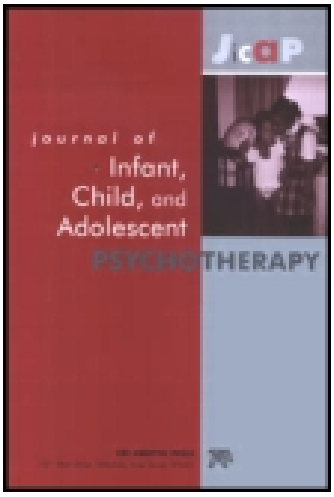


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# Further Thoughts on Miriam Voran's Response: Containment, Origin of the Self, and Pathways to Autism

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# Further Thoughts on Miriam Voran's Response: Containment, Origin of the Self, and Pathways to Autism

Hanna A. Alonim



Miriam Voran's original article, "Containment, Origin of the Self, and Pathways to Autism," and her responses to the commentaries by Allen Schore and myself highlight the issue of how we align clinical evidence with psychoanalytic perceptions in very young infants at risk for autism. I consider that it is perhaps premature to pathologize defensive behaviors and use psychoanalytic theory to interpret a 6-month-old infant's experiences of their own vitality, doubting if they are capable of distinguishing between "self" and "other," as they do not yet possess language or "theory of mind." However, as long as we do not have clear biomarkers to diagnose autism, we shall have to rely on our clinical observations. Similarly, psychoanalytic and psychodynamic concepts may play a valuable role in opening insights into aspects of the inadequate development of the self in infants at risk for autism, which presumably is the core of autism. Children with autism are extremely sensitive to the environment as a result of their lack of sensory regulation and are also easily fraught with anxieties. One of the major questions presented in this article is whether existential anxiety appears as part of the development of the self or does the self fail to develop, because it is inhibited by anxiety. However, I would like to suggest that this crucial phase is a significant window of opportunity for therapy.

## INTRODUCTION

In her insightful response to Allan Schore's and my own commentaries (2013), Voran challenges us to thoroughly explore the states of "containment, origin of the self, and pathways to autism."

I am grateful to have this opportunity to further discuss these understandings and will focus here on Voran's consideration of my views, in order to continue to explore the above-mentioned terms, as well as the issues of diagnosis and treatment of autism in infancy.

I agree with Schore's assertion that:

> Voran is to be commended for integrating recent data and theory from the developmental sciences in order to interpret the clinical material (p. 164).

Yet Voran writes:

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> By psychogenic autism, I mean a pathway to autism along which infant sensitivities, often conditioned by biogenic factors, overtax the parents' psychology, 40 unbalancing the infant-parent relationship, moving the suffering infant to recruit autistic defenses and withdraw into autism. So I read Schore's and Alonim's views on the links between early relationships and autism with great interest, and, I admit, some unscientific relief. (2014, p. 263)

We have come a long way over the last 70 years since Kanner coined the term "autism"; we have gained significant understanding in this field, yet we still have a long way to go to empirically identify and prove the neurological and genetic complications associated with autism and the intervening role of environmental factors. At this stage, there is at least one firm guiding principle: scientific knowledge depends on clinical knowledge in order to study the formation of autism and hopefully establish a well-founded, solid etiology of the disorder, while clinical knowledge depends on scientific knowledge in order to better explain what works, what does not work, and, most important, why.

## PSYCHOANALYTIC PERCEPTIONS: THE DEVELOPMENT OF THE SELF

Voran states:

> . . . by 9 months, having more solidly established an attachment to her parents, Jane enjoyed a robust sense of self and could exercise her ability to influence her mother's emotions, to help manage feelings of disappointment and helplessness. (Voran, 2014, p. 267)

In my previous commentary, I claimed that we still have an insufficient understanding of infants' mental processes (Alonim, 2013, p. 159). This invokes the question: To what extent can we confidently use psychoanalytical terms to interpret the feelings of a 6-month-old baby?

