Challenges in Child Analysis today

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I am delighted to have been invited to speak at this Conference celebrating the life and work of our dear colleague Dieter Burgin, our professional paths having crossed on numerous occasions over the years.

I am also very happy to be able to talk here with him and with all of you on the topic of Child Analysis, a subject that led me to meet Dieter nearly 30 years ago when the IPA Committee on Child and Adolescent Psychoanalysis was created in 1998, the first Chairperson being Anne Marie Sandler to whom I would also like to pay homage today.

Until that time, child analysis had no place in the formal structures of the Association, even if child analysts themselves had always been very active and had created a space for the topic at congresses (although this was often on Sunday morning when a lot of participants had already left for home).

All of us here know that the struggle to build that space had already been started in the 20s, with Anna Freud and Melanie Klein, but that there was a long wait – until 1998 – when COCAP was established. We also had to wait from 1920 to 2015 until our organisation had a female President …

I am, however, not going to enter here into the difficulties of accepting 'the child' or 'the woman' in their greater senses. The latter we have already started discussing: in November I was in Los Angeles debating misogyny and the dialectic of the internal and external glass ceiling as experienced by women, and we are going to continue that debate in London this July.

The next Congress of the IPA, on the Feminine, will be a great opportunity to get to know Dieter even more as he is the Chairperson of the Congress Programme Committee. Together with his team, he has done monumental work in selecting the papers for the Congress from a large number of proposals. We are also going to be able to see there the quality of the programme that they have drawn up with great dedication and enthusiasm. And now, let's turn to Child Analysis.

As we all know Child psychoanalysis was born in Vienna and spread worldwide, and its influence has stretched into other fields such as psychiatry, education, and pediatric dentistry. Our discipline is still alive and strong today, although it faces new challenges that force its practitioners to question both our theoretical and technical basis, and ourselves. In this ability to question, as well as in our contact with developing human beings, lies the vitality of our work.

If genuinely experienced, the passion that our teachers have conveyed to us (and that I believe is our ethical obligation to convey to the new generations) is the only possible explanation for our ability to spend so many hours inside a room sitting in small chairs or on the floor, barely speaking, listening to our patients or watching them draw, sometimes in silence for long periods of time, sometimes enthusiastically playing, and often understanding very little. Or yet at other times, actively listening to teenagers' endless stories of success or failure in love, or detailed reports on how the bass sounded when playing this or that chord of this or that song that we have never heard.

As an analyst trained in Argentina in the late twentieth century, I experienced a strong Kleinian influence. If I had to summarize the main feature of our practice in one phrase, I'd say that it was, and to some extent still is, our focus on the transference-countertransference axis, and this is true also in the case of child analysis. You must know that in Argentina it was Heinrich Racker who devoted himself to the study of countertransference, and his ideas spread beyond the country's borders. Racker was born in Poland and started his analytic training in Vienna, but was forced to emigrate before completing it. He finished his training in Argentina in the 1940s, becoming one of the pioneers of the psychoanalytic movement in the country. He began developing his ideas on countertransference at the same time as Paula Heimann, even though apparently they did not correspond. He believed that countertransference may go from being a hindrance, as Freud suggested, to becoming an instrument to understand the patient's unconscious processes

Racker contends that certain aspects of the analyst's child neurosis are expressed in the countertransference that act as resistances. This view is rooted partly in Freudian thought, but mainly in Klein's positions theory and in her findings regarding unconscious phantasies and early object relations and their defense mechanisms. These findings have modified analytic technique in such a way that "transference and countertransference

represent a unity and create the interpersonal relationship of the analytic situation" (Racker, 1960). I am using here the notion of countertransference in an operative and clinical sense, understanding it as an indirect means of comprehension and inference that is unavoidably connected to the material brought by the patient. Countertransference can thus become a tool in analytic work *only* if analysts are able to clear the analytic field of the disturbing effects associated with their blind spots.

Today it is hard to imagine an analytic process that does not take into account the contribution of the worked-through aspects of countertransference. Given the nature of communication in early childhood, this is even truer in the case of child analysis. Child analysts are used to working in various verbal and non-verbal dimensions simultaneously. I also believe that our practice teaches us to better tolerate long periods of lack of understanding, and this is a great contribution to analytic work with patients of any age. The exploration of countertransference may operate as a sort of compass to orient us and help us with the painstaking transformation of the visual language of play into the verbal language of interpretation. It is worth highlighting here that countertransference only allows us to draw inferences in connection with the material brought by the patient. Otherwise, it might promote *foretelling* phantasies in the patient and *megalomaniac* phantasies in the analyst, which may in turn lead to instances of acting out/enactment in both.

