

Paper delivered at Dublin City University, 17 September 2011:

*What inhibits the psychoanalytic subject in mental health services?,
Treating Mental Health Today 1st National Conference.*

Perhaps some of you are questioning if Jacques Lacan's rendering of psychoanalysis as a practice can offer anything to infants and children? Perhaps some are wondering does the child analyst use a couch? I wonder if any of you are of the opinion that this Freudian/Lacanian method is quite outdated and rather controversial? I actually hope to present you with even more questions.

Peter Fonagy and Mary Target's research, in 1994 with children with disruptive disorders, not only outlined the efficacy of psychoanalytic interventions with children but their findings underlined the value of early interventions particularly with children under six.

Fonaghy, P. Target, M. [The Efficacy of Psychoanalysis for Children with Disruptive Disorders](#)

Volume 33 Issue 1, January 1994, Pages 45-55. Journal of American Academy Child and Adolescent Psychiatry.

A psychoanalytic treatment is generally recommended for anxious, neurotic and inhibited children. However, a psychoanalytic treatment is also a viable therapeutic intervention in the treatment of children diagnosed with learning difficulties and speech impediments such as stuttering and stammering. Similarly, children diagnosed with eating disorders, autistic spectrum disorders as well as those contending with long term illness or undergoing

major surgeries can benefit from a meeting with an analyst. A frequent observation made regarding the lack of resources, in child and adolescent mental health services, are the shortage of speech and language therapists. In light of Lacan's Rome Discourse in 1953, I wish to make the assertion that psychoanalysts are in fact unparalleled speech and language therapists.

Francoise Dolto, writing in France in the 1970's constantly emphasized the extreme difficulty of child analysis which, she believed, required a thorough familiarity with the workings of the unconscious. This underscores the necessity for personal analysis and I would argue the necessity of working extensively with adults before embarking on work with children. There is no question of this being a lighter or gentler analysis or a subspecialty within the field. As Maud Mannoni's emphasized in her book *The Child, His Illness and The Others* 1970 that in analysis the stakes are the same for children and adults.

Psychoanalytic work with children began in the summer of 1908 when Sigmund Freud met with a young boy who presented with a childhood phobia. Freud's case study of the analysis (analysis of a phobia in a five year old boy ,1909) is an excellent example of the ethics of speaking well that an analysis requires, as opposed to the ethics of well being underpinning other treatments.

Three years earlier, in Vienna, Freud had published his *Three Essays and the Theory of Sexuality* in which he brought to light childhood sexuality. He cast it in a way that made it unacceptable for many, since he gave the very young child the active role of an already independent, autonomous being.

Through the treatment, the child spoke better and better. Through speech he reconstituted the signifiers at his disposal and produced his personal truth regarding his own desire. The analysis allowed this child to find a more comfortable place in his constellation of signifiers. He retained the original signifiers available to him, but in different positions and with different orderings. He found his own answers to the questions he had regarding his position in the family, questions regarding the conception and birth of his sister, the confusing feelings he experienced in relation to his mother's desire and finally he took up a position in relation to the phallus and to the law. The child was facilitated, through language, to take up a position as Hans Graf, a boy, aged 5 years, armed with his own wishes, desires, hopes and dreams.

In *Inhibitions Symptoms and Anxiety*, 1926, Freud posited the view that a continuity exists between intrauterine life and infancy. This concept is what Lacan refers to as the treasury of signifiers or the Symbolic order which precedes the subject, in other words, the Function and Field of Language. In listening to a child and his/her parents, the child analyst seeks to detect the effects of words that have been heard, whether understood or not, listening to a vast discourse not only of the child and the family but also of the past, which form, what Mannoni describes as, 'another sort of impalpable environment in a perspective that is no longer a biological one'.

The Italian analyst and Professor at the Tavistock Clinic London, Allesandra Piontelli has based her research on fetal uterine experiences on this premise and the results of her work indicate that immersion in the Symbolic order begins in the amniotic waters of the uterus. (*From Fetus to Child*, Routledge, 1992). Utilizing sonograph technology, Piontelli complemented her prenatal

investigations during ultrasounds, with interviews with the same children in the five years following their birth. For her, everything demonstrates that children between two and five years reproduce their prenatal past through their play. She cites the drawing a boy named Fabrizio made of a pillow with a mouth and two eyes, and that he commented: "Pillows move. I've never had any peace, not even at night." This boy shared an amniotic sac with his twin Giorgio. One of the consequences of this fact was that, in effect, his brother was his pillow, in utero, with a mouth and two eyes and this pillow moved continuously. A psychoanalyst holds in mind therefore that, for an infant, it is not about creating connections but of maintaining them. Could it be more than just a matter of forming a new attachment but rather of maintaining and re-establishing a pre-existing communication through perceptions and language? (Miriam Szejer, *Talking to babies*, p80).

