

## Jonas - therapist, and the counter transference implications

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I would like to speak about Jonas for many reasons.

Firstly, Jonas constantly surprises me, be it by his symptoms or by his performances.

When I was asked to do a presentation, I wondered in which language I would speak in. Language is a central question in my work with Jonas.

Spanish is my mother tongue, and I know the consequences of a change of language in certain treatments and especially in Jonas' one.

His grandparents are more present in his life than his own parents and they speak only Spanish.

Over more, it also was important to me to present a patient where the institution, the Binet Centre, played a fundamental role in making this work possible.

Searching for a title to this presentation and before organising myself and writing a few lines I thought of "Jonas –therapist". I had this question in mind since the intrusion of his father in one of his sessions.

I will follow an associative movement which begins with the father entering the session and leads to the way in which Jonas seems to invest a therapist role.

I will then explain certain aspects of the setting and the story of this treatment to clarify my subject.

Jonas' father enters abruptly during a session, he says he has urgent things to tell me and imposes himself in my office at the beginning of the session.

Mr P is very moved, and in a moment of profound emotion and regret, tells me how he can be besides himself and how he loses his temper with his son. Crying, he says: "I am guilty and I cannot control myself. When Jonas does not conduct himself in the way I see fit, according to my rules, I cant tolerate it. I become angry and aggressive and I have no limits".

"I react brutally with exaggeration, totally unrelated to the cause, it's a pure outburst. I realise that my son is scared of me. That I scare him. And I feel guilty Mme Bouhsira, I am the one who needs to be treated. I am going mad and my aggressiveness scares me".

He continues on the same tone for a long moment. He asks me for an address to be referred, and asks me the consulting hours at the adult centre, goes on about his working hours etc. I try to reassure him, approving his incentive, and hoping he will go through with it.

I tell myself that this father has showed enormous self awareness since I first met him. And that the conditions are now founded for him to be helped. Beforehand he didn't think he had a problem at all and imagined that it was always the others who were wrong.

I then ask Mr P to leave Jonas and me so that his son doesn't feel that his session has been totally stolen from him. I can feel that Jonas is very touched but is incapable of talking about what he has just witnessed. He deviates the conversation straight away and acts as if he had neither seen or heard anything. Speaking of something else and showing me how, at school, he does additions with raisin grapes. He repeats these conscientiously on the black board until the end of the session.

On the following session

J: lets play !!

Me: play? Are you scared of talking?

J: will see that later...

Me later?

J: because I am always too sad ...

Sad?

J: yes. I think of my Dad, I'm worried. I don't want to leave him. But my mother she wants to see me, and I cried in the taxi when I thought of my dad, I wanted to stay with him.

Me: thought of him in my office?

J: yes when he cried and asked me to forgive him for shouting at me.

The next three or four sessions Jonas speaks of his pain about going to his mother and hence abandoning his father.

It's in the light of this clinical vignette that I was tempted to call this paper: "Jonas: therapist? "

Because I think Jonas took upon his role very seriously. He was both his father's protector and warrantor. I associate immediately with the first encounter with Jonas, and its meaning which I now understand –his therapist function besides his mother.

I first met Jonas, or more correctly the Jonas-mother cluster when he was three and a half years old.

An unforgettable session. A very anxious mother. She enters my office with a baby, a big boy furiously latched onto her, who begins to cry, wail and yell "no!" without stopping during the whole session.

A child above three years of age, capable of plunging us into a dramatic situation

I think I have never experienced such a thing. And my major problem was how I was going to make him stop, or how I could eject them both from my office as fast as possible!

He did not allow his mother to speak and me to listen, and succeeded with force and conviction in making me interrupt the session, for both the others and myself.

I felt incapable of finding something to say which would make him stop or enable his mother to reassure and calm her child. It was a repetitive situation in which the child latched onto his mother formed a sort of unique and undifferentiated body. Between the screams, his mother tells me of her helplessness, in front of a yelling and speechless child, whom it was impossible to leave alone.