Countertransference in child analysis has certain peculiarities stemming from the characteristics of the material. The latter's specificity lies in the primal nature of children's communication, in which the language of action, the violence of projections, and the primitive nature of phantasies prevail, while the body is in the foreground. In addition, the child's relationship with the parents causes the emergence in the analyst of unconscious alliances and consequent identifications with children against their parents, or with the parents against their children. As a result of all these factors, child analysts are much more exposed than adult analysts to their own anxieties and to resistances to analysis.

A phrase I read a long time ago in an essay by Esther Bick (Bick, E.1968) still strikes me in its simplicity and depth. She says that child analysts depend greatly on their own unconscious to provide clues to the meaning of play and nonverbal communication. At the same time, it is also true, and this is what I believe, that the stirring of primal anxieties in child analysts offers an interesting paradox – the possibility to situate oneself in one's childhood self. Nonetheless, even though such stirring provides significant clues for understanding, it may also lead to episodes of acting out.

What we are witnessing today is an onslaught on Psychoanalysis caused by the reluctance of organizations in the healthcare sector to prescribe psychoanalytic treatment. These agencies favor, quite disproportionately in my view, medical treatment. Another factor is the pressure from schools which seem to require instant results in order for children to fit as quickly as possible into a predetermined path designed for social success.

We are then in the field of Psychopathology. We all know that the classification which we analysts use is derived from the one used in Psychiatry. But the whole idea of putting together a catalogue like the DSM-IV goes against what is specific to our job as psychoanalysts, since we consider that every case we treat – although I don't think it right to use the term 'case' - every child with whom we work, presents singular and particular features. A core task of our analytic work is to make contact with that singularity which cannot be clustered. It is true that certain populations of children can be grouped into those with psychotic or neurotic functioning, with categories such as phobias, obsessive neurosis, somatoform disorders, learning disabilities, behavioral disorders, etc. But nowadays we would find it difficult to categorize pathologies given the changes in the way children are raised in the family, and the need to take into consideration the increasingly rapid changes as a result of media influence and the early departure children make from the family to the social setting.

From all I have said up to this point, the concept that became central in my practice is that of infantile neurosis. It is a classic concept, but one to which I would like to add the proposal of considering it as one type of *development organizer*. The latter consists of a complex sequence of developmental problems that does not conform to a linear sequence, but has rather what we might call a spiral progression.

Thus, if we keep in mind that this relates to a child facing a sequence of developmental problems, then infantile neurosis appears as an early "organizer". Freud says that when confronted with the Oedipal conflict, all children traverse an infantile neurosis, which can be explicit or go unnoticed and only be perceived as bad behavior by the environment. Melanie Klein was also interested in the concept and she equally attributed it to the Oedipal situation, only that her Oedipus appeared much earlier and in her view, the infantile neurosis is a way of dealing with psychotic anxieties.

In our practice as child analysts, we try to make a first appraisal: was a child able or not to organize an infantile neurosis? On this axis, we can imagine a continuum that starts at the impossibility of development and consequently a subjective constitution (talking in more contemporary terms) involving the problems of arrested development, early psychosis and disorders that border on the organic. In the middle we have infantile neurosis with all its variations and, at the other end, the children that avoid the Oedipal conflict, whose clinical picture is that of over-adjustment or 'pseudomaturity'.

In this imaginary line we would need to include, somehow, the pathology of early relationships. In this respect we inevitably have to consider the *Annafreudian* view: that the relationship of the child with the parents is central when thinking about diagnosis. Children, in a way, *belong* to the parents and, to a very great degree, their developmental possibilities are determined by the type of environment that supports their maturational processes. However, this is not entirely the case, since my clinical experience has shown me that there are children that have a great drive towards development who, helped by analysis, are able to overcome the adversity of very unhealthy links. That makes me more Kleinian, since Kleinian theory believes in the ego's capacity for developmental progress and the notion of self responsibility in this task.

