4/5, JOYFUL HYSTERICAL AUTISM

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ACKNOWLEDGMENTS

"Consent not to be a single being" is Christopher Winks's translation of Édouard Glissant's phrase *consent à n'être plus un seul*. The occasion of Glissant's utterance is an interview with scholar and filmmaker Manthia Diawara in which Glissant is asked to reflect upon the irony of traversing the Atlantic on the Queen Mary II while having written and thought so devotedly and brilliantly on the middle passage and its meaning. The term *consent* doesn't merely defy but rather unravels a set of normative discourses on agency that are either denied to or unsuccessfully salvaged for those who remain in middle passage which is, as Cedric Robinson and Ruth Wilson Gilmore have said, eternal. For Glissant, consent, which is not so much an act but a nonperformative condition or ecological disposition, is another way of approaching what he calls the "poetics of relation." With the utmost reverence and respect, I have been trying to think passage, by way of Winks's version of Glissant's words, against the grain of relation and the individuation that relation seems unable not to bear. I would like to think these essays are messages entanglement sends out to itself and I want to acknowledge, here, some of the beautiful and significant differences that nourish and enable this sending.

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The Charade

The unconscious?

There is psychoanalysis, it's true.

For me, psychoanalysis is a curiously foreign language. I thought I could learn it, by reading texts written in the only language I know, French. Impossible. The same misadventure had befallen me when I was younger, with English, Latin, Greek, and mathematics. However, this time the texts were written in French, a language I'm rather fond of. I couldn't understand it. I told myself that I was dealing with a kind of double language. I occasionally spent time with people who spoke psychoanalysis. I spoke as well, in my native tongue. It seemed that my remarks were being returned to me translated, interpreted, as one says, and I no longer understood them. This produced a bizarre effect, as if the others who were there were frolicking in the middle of a swimming pool whose water I couldn't see.

And then I got used to it, all the more easily when I met an autistic individual who, clearly, could no more understand our language than I could psychoanalysis.

Sometimes I would ask myself whether I hadn't purposely become resistant to this language. When I saw that Janmari was a stranger to mine, I stopped questioning my own intentions, since it seemed so clear to me that, as far as intentions were concerned, there weren't any. Thus I was over it, in the clear. I mean that I acquitted myself without any other form of trial. At peace, I could try to see whether by chance this language, which like all languages constitutes a whole that has its own coherence, might not be eclipsing something else that persists around the edges, as is the case with any eclipse: an opaque body makes a screen haloed all around with a light that seems to emanate from the body itself, just as we see a halo of light around the head of a saint.

There still remains the thought that the head of the saint itself hides something from us, something that, through an effect of optics, seems to emanate from it, but that is really nothing. It's merely the remainder; what had been concealed persists on the threshold of perception, whereas the saint, of course, has no intention of hiding anything whatsoever, his or her task being to reveal, if only the truth.

I even reached the point of telling myself that any truth conceals, eclipses the real, and that the aura that I saw, via the presence of an autistic child – provided as I was then with a sort of third eye, like the one spoken of by Tibetan monks, among whom it was standard practice to make a hole in one's forehead – glimmers of the real that was hidden by the fact of the consciousness that is incumbent upon us.

Being neither a monk nor Tibetan, I hadn't made a hole in my forehead. Janmari was there, constantly, with his own "seeing point," perceptibly distant and different from our viewpoint, which is more or less unanimous among all those who, as soon as they are born and even before, have been initiated into symbolic existence.

The real: it seems to me that I have come across this word in texts written in the French language, no doubt about that, but owing to the fact that that language is double and at the very least has double meanings, goes in two directions,[1] it swept the words away from under my nose, and then, now you see them now you don't, who knows what became of them in that waltz whose music I didn't perceive.

It is completely discouraging to hold a word in sight, and see it spin around, pair with others, join a constellation, like a string of beads; in fact, it escapes you like a ball on a playground; others play with it cheerfully, but what are they playing at, what's their game? It's a mystery. There are no goals, no baskets or nets. They are having fun, that's for sure; the game is making them laugh. After all, words don't belong to anyone, and we would be wrong to feel ourselves deprived of them just because others use them in a way that suits them.

So what about the real? It comes from *res*: thing.

I have mentioned that I have read, and sometimes even re-read, a good number of pages written *in* psychoanalysis. I have called it a foreign language. But where might the foreignness come from? Perhaps it's that the thing, the real, doesn't exist in that language, to the point that autism is envisioned like a charade, the subject going silent and seeking refuge in identification with some object in which obliteration of the subject would be seen.

1. The French expression *double sens* signifies "double meaning," but *sens* can also signify "direction." [TN]

The autistic individual – and our Janmari, in this case – would thus be playing a role, his manifest attitude being a charade, his attraction toward *the thing* explained by the fact that S would be moved by a sort of identificatory tropism.

No things, then; there is only something like an object since there is, *a priori*, something like a subject and, when the latter is lacking it's because it goes to ground and obliterates itself. To put it another way, when an object becomes a thing, it is nothing.

I don't know if *psychoanalysis* speaks like this; but a language doesn't speak: it is spoken by some subject who uses it and, as we say, expresses himSELF or herSELF. Is this to say that all subjects who speak the same language are in agreement? Certainly not; it is thanks to language that we are able to discuss, argue with, congratulate, and accuse ourSELVES and EACH OTHER. Here we can see the importance of the WE in each case where we are dealing with the SELF. For those who do not have the same WE – the same language – there are no more reciprocal feelings, there is no more consent or resentment.

Thus it is the WE of psychoanalysis that escapes me, the S of the subject being in some way the center of gravity of its coherence.

If I read that Janmari is a subject who would identify himself with anything whatsoever, and in so doing would be obliterating himself, I see an inkling of intention, an ounce of intentionality, or, if you will, the indication of the existence of the S at the center of the human system, just as, for a very long time, the earth was maintained at the center of the solar system; it actually had been the center forever, as everything that we had been able to feel in that respect attested.

And it is true that, watching Janmari live, there's no question, he does turn around us, and we need only rely on what we can feel in order to suppose that he wanders like a soul in pain deprived of the ability to identify with someONE. But this way of feeling can come from the fact that each one of us is someONE, and that this ONE of the existing subject has an undeniable propensity for self-projection, as we say, as if every ONE of us were a soul having a hard time identifying, and then the charade comes from us, and not from the autistic individual, the fear of nothingness inspiring us, this nothingness being supposed by us, moreover; and it is in shamelessly identifying ourselves with the "he" in question – who is not "he" – that our only option is to interpret that he is identifying himself, for want of us, with a piece of manipulated string, a scrap of a thing that for Janmari is not "one" but that for us, can only be ONE (object) supposedly circumscribed, that is, named or almost, the real being indeed fragmented owing to the effect of the language that is incumbent on us, an effect that doesn't concern Janmari in the least, except that it deprives him of that by which we are *things*, and indeed real [*réels*]. To insist on the plurality of the

word *réel* suggests that each one of us is a singular being, which is no doubt true for us – felt by us – but not for Janmari. It would be better to say we are reality [*le réel*], if only ever so slightly, except that we have long since lost the habit of being real. And rather than invoking habit, we ought to speak of attitudes.

