

## Body and repetitive memory in autism



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### ABSTRACT

**Objective:** The objective of this work is to present the body as a memory of repetition in Autism and what would be the consequences arising from placing this body in relation to the internal and external world, with spaces, others and oneself. **Methodology:** The meaning can always be different and, in the specificity of the constitution of the autistic subject. Thus, the production of meanings is understood in comparisons, relations, dissonances, approximations and displacements. It is in the event and in the analysis of other materialities (non-linguistic) that we will present the results. **Results:** The experiential experiences of childhood and the

relationships between mother and baby are paramount for the subjective constitution and the production of meanings in the formation of the psyche. The affective life, the emotions, the identifications and the strengthening of the bonds of social belonging are anchored in this phase and from there emanate all the threads that link the unconscious content. The study of the history of the mother A.S. and her relationship with the little R.A. demonstrated that the child with autism is constituted in the regressive and partial primary and secondary identifications, with a singularity of its own constituted in the repetition. The symbolic and imaginary contents to remember and repeat are repeated without success in the elaboration. **Conclusion:** From the personal history of the mother A.S. and the son R.A., all the premises about the affective life, formation of the psyche and unconscious come from the studies of Sigmund Freud and the successor psychoanalysts who affirmed or refuted his writings, contributing to psychoanalysis becoming a theory in process. The case study presented in this paper is about the four-year-old R.A. and his mother, his personal history and the constitution of a subjective body in the memory of repetition.

**Keywords:** Psychoanalysis, autism, repeating memory, body, subjectivity.

## 1 INTRODUCTION

The term autism was first used by Eugen Bleuler, still related to the studies of Schizophrenia, with identification of 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, consequently, 6 (six) symptomatic behaviors: ambivalence, blunted affect, associations and dissociations of thought, attention impairment, blunted affect and autism.



The hypothesis, which is Freudian and validated by the casuistry already published, that the autistic's detachment from reality is never total, is indicative of the possibility of establishing a libidinal bond with the autistic (Quinet, 1999).

The studies on autism also come from the research of the Austrian psychiatrist based in the United States Leo Kanner, in 1943, thus 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, aloofness and absence of responses to stimuli of externality.

Leo Kanner (1943) described under the term *Autistic Affective Contact Disorder* a picture that he characterized by "extreme autism, obsessiveness, stereotypies and echolalia", relating them to phenomena of the schizophrenic line. (Volkmar *et al.*, 1997)

In this orientation, there are vital needs that cause us to continue even when we are exasperated and tired or without a clear expectation of reaching some external object. Different from what is thought, the demand of life does not come from what we want from the external world, that is, from our material aspirations. This does not cause us melancholy.

Melancholy is characterized, in psychic terms, by a painful dejection, a cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity and decreased self-esteem. (Freud, 1914).

Mourning for Freud (Mourning and Melancholy, FREUD, 1917/2010) is the cause for the relative impoverishment of the self and inhibition of the mechanism of topographic balance, which feeds only one of the instances in the topic.

Psychoanalysis informs us that there are two methods of finding an object. The first (...) is the 'anaclitic' or linkage, based on the attachment to primitive infantile prototypes. The second is the narcissist who seeks the individual's own ego and finds it again in another person. The latter method is of quite great importance in cases where the result is pathological (Freud, 1915, p. 229).

Reactions to loss are ideal or material in nature. About melancholy, we can associate the various biases present in the Freudian description of the grieving process. There is the impoverishment of the self and one has in it the lost object, which when it is decharacterized, depersonalizes itself.

It is through the search for a past and outdated satisfaction that the new object is sought, and that it is found and apprehended elsewhere than at the point where it is sought. There is a fundamental distance there, introduced by the essentially conflictual element included in every object search. (Lacan, 1994/1995, p. 13).

It is important to confirm that of this beacon, the psychotic structure is very similar to the symptoms of this melancholy, even though it is a very delicate subject and, in the discussions, several



authors do not agree with this type of positioning, we now use the line of clinical reasoning of approximation of this autism with psychosis.

(...) a much more energetic and successful defensive modality, which consists in the self-rejecting the unbearable representation, along with affection, and behaving as if the representation had never appeared. But the moment he achieved this the person finds himself in a psychosis that admits no other classification than 'hallucinatory confusion' (Freud, 1893-1899/1987, p. 59).

According to Jerusalinsky (2012), autism is a structure alongside psychosis, neurosis and perversion. The subject who appropriates language and is out of step in breaking with the signifiers of the other is inserted in psychosis. This does not seem to be the case, because the defense mechanism at work in autism is exclusion and not forclusion.

