facial expressions from memorised models of expression, she had no ability to react to them in an emotional way despite films and TV shows demonstrating how to behave appropriately in social situations (Maleval 2015, p. 7). It is important to distinguish that one object will not have the same effect on another subject with autism, as the object of choice that fascinates varies from subject to subject.

The object provides the subject with autism with a protective shell against the world, as can be seen in the case of Owen where his object choice was Disney films, which then lead to him understanding the world through the sidekicks, which he interpreted as doubles and through the use of his imagination in the real which allowed him to develop in the social world because he was supported (Maleval 2015, p. 8). Maleval (2015, p. 8) suggests that the subject with autism's choice of object creates a space that needs to be filled and for George, the cat provided him with the 'cat talk' tool, which was used to communicate with him and he felt

comfortable in responding to it and he was able to follow rules that had been conditioned through the cat and prior to the arrival of this cat, George had not responded to the rules his mother set. This emphasises the importance of not focusing on the subject with autisms cognitive abilities, but instead for the subject to realise his own unique jouissance (Maleval 2015, p. 8).

Lemaire-Diricq (2002, p. 1) introduced cases in the Courtil papers about two subjects who lacked the ability to communicate through speech and for each of the two subjects, the absence was different. Subjects that are truly mute are isolated and the world is alien to them and they form barriers to learning due to this. Lemaire-Diricq (2002, p. 1) questioned what is the desire of the parental Other that makes these subjects be mute? Using these two cases where both subjects have a diagnosis of autism and are non-verbal, the following section will explore the subject's relation to the Other of speech and to their object choice.

Patricia: Patricia is non-verbal and she covers her ears when an adult requests something from her and her anxiety often worsens to a level that causes her to fall into an epileptic crisis in an attempt to eliminate the Other (Lemaire-Diricq 2002, p. 1). Lemaire-Diricq (2002, p. 1) states that Patricia remains 'indifferent' to the calling of her first name, the  $S_1$  coming from the Other, and she blocks her body from becoming the support of the signifier and she remains hidden behind the signifier. Patricia has no ego as she is not an object or Other (Lemaire-Diricq 2002, P. 2). Lemaire-Diricq (2002, p.2) proposes that Patricia was absent in Fort-Da, a paternal function and no objects attract her attention and she would sit in empty air for her an empty signification.

Mossen II: Mossen was a boy who became extremely anxious and screamed when strangers approached him. He had a strong gaze and did not like the door being closed and Lemaire-Diricq (2002, p. 3) described the Other as being too intrusive for Mossen as he would push people away, scream and cover his ears if someone spoke to him, which led to Mossen

still being bottle fed as he refused to be faced with the object of food. Mossen would close his mouth every time the spoon got too close and swallowing seemed impossible for him. Lemaire-Diricq (2002, p. 4) claimed that the intrusion of the unknown caused him anxiety, although the introduction of a mirror soothed Mossen and he began to rock bath and forth in front of the mirror humming a lullaby. Lemaire-Diricq (2002, p. 4) began to imitate Mossen's hum and added the words 'soon enough', which caused Mossen to gaze at Lemaire-Diricq and at that moment, a transference was installed.

At first Lemaire-Diricq (2002, p.4) questioned why Mossen showed an interest in the mirror due to the literature stating that there is no body image constitutive of an imaginary. However, in this case, Mossen had a twin brother who was identical to him. Mossen's twin was a smart, lively boy and had the ability to converse. Instead of seeing an ego ideal in the mirror, Mossen saw reality, and Lemaire-Diricq (2002, p. 4) noted that the lullaby is a symbolic trait from the Other's of speech, which Mossen focuses on which causes his being to be libidinalized and mechanized. Lemaire-Diricq (2002, p.5) later discovers that Mossen's parents had a bad experience with twins and their first set of twin boys had died. The parents were able to talk about the second twin who had passed but they did not talk about the first born twin who was called Mossen (Lemaire-Diricq 2002, p. 5). Lemaire-Diricq (2002, p. 5) proposed that Mossen had become the object of his mother; a fear that under an S1 coming out of holophrastic designation, which resulted Mossen being a lacking subject who desires through speech.

