
Most of us are familiar with the work of Margaret Mahler and her co-workers who have gathered data on autistic and symbiotic psychoses and who have elaborated from those studies the Mahlerian developmental agenda with which we are all familiar. The work of Bick and of Meltzer and his co-workers, though well-known to Kleinians, is less so to the classical analytic public. Whereas Klein shocked the world of analysis by suggesting that the infant had mental life capable of experiencing and engendering fantasies emanating from persecutory anxiety at approximately three weeks of post-natal age, Bick and Meltzer have suggested that even prior to then there is a stage in which the boundaries of the infant self are very fluid and seek definition, failing which the infant tends to adhere to the surface of mother’s body or to other surfaces in order to get a sense of self-definition. They term this phenomenon ‘adhesive identity’ in its pathological form and relegate it to an aspect of infantile autistic disorder.

Now, quietly from the shadows of her long, steadfast, devoted labour, emerge the contributions of Frances Tustin, who spreads before us the harvest of over thirty years work with the psychoanalytic-psychotherapy of psychotic children. Her thinking seems singularly distinct yet she borrows generously from Winnicott, Mahler, Balint, and others, though her original training was Kleinian and her analyst was Bion. What she spreads before us is a rich explosion of psychoanalytic theory, courteous challenges to present theory, and an extensive exploration into the most basic of all psychopathological disorders to have confronted psychoanalytic theory and practice. Her research into this area of childhood psychosis is all the more pertinent in this day and age when psychobiological science is presenting such a strong claim for psychoses, particularly for infantile autism, schizophrenia, and affective disorders. Tustin’s reports have arrived none too soon to help stop the ground swell toward a single, biochemical hypothesis for psychoses generally and for infantile psychoses most specifically.

A singular feature of Tustin’s work is its emphasis on the pathology of sensations and on the vicissitudes of autosensualism. Freud had remarked that in dreams and in psychosis there occurs a regression from thoughts to perception. Tustin carries this process a step further back, from perception to sensation, and herein lies an extremely important and often underestimated field of inquiry, the experience of the senses and their relationship to the development of mind. We all have known that the normal human being is preoccupied with his/her ‘feelings’ and that in pathological circumstances may be in a state of conflict over them. Feelings tend in general to be the lingua franca of psychoanalytic work, and we seek to unearth those feelings of which our patients have been previously unaware, but what about those people who not only do not know their feelings, but who do not even know what feelings are—an entity now termed alexithymia? These people do not know the names of their feelings, either because of discouragement by a non-nurturing environment or because of their inability to tolerate their feelings, the consequences of which are the banishment of these feelings and the capacity to know them into the wilderness of Bion’s ‘beta elements’, of ‘nameless dread’ and their re-emergence as painful sensations in the body. Thus sensations are the basic, irreducible elements which the infantile psyche must accept and ‘alpha-betize’ in order to transform them into alpha elements suitable for ‘digestion’ into subsequent perceptions, emotions (‘feelings’), and thoughts. Bion had already postulated the phenomenon of the development of beta elements and bizarre objects which resulted from the failure of the ‘sense organs and their alpha functions to accept the sensory data of emotional experience. Tustin now postulates that the sense organs of these hapless children turn in upon themselves and engender autochthonous (self-creating) sensations so as to re-create an autistic sensory world independent of the external one, but one, interestingly, which still maintains the memory of the great catastrophe when the infant, presumably, felt prematurely ripped away from its primary at-one-ment with its nurturing mother and consequently experienced a most traumatic detachment from her. The legacy of this catastrophe is the experience of a perennial hole or wound.

Tustin hypothesizes, therefore, that there is a
class of children who begin life, either with constitutional and/or congenital ‘loading’ or a poor nurturing environment, who are born prematurely mentally and emotionally while they are still in the autistic psychophysiological stage of development, a phase corresponding to Freud’s auto-erotism (which Freud believed occurred before the development of primary narcissism). She believes that this premature birth results in this abruption of primary at-one-ment and the hapless infant experiences being ‘ripped apart’, mutilated, damaged beyond repair, given holes, wounds, etc. From another perspective, we might say that this newborn infant has lost its ‘innocence’, by which I would mean that it has lost its experience of the world’s ‘innocence’ which is supposed to be there to protect it. The infant then experiences galactic aloneness with a heightened awareness of a frontier between ‘me’ and ‘not me’ to be faced in one of two separate ways, according to Tustin, autistic encapsulation from or pathological symbiotic confusion with the object, either of which techniques seeks to give the fear of the ‘me’-‘not-me’ awareness shock. There is no ‘playspace of illusion’ to buffer it.