(...) In psychiatry this idea of a clearly defined disease is always erroneous, because each condition of psychiatric illness is mixed with deviations that belong to normal development. The details of the disease, childhood schizophrenia, really spread everywhere, and can be found in the description of any normal child" (Winnicott, 1963/1996 p. 176-177).

There is, in this case, an aversivity that is the result of a contained displeasure and led to tension, which expresses the motor movements, stereotyped, and repetition. One can imprint on circularity all the tendency to excess energy that should be detached to the external object and back to the ego, constantly.

Displeasure is always an expression of a higher degree of tension, and that, therefore, what occurs is that a quantity in the field of material events is transformed, here as elsewhere, into the psychic quality of displeasure [...] We recognize our mental apparatus as being, above all, a device meant to master the arousals that would otherwise be felt as distressing or have pathogenic effects. (Freud, 1914/2006, p. 92).

The most complex in the process of relations with autism is to understand that the lost object does not bring pain but rather pinches the process of emptiness, for the replacement of this object, without the understanding of the identity of thought. For Freud, the painful thing is not the loss of the object but the hard work of grief and its *hypersense of* connection to the representation of the lost object. Which is then eclipsed/fused at the same time as it makes a shadow.

The human organism is, at first, incapable of promoting this specific action. It is affected by the help of others, when the attention of an experienced person is turned to an infantile state by discharge through the alteration pathway. This route of discharge thus acquires the all-important secondary function of communication, and the initial helplessness of human beings is the primary source of all moral motives. (Freud, 1895/2006, p. 379).

In this case, the pain of bonding is that it requires *hyperinvestment and not* the pain of separation, what hurts is not to separate but to cling more and more. Bringing to the case of autism,



there is a universe of sensations that are responsible for this substitution, which is copiously experienced and experienced in circularity.

The repressed is, for us, the prototype of the unconscious. We realize, however, that we have two kinds of unconscious: one that is latent but capable of becoming conscious, and another that is repressed and is not in itself and without further work, capable of becoming conscious. (Freud, 1996, p28).

For autism, then, we must cast the apparent and decisive distinction for the clinic on the elementary concepts between loss and lack. The defense is in a constantly narcissistic relationship to overcome the depressive process of a withdrawal and exclusion and resulting from this the substitution, as a propelling element of the process of family healing to indifference and detachment. To overcome this isolation, there is a loss of reality that is distinguished in neurosis and psychosis.

In neurosis, a fragment of reality is avoided by a *kind of escape*, whereas in psychosis, the initial escape is succeeded by an *active phase of remodeling*; In neurosis, initial obedience is succeeded by a delayed escape attempt. Or, to put it another way: neurosis does not repudiate reality, it merely ignores it; psychosis repudiates it and tries to replace it. (Freud, 1924/2006, p. 209).

In the opposite direction of loss, there is lack, functioning as a propellant of the desire for life that detaches itself from loss as an incursion into the perceptual identity of connection to the lost object. As an antidote to loss, there is only the substitutionary representation of lack. And it is on this path that autism can be served.

It is about the phallus, and about knowing how the child realizes more or less consciously that his omnipotent mother is fundamentally lacking in something, and it is always the question of knowing by what way she will give him this missing object, and that she always lacks herself. (Lacan, 1956-57/1995, p. 196).

According to Freud (1900), only desire is able to put the psychic apparatus into action. The primeval experience refers to the reminiscences of the baby's experiences that still persist in our body sculpted in the psychic memory.

Traumas are either experiences about the individual's own body or sensory perceptions, mainly of something seen or heard, that is, experiences or impressions. (Freud [1938] 1996, p. 89).

The prototypes are hunger and the breast and the search is for satisfaction of this first experience of pleasure. It is in the encounter between the need and the other that the tension dissipates and the pleasure settles in. This other is what makes the role of promoter of this first satisfaction and of fulfiller of the function of primary care and protection.

The totality of the event then constitutes the experience of satisfaction, which has the most radical consequences on the development of the functions of the individual. (Freud, 1886-1889/1996, p.370).



The mental tread or facilitation is the repetition of this activity that is satisfied in the whole process of constitution of contemplation of a perceptual identity, which is also hallucinatory.

(...) The self-separates itself from the unbearable representation, but this is inseparably interwoven with a fragment of reality, and as the self carries out this operation, it also departs, totally or partially, from reality. The latter is, in my opinion, the condition under which a hallucinatory vivacity is attributed to one's own representations and, thus, after a successful defense, the person falls into hallucinatory confusion (Freud, 1893-1899/1987, p. 60).