The cases that have been discussed in this chapter are all different, but there are also strong similarities between them especially in that all of the subjects involved have an object choice. The cases highlight that there can be huge benefits in incorporating object choices into the everyday lives of subjects with autism to encourage them to fully understand language and to improve their chances of being able to manage independently in the world which is full of social rules that they have not previously learnt. In comparison to this, subjects with psychosis

do not demonstrate behaviours of being closed off from the world and do not have as intense obsession with an object. Although, it should be noted that psychotics subject also does not abide by the social rules as they believe that they do not experience a lack and they believe that they are always correct. This difference can also be witnessed in the speech of the psychotic individual which supports the claim that there is such a thing as an autistic language.

This chapter will explore how the subject with autism is being 'helped' in the clinic in today's society. Currently, Applied Behavioural Analysis (ABA) is the most frequently used treatment for subjects with autism. However, ABA fails to incorporate a subject with autism's object that they are obsessed with as they are seen as obstacles to the learning, when in fact they can be used as a therapeutic tool (Maleval 2015, p. 1). Pimenta, Santiago and Santiago (2016, p. 11) state that the behavioural approach to autism promotes a disconnection to world for the subject with autism as their character obstacles are ignored in order to promote skill acquisition. For example, if the subject with autism is asked to put coloured numbers in order from 1-10, but instead puts the numbers in groups of colours, this would be ignored and the subject will be asked to do the task again to promote the skill acquisition they were asked to do initially. In comparison to Psychoanalysis, the subjects with autisms interests are paid attention too, to understand the harmfulness of these objects (Pimenta et al 2016, p. 11).

### *5.1 Applied Behavioural Analysis (ABA)*

The first step in the ABA approach is a collection of data. This involves recording the number of times certain behaviours occur using Antecedent-Behaviour-Consequence (ABC) charts.

- For the Antecedent portion, the event or activity that immediately precedes the behaviour is recorded. Antecedent interventions are designed to alter the environment before behaviour occurs.
- For the Behaviour portion, observed behaviour is recorded.
- For the Consequence section, the action that was taken in response to the behaviour is recorded alongside the subject's response to the action.

After several observations the data from the ABC charts is presented objectively in a graph to identify patterns of behaviours. A preference test is then conducted where the behavioural analyst chooses six items that they think the subject with autism may desire. The behavioural analyst then repeatedly places two of these items in front of the subject for them to choose which items they prefer. Then, after thirty comparisons, the object that the individual chose the most is identified and this becomes the positive reinforcer for that subject. Majority of the time the positive reinforcer is food, an example of a part object comprehended in the subjects mind. Aiming to produce compliance, by building up momentum to what the behavioural analyst wants the subject to do, by first tossing out easy demands, following on to asking the subject to complete more difficult demands.

The use of another technique called Shaping, aiming to teach new behaviours. Shaping involves differential reinforcement: where responses to demands that are successively closer to the terminal behaviour are reinforced and then the responses that are not closer to the terminal behaviour are not reinforced. The end goal to gradually decrease rewards and move towards more 'natural' rewards. Setting an unrealistic goal to behave consistently and correct every time, rather than arbitrarily, to satisfy the needs of the behavioural analysts.

In the residential setting the positive behaviours for the subject can include sitting quietly, toileting, cleaning up after themselves, engaging in independent play, "being polite," engaging in social interactions and adhering to the instructions of staff such as staying in bed in the morning until they are told they can come out. The autistic individual receives a token for every action they do that is perceived as a "normal" positive behaviour, known as Token Economy. As a result of this, the individual often becomes preoccupied with trying to earn tokens to get a reward resulting in somewhat unnatural and robotic behaviour.

At first this behaviour appears to be a positive thing as the subject is contributing to the group and the running of the residential unit. Often, over time, this behaviour becomes

normalized to staff in the unit and their reward ceases to be given to them. However, the subject with autism does not forget that they should have received this *jouissance* reward for clearing the plates away and the subject with autism cannot put their pleasure into value laden terms. Instead they seek satisfaction in suffering, the subject with autism engages in negative behaviours which in this case, smashing the plate on the floor. The subject with autism has spoken through this act of smashing the plate, but it is overlooked and seen as a negative behaviour instead of an attempt to communicate. Lacan (1966-67) suggests in seminar XIV on The logic of the Fantasy, that in order for interpretations to be deemed as correct, they need to have an effect of truth. For ABA, the university discourse of knowledge is a defence against the truth.

