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At Someone Else's Land... We Step On The Floor Slowly!

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> *"I lost something that was essential to me, and that isn´t anymore. It isn´t necessary, as if I had lost a third leg that till now was an obstacle to me to walk, but made me a stable tripod. […] I know that only with two legs I can walk. But I miss the third leg and it scares me. […] I know I will need to be careful in not using subreptitiously a new third leg which in myself grows easily like grass, and calling this protective leg ´a truth´."*
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> *Clarice Lispector*[3]

We live at a speedy time, where we have no guarantees anymore. A time marked by a permanent and laborious redescription of what we are and which is the world where we live on. Nevertheless, we gain in freedom, a range of uncountable possibilities of existence has been opened to us. As a matter of fact everything provokes distress, unquietness and, often, a feeling of helplessness.

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[3] Lispector (Clarice), *A Paixão Segundo G.H.*, Rio de Janeiro, Editora Rocco, 1998.

At this time of old truths' intense deconstructionism, also in the clinic we are constantly launched into the unstable, the unpredictable and the loneliness of distinct and particular experiences. The only way out, at least as one, is to redescribe and retell what we find in the dialogue with partners and, through these exchanges, to advance to questions, much more than answers. It is with this aim that we bring up some considerations today about our experience on diagnosing autistic children, its ethical implications and its extensions for us, for those children and their families.

This concern derived from the fact that we have often been requested by parents who bring their children for a diagnostic, often required by schools, sometimes by pediatricians, seldom by neurologists, but mainly by parents' or relatives' own initiative.

In addition, we have found, during the children's psychoanalytical processes, an insistent claim, by the parents, for a diagnosis here understood as a word, as a classification, as the most correct statement to describe the undesirable aspects presented by the child.

The growing demand has been then a challenge and an opportunity for us, because it has made us think about the reasons motivating this insistent demand, the consequences of what we have to say about the child and the ethical position that we find and on which our clinic is based.

Maybe most of us agree that we have lived at a time of performance, extended to everyday life various sectors. At this scene, scientific undeniable advancement has propelled the cult of normality, sustained as an ideal to be followed by all. Considering this ideal, any sign of "inadequacy" against the imperative of performance's excellence and continuous happiness risks to be target as faults that must be, by preference, summarily eliminated.

In this way, it's understandable that from possible signs of psychological suffering, the psychological diagnosis is aimed as it happens with the biomedical ones. It is similarly expected from the psychoanalyst to identify the symptoms' causes, to circumscribe this particular psychological suffering into a universal psychopathological classification, and also to indicate the best healing therapy.

An important question related to the psychoanalytical practice and ethics is concerned with the use of universal categories. Psychoanalysis, although being constituted as a particular discipline, which insists on each human being as unique in his course, makes use of generalized metapsychological and psychopathological terms risking to imprison, to reduce and to simplify not only subjectivities but also clinical experiences. These issues, that we psychoanalysts have still so poorly approached, become striking when dealing with children, as we address it below.

Thinking of a search for a diagnostic as the only answer to the contemporary requirement of normality is not enough for us to understand what we have found in the clinic. That is why we need to advance to some thoughts.

First of all, it is important to say that this kind of evaluation has been the extreme way to embrace all these subjects, therefore we convert the diagnostic process into an analogous process of preliminary interviews implicated in any demand for analysis, even though knowing that this task would require a short time. Despite of the usual claim for precise diagnosis, described and recognized by the international illness codes or scientific theories, we prefer to listen to an individual human being, concerned about a contingent and particular suffering in respect to his or her condition in humanity. In this sense, what we have found is so singular, much more than what is commonly expected in him or her and the family, that we start to consider and point out not only to parents but also, and principally, to ourselves.

Estimating the real value of listening greater than its nosographic/classified convention itself, which indicates usually the best therapies to each case, we abandoned the position of simplistic signs or symptoms´ investigators in children and parents. Approached in a general and universal way, this research revealed invariable psychopathological profiles and syndromes that confirmed and reinforced our theories. Many times theories like these served as third legs, comfortable tripods preventing us from progress.