I will now present a clinical vignette that, in some way, shows us how we are challenged by the clinical presentations we are dealing with nowadays, mostly when we face developmental arrests. I would also like to discuss with you some factors (Could we call them *external*?) that are involved in this kind of clinical presentation and also how Psychoanalysis can help a child who is experiencing mental distress and also parents who seem to feel lost regarding the therapeutical possibilities for their child.

Marc

A young couple came to me for consultation about their 4-year-old son, Marc. They have another child, a daughter, who is 17-months-old. They live in Paris; the mother is French and the father Argentine. They met ten years previously when the mother, very young at the time, went to Buenos Aires to work in a French company there. They lived together for four years as the mother, Amelie, fell in love with the

city, but then they had to move to Paris because of the father's work, he being a petroleum engineer. They got married and one year later Marc was born.

They are very concerned about the communication problems of their son who speaks little and badly. He only says short phrases like "I'm hungry" or "I'm thirsty" and he shouts a lot.

Some facts relevant to the case:

Marc was born by caesarian because of a lowering in heart rate. His mother said that she didn't breastfeed because "she didn't want to". He cried a lot until he was 3-months-old; then he calmed down when they moved to Libya, again because of the father's job. According to the mother, the trip was a nightmare because, on arriving in Libya, both she and the baby were sent straight back to Paris because of a problem with a signature on their visas. They got back to Paris after a very long journey, without diapers or a change of clothes.

20 days later they were back in Libya and started what turned out to be, according to Amelia, a very nice period in their lives in spite of the cultural differences as they had a beautiful house in a gated neighborhood on the coast. In Libya, Marc had at the start a Moroccan nanny. I therefore deduced that he was in contact with four languages at that time: French, Spanish, Arabic and Berber.

Now I would like to tell you my impressions of the Marc's parents. Amelie is correct, interested, energetic and intelligent, but she seems a little cold and distant at the same time. Pablo is calm, sensitive and gives the impression of being worried and lost.

When Marc reached the age of 22 months, they noticed that he wasn't speaking. He only cried. They had a hearing test carried out and the results were normal. While on holiday in France once, they consulted a doctor and the diagnosis was underdeveloped communication skills and a lack of eye contact. They asked for a referral to Paris and there he started treatment: monthly consultations with a psychiatrist and a speech therapist, early stimulation and outpatient treatment. In order to receive all of this treatment, he was registered as having a disability.

My meeting with Marc. I will now tell you about one part of the first meeting with the little boy.

He arrives for the first time and goes, on his own, into the play room. His parents tell him that they are going to have a coffee. He looks at me. He shouts. He says "Merci beaucoup". He takes hold of a toy car. He shouts. He takes up a toy pig and faces it off with the car. He takes up a marker, does some doodles on some paper and says: "Et papa?" I tell him in French that his father will come back in a short while. He says: "Merci beaucoup". He takes up another marker and shouts "Atá!! Atá!!!.." Now he takes up the glue and opens it with his mouth. He tries to stick a bit to the head of a doll. He says: "Petit".

He takes a ball and says: "Ballon". He bites it. He puts it in his mouth. He goes down on the ground and crawls on all fours. I ask him if he is looking for something. "He shouts: "Bleu!"

He goes once again to the table and takes up the rag doll family. The first one that he finds is the baby and he shouts "Bébé". He puts it with the father doll.

I ask him: "Who does the baby want to be with?"

He replies: "Avec maman". He goes on playing with the family of rag dolls. He gets into it and it is the first period since he arrived that he is not shouting, something that was causing great stress. He names them 'maman', 'papa', 'fils', 'bébé'. The mother kisses the baby and things calm down again. Suddenly, he shouts "Papa, maman!!!" He puts the baby right up next to the father figure, first in the area of the genitals and then on the shoulders and, all of a sudden, a little moan can be heard in a soft voice.

I tell him that something has happened to the baby and he wants his father to comfort him. He says "A moi maman" and has the mother and father talk together, each giving out to the other with noises that I don't understand and the baby once more goes over to the father. He throws the family to the ground and goes down to the ground himself where he continues playing.

The session continues, but I think that is enough for now.

I want now to return to the topic of the challenges that we analysts – and especially child analysts - face in these times. A few days ago I mentioned to a friend, who is also a child analyst, how happy I was that I received a call from parents who asked for a consultation concerning their daughter who is afraid of dogs. Her fear is such that they can accept few invitations to other people's houses because there are

often dogs in the house or, if they are in a gated neighbourhood, the girl refuses to go or stays in their car for the whole visit.

