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**AUTISM  
AND  
CHILDHOOD PSYCHOSIS**



*Frances Tustin*

AUTISM  
AND  
CHILDHOOD PSYCHOSIS

*Frances Tustin*

Foreword by  
*Victoria Hamilton*

London  
KARNAC BOOKS

**First published by  
The Hogarth Press Ltd, 1972**

**This edition reprinted in 1995  
with their permission by  
H. Karnac (Books) Ltd.  
58 Gloucester Road  
London SW7 4QY**

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**British Library Cataloguing in Publication Data**

**A catalogue record for this book is available from the British Library.**

**ISBN: 1-85575-110-0**

**Printed in Great Britain by BPC Wheatons Ltd, Exeter**

*To the parents who have  
entrusted their children to my care*



## ACKNOWLEDGEMENTS

The responsibility for the views and insights described in this book is my own, but there are many people to whom I am indebted for inspiration and help.

The deepest influence on my thinking has naturally been that of Dr. W. R. Bion with whom I had the privilege of many years of personal analysis followed by a short but helpful assimilative period with Dr. S. Leigh. I have also learned much from my husband, Professor Arnold Tustin, who from his background as a physical scientist, has made astringent comments on every chapter of this book. Supervisors, colleagues, friends, patients and their families have been a further source of stimulation and learning. Particular gratitude is felt towards the psycho-analysts who compose the Melanie Klein Trust who not only gave their time to reading this book, but generously encouraged and expedited its publication.

Finally, I want to thank Dr. Mary Lindsay who made it possible for me to have the necessary time for revision of the manuscript for publication.



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## FOREWORD

*Victoria Hamilton*

*Autism and Childhood Psychosis* was first published in 1972 by Hogarth, London, and a year later by Jason Aronson, New York. Subsequently, it was translated and published in France, Italy, Brazil, and Argentina, where it is now in its third edition. In France, it is a '*livre de poche*'. Twenty years ago, the book was greeted by a group of Italian therapists working at a unit for psychotic children at the Institute of Childhood Neuropsychiatry, Rome University, as 'a ship coming into harbour bearing precious cargo' (Tustin, c. 1985). Here was a theoretical model that provided an anchor for therapists bewildered by the array of bizarre behaviours that seemed to defy scientific explanation and human intervention.

*Autism and Childhood Psychosis* is Frances Tustin's first book and the original statement of her views on autistic states of mind and the genesis of varieties of childhood psychosis. In it, she tackles problems of diagnosis as these relate to therapeutic intervention. Looking back at this early work from the vantage-point of 20 years and three more publications, it is fascinating to read the promotional statement on the original book jacket, which aptly portrays the approach that has become the hallmark of Tustin's writing: 'In a remarkable book Frances Tustin . . . reveals a mixture of common sense and compassionate insight which, with her clearly presented clinical material and sensitive interpretations, allows the reader to enter the strange world of psychotic children. . . . Mrs. Tustin's book is psychoanalytic but not sectarian. It has the great virtue of springing directly from her own experience, and it will thus be a source book for therapists from every school of depth psychology.'

## AUTISM AND CHILDHOOD PSYCHOSIS

Before becoming a child psychotherapist, Frances Tustin was a school-teacher, specializing in teaching English and Biology. Her books are the product of someone who can express her experiences in an imaginative and scientific manner. In addition to Local Authority employment, Tustin worked in a number of progressive schools, where teaching methods were as much the subject of investigation as the subjects taught. These educators were examining the context, or optimal conditions, for learning—how children learn to learn. Many child analysts, notably Anna Freud and Marion Milner, have been teachers. They bring to their therapeutic work specialized communicational and disciplinary skills. In education and therapy, learning and understanding go hand in hand. All of Tustin's writings tell us directly how she couches her interpretations; we get a very clear idea of the simplicity and precision of her choice of words, as well as her emphasis on the regularity of the treatment setting. Orderliness provides both child and therapist with a safety-net, or, as one recovering child called it, 'a cradle', so that over time both can endure the terrors of falling into the 'black hole', the well of nothingness, that dominates autistic states of mind. The therapist's main task is to resist being 'nothinged' and to stand up for what Colwyn Trevarthen, the contemporary infant researcher, has called 'live company'. As Tustin notes, these children have 'very little psychic life other than that of sensation'. The 'feeble flame of . . . psychic life has to be fanned by every means at our disposal' (p. 153, this volume).