The listening space has allowed us to doubt established truths about an individual, making possible to work out processes of subjectivity. In common language, it means that this kind of evaluation has had therapeutic effects.

Certainly we need to find a distinct term for this practice, because the word diagnosis is not an adequate designation for our everyday experience. Research, observation, reception, first interviews, as a matter of fact we have not aimed to find out the appropriate term to apply the space of listening in our institution.

Nevertheless it is important to point out a significant change here at this diagnosis' position. It is not about not answering usual questions on diagnosing anymore not to give up our analysts' position, nor avoiding the diagnostic effect. It does not mean that we should not explain to the family the child´s possible effects, meanwhile significant transference ties has not been established yet with us, as it has usually been done. We ought to question ourselves about the autism concept itself, based on efficient and courageous reflections sustained by Ana Elizabeth Cavalcanti and Paulina Rocha[4] in their most recent book. Octávio Souza[5] admits: " no doubt it is a radical position contrasting to the psychoanalytic tradition, if by the one hand it has worked relativizing the normal and the pathological distinction, on the other hand it has never refused to consider the normative of the psychic apparatus' function, therefore there is a need to think about this typological normative failures."

Cavalcanti and Rocha also call attention to the danger on building autism as a syndrome, by emphasing its iatrogenic diagnosing effect which Winnicott[6] has contested and has become a hegemonic idea nowadays. Criticizing Kanner, Winnicot, based on his extensive experience as a pediatrician and a psychoanalyst, argued that before building autism as a syndrome, emergent signs of psychological suffering in children could have as much as possible different developpements and destinies. He has also inquired if the autism invention has not caused more losses than achievements for children and their families.

During the last eight years, we have received in CPPL a crescent number of younger children for evaluation and treatment. More recently, we have had the opportunity to observe children under 30-month-old, at younger age than usual.[7]

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[4] Cavalcanti (Ana Elizabeth) and Rocha (Paulina Schmidtbauer), *Autismo*, São Paulo, Editora Casa do Psicólogo, 2001.

[5] Souza (Octávio), mimeo, copy of a text given by the author.

[6] Winnicott (Donald Woods), "Autismo" in. *Pensando sobre crianças*, Porto Alegre, Editora Artes Médicas, 1997.

[7] Oliveira (Ana Maria Rocha de), "Sobre o processo diagnóstico na clínica psicanalítica com crianças", conference in the XIII Jornada do Círculo Psicanalítico de Pernambuco, Recife, october 1996.

Although too young, generally these children arrive already diagnosed by a professional from the biomedical field or by their parents´ belief as autistics. In the parents' case, they have watched a film or read on the newspapers about it. This happens because since 1940s Kanner's[8] invention as a syndrome has been widespread in social imaginary.

Therefore, we have received younger children surrounded by a diagnosis, which predicts their inflexible dark future, which in the majority of cases it seems an evil fairy curse, from sleeping beauty's cradle, which traces an unchanging destiny. "A true sentence of death", as once a mother told us, after hearing from a psychoanalyst that her three-old boy would never speak, would never express affection or recognize his parents. He suggested that the child should get out school (where he was very well adapted), because in this way no expectations would be built on the child's impossible reactions. According to this, it is not strange the fact that these parents already cried without stopping night and day as if their child had died, they told us.

In this case, the child's wide field of possible subjectivities has been radically reduced and banned. From this child, reactions and a specific behavior could only be expected as coming from someone having a particular syndrome, with all possibilities already determined. An identity is given from which infinite possibilities available to any individual are left behind. This is not only given for the child's parents and for the child. What is posited to all professionals who deal in one or other way with these children when a psychoanalyst colleague refers to an autistic child in a public communication as "your nothingness majesty"?

Being in touch with very young children and their parents has caused a truly old conceptions revolution, which used to be unquestionable when autistic profiles were mentionned, how they were fit and manifested. Once avoiding the lens of impossibilities determined by theories which support this syndrome, we start to see the colors of different forms of being in the world, of communicating, of establishing needs and, principally, very singular ways of being at someone else´s company. This make us agree with Winnicott when he points out the unproductiveness of this syndrome's invention.