She tells me she has to take him with her everywhere, even to the toilet, because he cannot tolerate being far away from her. His screams of terror when she tries to leave him are so loud and horrible that she feels forced to keep him close against her. She adds that this is all the more surprising because beforehand Jonas refused all contact with her/

Soon after the birth, she had had a difficult moment with her son. She was incapable of looking after him. The father and the paternal grand parents took care of him. Thereafter she could not even touch him. Jonas refused all care and contact with his mother. She was depressed, abandoned, and rejected by her baby. Later she had another child – Joachim- and the relationship with Jonas did not improve. She felt overwhelmed and a bad mother.

Later on, Jonas's attitude changed, he clinged onto her as if he wanted to reassure her. The mother says "it was when I was at my worst and when I started having dark thoughts in my head."

Jonas' screaming and crying made the session extremely difficult for his mother and for me. He reacted as if he were in a medical practice where he was having a vaccination. It was already too much. I had fantasies in my head of him being cut up, pricked. "Stop this slaughter", I thought.

A three year old child who doesn't even say "mummy". A desperate mother with no limits; another baby somewhere, and already her comments on an imminent separation between the parents.

"My husband is brutal and aggressive, we are in the middle of a separation, its impossible to live together. There are conflicts between my family and his. He says it's all my fault and that I reject Jonas. I am worn out, depressed and I need help !"

I give another appointment to the mother and I question myself about the autistic aspects in Jonas. Despite the perception of a fusionnel bond between them.

I try to feel how this encounter has touched me. The extent of this question puts all my clinical experience, and that of the child therapist I am, in particular in the treatment of autistic children, at work.

Generally one reflects longitudinally on one's clinical experience. We take a session or a patient, and we work on the different moments of his cure, his evolution, the transference-

counter-transference movements and in particular the problems encountered which push us to question or eventually develop a theoretical subject of interest.

I believe that the idea of portraying the therapist as a recipient and author of very different clinical situations, capable of making links between his different experiences, remains an unexplored domain. This questions us on criteria other than that of a longitudinal perspective.

We are probably influenced by our diverse and varied clinical experiences. Taking time to think about the interactions between all these particular experiences brings us to a certain type of introspection and psychical working over where our counter transference is on the front line.

Just as we note certain theoretical themes in our sessions which preoccupy us at a particular moment, certain movements within the session mobilise our unconscious when listening to our patients.

Regarding Mrs. P and her son, I am confronted to a closed and solitary world where the other's presence is eliminated and where an abusive game of interdependence, of control, of power and domination on one self and on one's body is used as a protective shell to keep the exterior world at a distance.

I realise Mrs P says very little about herself and about her family history. It's a story I have had to construct step by step in the course of the sessions and which became possible when I met the different members of the family.

The way Mrs P presents herself and her body to body relation with Jonas transmitted only pain.

I thought of those defences where the body is engaged as an instrument of pressure, of torture, in a master-slave entity.

It is pain which binds certain autistic modalities, in order to ward off the inaudible and unspeakable psychic pain.

The primary terrors (Tustin) and primitive agonies (Winnicott) fill the clinical field of autism. To be able to tackle psychic pain implies that we be very deeply involved. That is why meeting with an autistic child is a peculiar and demanding experience in the counter transference.

This psychic pain is present before the pleasure-displeasure principle and the very structured systems which organise psychic life.

This enlightens us on the existence of archaic affects at the beginning of psychic life. These affects express an instinctual drive representing mental work in liaison with the body.

They function in extreme economic systems; they are in search of form, figuration, liaison and elaboration.

We know that to allow this mental preparation to occur, the child must be in relation with the other. When in an early relationship, the child finds no anaclisis to transform his painful affects, he is doomed to resort to autistic manoeuvres.

In some psychic organisations we can identify the bottomless pain which speaks to us of the unbinded affects which are impossible to figure and share.

Here again these defences take upon an autistic form. That is, the dominance of the body, of the sensorial, mixed with the difficulty of subjectively feeling these archaic sufferings.

