

THE MANY BRANCHES OF CHILD PSYCHOANALYSIS

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Marta Badoni

Children and Treatment

Towards the end of the 1960s, I was finishing my studies in Internal Medicine and had been living for some years in Lausanne which was, at that time, a dynamic center both for psychiatry and psychoanalysis. Three psychoanalysts, who left us with important traces of their work, directed the university academic services dedicated respectively to the psychiatric Hospital, Psychosocial Center and Child and Adolescent service. They were none other than Christian Muller, Pierre Bernard Schneider and René Henny.

One evening, I heard a lecture at the psychiatric hospital regarding the analysis of a child. While the lecturer was projecting the child's drawings, I remember being extremely impressed by the ease in which he went back and forth from the drawing's contents to the unconscious functioning of his little patient. Everything seemed extraordinarily clear and so easily accessible. The experience fascinated me and started me down a path that would revolutionize my life. I promptly left internal medicine and became interested in psychiatry and psychoanalysis. I wanted to start an internship at the university academic service that dealt with children and adolescents, but Dr. Henny told me that before working with children it was advisable to start working with adults. Therefore, I began an internship in the psychiatric hospital for adults. I was given a schizophrenic patient and a supervisor: I learned a lot.

I did not know it back then, but in these first few steps I came in direct contact with two great themes of child psychoanalysis. The first theme has to do with the relative ease of directly accessing their unconscious (but is it theirs or ours?). Actually, this brings with it one of the major risks and challenges for the psychoanalyst who deals with children: that is the risk of contaminating the child's mind with his own unconscious content or, on the contrary, defending himself from the violence of this content with what is nothing more than an adult resistance of his own unknown "infantile" part, commonly known as a "brilliant interpretation".

The second theme is that the child assumes the existence of an adult who has brought him into the world ... "before the adults". The child needs his parents not only for the safety of his life, but as a guarantee of his growth and mental development.

Later, when I actually started working for the academic service for children and adolescents (I stayed there for about four years before returning to Italy), I took note of another theme.

Given the incompleteness of the child, the work with him or for him assumes that the analyst's mind is able to take on a group dimension: once again, it's not just dealing with ghosts, but real presences that have a powerful impact on the mental development of the child himself. The psychoanalyst who treats a child, therefore, plays a delicate and complex game linked to factors that influence each other reciprocally.

The stage reached by a child in his development and the quality of the family and non-family environment compete in either promoting treatment or making it difficult (sometimes to the point of discouraging it.). The child analyst knows this all too well, but it is in this area that she/he is called to do her first exercise in abstinence. She/He must avoid, on the one hand, the temptation of having omnipotent control over the environment, and, on the other hand, the fascination in considering herself above these dynamics as if she/he were the bearer of a unique, special, and lifesaving message. Whenever possible, she/he will try to interact with the environment and work to transform it. This leads to a further complication in child analysis: the indications (which are also quite neglected for adults, nowadays, too). Not all of a child's symptoms require analysis, even though they often require sophisticated analytical competence to act upon. The recent debate on autism has shown just how complex and multifaceted working with children is.

Last but not least: the child for whom help is asked is often the ambassador of a family problem for which he bears the brunt of the pain and punishment. What are the analyst's tools to alleviate these?

For all of these reasons, I have called my paper: Children and Treatment. It is inspired by the beautiful book by Laurence Kahn (Kahn, 2004), but it is also a grateful tribute to my training itinerary. The path I took taught me not only the theoretical and clinical work as an analyst, but the deep ethical meaning behind taking care of someone: not only the constant refinement of one's own therapeutic tools, but a deeper questioning of their usefulness and possible use for a given patient at any time, in any situation.

Analytic Therapy (La cure), known and practiced by French psychoanalysis as analysis in its classic form, cannot be separated from care, from a careful evaluation of the forces in play, and from the more or less tolerability of an intervention by a third person, who is the analyst in this case, when it comes to children. The IPA's ethics code, which has been adopted by us, asks about the parent's ability to tolerate the treatment before starting the child's analysis. Too many times in my supervision work I have seen analysis prematurely aborted because the analyst had started it without taking into account the factors described above. The end of an analysis hurts everyone involved, but for the child it often tastes like a betrayal and is a humiliation with no end.