Because from Janmari's seeing point – the third eye – the real has innate *forms*; why not say the word: I have nothing to lose.

I'm speaking in a different language.

It is hard to imagine a law, even if it were the law of language – and I have come across this term in writing – that would not result in a good number of formalities.

For those of us who see autistic individuals live, their manner of being appears strangely formal to us; repeating occurs constantly.

If there must be forms, is it the case that Janmari would lose himself, in his "ways," whereas we would find ourselves, in our "ways" of saying?

That is something of which I'm not fully convinced.

How can something that has never existed be obliterated? and in order for a SELF to lose itself, it first has to be.

If we find ourselves, within our own ways of saying, it's because we are already there, a position has been taken and a "seeing point" occulted, eclipsed. Who will state, and in what language, the distance between two bodies, the one that exists only in order to be seen, and knows it, and the other that exists only in order to see, without consciousness of being?

And when we want everything to change we call on fire" (57). The dream of love is soldered to the value of creation; fire is set against this, moving in the direction of destruction, even if it is renewal. Both death and resurrection, for Bachelard, must be without any particular value—not even the transvaluation of value.

It is simply the value of transformation—or perhaps better, the value of substance—that the psychoanalysis of fire values as the only proof of existence and its continuation: endless conversion and combustion, infinite fire. By turning away from the idealization of fire—against fire metaphorically used to think of love or birth or even death—toward fire for fire's sake, Bachelard feels he has worn out the patience of his reader. He adds to his work a second warning and a surprising address to his audience regarding his own writing. He states toward the end of this strange book: "this impatience in itself is a sign; we would like the realm of values to be a closed realm. We would like to judge values without bothering about the primary empirical meanings" (106). The in-mixing of fact and value will be left behind in flames or force alone.

PSYCHOANALYSIS OF TOUCH

To the sign of "this impatience" by Bachelard we will add Jean-Luc Nancy's "this is my body." For Nancy, the obsession with showing a "this" in "this is my body" lends itself as much to a few jokes as does fire, since the desired "this"—this substance, this body—can never show itself with any certainty, while it is nevertheless certainly there. Saying so—this is my body—is some strange additive. Trying to hold the thing forth is at best an awkward redundancy. The assertion "this!" is purely comical. "Sensory certitude, as soon as it is touched, turns into chaos, a storm where all sense runs wild. Body is certitude shattered and blown to bits" (Nancy 2008, 5). What can "this" be?

Nancy calls the familiar strangeness of "this" in "this is my body" the nonmelancholic agony of nakedness, of being laid open and touched. If we are going to write about the body, it cannot be a discourse on

appearance or spectacle, on the imaginary body or body as phantasm, nor can it be a hymn to immediacy or some uninterrupted real to be unveiled, as if the *this* was simply possible, even in a reachable beyond. Nancy states in no uncertain terms that these are religious iterations of incarnation in the model of the image—always empty or full, spiritual or disembodied. We should be wary of metaphorizing what is essentially concrete.

No access is granted to the body; still, the body is open. What never asks to be deciphered is what defines opening as space, spatial. Neither full nor empty but this, there: "it is a skin, variously folded, refolded, unfolded, multiplied, invaginated, exogastrulated, orificed, evasive, invaded, stretched, relaxed, excited, distressed, tied, untied. In these and a thousand other ways, the body makes room for existence" (15). With Nancy, "this" body will not lead to a discourse on the ineffable, on the silent mysteries linking the body again with the spiritual. There is no "sense" when it comes to bodies. Yet the non-sense of the sensory is neither the estimation of the sublime, nor the negative coloring of absurdity, nor the contortions of knowledge. The non-sense of the body is a place of clarity in the sense of something shining and distinct rather than lucid—a brilliance of difference.

The body, Nancy says, demands other categories of force and thought, ones that manage to touch at the limit the "this" of some singular body—"touching the body with the incorporeality of 'sense'" (11). How could this touching of the body with incorporeal sense even be possible? Bodies, he tells us, are addressed to one another: they are "existence addressed to an outside," like lovers (11). In the thought of bodies is the purest of separations, namely, the separation or cut between bodies that gives form to love as address, touch—"it's the separation of substances which alone allows them their singular chance" (19). Touch, here, is the overriding concern because it is about difference, touching difference, the attempt to cross a chasm, to affirm and overcome separation at once.

The exscription of bodies is evoked for Nancy by Freud in what he calls his "most fascinating and perhaps (I say this without exaggerating) most decisive statement," which appears in a posthumous note: "*Psyche ist ausgedehnt: weiss nichts davon*." "The psyche's extended: knows

nothing about it" (21). Nancy explains this: "The 'psyche,' in other words, is body, and this is precisely what escapes it, and its escape (we may suppose), or its process of escape, constitutes it as 'psyche,' in a dimension of not (being able/wanting)-to-know-itself" (21). This exteriorization maps a terrain beyond sense—a territoriality or *topos* of tensions—where a psychoanalysis of touch might take shape because of this psyche that cannot know itself for what it is. So it must touch itself there.

Nancy points to a crucial part of Freud's vision of the body in *Three Essays on the Theory of Sexuality* ([1905c] 1995), where the question of the unconscious is much closer to a sexual terrain that could be described ruthlessly in bodily terms—zonal tensions, pain-pleasure, stimulation, substitutes—while the ego remains merely the projection of this body's surface extended, exteriorized, and having to know nothing about it. How, then, did the unconscious come to be thought in terms of interior, depth, inside, and even eventually in terms of sense or signification?

> It's even more surprising then, that a certain psychoanalytic discourse would seem to insist, while denying its object, on making the body "signify," rather than flushing out signification as something that always screens off the spacing of bodies. This kind of analysis "ectopizes" (or "utopizes") the body beyond-place: it volatilizes it, indexing it to the incorporeality of sense.
>
> (23)

The body is indexed but screened off. Nancy is not saying that the body is without sense—that would be oxymoronic—but that the sense of the body is something other than sense as signification.

We need the body of sense, the touching of body and sense; this can only take place at the limit, which is the meaning of extension, of a not-being-able to know itself there where it encounters something beyond itself. Sense as feeling, against sense as meaning, happens at the place where we make contact with the other. Everything else, Nancy says, volatilizes—making neurosis an effect of disaffected utopias, the language of the untouched, the movement of the unmoved, and the problem of an incorporeal dream. Conversion is perhaps best thought of

here as the move from an incorporeal dream to a *corpus*, a body of work and the body as work.

Once Nancy turns to Freud, he is quick to evoke the hysteric as exemplary of this structure. He contests seeing her as a signifying or speaking body, as many would have it, since that would mean no longer being a body. Instead, he wants to see hysteria (and here he moves from the individual to the pathology) as this bodily nonknowledge:

> The body's becoming totally parasitical upon the incorporeality of sense, to the point that it silences incorporeality, thereby showing, in its stead, a piece, a zone, of a-significance. (Because ultimately we would have to know whether the hysteric is engaging mainly in translation and interpretation or in something contrary and much deeper, namely, a resolute blockage of the transmission of sense. Discourse incarnate, or a blocking body: who doesn't see that there is no hysteria without a blocking body?) (23)

For Nancy, the symptom is deployed in hysteria not in order to convey sense or meaning—to return finally to ideation, understanding taking the place of the once convulsive body—but rather to block sense, to put her body between herself and the other and render sense foreign.