The intolerable excess of pain constitutes an eminently destructive experience, a "nameless" one (Bion) and forces the child to put into place survival processes such as psychic gel, mental blindness, absence, demolition, rhythmic swaying, autistic objects and forms etc. For some children, however, attaining speech is the result of tremendous work.

Thus, a second axe of reflection concerns the conditions which permit a child to verbalise, to communicate, to symbolize and to represent.

In this chapter, like we described above about the psychic agonies, we can designate a field where the flaws of symbolisation, just as the imprisonment in a peculiar language, allow us to relate to the specific aspect of autists regarding their refusal of speech and their difficulty to engage in symbolisation.

We understand how natural movements in children such as imitation, language, communication, are an incredible accomplishment in the best of cases regarding autistic children. It is often the result of many years of hard work. All these stages help us to better understand the flaws of symbolisation, confusion of languages and even the aspects of relationship and communication which are lacking in our patients. Regarding the latter, Alain Gibeault puts an accent on the instinctual dimension of psychic work and how mourning is involved in it. He defines symbolisation as "an operation whereby something is represented by something else for someone". If it can appear as a substitution of an object by another, it is above all the result of a process which implies just as much, the capacity of representing an absent object, as the capacity of knowing that the symbol is not the symbolized object. We are constantly invited in clinical practice, to consider symbolisation as the work of the psyche that has to come to grips with the double reality that represents instinct and social commitment.

Thinking begins with the body and implies transforming the corporal sensations of the body into representations, which can be associated to a linguistic expression. These are addressed to others in a form that can make room for common language, without abandoning oneself.

It is probably the concern for maintaining increasing cathexis which best describes the therapist's involvement, especially when working with children. How can we describe this? Metaphors are not lacking:

An affective envelope allows an autistic child for example to libidinally invest something in the other person. In the best of cases, it implies putting down the foundations for his progression towards slowly differentiating the interior and exterior. It's an oscillatory movement which prevents the loss of commitment, lack of interest, even if this is not total or flawless.

The issue here is focusing on the interest of the subject for his symbolisations without falling into the trap (in the intimacy of the relationship which would then become dual) of feeling the pleasure of a totally private symbol totally disconnected from any social rooting. In this problematic, what comes to mind is Jonas' progressive movements in his linguistic acquisition.

After a few sessions with his mother, Jonas accepts to come alone. His sessions are repetitive, he is extremely vigorous, changing from one thing to the next, without talking and refusing to listen to my words, my stories. He can impulsively begin to run in the corridors as I try to run after him he takes objects one after the other and tries to throw them; I was very distraught. And could not refrain him until the day I started imitating him by throwing chalk sticks into the dustbin and this became our first organised game. Each at a time, we threw the chalk and when we succeeded we said "well done !" and clapped. The first word which appeared with me after a few sessions alone was "well done !"

Jonas is now 6 years old and is rather well considering that at the age of 3 and a half, I met an inexistent speechless suffering child. He is no longer the frightened Jonas I knew then. He progresses each day and as we have noticed in autistic children, he is very handsome and endearing.

However what retains my attention is his particular rapport which he has up till now with language.

In a recent session Jonas interrupts his drawing and pulls my arm exclaiming: "Bouhsira, Bouhsira, (as he often calls me), my teacher is not well !" –a therapist again?

He tells me about the time he went to the blackboard to write a new word. His teacher encourages him and says "Go ahead Dicky!" and Jonas adds " its not very funny to talk about my penis in public;" I try to explain that she only wanted to encourage him. He had understood the meaning; however his relation to words and things is not easy. He is beginning to understand metaphors and symbolic images but what remains is the weight of the words perceived as a thing and which brings him back to his fears and anxieties. For him, we had touched his penis for real.

Although such fears are overcome, they can promptly come to the surface. We could question ourselves about their fate in our sessions and about his possibility to enquire about the meaning of words.

At school, surprisingly, he follows with no difficulty, even though he was meant to be admitted into a day care hospital because he was considered incapable of following the first grade.

