



The primary maternal concern in autism

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ABSTRACT

Introduction: The studies on the primary maternal concern of Donald Woods Winnicott are related to the capacity of the mother in the act of dispensing mindfulness and care to the baby so that there is no terror, agony, and helplessness. **Objectives:** The objective of this study is to understand the situation of helplessness of the mother in the face of invasion and failure in the environment and at what moment this vulnerable situation begins. **Methodology:** the method in psychoanalysis corresponds essentially to three articulated elements that urges a psychoanalytic psychopathology remaining from the accurate and sophisticated look of the Freudian clinic with the hysterical and, consequently, its investigation of the production of hysterical symptoms: experience, investigation, and interpretation. **Results:** The case study of the mother A.S. demonstrated that after a rupture, a transgression, an invasion, agony, and terror set in and the possible identifications would be emptied of symbolic and imaginary contents mentally striving to remember, repeat and elaborate, without success. **Conclusion:** This work focused on the considerations launched from the studies of Donald Woods Winnicott on the primary maternal concern and the identifications, social ties and the constitution of the subject in autism. The case study presented in this work is about the A.S., a mother of a three-year-old boy and her personal history constructed since pregnancy in a universe of relations between the symbolic and the imaginary so that the subject can be constituted in the field of the other.

Keywords: Psychoanalysis, Winnicott, Primary maternal concern, Autism.

1 INTRODUCTION

The term autism was first used by Eugen Bleuler used for the first time what, for Schizophrenia, should be identified the symptoms inherent to the orientation to subjective life that alters the perception of the world (autism in the conception of Eugen Bleuler), lack of unity of consciousness, presence of characteristic symptoms, evolution with inevitable deterioration and a multidimensional construction. So, what was described as 4 (four) A(s), by E. Bleuler, are 6 (six) symptomatic behaviors: ambivalence, blunted affect, associations and dissociations of thought, attention impairment, blunted affect and autism.

When one does not reach the extreme of early autistic defense as a consequence of the failures of the environment, we have the pathology of the false self. This is also seen as a defense mechanism, its function is to prevent the exploitation of the true self by concealing it. (Winnicott, 1960/1979).

The studies on autism come from the research of the Austrian psychiatrist based in the United States Leo Kanner, in 1943, publishing the work *Autistic Disturbances of Affective Contact* known as Autistic Disorder of Affective Contact. In the journal *Nervous Children*, Kanner described the cases of eleven children with an obsession with preserving sameness and extreme isolation from birth. Already in this



description we notice a relationship with the intensity of imaginative life, alienism and absence of responses to stimuli from externality.

According to the Winnicottian theory, in autism the child would produce a defensive organization, in the sense of acquiring an invulnerability in the face of the threat of being taken again by an agony previously felt, due to an "invasion" or failure of the environment towards him, in the phase of extreme dependence at the beginning of his life. (Winnicott, 1984 apud Araújo, 2004, p. 46).

The maternal physical sensations during breastfeeding and their presence during the act are initial elements that give rise to introjection. According to Schafer (1968), this is the usual reference of the internalization of the mother. This has the milestone from the sixteenth month of life, when a boundary is maintained between the internal and the external in this individuation. The development of the cognitive apparatus, that is, perception is the mechanism that makes the transformation between the representation of the object (what is good) that originates hallucinatory desire in an internal presence.

In this state of mother-infant indifferenciation, maternal failures and reactions to them do not arouse frustrations (a fact that is valid for later stages), but anxieties of annihilation, unspeakable anxieties that threaten the continuity of being (...). When a maternal failure occurs, we have the invasions that provoke reactions on the part of the baby. (Forlenza Neto, 2007, pp 406-407).

The development of the child, as advocated by Ferbain (1940), provides him with the internalization not only of a person or object, but as he expands his life course, the internalization also extends to complete relationships. Freud (1905) stated that an example of positive love experience is the period of breastfeeding the baby.

They (babies) do not have the understanding that we would have if we were in the same place where they are, but they are all the time having experiences, in a way that can give them confidence in the world or, on the contrary, leave them with a lack of confidence and with the feeling of being a piece of cork in the ocean, a plaything of circumstances. At the extreme end of environmental failure, there is a sense of unpredictability (Winnicott, 1970/1987, p.74).

The latent terror of losing the mother is an insistent propellant of the positive and loving feelings of the mother. Understanding the reasons for introjection (penetration) of "good" positive feelings seems to be more accessible, since bad/negative ones lack well-elucidative factors or aspects to describe.