If this sudden disruption of primary at-one-ment had not taken place, the newborn infant would have proceeded healthily on its way from its autistic psychophysiological phase to the proper differentiation and discrimination of its varying senses so that, once fully differentiated, it may then integrate into that coenaesthetic phenomenon which Bion called ‘common sense’ and then become the rudiment for experience of external and internal stimuli, the internal phase of which Bion called ‘intuition’. Winnicott offered us the notion that there is a stage of development of sensations prior to their becoming organized into feelings which he designates as the early stage of being prior to doing, the former of which is the oceanic time when the infant is quietly to be ‘sensed’ and known by its preoccupied caretaking mother. The external senses are, after all, the first interface between self and non-self, as Tustin repeatedly reminds us, and are the instruments which first recognize the needed mother and the dreaded predator, the latter being an interesting notion of Tustin’s which I shall discuss later. The senses which interface with the internal world relate to the infant’s needs, and might be first experienced as indistinguishable from the inherent preconceptions of a predator. The effect of a premature abruption of attachment seems therefore to be a sensory catastrophe, the consequence of which is a hypersensitivity marked either by a desperately counterreactive encapsulation of numbness or an inextricable confusion with an object in order to ‘borrow’ the latter’s skin protection, as it were. In either case there seems to follow an involution of the senses and their transformation into ‘auto-sensualism’, by which I believe Tustin implies (although she does not state) that they have acquired reverse alpha function, a notion explicated by Bion to help us understand the seeming internal consistency of a delusional system distinct from the outside world. This auto-sensualism delusionally disguises the experience of the holes and wounds which resulted from their having been prematurely ‘ripped away’ from their primary attachment to mother.

More than any other therapist working with this disorder Tustin has caught the experience of the psychotic child in his/her exquisitely, vulnerable aloneness dwelling on a planet haunted by enemies which are ‘sensed’ to be real and ever-present. It is the poignant, stark aloneness of her patients which strikes one to the core as one reads her work. We can visualize the autistic patient as a Cartesian orphan who is starkly alone without any experience of connexion or bonding with its mother.

Perhaps it would be suitable, in respect to normal autism, to use the model of a siamese twin in which the infant could be visualized as born separate from the very beginning, as Klein states, and born also with the experience of primary at-one-ment with the maternal object (thus the two heads of the siamese twinship and continuing at-one-ment alongside continuing separation). To me it requires a dual-track conception for us to organize the data necessary to account for the two simultaneous and continuing sides of normal infantile experience, separateness and non-separateness. It is precisely this dilemma which Tustin seems to be addressing: These children were too separate too quickly and did not have enough satisfactory merger-bonding long enough. Thus, I read her as suggesting that childhood psychoses ultimately represent a critical imbalance between separateness and non-separateness.
This dilemma of separateness vs. non-separateness evokes yet another ancient mystery which Tustin's work touches upon, the phenomenon of infant mindedness and self-reflection. When does the new-born infant become mental? We usually designate infant mindedness as occurring at a time when sufficient separateness has been achieved from the maternal object. Mahler calls this the hatching phase, and Tustin seems to be readily in accord with this timing. The classical conception of the infant prior to hatching is that of a uni-conscious organism, not unlike a protozoan which acts reflexly upon contact but demonstrates no self-reflection in its responsiveness. 'I' has not discovered its 'self' as its first object. Thus, one could speculate that the first and most important experience of separation is not merely between self and object but between subjective 'I' and self so that 'I' can experience itself in the mirror of the object and accept 'itself' as its own, as Lacan and Winnicott advise us.