The only thing is his difference, " he is strange" they say. He doesn't understand what is expected of him at school. He doesn't have normal school attitudes, for instance when he talks about his family.

To summarize, we could say he speaks a foreign language. And this is my point, to question the strangeness of a language, of all languages.

We could say for the needs of my cause, that every patient speaks his own language.

We need to make a pact with all these different languages in order to decode them as a psychoanalyst, to understand them, to bear with them, and especially to respect their nature and their hegemony.

We are used as 'a double', as team members mirroring the patient's world and language.

In the best of cases, with much humility and patience, we can slowly open up horizons where, because of the force of our relationship they can adventure in unknown grounds with less fear. A fear that we also experience in ourselves before we decide to undergo treatment with them. Such strange and powerless children. The analyst is frequently tempted to wriggle out of such treatment, or to do as the family does, i.e. become so absorbed in important problems that they cannot make themselves available to such children.

Jonas greatly improved after I asked him to come to a second session per week. I spoke to the team at the Binet centre about Jonas and his family and the difficulties I was faced with. I realised how impossible such a treatment was. Suddenly I realised that I too, unconsciously, wanted to abandon him, just like his family. I told myself: " why should I do more than them?" "if they are not reliable, why bother trying?" I asked for two sessions per week and the treatment improved. Jonas decided he could trust me and I would not run away from him. I was prepared to enter his world without understanding a thing, and learn his language.

He took his responsibilities during the sessions. He is the one who pulls his grand parents' arms and says "they must go and see Bouhira, its been too long. She is waiting for us!" To do so he had to start speaking !

This may be surprising even to myself, but I do not want to label him as autistic. When autistic children come out of autism because of analysis, and they are better, we often hear

ourselves say that they were maybe not autistic after all. Without asking ourselves which fate awaited them if they had never found us.

When I meet a child I prefer saying that he is within his world, his environment, his problematic and that we are going to try to be in contact and try to move on together to open a possibility which will allow him to take into account our world.

Share with us, read, write, have a place in school.

Because a child is very easily put aside, the schooling experience can be very hard and aggressive, with no pity for these children. They are graded, judged, selected from the age of four. There are children who need more time, because they are scared of all these demands.

They have been traumatised, left on the side of the road, and they need a feeling of security to calm down their anxieties and fears, and be allowed to be different.

Considering the rapidity with which a person and languages need to adapt and take on social consensus, some individuals need to leave pieces of themselves to be able to adapt. These flaws appear much later either in difficulties in symbolisation or in an imprisonment, where language is used in a pseudo communication, as if with all the surrounding pressure or constraints these individuals should be "normalised" to follow the stages of life.

However, hidden parts of the personality which have resisted to change, remain. This may be the result of the personality being staggered by strong emotions which are impossible to elaborate, or too intense fears, traumatisms which have blocked the way. Sometimes such individuals are exhausted by the maximised tension that adaptation to society requires

All energy has been used up until exhaustion, leaving them without strength.

The nameless terror that can be spotted in a number of patients, behind their fear, illustrates the considerable energy which they must use in order to hang on and keep in control.

I think these feelings of fear and terror have a force of action on the psyche and are more detectable after accompanying autistic children.

I mention psychic pain and terror as two elements that prevent children from developing, i.e: thinking, reaching symbolism, communication and language.

I am also talking about foreign languages and the considerable efforts made to distinguish the personal languages of our patients as interpretable communication and relation. Moreover, it is interesting to underline that Jonas is a child who was brought up amongst different languages. (Spanish and French).

This point touches my own origins and my personal experiences of strangeness and wavering sensations. This brings us yet again to the counter-transference.



What do we put behind such terms? In a certain sense it is not the autistic child the analyst has to treat, but I'd say the counter-transferential capacities of the therapist which will permit the autistic child to not be afraid. To be able to be allied to someone and accept to give up his autistic defences and be guided to discover the world. And relations too.

The sensations felt by all senses are possible only when they can be shared, other wise we can be afraid of them.

These are the first elements which are engaged in the relationship with the therapist when an autistic child feels he can trust and reveal himself.