The hysteric shows sense as foreign to this body, hers, with a question about what might be made between them, since bodies—mine and yours—will always retain this distance, this strangeness, this separation, and this antagonism to meaning. The hysteric places her body in relation to the other at the place that blocks the transmission of sense. She finds this point, almost, as it were, unconsciously, knowing nothing about it. And even if nothing gets through—bodies will always remain in their separate places—things do touch. The body touches the other at the place where sense is silenced and perhaps even dismantled. Touching, when this body of sense finally makes itself felt through another. This is what all lover's language concerning the heart—yes, clichéd and rather poor—is meant to convey literally, not metaphorically, being touched or having been.

Nancy's vision of hysteria exalts hysteria and quiets it, giving it an aura of calm. He protects the hysteric, touches her, affirms the limit that her body wants to find in order to be simply what it is:

> The hysterical body is exemplary in its affirmation—at an unattainable limit—of a pure concentration in itself, the pure being-in-itself of its extension, which in turn denies and renders catatonic its extendedness and its spacing . . . this limit manifests the truth of the body, in the form of its implosion. (But perhaps something that opens up in pain or pleasure, and does not withdraw, something that makes room for a passage through the limit, rather than hardening it—is this not, perhaps, a kind of *joyful hysteria*, and the very body of sense?)
>
> (23)

Always the most important thoughts for Nancy are in parentheses at the end of a paragraph, like two distinct halves of a thought touching. Who doesn't see? The psychoanalysts, he seems to be saying. For even if she blocks, implodes, convulses, and resists unfolding or opening in a hardening of her body, like in paralysis, room is nonetheless being given. This is how he reads the hysteric's movements, and from this he states that there is the possibility here of a joyful hysteria. Nancy finds that if you unfold the joy folded in neurotic misery, you will witness the pleasure in pure concentration, density, nerve, as a fidelity to the touch and difference of bodies.

So even if the hysteric puts her body under the sign of withdrawal, she does so as body, not as it is for others as a consequence of ideation. Perhaps she withdraws in order to tease the other, cajole them from their slumber of sense. Finally, Nancy states, "this alone," meaning this hysterical body, "can close or release a space for 'interpretations'" (23). What interpretation? What can be said after this silencing of sense? Nancy is quiet here, leaving us with the thought of the breakthrough of her body and the attempt to say something there and only there. He sees here the figure of writing—etching, more than speaking, the body as opening, exposing, and spacing rather than any stampede or chaos of signification. Whatever happens, it

must be the birthing and sharing of bodies, not the incarnation inflating the spiritual life of the sign.

Of course, for Freud, the symptom was the parasitical element of hysteria; the symptom acts like a foreign body, a body implanted within the body, which agitates psyche. Psychoanalysis converts the symptom into the space of analysis—the symptom extending itself ever outward, transforming into the order of the day, the rhythm of analysis. It is here that analyst and patient touch each other. Perhaps we should read this in line with Nancy through the question of bodily extension, this exscription of body as the psychoanalysis of touch. With the psychoanalysis of touch, this act of rhythmic spacing, we have the figures of edge, burn, pain, anguish, and joy instead of meaning and sense. None of this should be aligned with any hysterical *mysterium* or melancholic incorporation but rather be thought about simply as a fact about bodies. The pathos of this kind of signification is precisely what is absent at the limit of the body. It is what is blocked in this joyful and hysterical consenting to the body.

It must be said that this consenting to something that you can never gain access to, never get the sense of, is a kind of madness constituting the double bind of being able neither to speak about it nor keep silent. This anguished joy, says Nancy, is an ordinary madness:

> The madness of the body isn't a crisis, and isn't morbid. It's just this endlessly untied and distended place-taking, tending toward itself. The body's madness is this offering of place . . . there's no crisis, no contortion, no foam, any more than there's room for you and me in the same place at the same time. No secret of the body to be communicated to us, no secret body to be revealed to us.
>
> (59)

This is why he sees this as the draining of neurotic pathos or narcissistic hubris. Instead, the hysteric shows us what it means to keep pressing this body to its outermost edge, to press the body up against speech.

This offering, this injunction—body, madness, press—is all the more urgent when we reflect on the current predicament of bodies in the world,

a whole world of bodies, almost eight billion, dense, visible. The body is always already there, hiding in plain sight. How does one even begin to speak about this everywhere excess of body? At one time, it was through the language of sin and the concurrent language of purification. Now, the body, he says, has been saved before it has even arrived—saved for health, for modern medicine and technology, for sport and for pleasure, which only exacerbates the disaster, since this is the pure signification of body, forcing the body to withdraw ever inward, falling into itself, touching nobody.

This divested body mirrors the strange accumulation of body that is ever more disembodied: the singular body becoming anybody in crowds, armies, mass graves and mass murders; the transport of refugees, like so many bodies, across the globe; the billions of images of bodies, ever more indistinct, anonymous, yet there, building up, a surplus of overflowing bodies. This is to say nothing of the accumulation of pornographic displays of bodies, anatomized as zones, parts—which, for Nancy, hides the sexed body as simply the truth of the body in relation to another body.

The body is close to a subject without an object, which is not a subject in the strong sense, since it is so close to itself as objectal. Nancy describes body as weight, as always in the act of weighing—always in relation to its own gravity. The body is an urgency without knowledge, without judgment or value. The body leaves the question of destiny behind because destiny is where everything is weighed in advance, perhaps in order to escape the conundrums of weight, of having a body. Destiny is a dream of weightlessness—what it would be to be disembodied. In life, the press of the body cannot be shaken off. This is the madness. And it is probably the simple truth of separation, which is finally what it means to be this body in this place and to long for or love another.

In the psychoanalysis of touch, the injunctions, values, and vicissitudes of the superego are drained of all ideation. They are reduced to tension, departure, movement, and the thought of touch. This, Nancy says, is what psyche is present to—nothing more, nothing less—not a body to come nor an essential existence, neither a judgment nor a sense

of the day, just this permanent press of the body. "Which is why, in this one note by Freud, all of 'psychoanalysis' really has its true program always yet to come" (97). Here, a strange question emerges concerning the institution and program of psychoanalysis—it seems to dictate a program or knowledge that is always to come, that is always deferred. The body is nothing but a "nonknowlege [that] is not a negative knowledge or the negative of knowledge, it's only an absence of knowledge, an absence of the bond," incorporeal, "called 'knowing'" (97). Psychoanalysis is the experience of losing the incorporeality of knowing.