Freud treats it as hallucination, because the insistence on the reach of perceptual identity allows the exhaustive investment in the representation of this primeval experience leading to the confusion of sense perception, with signs that refer to senses that are not real in time and in the event, but are in the memory of the repressed discourse of the subject. The imagery trace left by the experience of satisfaction is temporalized in the actualization of the saying, which is an action, but does not cease to merge in the hallucinatory act. And it is in this path, that once again, there is an approach to psychosis.

The seizure of the body by the subject requires, however, that a new operation take place. This operation, by which the body is subjective, is of the order of the imaginary, in that it depends on the investment of an image – the image of the body (Elia, 1995, pp. 152–153).

Contrary to the identity of perception, as a hallucinatory way of satisfying desire, thought arises, which by an indirect channel of fulfillment of this experience of satisfaction characterizes what it calls the identity of thought. The body will not be satisfied with the image, it desires the material and this movement will not be able to meet this need, resulting in the experience of helplessness. The wear and tear of investment in this imagery experience that will not be enough to feed the body is unnecessary, but it does ruin the investment that would produce the satisfaction of the libido.

Anxiety is something that one feels, affective state. As a feeling, anxiety has a very pronounced character of displeasure. It is accompanied by more or less defined physical sensations that can be referred to specific organs of the body. The generation of anxiety sets the generation of symptoms in motion and is, in fact, a prerequisite of it. (FREUD, 1926/1986, p. 155).

What requires drive comes from within. The demands of life then come from within us and from the vital necessities of existence. The discharge pathway is related to the pleasure principle and comes from inside the body. For Freud (1915/2004), the demands of life are essentially those arising from the interior of the body and from vital needs.

The source of the drive is endogenous, we call it the source of the interior of the body, by its constancy and its action is in the failure of the reflex mechanism of dealing with the external factors of desire and how this can be modulated with the internal desire. The experiences and vicissitudes of our body are mentally inscribed and neuroses are responses to the inscriptions and demands of work to maintain balance and pacification. It is on the boundary between the somatic and the psychic that the drive settles in.



The drive is the psychic representative of the stimuli that come from within the body and reach the psyche, as a measure of work requirement imposed on the psychic as a result of his relationship with the body. (Freud, 1915)

The experience of satisfaction is the starting point to deal with the accumulation of energy from somatic needs and psychic activities. This experience is gradual and the body is the mediator of this experience. It is through my own body that I experience myself and the other and also the world we see and we need to learn experientially to see it.

There is an action and reaction in what is expected of the attitudes of a subject towards the experiential experiences. In these relationships only desire moves and energizes the psychic apparatus. If the blockage in libidinal investment or desire becomes scarce, the psychic movement loses its rhythm. Wanting something is part of the phenomenon that puts to turn the psychic apparatus and in this decrease of pulsional investment, the fuel capable of animating the experiences becomes insufficient and the wheel stops turning.

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It can be said, then, that it is in the encounter between the need and the other that the tension dissipates and the pleasure settles. This other is what makes the role of promoter of this first satisfaction and of accomplishing the function of primary care and protection. The path or mental facilitation is the repetition of this activity that is satisfied in the whole process of constitution of contemplation of a perceptual identity, which is also hallucinatory.

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The autistic subject does not feel equal pleasure, but is satisfied with the corresponding updating of the experience, starting to seek reparation in the loss. In this game of conformation, there are no winners. The *mnemic mark* refers to the reminiscences of this support that inscribed in memory is located as an image in the scope of what will be the real of the impossible. This satisfaction is hallucinatory and will bring failure in the impulse investment, because it results in a mental confusion and confrontation between desire and need.





## 2 METHOD

The meaning can always be different and, in the specificity of the constitution of the autistic subject, literally, the others (alteration and intensity of the focus on people). In Discourse Analysis (DA), we use movement and relationship as a theoretical-analytical device. Thus, the production of meanings is understood in comparisons, relations, dissonances, approximations and displacements.

The internal, external and transitional psychic spaces are diffuse in autism, due to an impoverished partial identification and the use of the transitional object in an inappropriate and inconsistent way. Social withdrawal can be 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.

It is necessary to observe that a concept in AD is beyond relational, of an imbricated nature, because interdependence occurs in the emergence of meaning. This notion of archive occurs as a reading of material structure for writings and objects and also as memory, constituting itself as a significant materiality. Thus, autism has its concept in this psychoanalytic lens, in addition to nuclear, based on material historicity.

The central point of the methodology used when thinking about autism is that there is a consonance between the recognition of speech, not only as oral and written verbalization, but also of images, pictorial, forms and the realization of the memorable meanings in repetition. Thus, the event is an important term in AD, because for Pêcheux, (1975) the structure of the discourse is the language and when thinking of language, we almost always associate it with the verbal, being it a significant materiality equally of the non-verbal.