From another point of view, however, we could utilize the dual-track theorem to speculate that the infant has self-reflective capacity from the very beginning, that it may only appear to be reflexly organic, but actually experiences subjective 'me-ness' all along, and is dimly aware of a body self which it is slowly beginning to explore and encompass as it claims this territory from the body of the mother. We can take advantage of new information which comes to us from neuropsychology and brain laterality studies to the effect that the human being does indeed possess a dual consciousness from infancy onward. Perhaps, then, the experience of premature birth can so jar subjective 'me-ness' that it withdraws into its body-sensation self and, in this immediate alexithymic disorganization, resembles its adult counterpart, the psychotic break, when subjective 'me-ness' seems to vanish, and all that is left is a single track consciousness of omnipotent, magical one-track awareness—the domain of the delusional absolute.

Still yet another model offers itself, however. Perhaps Tustin is letting us know about that stage of inchoate mindedness and consciousness which we would otherwise not have access to—the phenomenon of a body-sensation-mind which may experience itself and the world psychosomatically before the mind has separated off from the body as a separate function, a division of function which allegedly takes place after the development of the depressive position (separation-individuation). This happening has rarely been alluded to, but those who deal with psychosomatic illnesses recognize its importance. We generally take for granted that thinking and feeling occur in a mind that is already differentiated from the body, but how does one 'think' when one's body and mind are still undifferentiated, are one and the same, and the 'thinking' apparatus comprises only raw sensations, not yet even feelings, let alone thoughts? Autosensualism is the term Tustin gives to the abnormal 'thinking' of these children who have awakened too early to life. It is an important phenomenon which helps to explain the bizarre and altered functioning of the sense organs. While they are still 'somatic' and before they have become 'minded', they act at the behest of the self-preservation instincts of the organism: they cannot postpone, reflect, organize, etc.; they can only respond reflexly and mechanistically as in the limited digital computer language of yes or no, and generally no because no is safe and yes is dangerous. The senses acting autosensually, therefore, become hypersensitive to the 'not-me' universe, may sensually dismantle the needed 'not-me' into segments which they re-assemble in their internal world in their own image (so as to 'resemble' self), may become insensate to the world they leave behind, and may, from their auto-sensual capacity, hallucinate a make-believe world that self-regulates the pain, depression, and despair of their object aloneness. These autosensual senses, by having the possessed 'power-of-attorney' of the desperate infant, may then become a pseudo-mind, a defence organization, an 'overlord' which then makes its client into its automaton.

Tustin helps us to see that this 'power-of-attorney' is ceded to autosensuality because of the massiveness of the dread which is precipitated by the bad birthing of the infant from its mother and by the consequent failure of normal attachment or bonding to take place. This results in the experience of holes, crevices, wounds, etc. It is at this juncture that Tustin lets us in on another of her innovative theories, one which has been dimly hinted at by others, but more clearly spelled out by her—that of predatory fear. Inherent fear of the predator was stipulated by Bowlby, dimly referred to as an aside by Parens, and is easily
referrable to Bion’s notion of inherent preconceptions. Tustin goes a step farther; she states that her psychotic children give her to believe from their drawings, associations, etc. that they are afraid of experiencing their holes for fear that falling into them is equated with being devoured by atavistic predators. I do not read Tustin as saying that her children are afraid of their drives, although, albeit, she does refer to their difficulties in controlling their states of ecstasy and tantrum, another one of her creative notions, which I shall discuss shortly. Heretofore, the content of the repressed has been the feared drives which would overwhelm the repressive barrier, flood the ego, and drive the organism psychotic. If I read Tustin correctly, her children fear not so much their drives but their holes, wounds, lack of floors, and lack of skin boundary surfaces with which to contain and to protect themselves from the outside world. She has offered us, in other words, a deficiency theory in addition to a conflict theory and has amplified her conception of deficiency by the specific deficits which her children experience and how they are phenomenologically experienced—as atavistic predators.

I have already referred to the work of Bick and Meltzer in regard to ‘adhesive identity’. Bick’s description of the ‘second skin’ phenomenon in some autistic children (by which she means hypermotility as an alternative ‘skin’ function) is seen in Tustin’s encapsulated autistic children. Further, Meltzer and his colleagues describe the phenomenon of dismantling of the psychic apparatus in autistic children so as to eschew their awareness of neediness upon the mother. As well as using it in this way, Tustin uses the term dismantling in another way. She describes the autistic child as dismantling the image of his/her mother into segments which are then reassembled within the autosensuous encapsulation, a phenomenon which resembles Meltzer’s description of infantile perverseness.