Children and Parents

Let's begin with Freud, whose words on little Hans, in spite of their wealth and wit, would only go on to confirm Luciana Nissim's intuition (1987):

"But was Freud a Freudian?"

A lot has been written about Freud's text by many people, and I'm not able to mention all of them (Borgogno, 2006, Guignard, 1996). Midgley (2006) makes a good review documented by an extensive bibliography.

The precariousness of the setting has been emphasized, as well as the prevalence of the need to prove theoretical assumptions rather than helping Hans to support his own perceptions and knowledge about his and his parents sexuality, concentrating too much on the removal rather than on the treatment of anxiety. There was an underestimation of the mother's fragility (a former patient of Freud's) and the precariousness of a "supervision" that really was not a supervision: the analyst "who speaks with God", as Hans supposed Freud did, is too awkward of a supervisor from too many points of view.

Here, however, I would like to open another point: why didn't Freud see Hans directly, except for one time (demonstrating, however, in that only time, a lot of tact in being with the child)? And is it possible to think that Freud, like every analyst who approaches a child at an early age (as in Hans' case), struggled with, among many things, lexical problems- the ones that sometimes keep us hanging over the abyss? How can I speak to him? What words can I use? Do my words have the same meaning for him as they do for me? Communication between an adult and a child opens the confusion of languages, wrote Ferenczi. In addition, a small child has a language full of corporeity which goes away little by little, remaining solely the privilege of poets.

Will the child psychoanalyst know how to be a little bit of a poet? What is the most suitable language to use so that one is understood? On the other hand, and this is the second point that intrigues me about the choice of Freud, child psychoanalysis is, first of all, psychoanalysis of *someone's children* (of sons and daughters) (Badoni, 2007). How do you enter into the family home without intruding and judging, and, on the other hand, not be seen merely as a guest, taking the risk of lasting, as the saying goes, no more than three days? Was Freud's supervision a real supervision or rather a preview of "Analyzing children and parents"? (Vallino, 2009). Dina Vallino and Giuliana Barbieri (Barbieri, 2011) think, work and write on the subject, although from different angles.

Before meeting two parents again to talk to them about some observations I had made and thoughts I'd had, I asked a little girl what we could tell her mom and dad after our meetings. Her answer was: "Tell them to invite you to play at my house." In the play area that Winnicott postulates for child psychoanalysis (and not only), how can I consider playing in presence of the parents? There is a

magnificent work by Winnicott (1958) regarding the ability to be alone; alone in the mother's presence. Perhaps we can take this suggestion as a condition of the feasibility of an analysis session with a child: you can play with the child, the both of you knowing full well that the parents are there. After all, if this were to work, think of how much analysis the parents would breathe during the comings and goings with their children!

This seems to me to be a fundamental provision for when we arrive to propose therapy, which, in French lexicon, is the analysis. We know perfectly well that in order to be able to stand being alone with the analyst, the child must be able to count on reliable treatment: is it still possible today to draw a clear and sometimes blind line of demarcation between analytical treatment and caring?? I've never started the analysis of a child without having worked with their parents until the point when I am certain that they are truly curious, without feeling guilty, about their own inner functioning and that of their child.

Only at this point will parents ask and accept help for themselves, if necessary. Nor is the idea that parents in analysis are the best help to their children in therapy in that the role as parent and the couple dynamics touch on specific aspects which do not necessarily pass through when doing an individual analysis.

Debates and Controversies

Like every controversy, even the one between Anna Freud and Melanie Klein about the presence, absence, and quality of the transference in child psychoanalysis, had a less noble background than just love for psychoanalysis. It was also a matter of power inside the Institute both for the supervisions and the patients. This time, however, between the two litigants, - as the saying goes - no one was crowned winner, least of all child psychoanalysis which was simply put aside along with the terms of the debate. Judging by the virulence with which Melanie Klein attacked Anna Freud in 1927, it was understood that the close encounter would risk disaster as soon as Freud arrived in London.