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[8] Kanner (Leo), "Distúrbios do contato afetivo" in. Rocha (Paulina S.) (org.), *Autismos*, São Paulo, Editora Escuta, 1997.

At a time when nothing predestinate us, not even our biological sex, neither the colour of our skin, nor our nationality and family´s name, what we are and will be is left to be constructed by ourselves throughout the interplay within alterity. Universal concepts that used to guide us became relativized. The reference to transcendence is not absolute and unquestionable. At this scene, there are no fixed or unchangeable identities but opened, contingent and plural ones. We can state, without overestimating, that in this world there is a potential place for everybody, for his or her particularities and differences.

It is disturbing to examine that despite of all radical changes in the way of seeing ourselves and seeing the world, we still sustain that some destinies stay inexorably predetermined by some individuals. We reproduce with children called autistics the same experiences concerning minorities; the ones - that through a legitimate intention to be recognized by their differences, having voice and chance – they have also ended up crystallized by their identities, reduced as being black, homosexuals, Indians, women or handicapped and so many others to be defined by a unique character.

If by the one hand we gain in freedom, on the other hand a helpless feeling surrounds us, brought by this vertiginous deconstruction of tradition. As Maria Rita Kehl[9] reminds us: “the fear of suffering mixes with the fear of the unknown”. Here the unknown relates to the new, to what was not predicted, to the unusual or, using Hanna Arendt´s expression, appreciated by Jurandir Freire[10], it relates to “no more, not yet”. Or like Roudinesco[11] says, “we suffer from a conquered freedom because we do not know how to benefit from it yet.”

In this perspective, we started to work the hypothesis that the tireless search for a nosographic classification could have, for some individuals, a peaceful character on finding an identity to something which is radically different, through which is recognized by itself, where a feeling of belonging to a group is given.

It reminds us of a boy who was brought to us when he was 30-months-old. He presented wide significant range of signs considered autistics. However, what called our attention most was his surprisingly ability to communicate

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[9] Kehl (Maria Rita), *Sobre Ética e Psicanálise*, São Paulo, Editora Companhia das Letras, 2002.

[10] Costa (Jurandir Freire), “Não mais, não ainda”, text found on internet, site www.direitoshumanos@usp.br.

through his eyesight, in situations of his interest. This child's intense eyesight contrasted with all his so-called "autistic" manifestations, a fact also recognized by his parents.

It was possible through this road, to support for a long time this child's case as an enigma for us and for the parents. Considering this case as an enigma has provided the boy a chance to occupy other spaces as a child. After a year of work, we heard from his mother that people had not asked if he was autistic anymore, since in his own way he was playing, speaking and interacting at home, at school and at the park. Even though, his performance was not the same as other same age children and this fact worried his parents. What would he be? Which future could he have? This new situation was unbearable for his parents as long as it was not possible to reduce their son's description in a single word. According to them, talking about their child now required longer explanations. If he wasn't autistic, what was he then?

This mother who has often recognized her son's changes succumbed with her husband to the appeal for a peaceful given nosographic category. At this moment, the child was finally brought to a psychiatrist, who finally diagnosed him as autistic, avoiding a psychoanalytical work and prescribing a behaviorist approach, instrumental, since little should be expected from a child as that one.

The couple, who previously had to deal with the horrible inconvenience caused by a wired child, accepted immediately this psychopathological label, therefore, in a peaceful way, they started to deal with a son who had a syndrome, whose destiny was predictable even though shadowy. For this child there was no other existential possibility and subjectivity, unless previously defined behavior and attitudes characteristic of someone having this syndrome.

His parents, now an autistic boy parents, could join an identity and find a stable place, where it is even possible to follow behaviorist manuals, prescribed by specialists.

Another case follows similar direction.