How are Tustin’s psychotic children different from the other children and adult patients we talk about generally in psychoanalysis, whether they be borderlines, neurotics, etc.? Perhaps the key difference might be ascribed to the former’s lack of transitional experiences, that necessary bridge which helps the infant span the crevasse of inchoate aloneness to become a social person in the symbiotic tie with mother prior to becoming a member of a family in his/her long journey into adulthood. Whether we see this phenomenon as the self-selfobject relationship, which Kohut has so recently emphasized, or as the transitional object and phenomena which Winnicott has left as his legacy, we can certainly see that there is a necessity for a bridge between infant and mother and later between infant and father, infant and family, infant and group, etc. for that infant to be shepherded properly into his/her optimal adult future. Tustin’s children either have not had that experience or do not seem to be able to take part in it, and, significantly, it is to Tustin’s credit that she leaves the door open for conceptions which do not point a sanctimonious finger either at deficient mothers or at constitutionally over-instinctuated infants. If I read her correctly, she has seen children with all varieties of backgrounds, and to her, the ‘jury’ is still out on the matter of causation. While agreeing with both sides of the nature-nurture dilemma, she seems to implicate the very relationship itself. Yet, interestingly, she gives us a background clue which she mentions parenthetically and then drops. I am alluding to her reference to the fact that many of her encapsulated children had one or both parents who had cyclothymic character pathology but who had not necessarily had a manic-depressive breakdown. Martha Harris and Donald Meltzer had similar findings in the parents of the autistic children whom they treated. Tustin sees the confusional children as coming from families which are vulnerable to schizophrenic illness.

There thus seems to be some correlation between the occurrence of unipolar and/or bipolar affective illness in the parents and the occurrence of autistic and/or confusional psychoses in their children. Psychobiologically, it has been found that autistic children suffer from high levels of plasma serotonin, a neurotransmitter which has been implicated in endogenous affective illness. The speculation naturally comes to mind whether or not childhood psychosis is not only psychological but also constitutes a psychosomatic illness of the central and peripheral nervous system in statu nascendi. It is possible that these infants may have been afflicted in utero by a biochemical assault, either directly from their inheritance and/or from the amniotic bath, or from some mysterious transgression across the amniotic barrier from the mother’s depressive
illness in ways yet unknown to us. At the very least, however, we now have several differing variables to play with.

The quandary remains, however, if there is any relationship between endogenous affective disorders and childhood psychoses, whether it be the encapsulated type and/or the confusional type, or is the latter more referable to the schizophrenic spectrum? We certainly have hints from Tustin’s vast experience that certain children seem to have been born with a persistent ‘caul’ about them, and appropriately engaging mothers seem to be able to reach in and rescue them from their dreaded withdrawal, while others could not. It is at this interface that Tustin offers yet another innovative idea, that of a nurse to be a facilitator to the mother-child bond. It now seems amply clear that these psychotic children and their mothers often need a third party, someone other than father, so that the two together can comprise an ‘extraordinary mother’ who is capable of locating, rescuing, holding and containing an infant trapped in its psychotic anguish.

I found her conception of the experiences of ecstasy and tantrum to be fascinating and most meaningful to me when I thought about many of my patients. I think in general we would all be likely to understand tantrum as the overflow of anguished, angry, protesting feelings about empathic failures, frustration, etc. We would say loosely that the infant could not handle his/her feelings and therefore had a tantrum. Tustin, as is her wont, does not stop at such oversimplifications; she goes a step or two further and relates this propensity for tantrum to the failure to develop an adequate sensory fuse-box. Not having symbolization and/or the advantage of maternal containment at its disposal, the infant experiences an excess of stimuli as a phenomenon more like an epileptic convulsion than not. This is also true for joyful stimuli, those which produce moments of ecstasy which themselves are uncontrollable, and uncontainable, and therefore spill over. For the infant to ‘survive’ tantrum or ecstasy, these sensations must be contained and shared by mother or therapist so as to defuse their magnitude and be given boundaries so that the experiences of them can be ‘notarized’ as safe. This seems to be the Ariadne’s thread running through Tustin’s work: psychotic children suffer from the lack of shared experience, thus, the reversion to autosensualism which represents, in the first instance, a withdrawal from a painful over stimulation which has failed to be contained and, second, becomes an entity unto itself which then conjures its own autosensual world.