At the center of the controversy, if we can call it "the center", was the possibility of considering child analysis, analysis. The keystone of the theorem was the presence or not of a neurosis transference in the child and, thus, the capability of directing the interpretation of here and now, as there, once upon a time. Melanie Klein, backdating the formation of the superego to very a early time, and meanwhile considering it complete and very similar to an adult one, said yes and closed the debate. The resistances will appear in the form of anxiety related to an unconscious guilt and need to be prematurely interpreted. "We can establish a quicker and surer contact with the Ucs of children if, acting on the conviction that they are much more deeply under the sway of the Ucs and their instinctual impulses than are adults, we shorten the route which adult analysis takes by way of contact with the ego and *make direct connection with the child's Ucs.* "

(Klein's theory regarding the development in two stages of human sexuality greatly diminishes or disappears all together.) Freud's considerations about the two stages development of human sexuality, practically disappears in Klein's theory.

Despite many brilliant aspects of her theory, Klein's claims attracted mostly the attention of the followers of the symbolic and early interpretation, with the risk of a real misunderstanding between adults and children. Moreover, the insistence upon apocalyptic scenarios in the daydreams (Phantasy?) of children, often misunderstood, ended up producing a generation of analysts with worrisome as well as ineffective reparative attitudes: bad mother but good psychoanalyst. The misplaced intent was perhaps to suppress the hatred and the envy directed towards the archaic mother.

For Anna Freud, first and foremost, the analyst has a real and disturbing presence: familiar like a parent, extraneous like an outsider (Other). The superego is formed through the relationship with parents and educators. It is, therefore, an unfinished superego.

During sessions, the child's anguish is primarily a transference of anxiety connected to the fear of losing the love object.

It is often thought - and, in the beginning, I thought it as well - that Anna Freud had only been a brilliant pedagogist, but the concept of educability in A. Freud goes well beyond the first abc's of good manners. The child in analysis is not a miniature adult, but he is an incomplete and developing individual who can only trust the adult who takes care of him if, together with the frightening proposal of freeing his fantasies, he finds an adult who can accompany him in his freedom while also ensuring the limits.

The treatment of removal and the work of countertransference are at play here.

"We feel negative manifestations the moment we want to deal with a piece of material that had been removed to free the unconscious, taking upon us the resistance of the ego. At that moment we appear to the child as dangerous tempters to be feared, and we take upon ourselves the manifestations of hatred and repulsion that he at other times would oppose his forbidden instinctual impulses." (A. Freud, op.cit.p. 63)

Hatred is especially valid for the analyst and, only if she/he is able to work through the feelings of anxiety and hostility that are implied by the explosion of instincts and emotional turbulence during the countertransference, can she/he avoid, on the one hand, seductive behavior, and on the other, interpretative short-circuits, or the crushing weight of his own authority, during the session.

Further development in psychoanalytic theory, a lot of it starting with the work with children, has ultimately agreed with Anna Freud when she said that the child analyst should be everything but a shadow. The emphasis put on the "bet" of separation and on its vicissitudes helped to greatly tone down the reasons behind the controversy without interfering so much with the initial prejudice: still it is asked if child analysis should be included in the institution, and once again, I think that matters of influence, visibility, and power all play a part.

Yet, no one denies any longer the importance of the environment and its intervention in the development of the child's mind. Winnicott did it (1975, p. 99) stretching the limits of Freud's rescuer object concept, affirming, *'There is no such thing as a baby'*; Bion did it (1962) entrusting a communicative worth to projective identification, Italian psychoanalysis did it emphasizing the analyst, the analytic field and the relation, and the French psychoanalysis did it developing the concept of subject from Lacan and with Cahn working on subjectivation and the subjectual.

The concept of 'dead mother' (Green, A. 1983) runs as a reoccurring theme in many psychoanalytic papers. The never out-of-style debate about drive as a biological entity or as a vehicle for messages has been widely discussed especially by French psychoanalysis when dealing with the infantile and the archaic whose specific task would be the differentiation between myself and the otherself (moi et non-moi) and the subject and other subject. This matter will be discussed during the next scientific day of the training.