Within ABA, the response is to ignore negative behaviours and remind the subject what he is “working” for because ABA does not implement punishment. The subject with autism is never told ‘no’, but instead the positive reinforcer object is replaced by another without explanation in a metonymic series, depending on the subject’s behavioural response. When one reinforcer is taken away, it is automatically replaced with an alternative reinforcer. This scenario can in some ways be compared to the psychotic individual not experiencing a lack and having everything they want in their pocket as described by Lacan (1956).

The reinforcer is not enough to persuade the subject with autism to act on command; the ABA therapy view is that the behavioural analysts know best. ABA is the discourse of the Master and of the University, so there is no place for agency of the subjects own signifiers. ABA claims to know the subject with autism, which excludes the unconscious suggesting ABA serves to reinforce the master’s will.

ABA strongly states that they do not enforce punishment, and the actions of autistic individuals who are non-verbal are in particular seen as invalid. As a response the autistic individual engages in self-injurious behaviour which may include repeatedly banging their

head off the wall. Instead of protecting the individual's head, the ABA approach encourages staff to count the number of head bangs they conduct until they return to 'baseline' behaviour. The number of head bangs is used in the ABC sheets, to help identify if there is a pattern between the number of head bangs and the demand placed. Over time and with the collection of the data, the behavioural analysts expect to see that the more the subject with autism receives the same demand the number of head bangs decrease because they give into the demand, the subject loses.

For those autistic individuals who have entered into language, unless their language is relevant or fits into social situations it is ignored or redirected. Resulting in no attention paid to the significance in the language articulated from the autistic individual. The ABA approach aims to teach autistic individuals to 'filter' their language and learn phrases for social situations, such as "Hi how are you?" The autistic individual responds like a robot with the pre-determined figure of speech. The ABA approach ignores an autistic individual when they say something out of context of the conversation such as 'why did they do that to me?', 'I want to steal that' and/or 'I'm going to punch you'. The Psychoanalytic approach would stress the importance in allowing an individual to speak and would listen to this logorrheic jouissance.

Another prime example of this robotic teaching is the ABA technique used to get the autistic subject to respond to their name which is also an example of Shaping. Someone calls the subjects name from a distance, at first the subject does not respond the behavioural analyst then intervenes by moving the subjects head to mimic the expected response and then the subject receives the positive reinforcer. This task is done repeatedly until the subject then independently looks at the individual calling their name. A subject's name is a significant signifier, the primary gift of the Other. This behavioural response is not a response to the act of nomination but only a jouissance exchange, as they are been given a reinforcer of a sweet if they respond correctly. This demonstrates the extreme lengths the behavioural analysts try to

mould the subject with autism into a robot to act 'normal' through a reinforcer object in exchange for body behaviour. The psychoanalytic perspective would question what is the desire of the Other that makes the subject with autism refuse the gaze and even to remain mute? Rodriquez would suggest due to the unbearable intrusion from the Other, the subject with autism would comply reluctantly, as "his subjective position is being completely possessed by the Other and reduced to being the inseparable mouthpiece of the Other" (2001, p. 125). Similar to the situation of where the subject with autism responds to their name is not the discourse of the Other; but of jouissance as they will receive a reward. The autonomy of the service user should be more focused on the movement towards desire, away from the dependence on the Other.

## *5.2 Psychoanalytic Approach to Autism in the Clinic*

It is important to note that the most obvious characteristics of psychosis are rarely seen in autism. Subjects with autism show their desire for aloneness from the very beginning and do not respond to anything from the outside world (Maleval 2012, p. 51). Contrary to this, the schizophrenic tries to solve their problems by stepping out of a world which he was once a part of and are not strangers to this world from the beginning (Maleval 2012, p. 51). The onset of psychosis is caused by triggers whereas the subject with autism shows signs of their autism very early in their development and this can be supported with the fact that there are a very low number of subjects with autism that go on to receive a diagnosis of psychosis which supports the fact that they are different (Maleval 2012, p. 54).