A 38-month-old boy was brought to us with autism's diagnosis given by his relative uncle doctor. We questioned this diagnosis since the beginning of

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[11] Roudinesco (Elizabeth), "Por que a Psicanálise?", Rio de Janeiro, Jorge Zahar Editor, 1999.

the treatment, but his family tried to argue the opposite, based on Internet data and other specialists and emphasizing the child’s autistic traits, trying to convince us of our mistake. Meanwhile, the boy was surprising everyone, expanding his capabilities of environment interaction, quickly improving his skills for verbal communication; he was showing himself proud of what he was conquering and discovering. According to his mother, even the neighbors had mentioned the boy’s change.

However, the boy was sent to Sâo Paulo twice, during the time he stayed with us (about a year and a half), to be submitted to a test by a prestigious group of specialists, that after ostensive tests concluded that his progress was undeniable and, therefore, he was not considered as an autistic case and was diagnosed as aphasic. They did not recommend the psychoanalytic treatment and prescribed a behavioral therapeutics.

As long as the child continued to be under our care, we got in touch with that medical team to question about the unusual aphasia diagnosis. Surprisingly, they explained that it was the best resolution in order to not send the family back home with empty hands, since the autism’s diagnosis was left out.

How could we understand, in this situation, on “ not leaving the family with empty hands”? Why should a psychopathological label be offered as the only way to identify some individuals, from which it turns out to be the only way of identification based on the simple fact that they carry out unusual character?

Calligaris asks: “…why do we live in a time so passionate for labels? Why are we so eager to be labeled or marked?”

We think that fragments of those cases partially answer Calligaris questions, because they are emblematic on searching for a place, an identity whichever it is. For some people, it is better to stick on assured identity place, even though it is terrifying, rather than to be launched within the unpredictable, which our world offers.

Therefore, we could think with the aim of finding a label, a psychopathological brand to fit in, it avoids for some the anguish caused by the enigma that the child always poses to family members, educators and specialists, when they do not know what this child is and how will be; specially when this child challenges everyone through radically different manners of being in the world.

Mobilized by all these facts, we decided to question some established truths founded in theories in order to build along with families other possible understandings to be lived with their child, opening then possibilities to subjectivities, as we will see in the following case.

A 24-month-old boy came to us as autistic diagnosed by a psychiatrist who had not advised the parents the child's psychoanalytical therapy, since he defined as a genetic syndrome with an obscure prognostic, he prescribed a behaviorist therapy, associated to *haldol* prescription in order to make it possible for the parents to stand the child. The psychiatrist advised the couple to find out information on the Internet and to search for an autistic children parents association.

Troubled by the diagnosis, the parents went back to the same psychiatrist some time later. After researching on the Internet, they told the doctor that information they had found about autism did not fit their son's case: "either he was not autistic, or those information about autism were not right". Then the doctor explained that there are different degrees of autism. After reading about the medication prescribed, they decided not to use it, because if it was to calm their child, they preferred to use *maracujina* , a natural medicine prescribed also to other children.

In this case, despite the parent's restless feeling towards the unknown about what was going on with their child, they were able to doubt the word coming from an authority, a reputable specialist. Thus, refusing this *prêt-à-porter* diagnosis, those parents took charge of the hard task on redefining and reencountering their child, who though not behaving like other same age children, he was surprisingly responding to his parent's "investment" which was taking him from the predestinate and common place called a syndrome.

We believe this process was feasible because a space of listening was maintained freed from some theoretical naturalized beliefs considered as unequivocal truths, which easily tend to become into dogmas.

It is important to be alert in not transforming the clinic into a kind of a "Procustes' divan",[12] as mythology tell us, it was in an iron cot, where "Procustes used to tie everyone who fell at his hands. If they were smaller than his cot, he stretched their legs, and if they were bigger, he would cut the longer parts".

Furthermore, we hope that the clinic and its supportive theories become a place for infinite constructions, often provisional, opened for unpredictable life facts, which have always stubbornly escaped from us.

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[12] Bulfinch (Thomas), *O Livro de Ouro da Mitologia*, São Paulo, Ediouro, 1998.