While working on this article, I was privileged to be able to consult with Prof. Trevarthen, who is one of the leading experts in the field of infant development (proper disclosure: Trevarthen was my PhD examiner). Trevarthen thinks that pathologizing defensive behaviors in infancy and the use of psychoanalytic theory to interpret infant's experiences of their own vitality and the company of other people, who care for them, are problematic practices (Trevarthen, personal discussions, June 2014). However, he claims that even newborn infants have the capacity to communicate imaginative intentional episodes, which are related to affective self-regulation and "joy in company"; they are not just dependent on the physiological regulation provided by maternal care (Trevarthen, 2000). At the same time, he does agree that a six-month-old is capable of distinguishing "self" and "other," though they as yet have no language or "theory of mind" about it. Newborns are highly sensitive to complementary "sympathetic" and "provocative" messages with another person, and they differ in their "affective sense of self." Trevarthen also noted that differences in temperament and sociability can be related to differences in prenatal development

Brazelton (1992) claims that each close relationship is affected by those around the child, and that these relationships contribute to the child's emotional and behavioral growth. Motor, cognitive, and emotional development seem to proceed by steps. Each new task a baby learns is demanding and requires the baby's entire energy as well as the energy of care givers.

If I may, I would like to bring an example from my own experience with my grandson who is now 6 months old; he seems to be very happy when I hold him on my knees in a way that enables him to "stand." He probably enjoys his new physical exploration, and when he looks at

me showing my excitement he is able to share his joy. But can we say that he has developed a "self"? In this case, it seems that my grandson differentiates between "I" and not "I." This process is just the beginning of the development of the "self" comprising aspects of the "other" and of the bond between the awareness of self and the "other" (Stern, 1983).

Voran writes:

> On page 158, [Alonim, 2013] cites Mahler, Pine, and Bergman's (1975) view that the self develops through parallel processes of separation and individuation during the first three years and concludes, "Jane was too young to experience the establishment of this process." But later, on pp. 160–161 she writes, "The main phases in the process of the development of the self occur during the first year of life within the context of the mother-child relationship" (2013). It is unclear, then, to me, where she places these developments of the self. I look forward to her clarification. (Voran, 2014, p. 266)

I will try to clarify my view: the development of the self is a crucial basis for establishing relationships. However, the appearance and development of the self will depend on how the human environment responds. The main phases in the process of the development of the self in fact occur during the first year of life within the context of the mother-child relationship. But this is just the beginning of the process (Stern, 1985).

Mahler (1975) describes two stages in the separation-individuation process: the practicing stage and the rapprochement stage. The practicing stage occurs toward the end of the first year of life and at the beginning of the second. The rapprochement stage takes place during the second half of the second year until the end of the second year. This stage is most important for consolidating the normal development of the self. During this stage, the child consolidates the separate entities of the self and the mother and, in a parallel process, develops an acute and troublesome awareness of its separation from his mother. This state of affairs makes this period difficult both for mother and child and is replete with ambivalent effects (Harel, 1996).

Most definitions of the self in all contexts (philosophical, psychological) emphasise the duality of the self. According to this duality, the self, described as subject ("I"), is distinguished from the self as object ("Me") (Bretherton, 1991; James, 1950; Lewis, 1986). Several researchers (Damon & Hart, 1982; Frith, 1985; Pipp et al., 1987) define two aspects:

- The self as subject: the existential self: This aspect relates to the individual's experience of distinctiveness, continuity, agency or volition. This aspect of the self relates to that which distinguishes the individual from the other and from the physical world, and is the most primal and universal aspect of the self. This is the "self as knower."
- Awareness of the other: Self-awareness is an ability based upon self-knowledge. Most theories assume that self-knowledge develops parallel to knowledge of the other and one of the consequences of this process is that the ability to be aware of the other is connected to the ability to be aware of oneself.

The concept of self-knowledge relates to knowledge concerning the self, such as physical traits (the location of body parts). The self can be an object to itself; that is, you yourself can be an object of your own self-awareness. Self-awareness is the knowledge of the knowledge of the self, that is, the awareness of information about the self; the ability for self-awareness becomes apparent in the second year of life (Lewis et al., 1979; Gallup & Suarez, 1986).