The rhythm which punctuates time and space will later punctuate the movements of words and speech.

Rhythm is born from noise sounds (which is a predominant autistic defence), and becomes rhythm when it is received, retained and send back by the other in a positive feedback.

The possibilities of the other's existence remains a central question. The child, taken up by his dreadful fear, will wall himself in his shell and loose his distance with the outside world.

When in such shutting and securing movements provoked by the fear of the other and of the unknown, the child perceives someone who resembles him, a double, a continuity of the self, but whom he doesn't find within himself.

The first rhythm is "to see-not to see", the rhythm of the sessions.

The separations for vacations will organise the come and go of days, of seasons. "Come and go" is a rhythm we can play with, and no longer portrays cataclysms, abandonment, traumatism and unending solitude.

If this work of deconstruction of the early traumatisms which have prevented normal development, is put in place early enough, the child can develop himself and be able to take his place in the world.

But time is counted, and it's a real battle to prevent important damages occurring and enabling the child to make a jump into the world.

Its because we work with very young children that we realise how hard our schooling systems and socialisations are.

Sometimes the child can no longer follow and he is blocked off in his own defences, having lost his own possibilities of development. certain elements in his evolution and his self-construction are irreparably lost. When you learn a language after 20 years you cannot speak it like your mother tongue.

Speaking of a foreign language and counter transference is imagining being faced with an unknown world with hazy links and lots of uncertainties, like myself.

It is a good language for the work of a psychoanalyst.

I think that having lived such experiences of exile, and changes of scenery with great curiosity, and being able to define a continuity of the self in unexpected and uncontrollable situations, give us elements of internal continuity that allows us to be permanently open and permeable to the world of others.

To be able to respond to mastery, and so allow us to be manipulated by the world of others, while taking interest and pleasure, demands an openness similar to what travellers feel when they wander on unbeaten tracks in a country in which they don't understand the language. A country which attracts them like an enigma to decode.

Diatkine, spoke of a first session of psychoanalysis like the beginning of a game of checks. There was the first opening, followed by the unfolding of the other's response. A secret life was beginning to emerge.

The mystery of this opening in the birth of a being in relation to his history, is held in that particular way we present ourselves in front of another.

Just as a dream which repeats itself can be perceived as something that must be understood, cracked, like a message to be decoded from above. Its impossible to forget, the dream continues to repeat itself.

Sometimes some scenarios are built like dreams: and like in a game of checks, it is a synthesis of everything we discover as we go along the sequence of the game, space and time.

But lets go back for a minute, a few days after the first meeting.

One evening, returning from the opera, I am grabbed by a very cheerful, well dressed women coming out of a bar, in a dodgy neighbourhood.

It is Mrs P. she grabs me and says " Mrs Bouhsira, what are you doing here? Come in, I'll buy you a drink!"

She tries to make me enter this trendy Cuban bar, and is disappointed by my refusal; while showing me this bar is a sort of second home . she says that she will see me then at your next meeting; such closeness and lack of distance, shows the great need of affection, but this was short lived.

As soon as our meetings allowed Jonas to come alone into the office, he was brought by his father and paternal and maternal grandparents, and I saw mrs P only and year and a half later. It was when she asked me to take care of Joachim, her second son. I addressed him to Dc Angelergues.

Presently Mrs P lives with her Cuban boyfriend in a house far from Paris. And I don't quite know how the children are taken there. I learned from Jonas that they are looked after

by the boyfriend's mother who doesn't speak French. He's the only one who gives me information about his family.

As you can imagine, Jonas' presence is random and unpredictable. This lack of organisation and logic makes me realise the difficulty in which Jonas is.