My happiness stemmed from the fact of having received a consultation on something that used to be frequent: a fear of dogs, of clowns, or of school, for example.

I am presenting this material as I believe that it reflects a number of the topics which are very relevant to the present in our consultation rooms and which, even at a time when Psychiatry appears to pigeon-hole more and more in order to close clinical cases, present to us psychoanalysts challenges which oblige us to rethink our clinical work again.

Returning to the consultation made by Marc's parents, there are many things that can be said here with respect to the session. The strongest element in terms of the countertransference is to see that, behind Marc's shouts, there is a baby who, moaning, asks his father to hold him and listen to him.

Regarding the topic we are discussing here, I think that we are present at the re-enactment of a fault in the primary link. My hypothesis would be that the shouts of the child are an expression of the 'deafness' of the mother. He cried a lot until he was 3-months-old and then calmed down after that great migration. In reality, however, he has retreated into himself.

It was not possible for the great anxiety that he felt to be received and contained by the alfa function of his mother; there was no reverie.

To this we must add the fact that, at the time of acquisition of linguistic structures, Marc was in contact with four languages. We can also see the imposition here of the social and pedagogical bond. He repeats automatically "merci beaucoup" and, at other moments, "parfait" indicating approval.

Having met Marc twice, in which time I carried out interventions which seemed to have some effect in his way of playing, I recommended psychoanalytic treatment and, through a colleague in Paris, I found out that he is continuing with therapy.

It is here where the possibility appears of helping a young patient through psychoanalytic treatment. We offer to him / her the place and time in which an intimate space can be created, a space where experiences can be processed.

I think that what is important is for us to be conscious of fact that the culture of immediacy demands rapid change, pressures us towards symptomatic improvements, towards shortened treatment, towards 'achievements' for children and young people.

And it is precisely here that the analyst's position comes into play, the posture of someone for whom analytic treatment has no other function than to help along the way the natural process of development in those patients who experience deficiencies in this area, or to relieve the symptoms and mental suffering which, in the case of those who still depend on their families, affect everyone involved. Any other expectation in terms of personal or academic 'achievements' fall into the field of resistance towards the analyst, and resistance to the subconscious or to the freedom of each individual to choose according to their desires.

We analysts must try to avoid a normative stance on this issue, condemning the models of particular periods in time. Our role is one of observation, reflection, discussion in shared spaces with colleagues and specialists from other disciplines such as Anthropology, Law, Sociology and Education in an attempt to understand what is truly happening today.

If we go now, for a moment, to the topic of possible changes in psychoanalytic theory, my impression is that the mental mechanisms used by children and adolescents tend more towards those linked to fragmentation or splitting than to repression. It is not that I think that repression is not used, but rather that I understand the type of media interaction whereby a child may be looking at television, chatting on-line, watching a video clip on Youtube or sending a text message by mobile phone more if I think of a splitting and dissociation of various levels of the self which allow the child to simultaneously spread and concentrate his / her attention on various elements at the same time.

To finish up, I would like to mention a well-known change relating to the prevalence, or rather the imposition, of the **image**. We, as analysts are used to work with verbal language, with words or, when we work with children, we play with them , they share with us their drawings. But what we see today is that virtual or media reality has generated changes which affect the categories of time and space, and even links and the relation that we have with our body.

The mass media constructs Ego Ideals, models to which one aspires, through what one should be, of the product that one *must* buy, the foodstuff that one must consume. I will not go further into this topic here, I will leave it at that, but the astronomical rise in numbers using social networking sites such as Facebook or Instagram speaks volumes about the importance of the image for young people. They are processing the anxiety that they feel for the loss of the representation of the self and of the infantile body in an accelerated change which the inner world is not able to absorb, and this gives rise to the need to be seen and reaffirmed by others: their peers. Like mirrors which speak, they then give back something to the children in their messages, something which, while almost always confusing and infantile, brings with it a certain calm to the anxiety linked to the vacuum of existence.

To conclude, I would like to state that that the changes currently taking place will be much more visible retrospectively. We must, however, be open to these, taking up a position of genuine surprise but with a desire to know.

Contexts for interchange such as this, where we can discuss and exchange experiences we have garnered from our everyday practice as analysts, allow us who are passionate in our work to continue on the path towards the future of Psychoanalysis.

References

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