What psychoanalysis knows is only what it touches in an endless transport from one shore to another, this transference as the swerving and turning of bodies—in other words, conversion. Is this not the experience of conversion in analysis—being shaken outside oneself, *res extensa*? This departure of one body for another is one way to think of the psychoanalysis of touch. "This is the world of world-wide departure: the spacing of *partes extra partes*, with nothing to oversee it or sustain it, no Subject for its destiny, taking place only as a prodigious press of bodies" (41). The departure signals an impatience where the possibility of passage that the body offers or affirms is there but can be blocked by sense or meaning, especially when searching for its own meaning.

Psychoanalysis has always been configured as the meeting of minds, or the meeting of words. With Nancy, perhaps we can think of it as this meeting of bodies, subverting the rule of abstinence or, perhaps better, converting it. To screen out the touching of bodies in the framework of meeting, even if in words, is to betray psychoanalysis—the one hope we have for joy.

THE PSYCHOANALYSIS OF MADNESS

For Foucault, "only the enigma of this exteriority will remain" (1995, 290) if language finds the means of rendering everything hidden visible, of making everything serenely positive, especially in the case of madness. If neurosis were simply a constitutive form of society and no

of autism as a pathological condition? It will become apparent that such a descriptive undertaking, however determined to stay within the confines of metapsychology, soon finds itself in such a misty and boggy landscape that it runs out of well-established technical terms, and is forced back upon a mixture of poetic description and philosophic abstraction. What we will try to do above all, is to avoid neologism and pseudo-precision. For the sake of psycho-analytic tidiness, we will discuss the factors under the headings of economics, structure, dynamics and genetics.

ECONOMIC FACTORS

The children studied appear to us to be highly intelligent. What do we mean by this, and how have we reached such an assessment? Their mental processes operate at great speed. Even when dominated by repetitiveness, the rapidity with which new combinations and permutations of the same basic configuration of phantasy are evolved, is quite dazzling. Their accessibility to sensory data both from the body and from the outside world gives the impression of an apparatus naked to the wind. Consequently their discrimination of the details of the environment and of alterations in these details is quite intimidating. The complexity of their mental functioning taxes the therapist at every point. Added to this there is a subtlety of emotive response and sensitivity to the mental and physical state of the therapist which far exceeds that encountered in child analysis generally, and certainly is in quite a different category from the atmosphere of the adult consulting room.

Added to this intelligence and the factors of perceptual sensitivity connected with it, the children present an emotional sensibility which we would wish to describe as a kind of gentleness of disposition. Their awareness of the mental states of the person to whom they feel intimately related does seem to contain a predilection for depressive concern that is not the same as identification; it is in the nature of a primitive permeability to the emotions of others – another aspect of the 'nakedness' mentioned above. But it is clear that they also tend to experience their objects as similarly permeable and likely to be bombarded with awareness of the pain of others; and evidence

to the contrary would seem to be interpreted by them as tokens of rejection rather than as signs of incapacity in the object.

This tendency to be bombarded by awareness of the pain in others, coupled with the inclination to interpret emotional obtuseness in others as rejection, makes for a very special vulnerability to catastrophic modes of depressive experience; this will be most clearly seen in the material of John (I. W.).

The likelihood that this liability to depressive pain is related to the special nakedness to the emotional winds emanating from others seems further suggested by the very minimal intensity of persecutory anxiety to be observed. This would also link with the impression of gentleness of disposition, given in terms of minimal sadism: for what often appears as a ruthless cruelty to 'the mother's other babies' is not dictated by sadism seizing upon rivalry as the justification for its expression, but does rather emerge in the service of an uncompromising possessiveness of the maternal object. The autistic children wish unequivocally to be rid of all rivals, for every deprivation or disappointment seems to be directly experienced in this framework. They are not particularly intent upon inflicting pain, nor is sadistic glee a prominent feature of their emotionality. While triumph is a regular ingredient of their pleasures, its quality is predominantly joyous rather than sadistic, until splitting-and-idealization becomes established in the post-autistic development.

This joyous possession of the maternal object constitutes a primitive form of love which is both tender and highly sensual. The surface, skin-to-skin intimacy they seek, tends to be insatiable and to resent, and resist, the impact of time. It is from this factor, rather than from either the inroads of persecutory anxiety or the importunate thrust of raw instinct, that the children's strong compulsion to repetition appears to arise.

This rather impressive list of dispositional items, all contributing to the economic tendencies of the personality, appears to us to be ubiquitous within the group, and may even be taken as prerequisite. To recapitulate, the factors are: high intelligence, sensitivity to the emotional state of others, liability to depressive pain of a massive sort, minimal sadism and consequently minimal persecution; possessive jealousy; the children are highly sensual in their love, and prone to endless time-arresting repetition of the joy and triumph of possession.

a nursery school attempt failed as did an attempt at psychotherapy. He seemed to need either mother or nanny present continually, had unexplained outbreaks of crying or rage, was banging his head against the wall and rushing aimlessly about biting his fist when upset. His only new accomplishment was to learn to ride a bicycle, but because of his tendency to ride off, mother had to rope him to herself when taking him to the park. When his nanny left he accepted a new one but the grieving returned and his behaviour became more clearly destructive towards the mother's possessions, especially the flowers in her garden. At times he would just stay in bed and refuse to eat, while giving himself lots of little drinks. He could not bear to be praised, tore paper a lot and quickly destroyed anything he made in plasticine or sand.

Timmy was six years nine months when the family decided to try a second psychotherapeutic effort, which they then supported very well for four years in the face of great difficulty and some degree of disappointment. To supplement this historical data, we wish now to add a description of an early session of the analysis. We will mark the places at which some descriptive or interpretive activity was undertaken by the therapist with an asterisk (*) but not give its content. In general at this time the therapist, of course, comprehended nothing very specific and confined himself fairly largely to a sort of running commentary in which the child's activities and emotions were described in terms of the most infantile type of relationships and objects, including any indication of transference.

FIFTEENTH SESSION – MONDAY

'Timmy comes in with a blue raincoat and looks dark and determined. He rushes to the window (which overlooks a charming garden) and shakes his fist. I offer to take his coat and he allows this but immediately rushes about the room in a wild way shaking his fist at the chairs, the light, and perhaps the flowers in the garden. Timmy then empties the bag of plasticine which he has taken from the box of toys, chews some and spits it out all over the room in a seemingly random way. He goes to the sink, takes the mug, which he first bites, then

fills, sips and spits on the window ledge, also pouring the remains in the corner of the ledge. (*) After about fifteen minutes of rushing about he comes to the corner where I am sitting, pours out the plasticine and stuffs some in his mouth. Now Timmy commences a complicated process of dropping bits from his mouth onto me. (*) He laughs and leans against my leg and puts bits of plasticine on my forehead. (*) Timmy goes away to the window and into thought, singing to himself and eating bits of plasticine. (*) He comes back to me, leans and sucks his thumb sadly. (*) He returns to the box, takes out a little plastic pipe, bites it. (*) He drops it and takes some plasticine over to the couch which is near my chair, reaching for my hands to pick him up, indicating by body movement something like a desire to be swung round. (*) When I say it is time to stop he seems delighted, rushes from the room and begins to suck his thumb as soon as he is through the door.