I am grateful to Cesare Sacerdoti for asking me to write this foreword, and I take the opportunity to trace the development of one analyst's use of theory and practice over a 50-year span. *Autism and Childhood Psychosis* contains all the ideas that culminate in Tustin's last public statements. We meet the characters 'John', 'David', and 'Peter' who have become 'classic' cases for readers of Tustin's work.

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Psychoanalysts, like Tustin, with an artistic and scientific bent have an advantage in that they can present their work in both ordinary and specialized language. Thus, in this early work, Tustin describes her experiences in many of the same words as in her writings of the 1990s—the ‘black hole of bodily separateness’, the ‘heartbreak at the centre of existence’, the ‘protective shell against an original agony’, etc. But, it is in her use of theory that we are privileged to observe a fundamental shift of perspective. And, of course, re-descriptions of experience under different concepts or theories necessarily affect our experience and clinical practice. As with the body of Freud’s work, the faithful chronicler of Tustin’s books enters into a puzzle that the author is trying to solve. Parts of theories are pulled in, concepts disappear and are replaced by new pieces, until the author is satisfied enough with the overall ‘gestalt’ to discard early formulations publicly as ‘the perpetuation of an error’ (Tustin, 1994a).

### *Normal Primary Autism*

This brings me to the central thesis of this book, which was later regarded by Tustin as a fundamental error: the theory of ‘normal primary autism’. I devote much of the foreword to a discussion of what happened to this theory. Unfortunately, I am unable to elucidate the second subject of this book—Tustin’s concept of ‘regressed secondary autism’ and the ‘dispersal’ techniques that eventuate in childhood schizophrenia. Tustin makes a clear distinction between the two conditions and their implications for diagnosis and treatment. In a recent statement, however, Tustin affirms that, in line with current formulations, she would have retitled this book ‘the autism *of* childhood psychosis’. This caption brings the two diagnoses close together and reflects Tustin’s later belief that autistic processes organize the lives not only of autistic and psychotic children, but also

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(to a much lesser degree) of neurotic adults as well as of ordinary, well-functioning people.

In the 1950s and 1960s, when Tustin was formulating her theories, psychodynamic approaches to autism were embryonic and scattered. Autistic children were considered mentally defective and ineducable and were consigned to institutions. In his seminal 1943 paper, Leo Kanner proposed that 'a basic *affective* disorder' underlay and prompted the cognitive impairment of autistic children. He introduced the idea that *emotional* factors contributed to what was then considered an organic illness. According to Kanner, autistic children suffered from a 'disability to relate themselves in the ordinary way to people and situations from the beginning of life' (Kanner, 1943). Tustin shared Kanner's belief, never veering from this view, although she struggled to find a satisfactory account of the aetiology of this condition. Questions of aetiology are inextricably entwined with theories of normal development. As Tustin's developmental metaphor shifted, so did her views on the 'psycho-genesis' or—to use her final formulation—'psycho-biology' (Tustin, 1994a) of autism.

Frances Tustin referred many times to the generative year—from 1955 to 1956—she spent at the James Jackson Putnam Children's Center in Boston. John Bowlby had introduced her to the work of the centre, which focused on the research and treatment of 'atypical' children, many of whom were autistic. Not only did Tustin work at the centre as a therapist, she also looked after some of the children in their homes, thereby enabling their parents to have a rest. In addition, she read all of the centre's records—covering a ten-year period—on these children. Tustin tells us that she was 'very moved by the tragedy of the autistic condition for both parents and children' (Tustin, c. 1985). She constantly emphasized the care, dedication, and thoughtfulness of the mothers of autistic children; she disagreed strongly with those who have portrayed them as cold 'refrigerator'

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mothers. Very often, these mothers are unusually sensitive and caring people, but they lack confidence and the resilience that comes from external and internal support. Little wonder that the mother's own infantile insecurities are compounded by her baby's non-responsiveness, so that 'the "black hole" seems to be bandied between mother and infant through the bodily channels of empathic communication' (p. 26, this volume). Tustin forewarns the over-zealous therapist that autistic children, being 'heart-broken', 'threaten to break their therapists' hearts' (Tustin, 1990, p. 155).