Through recounting the experiences of tantrum and ecstasy and demonstrating the drawings and verbal productions of her patients, Tustin has demonstrated the absence of symbolic function in these patients and has informed us about the dangers of interpreting to them as if they did have access to symbolic functions. These patients seem to be located at a stage of development before the capacity for symbolism has taken place, which must await the depressive position where separation between self and object is accepted and internalized, and object constancy is its legacy. Instead, these children are stuck in the ‘need-fear dilemma’ in which the object they need is one they can not sensually accept. They are stuck in a phase, therefore, where they must use the magic, not of symbolism, but of symbolic equations, to use Segal’s term, in order literally to ensnare the mother and her qualities concretely on paper, in words, expressions, pictures, in body movements, etc. so as to master the fear of her prepotency and/or to ‘steal’ her goodness away from her and have it for themselves. Their art and utterances have a desperate, concrete immediacy about them which demonstrates that they are on the living edge of terror.

There is a particular instance in the book in which Tustin describes the treatment of an encapsulated child in which the patient wanted to stand on the therapist’s feet. The therapist, and Tustin in commenting about it in agreement with the therapist, stated that the patient would do better not to use the therapist as an extension of himself but rather to use the therapist’s mind with which to explore his thoughts, a manoeuvre with which most psychoanalytic psychotherapists would agree. While totally agreeing with Tustin’s verdict about the matter, I should also like to call attention to what I believe to have been an alternative possibility for the meaning of the child’s manoeuvre. It is quite true, as Tustin observes throughout her book, that these patients try to ensorcel their caretaking objects into performing functions for them so that they can remain in their isolated encapsulation and/or pretend to be in a state of magical, confused
at-one-ment with them. This would be an enactment by the child's autosensual organization to misuse the object's alpha function in order to pretend to face life, but, in reality, to ensure the continuation of an addictive, parasitic, pseudo-dependency. Thus, the therapist's intervening interpretation precluded any further purloining of her alpha function by the patient.

I did have the notion, however, that, by standing on the therapist's shoes, the patient may not only have been trying to use (misuse) the therapist, but might also have been calling attention to his lack of a background object (selfobject) of primary identification, which I hypothesize is the fantasied object of primary narcissism and is most closely associated with the womb-mother. The therapist's encouragement of her patient to use her (the therapist's) mind rather than using the therapist's body in order to preserve autosensuality certainly seems to have been correct technique. On the other hand, might the therapist have additionally addressed the issue of the child's need for the experience of a 'backing', of an at-one-ment, of its need to be 'reared' by a therapist-mother who protectively 'stood behind' her patient so as to guide him? Could not the therapist's feet in that instance have been a piece of solid ground upon which the patient wished to stand (the concrete essence of 'understanding')?

My question gets to the heart of the conflict between two kinds of technique for treating children and adults. The classical technique, while differing from the Kleinian in many other ways, does agree with it in terms of discouraging collusion, confusion, and omnipotence. By insisting on an atmosphere of deprivation and of the offering of interpretations which call attention to defences against separation and acceptance of reality, one can hypothesize that the classical and Kleinian interpretations seem to encourage weaning. Interpretations emanating from such contributors as Sullivan, Rogers, Winnicott, and, more lately, Kohut, on the other hand, have acknowledged that the narcissistic core of many patients has been damaged by a deficiency of nurture or by an impingement in their entitled at-one-ment, and they suffer consequently from a breach of primary narcissism. To this deficiency hypothesis, Tustin adds the hypothesis that they may also suffer from a deficiency of their inherent capacity to bond sensorily with their object. Empathic observations which call attention to this loss and the need for its restoration can be called bonding interpretations. Although I have just cited an instance in which Tustin and her supervisee opted exclusively for a weaning interpretation, there nevertheless are many instances throughout the book which demonstrate Tustin's technical skill in dealing empathically with defective bonding experiences.