'Such a behavioural description might fit any small psychotic child. To the outline the colouring must be added to capture its true quality. At no time does Timmy appear to be listening or taking any cognizance of me that is distinguishable from his relation to the equipment of the room or the items of the garden. He makes various noises that have a vague emotive quality but no resemblance to speech. When he laughs as if at my interpretation it has no such quality but is delayed and internal. Even his terminal behaviour is not to be distinguished as a response to my saying it is time, but is the same as other times when he will suddenly dash laughing from the room in response to inner prompting. Clearly the hands are to lift him, the coat flies from him, my leg is a surface to lean against. I do not feel ignored; I feel non-existent. I am not hurt or pleased, only somehow deeply saddened by the spectacle of his incomprehensible behaviour. It tires me; I am relieved when he is gone and have to struggle to recall and record the session, knowing that if I delay it will slip through the interstices of my memory, leaving only an inchoate sadness'.

THE FIRST THREE YEARS OF TREATMENT

We wish in this section to try to pull together the mass of phenomena that Timmy presented in the playroom, into some sort

of order so that the evolution of a transference process can become apparent. But we also wish to do this in a descriptive way that is as free as possible from the jargon of the particular theoretical framework within which the interpretive work was being done. The general trend of Timmy's behaviour and feeling appeared to us to fall into two categories initially, later a third and gradually a fourth. The first two of these, his sensual relation to objects and his bodily relation to space, were at first so primitive and fragmented that only very gradually did the third dimension, his relation to time, and the fourth, his phantasy relation to objects, make their appearance. We came gradually to construe that this primitiveness of sensual relation to objects and bodily relation to space were the essential properties of the Autism Proper, from which he could later emerge for longer and longer periods in order to take up an existence in time and a relation to phantasy objects.

The Autism Proper appeared to be composed of a galaxy of items in random relation to one another. The fifteenth session shows something of this but we must give a more complete description. Timmy's autistic behaviour seemed to us to be composed of sensual events which had at best a most tenuous continuity. From the very beginning he took a sensuous interest in certain items – perhaps 'interest' is too complex a term. For the four years of the treatment these items and his mode of contact with them remained unchanged. He tended to suck the window latch, bite the little calf, suck the cow, drink from and spit into the mug, shake his fist at the garden, flowers, birds or children in neighbouring gardens, to mutter and shake his fingers, hand in mouth, at the dots and lines of the lino, lean against the couch or therapist's leg, listen to distant sounds of airplanes, lick the glass of the window, smell the plasticine or seat, stroke the analyst's face, masturbate against the couch or the therapist's knee, bite the plastic pipe.

From this dazzling display we came to believe that in the Autistic State Proper, a kind of mindlessness existed in which his sensory equipment was dismantled from a united or consensual mode of functioning. It appeared that each modality tended to seek out a separate item of the environment to make contact with, and that the motor behaviour associated with it was of the most rudimentary, mechanical, phantasy-free type,

dilemma of one's own absence from the world at large: that simple but extraordinary bewilderment of childhood that the world is there without us. Someone or something gives us a place in that world. They see me, therefore I exist. Equally, in the peek-a-boo game of the very small child, if I close my eyes you cannot see me; you cannot see me because I cannot see the world. Do we feel secure in familiar places and insecure in strange ones not only because we are attached to known objects, but because we feel the known environment sees us where the unknown one does not?

'Recognition' is an extremely important concept in the work of Winnicott, who describes how essential it is for psychic growth. However, what I want to do is look at the notion and process from the perspective of its catastrophic failure. I think that if we do this we will get a fuller picture and some more elements to add to both the theory of trauma response and the nature of trauma – real or constructed – in hysteria.

Unlike Freudian or Lacanian theory, Object Relations theory such as Winnicott's has normal, healthy growth as its methodological centre point. However, we can apply Freud's methodology of interrogating the 'abnormal' or pathological instead of the fictional 'normal' to object relationships?

The relevant extreme 'abnormality' for questions of recognition is autism. Autism would seem to be based on appalling primary non-recognition; the autist is experienced as, and therefore experiences himself as, an alien. It is puzzling that so brilliant a psychological researcher as Frances Tustin, who transformed the understanding of autism, nevertheless should, at the eleventh hour of her life, give in to the notion that there must be some biological underpinning to autism. There may be. It has not been proved either way. However, for a number of reasons some of which have a bearing on our consideration of trauma and hysteria, a biological explanation of autism seems redundant. This does not mean, though, that the experience of autism, and therefore the observation of it, is not based in a problem so fundamental that it appears to be biological. Indeed that, I posit, is exactly what occurs.

Theories of trauma also often revert to neurophysiological models or scientific formulations based on biology. There can be nothing

biologically causative about the Holocaust or a mother's death, or about their possible effects. So why do theories of trauma fall back, often despite our best intentions, on to biological models? I do not believe that this is because we cannot conceptualize the psychic at such a level of experience. It is, I suggest, rather that the level of the experience *is* a biological level. For here we are talking about the originary breaching event, through which subsequent trauma is experienced, that instantiates human life in the neonate and so appears 'biological'. We then use natural science explanations because they echo our existential experience.

Many theorists of trauma write of the hole (*trou*-ma), breach, or failure of the holding environment that has been broken into as the condition or expression of trauma. But it could be the other way around: these breaches or holes may only come about in the context of a primal non-recognition which is, to a greater or lesser extent, everybody's human lot, but which could in some instances, as in the situations that produce autism, be abnormally severe.

An experience or event can only fracture the protective shield if it resonates with an internal state. As with the formation of memory and primal repression, there must be something already there to draw the event/experience in, thereby enabling it to breach the protective shield and so constitute the trauma. Or what one has been recognized as being might turn out to be not what one is. This is more than just the notion of a 'false self'. My stepfather did not experience the outrageous horror of the concentration camps as traumatic because he managed to get himself recognized once more as what he had originally been recognized as in infancy, a *krepeirl*. But Mr B's dying mother's probable non-recognition of him as a boy might have been traumatic because, having been brought up by nannies because of his mother's long illness, he was already unsure about being his mother's son. The Wolf Man was told that his sister was his mother's child but that he was his father's baby – which is exactly how he saw himself, as someone to whom his father had given birth. The question, then, is: Who am I for this person/world I see? Mr B could believe his brothers were recognized by his mother; he had no doubt that his father was too; but was he? This 'Who am I?' is not a question of a self-sufficient identity, but rather one of positioning, of 'Where do I stand?'

There was clearly a link between Mr B's sense that he would not recognize his mother with his inability to write in a sustained way. He and I both wondered whether his inability to write had something to do with the inhibition of an Oedipal desire for his mother. It may have; however, more immediate was his identification with his mother's death than any inhibition that related to her life. When she died, after brain surgery, the 6-year-old Mr B raced around with a hood over his head like the bandages that she had worn; he would not be parted from his 'crash helmet' – a physical metaphor that condensed his experience of his mother's death as a crash into an identification with her and her brain surgery. If I am you or he is she, then you, she, 'the other', cannot be recalled as there is insufficient distance between the two terms – in this case between the terms of mother and son; he was his mother as the moon is blue cheese. A metaphorical equation does not allow for a position which necessitates, not equivalent, but *different* terms, such as 'mother' and 'son'. It was as though, in his mind, Mr B and his mother had become metaphors for each other. Hence his high regard for metaphor rather than language, which requires distance and difference.