In these theories, drive and intersubjectivity are no longer worlds in opposition: with the notion of messenger drive (Roussillon, 2004), inasmuch as it is addressed to another subject and sensitive to its response, including the enigmas it entails (Laplanche, 1995), the biological and the intersubjective contribute to the formation of the subject in a process of subjectualization (Cahn, 2004).

Studies on attachment, and a better understanding of the unrepressed unconscious, as well as the openings to the reflections of neuroscience, have all accompanied this movement. A debate such as the one published in *Infantile Sexuality and Attachment* (Widlocher, 2000) would have caused a scandal at the time of the original controversy.

And So?

So what do we do with the analysts who treat children? Should we keep them on an isolated reservation tiring them out until they give up the idea of caring for children and their families? Should we build a school for every single theory of reference? Do we declare that there is no problem?

I have to say very briefly that it seems far less interesting to decide whether child analysis is or is not similar to adult analysis rather than not just being convinced that every analyst would have a lot to learn if he spent a part his time dealing with children.

The analyst would learn that there is a good rhythm between silence and speech. The rapid and ever-changing activity of children during sessions forces the analyst to a suspended thinking and awareness. Children immediately notice if we are thinking of something else while looking at them. The analyst's words, as often is the case with patients who have a rift between mind and body, serve as an experience of support and guidance: "I'm here, please go on exploring."

The analyst's speech must be simple and open and reach the child's senses without exciting them. The practice of such a way of communicating would be useful to the adult psychoanalyst to exercise not using psychoanalytic language when talking to his patients. Rushed speech in assigning meanings could violate the child's mind and could be perceived as a block on his mental work (Goretti, 1997).

We admit to the child (and not only), who often comes to us because the communication with his parents has been cut off, that we need him to teach us (Badoni, 2005): the analyst's mind will receive his patient's imprint (Bertolini), but it also works as a buffer if the speech is too excited, or as a catalyst if the speech is too concrete.

The child analyst often has to set limits: she/he will tell the child that they can say and do what they want, but not harm themselves or other people and things.

The experience of setting limits is not however an exercise of authority, but it often is the only way that allows the child to feel the strength of the feeling of his inner world and to be protected by it enough so that he is allowed to observe it. It involves the writing on walls, breaking of objects, taking away drawings and toys, looking at other children's toy boxes and the transgression exercised upon his own or on the analyst's body.

Other times and other ways, but sometimes during my supervision of adult cases, it strikes me how little analysts use this competence. They allow patients to change sessions who otherwise would only need to count on the firmness of the analyst. It doesn't always happen, but when it does, the consequences can be quite severe. The wild child comes out also during adult analysis and the analyst would do the right thing in expecting it. At times, kindness is just tiredness or negligence.

The analyst will learn to observe the rich and varied bodily expressions: from the dizzying twirling games of balance, to the mad dashes to the bathroom, and from the ways to one enters and leaves the session, to the posture kept during play. So, we sometimes may allow ourselves to also be inspired by the bodies of our adult patients and the way they use them.

We will get used to this exercise of patience and humility that makes it easier to take on the repetition, without immediately relegating it to the hostile and bad things of treatment (Riolo, 2007).

And finally, yes, even child analysis has a time and an ending and, maybe, a "natural" ending. The children know it: they sometimes plan it carefully as far away as the first session, but, if things work out as well as they should, the children start to work on the ending of the analysis. Maybe they start to enter into a time dimension: "Do you remember when we played this game"? Children (but children only?) end the analysis when they feel sufficiently considered and they count on being able to continue to do it on their own. They sometimes leave us their drawings, but they also entrust us with the opportunity to be remembered because they might also forget.

TONIA CANCRINI

CHILDREN IN ANALYSIS. PRIMITIVE ANGUISH AND PROFOUND TIES

1. Melanie Klein and Child Psychoanalysis. How it started and why.

From as far back as the times of little Hans (Freud, 1909a) we have understood how important the direct intervention with a child is. The first experiences with children in this regard were done by Hermine Hug-Hellmuth. She was then followed by Melanie Klein and Anna Freud. 1) Both Ferenczi and Abraham highly encouraged Melanie Klein to work in child psychoanalysis. Klein became so interested in working with children that she devoted all her energy and enthusiasm to deepening the field. She believed she could treat children with the psychoanalytic method starting at a very early age. A world of discoveries and insights, which have enriched psychoanalytic theory, opened up. From her, we can extract some indications that, in my opinion, are still entirely valid both in clinical practice and in theory.