The development of children's ability to be aware of themselves is connected to their ability to be aware of others. Therefore this self-awareness is connected to complex social behaviors that

become apparent during the second year of life. These behaviors are associated with complex emotional expressions such as shame or guilt, an understanding of sexual roles, and achieving perspective (Lewis & Spanier, 1979). In fact, the majority of positive moral and interpersonal behaviors are dependent on this ability.

Self-awareness appears relatively late in the developmental process. It is considered an important developmental achievement, in the light of its ramifications and effects on emotional development, empathy, social cognition, social relationships, and moral development. Stern (1985) calls this process "intersubjective relatedness." However, Trevarthen claims that Stern came later on to accept that infants are born with intersubjectivity (Trevarthen, personal discussion, June 2014).

The baby begins to have self-awareness and becomes aware of others as entities within his own internal, mental world, containing emotions, thoughts, intentions, and desires. In other words, children start to relate to themselves and to others as subjects. The child's behavior is affected by this understanding; for example, if something makes them happy, they will bring it to their mother, so that she can be a part of their experience. Thus a type of "theory of mind" becomes consolidated in the baby, according to which the baby is aware of their own mental content and of the mental content of the "other," and that communication between these contents is possible. This theory of mind is a significant aspect of normal interpersonal relationships, as well as of pathological relationships (Frith, 1985).

The connection between what is known about the other and what is known about the self is also presented as mutual or complementary to the other, as far as the knowledge content is concerned: The other is perceived as the provider of security, so the self is perceived as being of value and worthy of receiving a good feeling of security. The complementary part in the content of representations of the self is created, because the representations are created during the course of the interaction between the self and the attachment object (Bretherton, 1991).

Aitken (2008) claims that the process of normal interpersonal interaction relies on conveying information and on internal models to process and interpret the feelings, intent and likely future actions of self and other. Where aspects of the process are impaired through sensory or motor deficit or through a lack of an internal model of self, other interaction will be affected. In autism, it appears that the ability to interpret others is selectively impaired.

An infant develops a scheme not only of its self but also of the other's scheme of the infant's self. In this context, we would expect that other-knowledge would precede self-knowledge. Children learn to identify their mothers before they identify themselves and learn to say "mummy" before they say their own names (Harter, 1983). Children notice a red mark on their mother's nose before they notice a red mark on their own noses (Lewis & Spanier, 1979). Pipp et al. (1987) suggested that it is easier to learn about the attributes of others, especially when this involves visual characteristics. The infant has more opportunities to see his/her mother than to see himself/herself and it is also easier for the infant to make a distinction between the mother and their surroundings, rather than between himself/herself and his/her surroundings, because the mother comes and goes, walks away and approaches, unlike the surroundings.

## The perception of "self" in the autistic phenomenon

Understanding of etiological factors associated with autism indicates that the practicing and rapprochement stages are important for the infant's early neurological development. The dominant

effect at the practicing stage is a positive one. The entire organism is in a state of high-level arousal, and the child is very active. In contrast, in the rapprochement stage, the child is despondent and there is a feeling of depression. There are periods when the activity and arousal levels of the organism are very low. Emotional and behavioral expressions are based on developmental processes in the central nervous system, which performs adaptive roles in emotional-social development (Schore, 1994).

Normal development is characterized by flexible transition between one dominant aspect and the other. In children with autism, their self-awareness is significantly less developed than their other-awareness (Alvarez, 1992). Alvarez discussed Tustin's (1972) perception of early infantile autism as a pathological barrier created by the experience of separateness from the mothering person, which was premature and traumatic, and she saw the autistic withdrawal as the ultimate defense. Tustin considered primitive disruption of the process of perception and self-awareness as a perverse reaction to awareness of bodily separateness from the object. Tustin claimed that the infant may be predisposed to develop a pathological self-reaction, which might be influenced by the level of sensitiveness of the mother's interaction with the child, but not caused by her. There is an "innate subjectivity" as well as an "innate inter-subjectivity." Both are evident in newborns, and both develop in their engagement with their "objects."