The good enough mothering which Winnicott describes as essential for psychic health facilitates the development of the 'true self', but it does not ensure categorical knowledge; it fails to give a place, to establish kinship or say where one belongs in the world. Mr B did not develop a false self probably because he had a wonderful nanny who was 'good enough', but he did not know *where* he was positioned in the world. As far as he was concerned, the nanny loved him as *her* baby, not as his mother's son. Not knowing his position *vis-à-vis* his mother, Mr B could only make a hysterical identification with her – being the same as her, he could not see her in his mind's eye.

In autism, the recognition that is missing would seem to be at the most basic level. The baby's body is repudiated, found disgusting and utterly alien at a time when the body – the cries, the smiles, the manifold body products – is what the baby *is*. It is because the lack of recognition takes place at such a physical and primary level that it is experienced as biological. Explanations, then, tend to follow suit and offer biological accounts. I believe that the condition that underlies the hysterical reaction has a lot in common with autism – both crucially

involve non-recognition. Likewise, after a trauma, the position that the subject is in is the autistic one of non-recognition.

One of the best descriptions of autism from the perspective of the person who experiences it is Donna Williams's *Nobody, Nowhere* (1993). Autism is often regarded as a state of self-enclosure, except that, as Donna Williams's account makes starkly clear, there is no 'self' to enclose. Life is lived in sensations and, perhaps, fantasies which have no apparent reference to external reality and no 'I' to think them. If there is language at all it would seem to be used to control the environment (animate and inanimate), certainly not to communicate with another person.

Nobody, Nowhere recounts the life of its author growing up to young adulthood in an Australian suburb. Labelled retarded, imbecilic, spastic, mad, schizophrenic, Donna is nearly institutionalized and for a time is sent to a special school. Yet, through sporadic, surprise academic successes, she gets to university where she also has some psychotherapy treatment which provokes a suicide attempt, a breakdown (what I have seen as the necessary illness) and then the beginning of a recovery in which she sets out on the trail of her own history and, I imagine, eventually, this remarkable book.

All too completely, in her autistic state Donna Williams becomes like whatever she looks upon: at first she consciously copies a girl in the park – Carol – and then one day she looks at 'herself' in the mirror and instead sees Carol. Fully becoming Carol costs her some effort but, as Carol, she can have a social and later a sexual life – a charming, brittle, seductive and tragic hysterical imitation of life. However, for a different sort of protection, she also needs to be Willie, the raging, violent-eyed boy from her own surname. Willie, she claims, is a mimic of her mother's anger and taunts. In my experience these 'violent eyes' develop when the baby looks into the 'mirror' of its mother's or father's face and finds, instead of recognition, the inquisitorial stare of a parent who, for some reason or other, finds the baby alien. These staring eyes show the presence of excessive perception which itself indicates trauma. There is a passing question (made nothing of) in the book as to who are Donna's biological parents which made me wonder somewhat fancifully whether perhaps her father had stared at her wondering whose child she was.

The autist, Donna, is not really there as a self to be named, except very occasionally. However, even when she is, appropriately enough she addresses herself as 'you'. This Donna is the body which makes messes on the floor, screams, paints her face wildly, swings in total ecstasy from the trees, cuts and batters herself. In between the autistic non-existence and the hysterical mimesis, however, Donna has instances of total identification – neither goings-out (projection) nor takings-in (introjection) – but what I can only describe as transubstantiations. By inviting absolutely anyone into her bed in the same way that a friend of hers, Trish, had once invited her, Donna 'had become Trish'. When dressing herself, the pretty objects put on are not objects, but instead they become her actual body. It is her body, then, not words, that expresses her autistic state of being:

Around this time I was again tested for partial deafness, for although I could speak I often didn't use language in the same way as others and often got no meaning out of what was said to me. Although words are symbols, it would be misleading to say that I did not understand symbols. I had a whole system of relating which I considered 'my language'. It was other people who did not understand the symbolism I used, and there was no way I could or was going to tell them what I meant. I developed a language of my own. Everything I did, from holding two fingers together to scrunching my toes, had a meaning, usually to do with reassuring myself that I was in control and no-one could reach me, wherever the hell I was.[16]

As Donna Williams herself says, a great deal about the manifest behaviour of autism is at some unimaginably extreme edge of everyday experiences. Autistic children communicate (often just to themselves) with body signs. Yet in the dentist's chair or at the truly extreme edge, under torture, anyone's body may be used self-referentially in order to control pain. In autism the body would seem to be used to control the emotional pain which is experienced as a physical sensation and to create the encapsulated frantic excited pleasure which is the same as pain. This is the way of handling the break-up of the protective shield. In autism it is as though there is more breach than there is protection. The moments of the effractions are simultaneously sexual and violent.

In autism, instead of recognition, there has been primary repugnance

and repudiation. Interesting questions, then, are raised about the thought and language processes. It would seem that the autist has the capacity for inner thinking and speaking without the ability to communicate, as though that capacity had persisted outside of the social context needed for its realization. The language that emerges is very impoverished, often only a series of giggling and babbling. Another psychotherapist with extensive experience of autism, Ann Alvarez, writes of a child patient: 'Robbie was excited and tickled, not by the content of the stories, but by particular words . . . sounds were felt, quite literally, to touch him, caress him, tickle him, or strangely, to provide visual thrills.'[17]

Of course every baby is caressed, tickled and made happy by words she hears and sees – what else is the impact of lullabies? What would seem to have happened in autism is that from this state we have a frozen stasis. Something impinged traumatically and was trapped and eternalized. Henceforth it bears the mark of the breach – sexual and violent. In autism, the ability to express oneself through body movements and protowriting is there. Donna Williams writes:

> [The picture] had been drawn by a young autistic girl and was featured in a book by a psychoanalyst who worked with such children. The adult analysis of the picture was that it expressed this girl's longing for the breast. When, after becoming close to her counsellor, she drew two white squares in the darkness, this was interpreted as two breasts. When she then reversed the picture, with a black square now in the middle of the white paper, this was taken to be her version of the 'bad breast' as opposed to the 'good breast'. I laughed myself stupid when I read this. I had drawn the same picture over and over, writing beside it: 'Get me the hell out of here'. This was the symbolic representation of my trap which was due to the infantile nature of my unreached emotions. The blackness I had to get to was the jump between 'my world' and 'the world', though I had never been able to make it in one piece. I had learned to fear the complete loss of all attachment to my emotional self, which happened when I made the jump, and to do this was the only way which made communication possible. Giving up the secret of this was simply too deadly. Too many well-meaning people would have tried mercilessly to drag me through the darkness unprepared, and killed my emotional self in the process. I may never have died physically, but psychically

I had died many times in the effort. I had multiple fractures of the soul as a result.[18]

Through the body, through making marks and noises, the presence of the subject is asserted. But despite Williams referring to this as 'symbolic representation' it is not really either symbolic or representational. Writing, words, even thought are there, yet this is *presentation* not representation – it cannot be. For re-presentation to occur the object must have been acknowledged as lost and then regained as a symbol. The mocked pschoanalyst was trying to make the autistic patient use a picture as a symbol of a breast. Williams shows that it is not a symbol – it is a presentation of the state of no communication between her world and the world. In the case of autism, there has been no loss of the caretaker to be managed because the caretaker is the 'well-meaning' person who is in fact murderous, repudiating the child. The communication is not what we ordinarily mean by social communication. Presentation, according to Freud, is one of the features of the id, and so it is as though the subject has survived for itself as an 'it' – not an 'I' that has been recognized.