In 1932 Melanie Klein wrote, "... the fundamental principles of child analysis are the same that govern the analysis of adults," and those are correct interpretation, continuous analysis of resistance, and constant reference to situations of positive and negative transference.

However, there are still some characteristics of child analysis that make us think and affect us deeply. The first of which involves the unconscious with which the child has a direct and immediate contact. Melanie Klein points out that the child has the first contact with the unconscious, not with the Ego (1932, p.27). In fact, the child, before everything else, immediately communicates the unconscious and archaic and primitive levels of experience. It is important, then, when doing therapeutic work with children to not linger on the ego, but to go directly to the unconscious. Melanie Klein wrote, "It 's amazing how children sometimes accept so easily and even with evident enthusiasm the interpretation given to them. Undoubtedly, this is due to the fact that in certain layers of their psyche, the communication between conscious and unconscious is still relatively easy, so the path to the unconscious is a lot easier-going "(ibid., p.22). It was for this reason that Abraham said that the future of psychoanalysis is in the analysis of play, which is a new road to the unconscious, as the dream is for adults (ibid., pp.2-3).

The immediate contact with the unconscious also means contact with the basic needs connected to the body, with the basic feelings and the deepest emotions. This also entails an immediacy to the anguishes- archaic, primitive and absolute anguishes: such as starving to death, not being able to control their own bodily needs, falling, getting lost, and dying (Winnicott, 1957).

When talking about children, we could talk about the eruption of the unconscious that happens in the analysis study. Sometimes we are struck by how the child cannot tell us anything about what he does, or about the events that occurred between one session and another, or his thoughts, but he dashes into the room and picks up immediately from where he left off at the end of the previous session - from the toy car he wanted to destroy or from the little houses he built. What is the strand of communication? There are no stories and no rationalizations, but the focal point is his unconscious: what presses him from within and looks for a way to come out.

Child psychoanalysis allows us to have a lively experience of immediate contact with these archaic and primitive levels. This not only helps us at the clinical level, but it also expands our knowledge horizons with new enriching and unexpected experiences. All of this means that not only does child psychoanalysis have a very high therapeutic value, but also the enormous potential for greater growth and deepening of our knowledge through research.

That extraordinary room full of toys, stuffed animals and sheets of paper for drawing is a place where the child can confront his own deepest fears and terrible anxieties which make him cry desperately and inconsolably. In child psychoanalysis, new methods of communication are

fundamental, in particular, **playing** and **drawing** (Klein 1932, 1961, Winnicott 1958, 1992 Iron, Vallino Macciò 1996). In fact, it is through playing and drawing that the child makes us part of the deep contents of their inner world.

Shortly, I will talk about Emanuele, a child who acted violently and was unable to speak, and filled the room with rivers of tears, was finally able to communicate his inner turmoil by drawing a ship in a storm. I remember a session where words were unnecessary and listening was impossible because of the deafening cries and the desperate and continuous waterworks. In that case only the drawings, first by the analyst, and then by the child, were able to break the terrifying atmosphere of violence and lack of communication. The child could draw his own confusing emotions from inside as a ship in the storm. It was the graphical representation of a violent and tumultuous inner turbulence that he could not yet be expressed in words.

Child psychoanalysis gives us the opportunity to work in the relationship and with the child's inner world, and allows us to confront directly and intensely the emotional vicissitudes of transference and countertransference in a living and immediate setting dimension. From child psychoanalysis we will always learn more about how important the path towards the earliest levels of experience is, from the relationship with the mother during pregnancy until the early mother-child relations.