## 3 R.A. AND A.S. AND REPETITION MEMORY IN AUTISM

According to maternal report:

*R.A. since he was a baby had a lot of resistance to put on slippers, and closed shoes, but it was resistance even from a lot of crying.  
So, we put only sandals.  
When he started to go to the nursery we tried again, the slipper even with the elastic, he just did not stop shoes, he was walking and taking off the slipper.  
Until the time came for hippotherapy, we had to put on our shoes. I reported it to the psychologists, and they started working it out with him.  
Every day he went to therapy.  
He put his shoe on it and repeated it to include in the neural pattern  
Walked 1 (one) min  
And he took it off  
Another day 2 (two) min  
And he took it off  
And so, it was increasing  
Here, at home when we were going to go out, I also put on my shoe closed  
Even if getting in the car he was going to take it off  
Then I'd put it back on when we were going to go out  
When we realized it, he already agreed to wear it  
Without crying*



*Already with the slipper it was different, a little more difficult.  
I related to my mother his fixed interest in the Minions, when he plays a song, or when he sees a Minions doll in the street, he is amazed.  
Then my mother said she would buy him the Minions slipper  
To see if he would be interested  
When she arrived with the slipper, he saw the drawing opened such a beautiful smile  
And pants  
We walked repeatedly with him at home, and now we are in the training of walking with the slipper at home and then generalized to a natural environment.  
He already makes a point of putting on the sandals of the minions.  
With 1 (one) week that he won the slipper and is already wearing well. In a sequenced way.  
I thought: how fixed and repetitive interest makes a difference for them!  
Today I know that everything that has Minions, means of transport (truck, bus and train) holds his total attention and motivates him to perform the instrumental activities of daily living.*

### 3 DISCUSSION

The report of the mother A.S. confirmed that the little R.A. from an early age developed a resistance in the use of clothing and footwear, mainly by footwear (tactile aversivity/DSM-5 – Diagnostic criterion B4/Hyper-reactivity and hypo-reactivity), accustomed, then, to remain barefoot. This more intense sensitivity caused a flight of demand, or even an avoidance to perform functional or personal care activities, such as dressing occasionally for parties and events that required a more formal dress or another task that required a better developed tactile skill.

As much as the mother insisted on the use of closed shoes or even the most open ones as a flip-flop or any other of this nature, he did not accept and presented negative behaviors or threw a tantrum. The change occurred from the moment the mother started an activity with memory of repetition and reward, from compliments and words of security and support, with the aim of making him more comfortable and safer. The memory of repetition in autism is one of the most promising strategies in the affective relationships of the child and his mother, maintaining the bond of social and family belonging.

According to the mother's account, little R.A. has always had a preference for minions, which are fictional characters of yellow color in the form of pills, and all are equal and behave in a similar and coordinated way, corresponding to the repertoire of the child with autism, maintaining their routine and their self-regulation. His maternal grandmother, knowing this network of preference and understanding the situation, presented her grandson with a slipper of the minions, R.A.'s favorite character.

This initiative inaugurated the trait of primary and regressive identification and, after this reinforcement in strengthening the bonds of social belonging with the family, enabled an identification and transfer of libidinal energy to an external object. According to his mother's account: "He no longer takes off his slipper from the minions for nothing."





#### 4 FINAL CONSIDERATIONS

In the infantile phase, 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, which in the case of R.A., son of the mother A.S., was the insistence on the sameness of the minion characters and was presented by the maternal grandmother with sandals with the images of the drawing. The memory of repetition in autism happens initially with the motivating element, as a network of preference that, later, is the space of expansion of the social communication of this child.

The care of daily life is expressed in adaptations and arrangements of environments, contexts and situations that come from all forms and in multiple directions and related to an uncountable universe of actions of protection and care to the knowledge that he needs to have to become independent and able to develop the instrumental activities of daily living.

In the case of this relationship between R.A and his mother A.S., two fundamental procedures are perceived for the repetition memory to be effective. The first is the structuring of a self from the primary and secondary identifications in the family context. The second, and most important, is the effort of this satisfactorily good environment to endure even after the initial months of this psychosome. A good breast that expands and extends its primary maternal care for the integrality of this subject, and was constituted in subjectivity.



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## ATTACHMENT

### PHOTOGRAPHIC RECORDS

Figure 1. Development of pairing skills to perform identification, discrimination, generalization and naming.



Figure 2. This activity is for R.A. to name the slipper and know its function, characteristic and class. It is important for the development of developmental skills of personal and functional care, in instrumental activities of daily living.



Figure 3. The first results of the activities of pairing to the model and discrimination and generalization in the natural environment of R.A., with the mother at the side reinforcing and establishing the bonds of