There are, then, a number of aspects to recognition. I am positing that it is some basic aspect of recognition that has never been there in autism and which is catastrophically eroded in trauma. We could put it like this: human life starts for everyone as the traumatic impingement of the world into our prematurity. The social context can confirm this trauma by repudiation/non-recognition, which may induce autism. Alternatively, it may recognize the infant but a later trauma, such as happened to Mr B, will cut through the recognition and give meaning to the primal trauma. In this case the later incident 'finds' the non-recognition within the subject and is drawn through the protective shield to join it. In other words, the later breaching instance (what is normally called the trauma) is only the instance which pierces to this human level of the need for recognition, and the failure of it.

The British analyst Enid Balint told me that, when questioned about the devastating effects of the Blitz in the Second World War, a bombed-out Londoner refused to mention the bomb but instead complained incessantly that her neighbour had failed to return the

pound of tea she had lent her – that is, there had been a failure of recognition of who she was as a generous neighbour. Shocked by the bomb, what she asked for was recognition of where she stood and so she expressed her need for this by compulsively recalling an instance in which her need for recognition had not been met. The point is that it is recognition of where one stands, not of what one has suffered, that is important.

A primary rejection of the neonate's body by the person on whom it utterly depends prevents it from developing the sensation and primitive conceptualization of what Freud called the body–ego. This comes before the possibility of structured language. It is the rock bottom of a person's psychic existence. Trauma can reactivate aspects of these states in anyone because some minor degree of rejection of the body/I, some small sense of the body/I as alien, is probably the human lot. In *The Power of Abjection* (1986) Julia Kristeva writes of 'abjection' to describe the state from the viewpoint of the one who rejects. Autism is the result for the one who has been repudiated.

Mrs A asked me to name her body parts for her – she could not do so herself. She also did not expect me (or anyone else for that matter) to recognize her except by external insignia, such as the time at which we had made an appointment. If she came at another time, she was sure I would not know who she was. There was both truth and a degree of contrivance in Mrs A's somewhat melodramatic behaviour, which marked it as a hysterical regression rather than as an autistic state of alienation – yet that alienation is what is imitated. Mrs A lived permanently in a state of extreme anxiety; she feared her own or another's death at every moment. I became anxious that her reckless behaviour might end in suicide; however, her actions made me think, more than anything, of an accident-prone or drastically risk-taking child who is trying to alert one to something traumatic in its environment which it cannot formulate. When she was already a young adult, Mrs A's father had died, probably in a violent quarrel. Like much else in her life, his death left her predominantly with feelings of confusion and uncertainty rather than the emotions that should conventionally have accompanied the event. Her confusion was partly hysterical, so that she did not have to feel or think about where her father's death left her: did she love him or hate him? was she happy

Clinical illustration: Julie, a connoisseur of presence

Many if not most of the clinical examples in this book involve in some way establishing presence between myself and the patient. The following example with Julie provides a view of the dynamics of presence within me and also between Julie and me.

Julie started her analysis as a serious and eager person who wanted to "delve deeply into my problems". Right from start, I often heard her say, "You're not really here"; "I can't feel you with me. I'm all distracted now—you've distracted me"; "What's wrong with you today?"; "The way you said that sounds wooden"; "Are you here today with me?" Her sense of my absence, however subtle, immediately grounded her to a halt and stopped her associations and reflections about herself. The frequency and intensity of these and similar comments came somewhat as a surprise and disturbed me, since our initial meetings gave me the feeling of good contact and a beginning understanding. This feeling—at least on my side—continued. Something very different was happening. I was struck by how disrupted Julie was by what seemed to me the most subtle shifts in my attention and receptivity, and how agitated I became by her observations.

Julie was one of those patients who teaches us how to be a better analyst. She did this by bearing down on what is most difficult to maintain in most of us and brought home Marcel's (1940) idea of a commitment to permeability and influx. She taught me a lot about presence because she was a connoisseur. When I first started working with her, I felt that I constantly disrupted her. Almost anything I said disturbed her flow of associations. Yet my silence — especially in an understandably cautious way—was equally difficult for her. The way I was silent felt off and disturbing to her. I gradually came to understand that Julie had an almost uncanny way of gauging my state of mind when I was not present—to myself and to her—detecting the most subtle agitations and preoccupations in me.

At first and for some time, I felt oppressed and controlled. It was like those situations when tech support remotely commandeers one's computer screen. I felt irritated when I irritated her. I was angry because my task felt impossible: I was caught between being too careful or too carelessly spontaneous—both were states that lacked

presence. In this state of my resistance, I only seemed to make matters worse. I was tempted to comment on her need to have my complete and exclusive attention, but by saying that I would certainly have conveyed my annoyance by blaming her. I had to sit tight and see what would happen next, in her and in me.

I had yet to encounter a patient before Julie who seemed to so immediately grasp my availability—at times before I had my own sense of it. Her observations made me aware that at certain times I habitually found a comfort zone with her that slightly yet palpably took me away. I also noticed that I justified these meanderings in my mind as my associations meant to pick up on her unconscious—my own "free floating attention" and "reverie". As I paid more attention to this experience, which was difficult and which I resisted, I could detect an absence, an elsewhere-ness, signaled by a slightly disembodied state. I would lose track of my body sensations and the perceptual world around me. I was often not fully present in the present. The emotional work of yielding to her observations and noticing what was there and not there in me shifted me toward presence. This occurred over a long period as I came to disrupt her less and less, and as I actually enjoyed giving myself over to her as attentively as I could. All of this was primarily communicated in my tone and movements, in the way I said things, in peaceful quiet at times, and in managing times of agitation when I did not remove myself but stayed in the experience with her.

I can sum up what presence meant to Julie: She felt *I was glad to be with her*. I was not impatient or distracted, attending to more important and interesting matters. In my experience, the meanings of presence vary from patient to patient, but there is this core communication of pleasure to be with and attend to the person.

To Julie, I was a discreet person. She did not want me to disappear, to be unobtrusive, to be a "subjective object". Instead, she wanted to feel a palpable sense of my openness and availability, and she had a highly attuned detector aimed exactly at that point. Julie would comment that feeling my presence was a powerful experience for her. She would say, "You're in that soulful place"; "Now I can feel you with me"; "You're really here, what a relief!… I feel I'm settling in now". At these times, her associations flowed in unpredictable and lively ways.