Without the defense, the child would be faced with "a breakdown of the mental organization of the order of disintegration, depersonalization, disorientation, fall forever and loss of the sense of the real and the ability to relate to objects," which for Winnicott characterized the unthinkable agonies. (Winnicott, 1984 apud Araújo, 2004, p. 46).

An example that seems very likely to me is that a mother unwilling to gratify her child may be related only to another task and not necessarily to a disintegrating allusion of positive feelings directed to the baby,



however it is experienced, experienced and more, introjected, as aggressive, rejecting, violent, hostile and without affable availability by the infant.

Intense and repeated invasions lead to the feeling of annihilation of the self and defenses of the false self type that encapsulate the core of the true self. The individual develops, now, from the defensive shell, with reference alien to his being. The reaction promotes the enclosure of the core of the self, a sense of annihilation, and interrupts the *going-on-being*, the continuity of being of the subject. (Forlenza Neto, 2007, pp 406-407).

In Winnicott, it can be stated that the most striking change between Freud's works and his own was the methodology focused on the study of the mother/baby relationship. The study of this dyad as a psychic unit was the possible relationship of elaboration that evolves, from the demands and initiatives.

In the beginning, the individual is like a bubble. If the pressure coming from the outside actively adapts to the pressure from within, then the bubble is the most important thing, that is, the *baby's self*. If, however, the environmental pressure is greater or less than the pressure inside the bubble, then it is not the bubble that is important, but the environment" (Winnicott, 1949/1978, p. 325).

To cite a mother-infant constellation is to consolidate the preponderant role in the child's mental construct, actively. It is not in this theory, a thought structured in the distinction between these two beings.

The integration and maintenance of the state of unity brings with it other developments of great importance. (Winnicott, 1990, p. 139-140).

In this orientation, the environment is the mother and there is no segmental description, when she speaks of the mother in an imbricated way if she pinches the baby. With the evolution of the process, what is internal becomes external and separate from this oneness. The mother and baby brand becomes distinctive. The expression good enough mother is what is meant by environment facilitate and conducive to a positive experience. When there is not a satisfactorily good environment, child defenses occur.

Its etiology (autistic early defense) also originates in an environmental flaw, at the core of which the mother is not identified with her baby and cannot respond to its spontaneous gestures, eventually imposing her own. (Winnicott, 1960/1979).

An extension of the care of another human being is a definition proper to the Winnicottian theory: a being that needs the care of another being. The mother's role is to actively build mental space. It can be said of this action, that by being kind and good to the child, the mother provides the baby with a vital force that leads him to the changes necessary for his evolution gradually.

Love or care can only be expressed and recognized in physical terms through an adaptation of the environment from all directions. One of the changes brought about by birth is that the newborn needs to adapt to something absolutely new, to the experience of being pushed from the bottom up, instead



of being restrained all around him. The baby changes from the condition of being loved on all sides to the condition of being loved only from the bottom up. (Winnicott, 1990, p. 151).

For Winnicott's theory, to be a good enough mother is to provide the baby with the possibility of autonomy as a unique and primary experience. So the basis of creative doing is in this unique experience of maternal care. There is a moment of transition that occurs in overcoming the stage of absolute dependence to the relative one. This direction occurs to the extent that the baby has access to transitional objects and/or transitional phenomena.

We experience life in the area of transitional phenomena, in the exciting intertwining of subjectivity and objective observation, and in an intermediate area between the internal reality of the individual and the shared reality of the world external to individuals (Winnicott, 1971/1975e, p. 93).

There is an important relationship in the defensive process, that is, the lower the harmony and the relationship of affectivity, the greater the mismatch in the child's personality. We call this lack of alignment the "false self." For Winnicottian theory, the psyche is constructed through imaginative elaboration and the body plays an essential role in this synchronic correspondence. We have some very significant expressions in this elaborative process: accommodation of the psyche in the body (*handling*), time-space integration (*holding*) and effectiveness in contact with reality (*object*).

The child needs to leave the mother's lap, but not from there into outer space; This distancing should take place towards a larger area, but still subject to control: something that symbolizes the lap that the child has abandoned. An older child runs away from home, but only about the garden. The fence now symbolizes that aspect of the narrower holding that has just been breached: the house, let's say. Later, the child elaborates all this when he goes to school and enters into relationships with groups outside the home. Each of these groups represents an escape from home; But at the same time, they all symbolize this home that was left behind and, in fantasy, destroyed. (Winnicott, 1965, p. 132).

The sufficiently good environment will support the gradual development of the initial psyche-sum. The invasion felt by the psychosome with the formation of a bad environment impairs the normal and natural development of the baby's experiential experiences. This failure in cohesion disintegrates the self, weakening and sickening the baby by the failure in the mother-baby relationship. The understanding of the false self (shell) and the true self (core) consolidates the subjective sensations of the mother/baby dyad.