Maleval (2012, p. 56) outlines that a schizophrenic can develop paranoia and can experience a state of melancholica which may result in a manic episode. Subjects with psychosis are able to provide a critique of their delusions when they come out of their manic state and in comparison to this, subjects with autism never escape from their autistic state (Maleval 2012, p. 56). Subjects who have written about their own autism, state they are writing

on behalf of other subjects with autism. In contrast to this, subjects with psychosis do not accept that they are psychotic and feel they are very important and that they have made a major discovery in the world that can bring about change. Gradin stresses that being autistic is a way of being and that there is no normal child hiding behind a shell stating that if “I got to snap my fingers and not be autistic I would but then I would not be me” (1995). This supports the point that subjects with autism always remain in an autistic state unlike the psychotic who can appear normal but also experience delusions.

Some subjects with autism who are diagnosed as having high-functioning autism have a desire to speak and they resort to factual language and their speech is an accumulation of facts, events, dates and names in a monochord tone (Maleval 2012, p.58). Conversely, for those subjects with autism who refuse to speak and are mute, there is no cognitive deficit but instead the subject is protecting themselves from anxiety (Maleval 2012, p.58) Subjects with autism that are mute may occasionally break their silence and produce perfectly constructed sentences. Maleval (2012, p. 58) states that the reason for them breaking the silence is because the sentences are produced in critical situations where he abandons his refusal to appeal to the Other and his refusal to engage his voice in speech. However, it is an enunciation connected with his *jouissance* and not from the mirror of the Other (Maleval 2012, p.58). It is a reaction to the high anxiety they experience that allows subjects with autism to say such statements out of character and Maleval (2012, p.58) describes this as an object of vocal *jouissance* to the *jouissance* of the Other.

A move away from the behavioural approach towards the treatment of autism is essential. Cottés (2003, p. 4) stresses that psychoanalysis doesn't aim to modify the structure but instead aims to alter the subject's relation to *jouissance* because psychoanalysis is not an education and the analyst is on the subject's side to encourage them to play his hand with the card's he has been dealt (Miller 2012, p. 83). Robert Lefort believed that the subject with autism should not

be approached solely from the imaginary but through the knotting of the symbolic and real (Laurent 2012, P.16). Laurent (2012, p.33) noted that psychoanalysis allows the subject to disengage from the homeostatic withdrawal in their body and pass into subjectivity which enables them to make a new partner of this subject, beyond imaginary reciprocity and symbolic interlocution. The support of an object outside the dimension of play becomes the partner for the autistic individual as without an object there is no Other (Laurent 2012, p.33).

However, Stevens (2002, p. 3) argues that psychoanalysis should not be practiced in the institution because previously this has proved to be unsuccessful. Stevens (2002, p. 3 & 6) reaffirms the belief that an institution cannot be made up of purely psychoanalysts, which occurs in the school of Maud Mannoni and Bettelheim. Stevens (2002, p. 3) believes these schools are inoperable and that the institution should only occupy the role of a big waiting room. Although it should be remembered that these statements do not discourage psychoanalysis for subjects with autism in an institutional setting where the demand for improvements and changes are very high and are regulated and psychoanalysis is not a cure and cannot provide the subjects with autism with a rapid change (Stevens 2002, p. 3). He believes that psychoanalysis should be tailored for the subject with autism, and their relation to jouissance and there should be no set direction for the analytic sessions and it should remain purely subjective (Stevens 2002, p. 3). Psychoanalysis provides an understanding of the reasons for the behaviours that the subject with autism is presenting with in each individual case. Psychoanalysis is important and if applied correctly to the subject with autism, through the introduction of the Other at the same level of the subject with autism to attempt to displace the imaginary and through mirroring the subject at a distance, can be effective (Stevens 2002, p. 3). In psychoanalysis the inclusion of the subject with autism's object is essential but most behavioural interventions remove the subject with autism's object which is what actually provides them with protection.