My being "really here" with Julie had definite somatosensory and emotional qualities. One emotion of my presence was relaxed contentment. I was paying attention and attending with my whole body to the movement of air and shifting scents in the room; the dancing pattern of shadows on the wall; the full dimensions and colors in Julie's voice. My gestures felt easy and my imagination roamed. In this relaxed state, what I wanted to say to her arose naturally and spontaneously. It's not that I said everything that came into my head, but the words, whether spoken or kept to myself, had a fresh embodied lightness. At times she described her reaction to this state as entering a deep warm place. It nourished her.

Presence is transient and contingent and unstable. We are always at risk of lapsing into other states. The work is to continuously monitor ourselves for self-presence, often alerted by the quality of perception of our bodily sensations and the world around us.

Some of the most powerful moments occurred when Julie sensed something off or different in me and risked mentioning it. There was a familiar pattern to this. "I get the sense you're not here, you're troubled or preoccupied … is that true?" At times I was aware of her observations, and I said as much. I also said I'd seriously look into what she said. Almost always I could find something that took me away from being present with myself and her, knowing this from the somatosensory experiences I have come to recognized as presence. For example, I'd feel restless. I would not really notice anything definite in my sensory world, like I was living in a fog or a black and white movie. This could be really subtle, but there, nonetheless. Julie was deeply affected when I could validate her observations. My willingness to consider what she saw and not put it back on her and to get to the bottom of it had a tremendous impact on her.

In spite of these repeated positive and emotionally meaningful exchanges, I still often struggled to be as present as Julie needed me to be, which was 100%. Part of this had to do with how much is involved in the active process of presence, and how much work goes into relaxation and surrender and letting go of automatic self-protective processes in me. For example, when we first started, earlier in my career, I rather liked the protection of being in the analytic role, putting the patient on the couch, being the one seeing and commenting, of having the patient be the one in need. There is a kind of

invulnerability in that position that is appealing and can become ritualized and then not thought about—even valorized in certain theories. I resisted how much I was in view and how much my state of mind had an impact, both positively and negatively. The boundary between me and the patient became more and more permeable, allowing states of mind to be immediately accessed between us.

One development in my search for presence early in my work with Julie was the realization and acceptance that obviously I could never be perfect. In accepting this fact, I become more open and permeable to her. In quite admirable ways Julie was after the truth—truth she could bear even if it was disappointing but rang true. What she could not tolerate was anything allusive or defensive.

Although I offered Julie helpful insights at times, and a reliable, steady, warm way of being with her, what she constantly came back to and credited to her change and emotional growth was my presence. "When I sense you are truly here with me, involved with me no matter where I am or what I feel, it is as if my life, my existence has value to me. It's meaningful and I'm hopeful about the new experiences to be had". Her life concretely bore out these statements.

Gradually, the felt sense of being with her would stay with her from session to session and over the weekend. During separations, she would say we had engaging conversations in her head, that I walked beside her in her life. This sense of my presence outside the session moved her in new directions. Julie was a reserved, socially cautious person. For the first time in her memory, she began to seek out relationships, enjoy being with people, and make concrete changes in her life circumstances.

As she became more expansive, she also became more anxious. Would I be there next time, in the same way, to meet her and attend to her? She had trouble sleeping and went through periods of withdrawal to prevent being disappointed and let down by me. As we interpreted these anxieties and defenses, particularly that her excitement and erotic feelings felt dangerous in herself, she calmed down and could contain her feelings and then engage more deeply in the work. As we worked through this turmoil, she talked of having a love for me inside of her, but that love was *hers,* she had it, and it made life feel vital and meaningful. This love was something solid in her, her way of feeling real, that pushed her further into the world of new experiences.

Over many months, her sense of self strengthened. She began to focus on the last moment in each session, on the way I said "goodbye"—a farewell that seemed "impersonal, almost inhuman". She felt I had dismissed her from my presence and my mind. So now, during the separations, a heightened feeling of distress returned, all hinging on the last word I uttered—or, rather, the way I uttered it.

I understood that this had to do in part with the possibility of her leaving analysis at some real point. These thoughts were coming up more and more in her associations: the money she would save and what she could do with it; the freedom more time would offer, and so on. Her musings meant that ending was a reality for her at some point, and that question was, "Would she be able to take me with her; would I offer myself to her as she left in the same ways I've been doing in the sessions?"

We both knew something of this, and the interpretations felt a bit like low-hanging fruit. It would be relieving for me to encapsulate the experience of endings that way, focusing on her anxieties of not having me inside her when she left. But then I would be removing myself from the reality of what was going on in me during those parting moments. Was *I* really present all the way to the end?

This opened up for me the realization that how I generally end sessions was in fact perfunctory. But there was something very specific with Julie. I associated to a story I heard about when Freud lit up a cigar after making a compelling interpretation of a patient's dream. My perfunctory ending had a sort of self-satisfaction in it, especially when the session was particularly meaningful. On a deeper level, this was my way of turning toward the experience we just had and holding onto it, and not allowing in myself the feelings of sadness that come with endings and departures. Perhaps this had to do with my problems with endings, and if I could not be present to them, it would be difficult for Julie to be. I recognized *my* ambivalent feelings about her terminating. I felt very good about the work she had thus far accomplished, and it was a real pleasure and deeply rewarding to be a part of her emotional growth. I was attached to her and felt good about myself in the work with her. I would feel real loss when she left and got on with her life without me. This was now a reality between us that I had to face.

This helped me get back to myself more fully in those last moments of the session. Now when I spoke it was not disembodied but with a real emotional presence that contained a recognition of endings, filled with sadness and hope and love. She sensed this and it relieved her. But in her characteristic way, she started to play with the endings and orchestrate them to her liking—literally who would say what and when—certainly making it clear who was leaving whom. My continued efforts to be present actually led to a successful outcome: she would leave me and go off into her own life. The more present I was, even in that last moment of goodbye, the more possible it would be for her to leave, thus creating an absence within me that she sensed, and that helped her leave me.

Conclusion

Not everyone we see has Julie's sensitivity to disruption, her vigilance, and unerring ear, the courage to confront and refuse to accommodate, or her way of making good use of the provision of presence. She presented many challenges to me by rousing me out of habitual ways of listening and attending. It is a cliché but nonetheless true to note that we learn the most from the patients who are personally very challenging.

The work with Julie expanded my sensitivity to maintaining presence and facing lapses with all my patients—especially those who do not have the courage and voice Julie had to bring subtle absences to my attention. I believe presence to be the most basic and necessary way we are with patients. And yet, it is quite fragile, subject to our internal conflicts and mood shifts. Even so, we can commit to being "creatively faithful" to it.

Notes

1 "Bodymind" is Dewey's term for the non-duality of human experience.
2 Nacht was one of the founders of the French Psychoanalytic Society.
3 Racker's (1953, 1957) groundbreaking work on countertransference divided the concept into two clinically useful experiences. "Complementary countertransference" refers to the analyst relating to the patient as an internal object, in effect the analyst's transference to the patient. "Concordant countertransference" means the analyst relates to and identifies with the patient as a subject in an empathic connection.