Almost a decade later, Tustin (1981) made descriptive use of the personal pronoun "me" to include all the subjective flux of subject and object sensations experienced by an infant in his/her first weeks of life, before subjects and objects are clearly distinguished and differentiated. Therefore the autistic object does not involve the child's conception of it as an object or "a thing." The autistic object is used as a means of ordering experience, in the course of which subject "me" gradually emerges from all that is object and "not me."

## Anxiety and the Self

If we take into account that children with autism are extremely sensitive to the environment as a result of their lack of sensory regulation and they are consequently easily fraught with anxieties, there is a reason to assume that some flaw in regulation of the fundamental factors for engagement with the world is related to the lack of self-regulation and self perception, which is rooted in the characteristics of the autism disorder.

Voran writes:

> Alonim raises an important question about Jane's initial protest, asking whether it might have been an instinctual reaction aroused by anxiety. Her question first made me reflect on the issue of the previous paragraph: anxiety itself, I thought, is a proof of self, since it implies the "knowledge" of a self that is vulnerable. (Voran, 2014, p.266)

It seems that this is still an open question: does the presence of anxiety testify to the existence of a "self"?

The major psychodynamic models of signal anxiety claim that the perception of stimuli as threats or dangers can be unconscious (Simpson et al., 2010). In animal models of anxiety, the classical measures of anxiety largely relate to heritable qualities (Crabbe et al., 1999; Kafkafi et al., 2005). Can a self exist without the infant having previously developed the ability to form object relations? It would therefore seem that anxiety, in a sense precedes the development of self, rather than implying that a conscious self is already formed. If we look at animals for example,

when infant animals shrink at any acute stimulus that they have not previously experienced, we can assume that these are inherent genetic plastic features, which the environment might change.

Coming back to discuss autism, it is interesting to incorporate brain research findings to try to understand the role of anxiety in the first stage of life: brain behavior evidence is consistent with the more general hypothesis that autism involves widely distributed aberrant functional organization in cerebella, and limbic regions, which appear to underlie multiple cognitive behavioral deficits involving the posterior cingulated cortex, controlling social emotional experience (Courshesne, 2011): "Normal brain development is not a monologue but a dialogue, in which the brain generates neural circuits and the child's experiences determine which ones survive" (Bauman, 2003). Early brainstem dysfunction detected during an infant's major maturational spurt in the late prenatal period will directly affect the modulation of internal mental and sensory states (Geva et al., 2011). Considering all the above, we may assume that a lack of sensory modulation creates confusion and anxiety (Alonim, 2011).

According to Bowlby (1988), secure attachment can be expected to benefit a range of cognitive and social capacities. However, the fear system activates attachment, while the availability of the caregiver reduces the child's reaction to stimuli that would otherwise be perceived as dangerous. Bowlby uses the term "anxiety" for the situation where the fear system is aroused in the absence of the attachment figure.

So now comes the question which might sound as if it were a paradox:

If we assume as a result of the interpretation that was given to Jane's behavior in psychoanalytical terms that she had developed a sense of self, then perhaps autism could not be predicted in this case. In contrast, if Jane's sense of self had not yet developed, then it is not possible to use the psychoanalytic interpretation that was provided in the original article by Voran. To resolve this deliberation, the question should be asked: does existential anxiety appear as part of the development of the self or does the self fail to develop, because it is inhibited by anxiety? Is it at this early stage that autism develops?