I rarely see the parents. The grand parents bring Jonas in turn. When the parents separated, an alternative custody was decided. One week with the father, who lives with his parents, and who look after Jonas. And one week with the mother who also lived with her parents, until she moved in with her Cuban boyfriend. Now he shares this time between his mother and his maternal grandparents. Jonas comes to his sessions regularly when he is with his father but it is more uncertain when he is with his mother, or his grand parents;

Jonas has an enormous work to do. He must teach French to his mother's boyfriend and the new grand mother who has arrived from Cuba and lives with the couple. Sometimes he speaks of his mother who was expecting a baby, then the baby disappeared and his mother was sad, he is worried for her health.

Jonas' attitudes and preoccupations are not of his age. He speaks of electricity problems. "And you know we must pay the gas" "The taxi is expensive for my mother". "She works a lot, my mother, you know".

"You, I adore you !" he says, and I understand: *"you are the only one who does not cause me too much trouble. The only one around me who doesn't need me to take care of you"*.

For a long time I felt a battle for power between us: Jonas wanted to decide everything, he wanted to be right, and I could not get his attention. I became more capable of becoming firm with him and sometimes I had to make him respect me harshly. I had a tendency to lay down the rules and show him the advantages he could have in listening to me sometimes. It's a movement which advances very slowly and reassures him.

Sometimes in class, things get out of hand when he tells his teacher that his grand mother doesn't know how to come and fetch him:" you know she doesn't know how to speak..."

"Bouhsira it's nice necklace you have! Did your father buy it for you? "

At one stage Jonas was totally infatuated with Harry Potter and he was capable of organising games and being a child, of drawing and making me draw.

He tried to imitate Harry Potter, but the exterior reality always hindered such movements. He has so much to do and see with this tribe he seems to conduct, that he has no time for play. His interest for play is quickly outrun by all the riskiness which undoes it. Playing is difficult to structure because he has to win. He must control everything. The rules of the game are changed according to his interests and his way of comprehending things

We can't help him or teach him. He does not trust us. He doesn't want to accept anything from me. Objects are so untrustworthy, unreliable that he has learned how to make himself from scratch and to trust himself according to his own possibilities.

I'd like to quote René Diatkine, who in his article "La Psychoanalyse devant l'Autisme Infantile Précoce" said "At the beginning, words of interpretation and words of others signify only the, oh so problematic, presence of others. Nothing can prove that they meet a necessity of meaning for the child. If a movement can be outlined its because the psychoanalyst, in the space and time which is given, can be just as different to the mother of the child, as to an abstract model of a mother who would be a good container. All therapists looking after an autistic must quickly recognise that he is not a subject of anxiety or misfortune. He is solidly organised and an object of anxiety for others.

We can observe the hazards of the counter transference and our own limitations, which the psychoanalyst is faced with in therapy.

In Jonas' case, the danger is that the same psychoanalyst can be disorganised in front of the extent of the family's madness. At times the situation becomes traumatic and it is impossible to think it through. It is in this sense that we speak of counter transference which coincides with the possibility or not of a treatment. This is why we put forth the idea of the existence of one given patient for one given analyst.

Every analyst's ability to work is singular, and it is in the *meeting* with the patient that the treatment becomes possible. There would be lots to add to this theme.

I have tried, while scanning certain souvenirs of Jonas' treatment, to create or recreate images and present souvenirs in my mind which become living instruments of work, movements which enable me to make links, explore unknown landscapes with a feeling of familiarity.

We observe that there is not *one* autism, but many. Not only are patients different from one another, but the processes which are put into place are also different from one to the other. And so what has radically changed is the attitude, the way we approach autism and it is in this that I place the strength and importance of the counter transference and the particular attitudes of a given analyst to take care of a specific patient.

The bi-dimensionality and the dismantling of the object are concepts which are born and are concretised in the treatments of autists. But we think they are present in many adult treatments. Especially if we consider dismantling in the experience related to time and space; sometimes autism can be related to the "intelligent idiot" phenomenon where we can notice a different mentality at work.

Maybe these different associations can confirm the analyst's need to work with such patients with a creative imagination which enables us to observe the significance of things by moving away from reification.

These treatments lead us on the road of creativity and co-production in the "find/create the world" model, experienced as a new birth for the patient and for us. It is an unexpected object emerging from our capacity of mentalisation.

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