Thus we have two separate theories of technique based upon two separate rationales, one based upon empathic, introspective observation which acknowledges the patient's experience of his/her loss thereby encouraging a self-selfobject at-one-ment (bonding or attachment) and the other calling attention, albeit empathically, but on a different level, to the patient's need to separate from the object and which the patient's fantasies and behaviour seem to negate. Psychoanalytic technique began originally as a weaning technique and then discovered the importance of attachment, but never fully acknowledged it and is currently in the process of evaluating it. It is my impression that Tustin's technique skillfully encompasses both. The previous reviewer, Martin James, commented that her techniques resembled paediatric management as much as psychoanalysis. I view Tustin's technique as being eminently analytic, explicitly favouring weaning, but implicitly encompassing attachment. After all, can a child, or an adult, for that matter, ever be weaned before (s)he has been properly attached? Is not the central pathology of childhood psychosis defective attachment in the first place? What is the role of analytic understanding for these patients, if it is not to accept them as they are, see their holes and wounds, dress them, and while so doing, allow the opportunity for the fantasy of at-one-ment, of safe 'being' to take place so that they can imagine themselves to be mentally reborn properly? To my mind, that is what Tustin is doing. Furthermore, she has given a very long way indeed to show us how she does it.

The reader of this book, if (s)he follows my experience in reading it, is likely to become quietly surprised after the first chapter or two by the gradual realization that one began reading the book with the notion that its contents were to address a recondite form of childhood psychopathology only to discover ever more convinc-
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gingly that the author is describing merely the
exaggerations, the caricature, as it were, of most
of the patients we see in our consulting rooms—
and of aspects of ourselves as well. I began to
rethink the connexion between encapsulation and
confusion on one hand and neurotic defence
mechanisms on the other and came to the
hypothesis that all defence mechanisms utilize
modifications of encapsulation and confusion,
which is another way of stating that all defence
mechanisms are comprised of splitting and
projective identification. Encapsulation and con-
fusion have their counterparts in all phases of
psychopathology. What are obsessions, compul-
sions, phobias, and paranoia if not encapsulation
of self and/or of the dreaded persecutor so as to
produce the illusion of safety. What are hysteria,
passive-aggressiveness, manipulation, borderline
relationships, etc. if not extreme confusions
between self and object resulting in claustro-
phobic entanglements?

Her reference to the observation that infants and
children experience their stomachs as brains
which receive ‘not-me’ food from the external
world and transform them into ‘me’-ness became
very useful to me when I reviewed the cases of
anorexia nervosa and bulimia which I have
treated only to find that Tustin had, later in the
book, applied her discoveries specifically to these
entities. The concept of resistance can be thought
of, at depth, as an autosensual retreat reorgan-
zized by reversed alpha function, thus the tenacity
of resistances generally. By addressing the issue
of the non-development and/or pathological
development of the senses, we now have better
access to a variety of disorders, particularly the
drug and food abuse syndromes which are so
characterized by sensory experiences, voyeuristic
sensuality can now be profitably integrated with
autosensualism. Sado-masochistic object rela-
relationships can now be understood in terms of the need
by a damaged, demoralized victim to requisition a
‘hard’ object to plug the holes of his/her deficien-
cies. By indirect, it may even be that the
rigorously strict application of classical analysis
can be misconstrued by a patient as a ‘corrective’
hard object, a phenomenon which finds its
analogue in the Protestant ‘Reformation’ of the
‘soft’ corruptness of the Catholic Church or in a
‘hard’ object Hitler who ‘cured’ Germany’s
depressive numbness.

Her conception of autistic and confusional
objects is not only fascinating in terms of
psychotic children, but it throws a new light on
other phenomena, such as perversion, addiction,
and even religion. One of my patients read the
book and realized that her sudden leap into
spirituality had been her reach for a ‘soft object’
to obscure her wounded, depressed inner core.
Another patient could now be seen as searching
for ‘hard’ interpersonal objects to plug her
deficiencies. My patients suffering from food
disorders and alcoholism are seeking oblivion to
depression via these soft objects, and my
aggressive businessman patient ‘hardens’ his
surfaces so as to be invulnerable to attack. It is
almost as if Tustin, in writing about psychotic
children, has written a parable, not only about
our adult patients and ourselves, but also about
a philosophy of life and about the politics of the
world we live in.