During her stay in the United States, Tustin was introduced to the work of the American analysts Edward Bibring, Bruno Bettelheim, and Margaret Mahler. Bettelheim and Mahler pioneered the treatment and psychodynamic understanding of autism. As is well known, until the very end of her life, when she renounced her theory of normal primary autism and symbiosis, Mahler's theories formed a consistent extension of Freud's concept of primary narcissism. E. James Anthony, another early pioneer in the treatment of autistic children, introduced the term 'normal neo-natal solipsism' (Anthony, 1958) to describe this stage of early infant development. Essentially, the pre-narcissistic or 'autistic' infant starts life out of touch with reality, inhabiting a sensation-dominated world, unresponsive to other people except insofar as they fulfil certain bodily functions. Chief amongst these essential functions is feeding.

Most traditional theorizing on early infancy relies heavily on the oral metaphor. Normal primary autism is a variant of Freud's stage of normal, auto-erotic, oral development. Relating consists of mouth-tongue-nipple-breast-milk or no-milk configurations of sensation, in which the neonate experiences blissfully flowing or excruciatingly tense, bodily states. These agonizing states of privation are captured in the words of some of Tustin's patients: 'a prick

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in my mouth', 'a nasty black hole in my mouth', 'spots of nothing', or 'mouths of pecking birds'. The tension of pent-up frustration is experienced in a bodily way as grit, gravel, prickle, bits of broken glass. As a Kleinian, trained to observe the over-riding importance of the infant's part-object relationship to the mother's breast, Tustin's immersion in the autistics' world of inert bits and pieces of people and animated things fitted in with classical Freudian and Kleinian theory. The normal autistic infant was barely human. He or she becomes a person, a whole self, as the split-up parts are joined; this developmental process is aptly described by Tustin's recovering autistic patient, John. Following a fall when he bumped his head, John remarked: 'I've got a good head on my shoulders. Can't fall off. Grows on my shoulders' (pp. 16–17, this volume). These words indicated John's growing sense of bodily integration.

### *Autism and Contemporary Infancy Theory*

Later, Tustin placed her observations within the contemporary perspective of the *interpersonal world of the infant*. Viewed from this framework, autistic processes seem far from normal, signifying instead aberrant developmental pathways. Since the early 1980s, the interpersonal view has become popular amongst psychoanalysts through the works of contemporary researchers such as Daniel Stern, Lou Sander, Robert Emde, Colwyn Trevarthen, and others. Twenty-five years ago, when Tustin wrote this book, the interpersonal theory was there to be found in the works of Michael Balint, Ronald Fairbairn, Ronald Laing, Harry Stack Sullivan, and, closer to home, in John Bowlby's early formulations of attachment theory. But these views were not taught in courses during Tavistock Child Psychotherapy training. Nevertheless, it is fascinating to note that, despite her use of non-relational theory, some of Tustin's most

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distinctive phrases retain their place in early and late theories. In her first efforts to portray primary autism, Tustin uses terms that are now part of common analytic currency. For example, when referring to Winnicott's term 'omnipotent illusionment' and Bion's concept of 'maternal reverie', Tustin states that this '*empathic reciprocity* [between mother and infant] fosters the illusion of bodily continuity' (p. 26, this volume; italics added). Tustin quotes Winnicott's statement that the 'notion of interchange is based on illusion' (Winnicott, 1958, p. 13). Here, we can discern a mixture of old and new developmental thinking. Another example: Tustin links the study of primary autism with the study of an 'embryonic' self. 'Linking' experiences are provided by satisfying nipple-mouth sensations and by being encircled in the mother's arms and 'ambience of caring attention'. These linkings become integrated and contribute to the integration of '*an emergent self*' (cf. Stern, 1985). Tustin states categorically that 'if this sense of primal linking is lacking, processes exclusively centred on the child's own body compensate for the lack' (p. 55, this volume).