It is important to move away from medical and behavioural models. Bailly (2011, p. 49) outlined a in the paper *Paediatric Bipolar* that a new diagnosis of Temper Dysregulation Disorder with Dysphoria (TDDD) now exists. The disorder involves severe temper outbursts in response to stress. These outbursts of behaviour include, physical aggression and verbal rages, and these behaviours can be often seen in subjects with autism (Bailly 2011, p. 48). However, the problem for the parents in these cases that Bailly (2011, p. 48) outlines is that insurance won't pay for conduct disorders but will pay for Bipolar. This is similar for parents who wish for a diagnosis of autism for their child so they can avail of the educational support and can relieve the guilt and label of being a bad parent. Bailly (2011, p. 49) proposed a link between mental and physical states in babies in their screams, tight fists and their contraction of limbs. Babies respond in these physical states to express either that they are in pain or hungry because they don't have the language acquisition. Cycles of tension and relaxation occur when babies are fed in response to their physical needs being met. For the subject with autism, it can be argued that their behaviours are regressive, and if symbolisation of recognising this physical state to construct a mental state fails, then the state of tension will be repeated and the subject won't be able to move away from the reactions because they do not have the ability to associate the physical and psychological through language from the Other (Bailly 2011, p. 50). Is the situation, when a subject with autism displays violent behaviour because of their lack of ability to use language to communicate what they want, causing them to become very tense, the same tense feeling that a baby experiences when they become tense to communicate what they want from the Other?

### 5.3 Discussion

The aim of this thesis was to explore the difference in the literature that exist regarding the psychotic language and the language of the subject with autism. It is important to note that the literature contains evidence of a difference between psychosis and autism, although there are still some similarities. It is important to reflect on are these differences because in the clinic the analyst needs to be educated with regard to the appropriate approach to take with the subject with autism because what works for a psychotic subject may not work for a subject with autism. Maleval (2012, p. 80) argues that schizophrenia can be cured and autism cannot be cured. Instead the subject can find a way of functioning, where the subject would be recognised as a high-functioning autistic. The differences that have been noted between the psychotic and the subject with autism is that the subject with autism refuses to enter into language because of the difficulty from the maternal other's object of desire, ideals and myriad norms which leads to them remaining in their own mental representation (Bergeron 2010, p. 2). Conversely, the psychotic does enter into the relation of the other of language and they are dictated to by the voices of the Other and this leads the psychotic subject to be focused on the restoration of language and they experience hallucinations and delusions which the subject with autism does not experience (Bergeron 2010, p. 2).

The psychotic subject confronts the Other and during the mirror stage, the identification with the mother's desire results in an alienating submission to the jouissance and the voice of the Other (Bergeron 2010, p. 7). On the other hand, the subject with autism dismisses the audible in the voice of the mother tongue and instead builds a world of things and objects that serves as a wall against the Other, which causes them to withdraw (Bergeron 2010, p. 7). Another difference between the subject with autism and psychosis is the common theme found in the subjects with autism repeating phrases and/or words from films or TV shows which are linked to the objects that fascinate them and these repetitions are described as logorrheic jouissance, which supports the point that for the subject with autism. the discourse is not of the Other but of jouissance (Rodriguez 2001, p. 5). Furthermore, the subjects with autism struggle

to understand a name that is applied to a singular object that does not have a context of meaning and there is an absence of the word 'I' and they talk about themselves in third person, not as a subject but as an object (Rodriquez 2001, p. 135).

Tustin (1992, p. 135) proposed that in the scenario of the object being abandoned, the subject with autism will be able to learn to make the distinction and integrations that the subject needs to aid their development. Tustin (1992, p.135) stressed the importance of removing the subject with autism's object appropriately, at the right time, when this loss can be comforted by humans. Grandin (1995, p.162) opposed Tustin's (1992, p. 135) recommendation and instead suggested that subjects with autism should be guided towards constructive activities to motivate them through the use of their object choice and it can be argued that this is the most appropriate method of approaching subjects with autism.

In conclusion, the argument that is ongoing in relation to whether or not autism is psychosis has caused an attack in the media on the psychoanalytic approach to subjects with autism. However, psychoanalysis promotes the relief of subjects with autism from their suffering through the targeting of the object that they have at their disposal to protect themselves from the Other with. This thesis has therefore aimed to present strong and compelling evidence, from a significant number of sources and case studies in the literature that supports the theory that there is a marked difference in the language of the subject with autism in comparison to the language that is used by subjects with psychosis. From this evidence it can be stated that these differences confirm that autism is in fact its own structure standing independently from psychosis.

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