The mind is the main abode of the false self, Winnicott often told us, contrasting it with the true self, related to basic physiological processes, especially the functioning of the heart and breathing. Thus, intellectualization is one of the most frequent expressions of false self individuals, who intend, with a hypertrophy of their intellectual aspects, to cover up everything that is most genuinely human, instinctive, vital. (Mello Filho, 2001, p.151).



2 METHOD

It is from the three psychic spaces: internal, external and transitional of transience that an intermediate zone erupts that originates in an initial narcissism to the judgment of the possible reality. It is in the use that the child makes of the transitional object that the importance of the real erupts, already articulated to the symbolic and imaginary.

In autism, these three psychic spaces interrelate and merge because of an impoverished partial identification and the use of the transitional object inappropriately and inconsistently. Social withdrawal is a manifestation that erects an unfinished process of strengthening a *self and an absence of holding and handling*, if not accommodation of the psyche in the body and, also, absence of time-space integration.

The maternal separation causes intense strangeness and the anguish is found in the signs and symptoms of children, the transitional object contributes to a gradual evolution without traumatizing impacts for the baby or even a child who is involved in this process of dual separation.

Spontaneous gestures are the most productive way to measure the evolution of a baby in this autonomy, distancing from the lack that would fragment her self and make this maternal absence a feeling crystallized in fear and fragility. This growth is innate and provides naturalness to the specific knowledge processes of each phase nuanced by experiential experiences and their respective transitional phenomena.

The autonomous responses that are specific and unique to each child demarcate the affective "territory" of the maternal relationship. It is in the spontaneous response to the child's initiative that this link is effective and consolidated into positive energy in the constitution of a true and strengthened self. What about vicissitudes? They will exist, however, the child will be able to endure and even more overcome the maternal carelessness of negative responses to her demands. Poor response to puerile demands results in a gradual loss of childhood spontaneity.

3 A.S. AND THE STORY OF HAT REINFORCEMENT

R.A has always been precocious and from the age of three has demonstrated a relatively developed set of social, psychomotor, play and language skills, based on tracking his abilities compared to a typical child of the same age. The social withdrawal of R.A. was observed in the first months extending to the end of twelve months. Significant losses were increasing considerably, especially in social relationships and in the understanding of relationships between peers and family. Gradually, the relationships of social belonging were strengthened, mainly by the efforts of the parents.

The limitations in the initial behavioral repertoire were closely related to the prognosis of ASD/Autism, which is speech (language). Today, there is a growing evolution in the developmental and academic skills of the R.A. apprentice, but it was not always so. His mother played a decisive role in the positive outcome and the reinforcing contingency of the behavioral curriculum taught to the learner and



ensured that there was affection and security in the transition to the spaces of social and cultural incursion of him. This follow-up was decisive in self-regulation, sensory search and relief, functions of maladaptive behaviors, including motor and sensory stereotypes.

According to maternal report:

One of the first stereotypes R.A. had was playing with the plastic pots on his head. At first it seemed to me to be without function as I still had no knowledge about ASD, nor about ABA.

I reported to the psychologists that he took the vessels in his mouth a lot, with the function of biting. They said I would have to redirect it, giving some 'function' to the bowl, that's when I had the idea to put it on my head, and imagine a hat.

From then on, he always put the bowls on his head, so he couldn't stand anything on his head, never even wore a cap as a baby.

After a while, my brother returned from a trip from Rio de Janeiro with a hat to our surprise Rafael was enchanted by the hat, began to wear it indoors and to every corner we went. Today, in addition to the hat having been discriminated against, there is the generalization of also wearing a cap.

If he sees someone on the street with a cap or hat, he wants to pick it up, then I say yours is there at home.

Another interesting issue was the presence of echolalia in speech. He always repeated the same sound as a baby: "went," went, "went." We were observing what this "Ia" would be, even before the diagnosis of ASD, with about 1 year of age, approximately.

He used a pacifier, sometimes I would play with him to hide the pacifier, and he wouldn't stop repeating "Ia", so at that moment I concluded that "Ia" was the pacifier.

Today I see that it does not, because sometimes sporadically sometimes he releases this Ia.

Even after 4 years. This pattern in speech remains open.

He also features a sometimes constant repetition of "Aaaaa", and when I see him saying Aaaaa and I introduce Eeee to him as well.

My knowledge today about autism and behavior allows me to be sure and reassured that we are on the right track. The R.A. until last year did not emit vocal sound. I hadn't heard him speak a syllable, until he suddenly started singing only the chorus of the song "Bus Wheel."