Just as with Freud's theories of primary and secondary narcissism, Tustin's first theory of primary autism merges into her second theory of secondary autism—'encapsulated secondary autism'. When viewed from a relational perspective, both primary narcissism and primary autism signify pathogenic and traumatic ruptures of the normal mother-infant bond. The difference between contemporary and more 'classical' Freudian and Kleinian theory is that we no longer refer to bonding or linking experiences as 'illusory', as manifestations of omnipotent phantasies, but talk as if they are a fact of life! Tustin's 'stream of sensations' forms part of an interpersonal exchange in contrast to autoerotically focused body sensations located in the mouth or belly.

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### *The Protective Function of Autistic Processes*

A central theme of Tustin's work concerns the *protective* function of autistic processes. Tustin introduces this notion in her first book, when she tells us that the primary processes of normal autism also have a *protective* function. They protect the infant from too harsh an impingement of reality. This early formulation echoes Freud's concept of the 'stimulus barrier'—a necessary adaptive defence against the overstimulation incurred by both instinctual urges and external reality, for which the pleasure-oriented, sensation-dominated, narcissistic infant is ill-prepared. Throughout her work, Tustin continues to emphasize the protective function of autistic processes—her fourth and last book is entitled *The Protective Shell in Children and Adults*—but she changes the context in which normal protective strategies expand into full-blown autism. The protective shell of autism is a hard, over-developed, rigidly maintained, last-ditch reaction against the trauma of a premature and sudden experience of bodily separateness. In normal circumstances, however, reality does not impinge in this harsh way, since, according to contemporary theory, the infant is pre-programmed to seek out relationships and to attach himself to specific people, notably his mother. The 'encasing and enclosing' processes that are captured in the armour and monster drawings (Figures 2, 3a, & 3b: pp. 38–39, this volume) of Tustin's 11-year-old patient, David, are directed towards survival in the face of the shock of premature separateness. The autistic child capitalizes on normal infant protective behaviours, such as shutting the eyes, averting the gaze, slumping into sleep, or going rigid, which are evoked under *specific* conditions—such as in the presence of bright lights, sudden noises, looming objects or the immobile, inwardly directed, face of a depressed or preoccupied mother.

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### *Autism and Trauma*

Whereas, in this first volume, these descriptions are placed in the context of normal non-relatedness, in her final works Tustin linked the protective shell with trauma. It is part of the definition of the concept of trauma that we are not talking about either ordinary life events or average development. Following Bowlby's studies of childhood mourning and Mahler's observations of severe grief reactions in psychotic children, Tustin was to link the emergence of autistic processes with mourning reactions that typically follow traumatic events. Tustin focuses on the *shock* of bodily separateness and the state of 'numbing' (Bowlby, 1980) that ensues in the face of unbearable physical terror. Mahler had commented on 'the period of grief and mourning which . . . precedes and ushers in the complete psychotic break with reality . . .' (Mahler, 1961). In successful treatment, this sequence is reversed. As the autistic child is un-numbed, he is easily startled; as he unfreezes, severe grief reactions explode. These are a mixture of 'panic tantrums' and unending despair as loss is experienced anew.

In *Autism and Childhood Psychosis*, Tustin does not use either trauma theory—not readily available at that time because most psychoanalysts, following Freud, had discarded trauma as a causal agent—or Bowlby's attachment model of loss and mourning. Instead, she refers to the concept of 'primal depression' of Edward Bibring (1953), whose writings she had encountered when at the Putnam Centre, and Winnicott's concept of 'psychotic depression'. Bibring traced the state of 'primal depression' to the infant's 'shocklike experience of the feeling of helplessness'. Tustin tells us that it was only when she presented her paper, 'A Significant Element in the Development of Autism' (1966) at a meeting of the Association of Child Psychotherapists that she was introduced to Winnicott's work on this primitive type of depression. (Members of this