How will psychoanalytic theory change as it
assimilates the impact of Tustin’s contributions?
Will Kleinian theory remain the same? Kleinian
theory in the first place has been a retrospective
extension of classical Freudian theory into the
earliest stages of life, and, because of its own
professed loyalty to classical theory, has based so
much of its theory and technique upon the
fantasied vicissitudes of primary process which
the infant engages in to master its relations to
objects. Klein could not imagine that secondary
process, the perception of reality itself, was also
operant at a much earlier time as well. This is one
of the significant contributions Tustin has given
us, I believe. She has cogently investigated
the origins of perceptual and cognitive processes by
tracing them back to the vicissitudes of the senses
which spawn them. Kleinian theory, moreover,
seems to have been welded to the conception of
separation, and, therefore, to the necessity for
weaning from the very beginning. As I have
stated earlier, there now seems to be a necessity
to account for the two tracks of an infant’s
development, bonding and weaning; the latter
may never satisfactorily take place without the
occurrence of the former. Thus Kleinian theory
needs to address itself to the track of reality,
which includes that of perception, and cognition,
and attachment (bonding).

Classical theory, which is already in headlong
march south of the oedipal phase to earlier
origins, needs first to embrace the fact of very early mental life and then to recognize that the infant does have the capacity for perceiving reality as it is at a very early time and at the same time has the capacity for archaic fantasy in its attempt to organize and master this reality, the failure to do so being perhaps the main cause of childhood psychotic illness. Self-psychology, the newest contributor to psychoanalytic theory and technique, must recognize the importance, not only of empathic failures by the interpersonal object, but also the inherent incapacity of the infant to accept the proffered bonding attempts by the mother—indeed many self-psychologists are addressing this issue already.

So far, I am calling attention to what I believe is one of Tustin’s primary thrusts, one which needs to be integrated into psychoanalytic theory: Inherent difficulties and/or nurturing failures may lead to autosensuality (the independent life of the senses) and this in turn comprises an ego defect which predicated difficulties in perception and cognition as well as in other apparatuses of autonomy. Perhaps Tustin is going a step farther, however. May not her children also be orphans of ineffectual fantasy, fantasies which were insufficient to enable them to buffer the realistic abruption of their primary attachments so as to postpone the trauma, smooth it over and transform it into a neurotic postponement for the future, rather than into a dreaded psychotic foreclosure? Thus, these psychotic children may suffer not only from a defect in the ego, but from a defect in the id perhaps as well, and from a defect in the harmonious relationship between these two complementary functions, a phenomenon Winnicott called the playground for illusion. Ultimately, Tustin has convincingly enjoined us to shift the significant mental frontier from symbiosis → separation-individuation to autism → symbiosis so that we can now hypothesize that the earliest transitional phase between autism and symbiosis is a decisive one for normal development as opposed to pathological development.

I would like to raise yet another point which Tustin’s book hints at. While she is careful to make clean distinctions between the separation which the encapsulated child experiences and Klein’s conception of the depressive position, I should like to hypothesize that perhaps the depressive position is in need of redefinition and extension. Perhaps these children were prematurely catapulted out of the orbit of the normal paranoid-schizoid position into the earliest, or possibly pathological form of, the depressive position; one beyond the terrifying domain of syncretic meaningfulness into the pathological autistic position, the domain of disconnection and randomness where the infant, and the world it has been ‘exiled’ to, have lost their innocence. This domain of experience is significantly different from the highly ordered and narcissistically personal realm of the paranoid-schizoid position and is characterized in the first instance, not only by object loss, but by object disappearance. Perhaps one could call it the autistic position of infantile depression. It is characterized by the catastrophic experience of precocious existential dread. The differences between this position and that of the depressive position as it has generally been described are obvious: what is less obvious is the similarities between them in terms of object loss and the descent into randomness.

There are so many other items in this book which are worthy of discussion, not the least of which is the poignant beauty of the sign of the cross made by one of the patients of Dr Genevieve Haag who was supervised by Tustin. This patient heroically transcended the second dimension of flatness to achieve the depth of the third dimension. While reading that particular item, I thought Haag had more progress with this patient than she realized. It was my conjecture that the patient traversed from the negative first dimension (the domain of inverted delusional thought) through the zero dimension of nullity (total dread), through the positive first dimension (the domain of the line in which the cosmic order is one of absolutes—either/or), to the second dimension (the domain of the plane in which objects are only surfaces), and finally to the third dimension of the depressive position where perception and experience have depth, and where faith and hope exist.

A truly significant book has been written. I can only predict that the echoes of its impact will be far-reaching.

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