2. The Mother-Child Relationship

As far as the observation of the mother-child relationship as a tool for research and examination of the first dynamics goes, analysts have worked hard since the days of Esther Bick (1964). I am referring to some fundamental writings by Dina Vallino (2004) and Gina Mori (1998). The importance of the mother-child relationship in the early stages of development have been well understood. The observation of the mother and child launches us into the heart of the relationship and allows us to see the early stages of the mind's formation within a relational matrix, and to improve the analyst's sensitivity to bodily, non-verbal, and imaginative communication.

The observation of the mother-child relationship, as well as with child psychoanalysis, directly allows us to capture those primitive levels that are so important also for our adult patients.

With the child in analysis, as often is the case with adults, we feel the need to get in touch with the blind spots: the hidden and incomprehensible things that operate underground, even though we can sense them. We see restless children, some full of anger, others completely closed and unable to express themselves and learn. We sense that there is something in them and in their inner life that is like a dark spot which seems to be far away and unreachable. In these cases it is essential to undertake a psychoanalytic path to get to those deep and archaic levels, as it is only in this way can we face the difficulties at the source. During the analytical path we try to get closer to the hidden areas of the mind and we often find traces of early trauma in the implicit memory, violent and painful trauma that affect the child's primary relationships and totally influence all his mental and emotional life. Mancina wrote that, "These different forms of pain that the child encounters in his earliest relationships that are emotionally linked to very significant experiences at the pre-verbal and pre-symbolic level, are located in implicit memory and become essential parts of an unrepressed unconscious that will condition his affective, emotional, cognitive and even sexual life as an adult "(2004, p.192).

These considerations bring us back to how important the early stages of a child's development and the mother-child relationship are and just how essential the functioning of the mother's mind in the first relationship with the child is. Not only can the mother feel emotionally her child's needs, but she can also understand and give meanings to them, thus helping the child to express more and more how he feels. The mother builds and provides the child with a sense of self and relationship through trust, security, and love. On the contrary, when the mother is unable to perform this function of loving containment and comprehension, but lives in a situation where she herself is

overwhelmed by restlessness, anxiety, hatred, and resentment, the child is not only not understood and not contained, but he is invaded by maternal anguish and fear. So, he feels lost and full of negative and uncontrollable experiences. He is left with a sense of abandonment and internal catastrophe that causes negative feelings and emotions splashed with anger, destructiveness, and persecutory fantasies.

The mother's care involves not only the body but also the emotions and psyche. While, certainly, it is fundamental the way in which the mother touches her child's body, the way in which she keeps him warm, how she caresses and takes care of him, etc., it is also extremely important, as I mentioned before, taking care of the mind. This means the attention given to him, the thoughts about him, the reverie, the ability of the mother to elaborate and make his aggressiveness, anxieties, and discomfort more palatable to the child. In this vein, it seems very interesting what Ogden (2005) says about Winnicott's concept of holding and Bion's container-contained and reverie concepts. Ogden underlines that the concept of holding evokes the image of a mother "who tenderly and safely holds her baby in her arms." Bion's container-contained concept, instead, "primarily concerns the processing of thoughts derived from the lived emotional experience" (p.117). So, the element of thinking, understanding and dreaming have, therefore, been given special relevance, from Bion's and - I would say - Klein's point of view. In the primary mother-child relationship, then, the maternal capacity is not only to give care, but also to think and love her child with attention and continuity and give sense and meaning to what is happening.

3. Child Psychoanalysis: A Privileged and Unique Way to Heal the Deepest Wounds

I remember children that I have had in analysis, and ones I currently have now, who have brought me all their suffering and their internal drama directly and immediately. This is because what happens in analysis is that children can bring their most primitive anxieties and then settle the score with the early traumas that have left dead and blind zones in them. I remember Emanuele crying desperately, and how after only a few sessions, all his despair and his deep uneasiness erupted in the study. When I saw Emanuele for the first time, he was three and a half years old and his parents were concerned about a language and learning disorder and about moments of strong and almost uncontrollable aggression. We immediately started an analysis of four sessions a week that lasted several years which allowed for an opening up and understanding of his inner world. At the end of the analysis, after about four years, the child had learned to speak well and had even started school with excellent results. He wasn't aggressive anymore, but, on the contrary, very sociable. The analysis put us immediately in touch with his primitive anxieties and allowed us to immediately establish a deep relationship able to give the child the chance of being understood and helped in overcoming his perceived internal catastrophe which limited his expressive and mental capacity and made him aggressive. I talk about this at length in my book, *A Time for Pain* (Cancrini, 2002).