## At what stage can we define an infant as "at risk for autism"?

In light of this deliberation I can understand the additional claim of Trevarthen, that the desire to identify any "disorder" or "diagnosis" early in order to benefit from the high "plasticity" of the brain in early life can be misguided and misleading. He claims that all timidity and shyness is not autism. Autism, properly diagnosed, is likely to be caused inter alia by early developing sensory-motor and affective disabilities, which compromise self-awareness and self-confidence and make it difficult for the child to understand and communicate with other persons' expressive behaviors. Nevertheless, there are many different courses open for development from infancy, and autism is one set of problems that become clear in the second or third year, which can be exacerbated by lack of sensitive parental awareness, sensitivity, and support (Trevarthen, 2005).

Here I would like to take issue with Trevarthen's perception of early diagnosis, a perception that is prevalent in some parts of the world, and for this purpose, as an example, I present a letter received recently from a mother of an infant.

> My son is 9 months old. I am a first time mother. When my son was 3 months and a half I placed him on his tummy and I noticed he would look at the book in front of him through the corner of his eyes. He would turn his head from one side to another.

> At 4 months a baby girl same age as my son came to visit us and we placed the babies face to face. The girl baby would look at my son directly into his eyes, but my son was looking somewhere else. That's when I started to worry. I took my son into my arm facing me and he would look away, NEVER at my face. I tried to place myself further away. He didn't look even then. Then I placed my son on his back and talked to him and he looked towards my face and at my mouth because I was talking so my mouth was moving. If I didn't say anything he would not look towards my face. So, at 4 months he was looking towards my face (never into my eyes) while laying back if I talked, and when he was in upright position he could not look towards my face at all. I would call his name and he would not look towards me. When my son was almost 5 months old we had a pediatrician appointment and were told my son is blind. We had his vision checked two times and he can see perfectly. Then we went to another pediatrician who right away saw my concern. We saw the developmental pediatrician when my son was 7 months old. They sent me the report saying that they see red flags. No eye contact. Meanwhile, from 5 to 7 months my son started to be able to look towards faces but not in the eyes, just at the mouth and not for a long time, just a few seconds. They also said my son had no reaction to peak-a-boo, never smiled, responded to the name, but didn't change his facial expression which may mean he just responded to the sound. Now at 9 months my son is very hard to engage. He rarely smiles. He never laughs. I have to work extremely hard to make my son look at my face. He never tries to engage me or looks for any interaction. I breast feed him. The only time he cries or whines is when he is hungry or tired. Otherwise he can keep himself busy without me. He never checks in with me. No stranger anxiety. When I feed him solids he refuses food. It's a struggle to feed him. I feel he is in his own world.
>
> I try to work with him every day. I try to engage him as hard as I can even if I don't have much success. One thing new that happened this week was when he was playing, I went to the other side of the room and I said: come to mommy!!! And he dropped the toy and came crawling towards me. I took him in my arms but he doesn't show any joy or affection. He also understands 3 words: daddy, light and breast. He looks towards the door where his dad comes home from work, he looks up for the light and pulls my shirt for my breast (I still breast feed him) when I asked him. His motor skills are excellent. He has being crawling since he was 7 months old. I think he is doing fine with the gross motor.
>
> Here where I am located, they don't know much about helping a child that has so many red flags prior to 2 and a half years. I understand that early intervention is of key importance. A friend of mine recommended I contact you for help. I am trying as hard as I can to help him. I am so focused on what he can't do that it's sometimes very hard to function.



On one hand, we can certainly see an infant with a developmental disorder, involving attachment difficulties, as well as emotional and cognitive difficulties. On the other hand, there is a mother striving to reach her son. This is a daily struggle for the mother, which may gradually draw her into a weak inter-subjective position and may impact the baby and thus form a vicious cycle. Does this case illustrate a pathway to autism? How should this case be evaluated? Should we wait for a firm diagnosis of autism at the age of 2 or 3, taking into consideration that even then diagnosis might be misleading? Can we assume (after negating the possibility of any medical problem) that this is a case at risk for autism and use the helpful term of pre-autism?

Trevarthen himself claims (Trevarthen, 2005) that understanding age-related "difficult periods" and problems in relationships of attachment requires recognition of the different "need for companionship," thereby offering an opening for overcoming distress and anxiety. Furthermore, he says that differences in temperament and sociability can be related to differences in prenatal development.