The bus horn makes "Bi bi bi..."

Knowing that within this science we can enjoy everything, even if singing the song becomes a stereotype, but the DRO is a possible reinforcement to apply, today I do not see with bad eyes, we must consider everything that a child does, and contribute from this to the development of the same.

Today, thank God, and the therapists, we are getting closer every day to functional speech.

Rafael already talks gives, leaves, mom, daddy, and sings a lot of the songs he likes.

4 DISCUSSION

R.A., since childhood, around a year and a half and two years, already used the objects in a dysfunctional way, for example, plastic vessels and other objects were taken to the mouth, with a change in focus and intensity, with sensory stimuli or unusual interests for sensory aspects. The professional who accompanied the child advised that a functionality be included in the inputs or objects used in playing.

From this sensory alteration, there was always hypersensitivity (reaction against textures, or even search for sensation, relief and self-regulation) in the head, at which time it was reported by the mother that the objects (plastic containers) were placed on the head, in a simple act of daily play. This more intense sensitivity caused a flight of demand, or even an avoidance to perform functional or personal care activities, such as cutting hair or another task that required a more well-developed tactile skill.

As much as the mother insisted on the inclusion of toys and games that related to this hyper-reactivity, R.A. continued to renounce any kind of tactile desensitization initiative. The change occurred from the



moment when the maternal uncle, according to the mother's account, presented him with a hat, the uncle's hat. The inauguration of this trait, after the strengthening of the bonds of social belonging with the family, made possible an identification and transfer of libidinal energy to an external object. According to his mother's account: "Don't take off this hat for nothing."

With regard to the diagnostic criteria of social-emotional reciprocity and understanding of relationships, family celebrations, community activities and academic skills in less restrictive spaces have always been a challenge for parents, family and friends who participated, becoming a tense situation and resulting in a series of stereotypes, both in speech (echolalia, as in *flapping* and *rocking behaviors*).

The desire (expressed in the speech) of the parents for closer family relations with other children is an instance that erupts in the symbolic "*just like the father, who also related socially in a punctual and singular way,*" according to the mother's account. The child with autism does not subscribe to the desire from the search for a lost object, because it is in the repetition (imitation) the process of development of his developmental abilities and his psychic reality are of return to an initial position.

Thus, we could situate the real "in what always returns to the same place" (LACAN, 1964/1988, p.52).

5 FINAL CONSIDERATIONS

The child in ASD/Autism has an impoverishment in the relationship between body image and body scheme, respectively the mental configuration of his body and the recognition of his physical (biological) body. The updated research and literature that present the psychopathology of children with autism and symptomatic behaviors (DSM 5/2013) have in diagnostic criteria B a series of behaviors that are presented as: motor movements, insistence on sameness, fixed and circumscribed and perseverative interests, with alteration, abnormality, intensity and focus, with attachments to unusual objects, with circumscribed or perseverative interests and, also, hyporeactivity and hyper-reactivity, with sensory stimuli or unusual interest in sensory aspects and reactions contrary to textures.

The early R.A. apprentice presented considerably the criteria A and B, and the therapeutic interventions carried out between clinic and school were effective, with a behavioral curriculum that contemplated the skills of personal and functional care, social, language, psychomotor and play. The stereotype that was maintained for a considerable time was the one corresponding to criteria B1, B2, B3 and B4, mainly motor movements, insistence on sameness and hyper-reactivity.

The Behavioral Skills Training (THC/BST) and Social Skills Training were fundamental for the programs to be carried out and the activities and tasks to be performed for the installation of a behavior. Parental orientation, then, was decisive for the replacement of a problem behavior by one, socially accepted



or desirable. Early behavioral intervention was effective and provided baseline and operant level for the generalization of developmental skills of socialization, interaction and belonging of a group.



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ATTACHMENTS

PHOTOGRAPHIC RECORDS

Figure 1. Primary identifications are essential for the effectiveness of secondary identifications, based on maternal primary care and the safety of this subject. The relationship of mother and baby in the strengthening of the bonds of social belonging and in the subjective constitution in symbolic games.



Figure 2. Repetition memory in autism results in dysfunctional and inappropriate use of the object. The hat was used for inanimate objects, mainly rotating or circular.





Figure 3. The replacement of a maladaptive behavior by a socially accepted behavior by modeling in the development of social skills.



Figure 4. After the modeling, the relations between the symbolic and the imaginary of R.A. were observed, which in the insistence on sameness conceives the generalization of developmental abilities of play and social, as well as the diagnostic criterion A3, of understanding relationships and imaginary games.