After we dramatically brought into the analysis the problem regarding "poop" (sudden and violent pain that made him run to the bathroom screaming desperately), he was finally able to represent what was going on inside of him. The use of body and bodily functions as direct and concrete expressions of deep discomfort, aggressive impulses, or primitive and emotional values, is one of the most significant ways of expression and communication in children, especially young children. In this case, the poop coming out of his bottom was closely connected with the burning of his injuries, his suffering, and with the explosion of his anger. At first, the child was unable to

distinguish and separate, as he was totally immersed in the concreteness of the experience. The same fantasy is not distinct, but completely equivalent to bodily function.

We found deep traumas that the child was communicating and living out in the analyst's study where, not surprisingly, separation and abandonment became more and more intolerable precisely because they recalled a catastrophic experience. From the child's experience, we pieced together a very affectionate mother at times, but at other times so overwhelmed by her anxieties and problems that she became totally absent in the relationship with her own children, and a parental couple that swung from a very exclusive and exclusionary union to moments of complete rupture and violence. All these experiences evoked a sense of absolute catastrophe in the child. When all these personal experiences appeared in the consulting room, the analyst's mind had to contain the violence of this strong emotional impact. Only in this way was it possible to gradually understand and give a name to the emotions. The analyst's mind, like the mother's mind, is the necessary container that gradually allows to distinguish the different levels: the concreteness of the functions, the fantasies, and the thoughts. If the analyst, like the parent, is able to contain, then a possibility of distinguishing arises and the dimensions of fantasy, imagination, and thought can open up permitting the child to face the impetuosity of his internal personal experience which would otherwise be uncontrollable.

As I mentioned before, there was a nice session - after several months of analysis-where the child could finally represent what was going on inside him, and where we reached a very high level of integration. The "hurt tummy" became something that we could talk about and that opened up the possibility to rebuild the meaning of his discomfort, his suffering, and his anger. Emanuele performed this scene: a little ball found inside a little candy egg goes poop and says "it hurts". There was something inside his belly and inside him that hurt very much and these were all the bad things he felt within himself: the violence and frustration he experienced - the anger, jealousy, and feelings of guilt, which could all shoot out like poop. The conflict, jealousy, rage, and feelings of guilt were the reasons behind his discomfort and, if not understood, would have prevented the re-establishment of contact with the good object. But now he could represent, imagine, and communicate them in a relationship with me, and that makes him feel better.

The representation happens **while at play**: the little ball is Emanuele. The symbology is expressed by playing and triggers fantasy opening the way to thoughts. New possibilities of symbolization emerge in playing and in drawings, and the verbal language improves noticeably.

I have highlighted many times how much the Oedipus complex (and its prevailing jealousy, anger, sense of exclusion towards parents who are united in their love relationship) has been emphasized in the psychoanalytic tradition. And certainly this is a condition that is sometimes very painful and difficult to overcome for the child, especially if it is lived at very primitive levels. But, for the child, the rupture of the parents' bond is certainly much more catastrophic. In this case, there is not only the exclusion and the oedipal jealousy, but the feeling of a disaster in the bond between parents who are no longer able to take care of themselves, nor of him. I remember those beautiful verses in *Oresteia* by Aeschylus (Agamennone.1141-5) where Procne, transformed into a nightingale, cries and desperately calls to her son Iti, who she herself had killed because of the jealousy towards her husband. There is, therefore, in this situation, a couple so occupied by itself, their problems and their jealousies, that they are not able to give any space to the child. They are a couple who breaks the bond and destroys itself, and by doing so, they leave the child in the internal catastrophe making him feel crushed and disintegrated.