For many years, when parents of children with autism were asked when they first discerned that something was irregular in their child's development, many of them would answer, "*I felt from the age of a few months that something was not right with my baby but everyone said that I was a hysterical mother.*" In many cases, when a baby does not react to their parents, the parents tend naturally to develop anxieties that may radiate to the infant and thus create a snowball effect due to mutual anxiety. Mutual anxiety is often observed in families with children diagnosed with autism (Alonim, 2004).

## A window of opportunity for psychodynamic intervention

As we gradually attain increasingly more empirical evidence regarding genetic and neurological predisposition to autism, how do we align this evidence with psychoanalytic perceptions of the autistic phenomena?

In their last study, Courchesne and his colleagues (2014) found focal disruption of cortical laminar architecture in the cortexes of a majority of young children with autism. They claim that their data support a probable dysregulation of layer formation and layer-specific neuronal differentiation at prenatal developmental stages. These findings may support the assumption that there is a prenatal disposition for the development of autism. If so, then each day of a newborn infant at risk is crucial.

When the Mifne method began to develop in 1987, much effort was invested to lower the age of diagnosis from 4–5 years to 3 years. Many professionals questioned, *how can we label a 3-year-old child*? To some extent, this same debate still wages, despite the fact that even the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-V) eventually pointed out that autistic symptoms may be seen earlier than 12 months old.

As mentioned in my first commentary (Alonim, 2013), I do see a window of opportunity in an infant's first year of life, the time when self and attachment development stages occur. When these processes fail to evolve—we may assume that a major barrier is formed, which may lead to autism. Therefore, therapy at this period of time is crucial and may shift the whole life of an infant and the family. Therapy means not just for the infant but for the parents and this involves the development of the important capacity of containment; the parents' containment of their infants and containment of parents within psychodynamic processes.

I assume, that this conception of the need for therapy is also reflected the content of Voran's response: "Now, in this important project we need the psychoanalytic mind as a constant guide and companion" (Voran, 2014, p.269), an opinion, which is also supported by Schore (2013):

> Over the last two decades both autism research and treatment have been dominated by cognitive science, cognitive neuroscience, and cognitive developmental psychology.. . . there is now a possibility of re-forging a bridge between autism and psychodynamic attachment-informed treatment models, including models of early assessment and intervention. (p. 178)

I fully agree with Voran when she says:

> . . . by psychogenic autism, I mean a pathway to autism by which infant sensitivities, and perhaps also regulatory challenges, interact with the parents' psychology, leading to difficulties in the infant-parent relationship, the infant's recruitment of autistic defenses, and then autism. (Voran, 2014, p. 263)

Trevarthen also believes that in Voran's case, the parents needed help to bring the world around the infant, the "environment," to a more accepting state, regulating "the stream of stimuli, stimuli unattuned to Jane," about which she may have been expressing her view as a "witness" (Trevarthen, personal discussion, June 2014). This highlights the need for thorough psychodynamic work with the family.

In concluding, I would like to support Voran's view: "to me, it seemed that Jane would have steered away from other minds, just as she felt others had avoided hers. Deprived of sufficient maternal containment, trying to evade desperation and annihilating anxiety, Jane was creating a self that would not have readily engaged in relationships. A failure of containment in this way, might have led to a constricted life" (p. 268).

Autism is more than the sum of its parts and is considered as a neuro-developmental condition. However, as long as we do not have clear biomarkers to diagnose autism we shall have to rely on our clinical observations. Similarly, psychoanalytic and psychodynamic concepts may play a valuable role in opening insights into aspects of the inadequate development of self in infants, which is the core of autism. Great care needs to be taken to ensure that these concepts reflect and do not obscure the clinical reality. Therefore, I would like to suggest that although diagnosis is essential in order to map the infant's needs and to provide a focal treatment, the bottom line is that treatment is ultimately given to the infant and not to the diagnosis.



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