

## AUTISM ROUNDTABLE

**David Rosenfeld**

The author presents a clinical material filmed in its entirety. It's about a 4 year old patient that had been diagnosed as "severe autism" in various hospitals. From the start of the treatment the child neither spoke nor looked into the eyes of the analyst for a year and a half. The author reports that her treatment follows the theoretical lines of Henry Wallon and Merleau Ponty in the sense of putting symbols to the sensory connections of the child with the world around him. During the treatment, the analyst uses the technique of naming all the objects that the child puts into his mouth. Through the analysis the patient achieved significant improvements, all his symptoms almost disappeared. He learned to speak, to read and to write and to develop a creative imagination. He could also end mainstream primary school. The author relates that during the analysis the use of music was included, following the theory of the neurologist Oliver Sack, who describes how the brain perceives and interprets musical sounds, and how they are able to wake up damaged areas of the mind. All this treatment is an example of how the approach and the psychoanalytic treatment can be effective in cases so severe and with such pessimistic prognosis as this one.

### **Esteban Levin**

The author refers concern to find today early diagnoses and prognosis (in clinical practice with seriously ill children), that stigmatize the possibility of development and the subjective constitution of a subject. In this sense he mentions, for example, the current abundance of rapid diagnosis of PDD.

The author begins with a description of various clinical materials, especially the treatment of a two years old child that comes with a diagnosis of PDD and a very pessimistic prognosis. For a long time of the first sessions, the child remains withdrawn, and the therapist can't even find a way to connect with him. Given the fragmented child behavior, the analyst wonders how to pose a question with so much fragmentation and

isolation, or how to establish a dialogue, through the eyes, the face, the word, the sound of the voice and the gestuality. The therapist describes the process of getting to an encounter from a situation where a physical contact with the child (affectionately taking his hand) takes place, and at the same time the names begin to appear (hand, fingers) by spoken and sung words introducing music: a song that describes his hand and fingers naming both of them as two persons meeting each other.

This gesture allows the start of a dialogue, the privacy of an emotional encounter arises. From that connection, the subjective and eye contact arise, the look at the eyes, the mirroring face-to-face that gives unity to the child reducing the initial fragmentation.

The author defines himself in a different way from those who think the behavior and the methodology from a technical and moral perspective, according to standard criteria, without taking into account the subjective uniqueness and historicity. From several clinical vignettes with very disturbed children, the author instead advocates the importance of using the commitment of an emotional, subjective and unique connection that the therapist and the patient can achieve from a "between-two" which results from the look and the subject's desire. He stresses the importance of achieving the face to face recognition, where a child can recognize and see himself and he also describes the importance of using techniques that include the use of the musicality of words, the melodies and the gestuality.

### **Veleda Cecchi**

The author carries out a historical analysis from the emergence of the term "autism", from Bleuler and Kanner, to her own conception, in which she discriminates, based on her clinical experience with children, a nosography in which she includes three main conditions: autism, confusional psychosis and schizophrenia. She defines the former as a psychosis of the early childhood that is usually detected by teachers. She differentiates "autistic signs" (symptoms that may, separately, appear in other cases) from "autistic syndrome" as it's called when several or all of those signs appear.

According to the author's the main defense involved is isolation, which is also called shell, wall, fortress that these children build in a heroic and sustained manner. According to the author the current approaches, to these patients, emphasize and describe from the "not", that is to say, all those things that these children do not achieve, or do not have (language, communication, empathy). That leads to consistent

approaches to medication and/or behavioral conditioning (Pavlovian model), what leads to deny the existence of a subject. Instead, she proposes a theory based on the psychoanalytic theory, that leads to turn those "no" into "yes", rescuing the positivity of the subject's existence.