Catherin Mathelin's experience in the resuscitation unit of a neonatology ward in Paris, moved her to observe that often mothers (and fathers) feel invalidated and experience an immense sense of disappointment when glimpsing their premature baby who perhaps only weighs 500g. We can consider what happens to the mother's libidinal investment at this delicate moment. Is it possible for a mother to be narcissistically gratified by a premature baby? What is the mother's desire concerning the baby? If the subject of the unconscious is constituted first in the Other then the mOther's desire for the infant is of vital significance. If the baby is to make the transition from object of desire to a subject of desire the mOther's desire must be reignited if it is waning or lost.

Congruent with the mother's desire then is the desire of the infant. How can we quantify or even comprehend this desire? What desire induces a 500g

baby to either live or die? This delicate resuscitation of desire, as Mathelin calls it, is effected through language. Through talking to the baby about himself and his mother's history and through allowing the mother to speak honestly and openly about the situation she is confronted with.

In his work on Attachment Theory, Terry Brazelton the noted American Pediatrician underscores the importance of understanding the private subjective meaning that a child carries for a parent, even before they are born, in Lacanian terms, the place the child occupies in relation to the parent's desire. This meaning can be gleaned through paying attention to the signifiers attributed by the parent to the child. A case which illustrates this was a consultation by a mother for severe sleeping difficulties in her two year old daughter. This child had been born three weeks after the mother's father had died. Experiencing intense feelings of void and loneliness, the mother tried to turn to her baby as a source of comfort but was distressed that the infant couldn't talk back. The desire to replace her father made her seriously misperceive her daughter's communications and fail to respond to the infant's actual demands. The only activity of the child she seemed to care about was her interest in music (displayed by the baby's attending to tunes played on the radio). She explained that her father had been a musician and that her daughter's musical interests were her only link to him. She had even decided to make her child into a musician. In this case, the coincidence of birth and death led to a neglect of an infant's needs and signals, and an attempt to shape development. The mother's defence against painful mourning, determined their interaction and narrowed the areas of possible exchange. Through speech, the fantasy of her child as a ghost of her father and the

associated unconscious desire could be uncovered which facilitated her ability to recognize her child as an autonomous person and a desiring subject.

(Universal fantasies: The baby may be viewed as a ghost, representing an important person from the parent's past, the relationship may reenact past odes of relationship or may represent a part of the parents own unconscious. T.B. Brazelton B.G. Cramer. *The Earliest Relationship*, 1990).

Turning to slightly older children now, Françoise Dolto's legacy, Maison Verte in Paris and its corollary La Casa Verde in Rome, are excellent examples of how working with children need not be constrained by the usual parameters of the consulting room. Founded in 1979 and funded by the state, Maison Verte is a place for play and meeting people. The children who come along, accompanied by an adult, are under five years of age. Children and adults speak freely to one another and there is a third party who is listening, a Maison Verte host, a psychoanalyst.

At Maison Verte, in Dolto's words the analyst 'attempts to give words to what is forbidden or impossible to say' and listening is not only the Maison Verte host's prerogative, but as Dolto commented 'a child who plays is a child who listens'.

Bice Benvenuto eloquently describes a Maison Verte host as one who embodies a threshold, a hole, through which words pass. A wonderfully simple example demonstrates this phenomena: let's imagine a young boy expresses a fear that he will fall from his bicycle; Benvenuto explains that there will be no interpretation of his separation phobia or birth trauma, but he

will be told 'even if you fall off, I will be there to hold you, together with your mum, have a go, if you feel like it'. This type of discourse is not an interpretation but a form of verbal intervention that speaks directly to the unconscious of the boy who is afraid of being abandoned by, or of abandoning, his mother. It is a simple response that acknowledges his anxiety and that works as a stimulus towards action and that can, at the right moment restart a previously inhibited motor blockage. A space exists at a Maison Verte to not only allow the child to 'clear his own path' as it were, but also to support parents who are confronted by their own childhood as they parent their child.

In conclusion, I wish to turn now to the Irish context and to the words of older children. In Ireland in 2009, an extensive consultation exercise with over 350 young people was commissioned by the Child and Adolescent Mental Health Services in association with the Office of the Minister for Children and Youth Affairs. It was entitled 'Teenage Mental Health – What Helps, What Hurts'. The young people in this survey were calling out for confidential and respectful places to speak about themselves.

A psychoanalytic treatment is especially relevant as an intervention during the period referred to as adolescence, by providing a point in the Other that the adolescent can rely on. In this way analysis allows a young boy or girl to go beyond the traditional dilemma of adolescence—that is, the protest against an established order that ultimately ends in the establishment of yet another order, or the abandonment of dreams resulting in total conformism. The establishment of this fixed point in the Other, which necessarily remains an

enigma, allows the adolescent to form a conviction which will sustain the individual after the crisis has unfolded

I refer to this consultation exercise because it gives us an opportunity to hear the voice of young people and recognize what they request. It is worth noting that this right to speak is already enshrined in Article 13 of the UN Convention on the Rights of the child. This desire to speak can be attended to by psychoanalysts.