Emanuele had very early experiences of both his mother detaching herself (overcome by her feelings of depression), and the loss of a good parental couple who could take care of him. There were several sessions in which Emanuele brought to analysis the disintegration and annihilation

anxieties related to the lack of a good parental couple. He was able to bring these anxieties and all his anger and despair in very dramatic sessions where he relived everything in the analytic relationship and he could begin representing, imagining, and communicating. This made him feel better right away because it allowed him to deal with his discomfort, understand it, and share it.

In the session with the little ball with a tummy ache, there was the beginning of a long analysis experience in which we had to recall many times the complexity of these experiences. Bion writes, "The patient can see that the sensorial impressions have some meaning, but he feels incapable of knowing what that meaning is" (1962, p.46). At this point, it is essential that the analyst makes his ability to live the experience and think about it available to the patient, and thus, act as that primary maternal function which is essential in assigning meaning to experiences. Therefore, it is in the relational situation that you can go forward in understanding and transformation.

I lived an equally significant experience with Rodolfo, an eight year old boy who carried the signs of a death in the family that shook his mother a month before he was born. The child was very closed, not sociable and had moments of uncontrollable rage. I believe that this event caused him to experience, at least temporarily, the catastrophe of an absent maternal mental functioning because his mother left him for a while in the emptiness of a nameless dread. In Rodolfo, there was a large distance between the part of him which suffered the disaster and the part of him which was cared for, loved and included and that made him a nice and affectionate child. It was not easy for him to approach this dark territory where the deep anguish of death and destruction, loneliness, and internal disintegration were waiting as a terrible threat. The child oscillated between the possibility of being helped and capable of adjusting and the threat that the destruction was beyond repair. In the first sessions Rodolfo nervously moved about on his chair as if he were relieving a feeling of overwhelming anxiety and he told me some very disturbing dreams.

In one of his dreams his grandfather is watching him while he is on the road and then he gets hit by a sort of truck. The terrible crash seems to be fatal. The trauma he had suffered in his early experience had left a painful wound that reopens whenever there is someone, like Paolo, the instructor, or Enrica, the teacher, who does not understand him or unfairly hurts him. And then he panics and wants to run away, dropping everything. In the first sessions he disassembled chairs, teddy bears, toy trains and then he reassembled them; he gradually became more and more violent. He seemed to resemble the idea of catastrophe: first everything is broken, but then it could always be repaired. But then the violence increased and he spent an entire session breaking a toy car hopelessly which was then discarded. In a following session there was a plane crash.

Deep anguish of death and destruction, loneliness, and internal disintegration made him swing between the possibility of being helped and that of being able to fix: the adhesive tape, the reassembling of the pieces, the putting everything back in its place, the threat of an irreparable destruction and the terror that no one can help him, seemed to me to coincide with the moment when maternal containment and reverie failed. All this was directly expressed in the analysis study. He needed to recreate the catastrophe during his sessions by irreparably breaking things and little chairs. In the countertransference I felt just how much this communication and counter-anguish were important and primary for him, and thus, I allowed it. After having found this method of communication through acting, in analysis it was necessary to contain and make sense of it, exercising the maternal function of reverie that was fundamental in getting back in touch with the dark area that weighed so much on Rodolfo's living experience. We needed to build a bridge that put together the distressed and terrified Rodolfo with the sociable and affectionate one.

This bridge must be built by the analyst with his mind and interpretation, which acts to help the child enter the dimension of understanding. In many sessions, after the destruction, the need to build and repair will prevail in the child. And through this long process of mending and tuning (the buildings, the drawings etc..) you will finally get to talk about the catastrophic anxieties and somehow rebuild that very traumatic moment experienced by the mother in her eighth month of pregnancy, where she was overwhelmed by confused and inexpressible emotions, and failed in her ability to understand. She passed from K to -K (Bion, 1962), that is to say, from a situation of presence and mental attention to an absence of thoughts.

All of this was directly expressed in the analyst's room: there were no stories, there were no words, the child needed to experience and communicate what unconsciously agitated him from within and that somehow erupted into the consulting room. And only in this way, through analytic work, was the child able to deal with these deep feelings and to process them. This experience has completely changed his way of life and his relationship with others. His parents, who wanted and supported his analysis with great tenacity and tremendous commitment, witnessed all these things.

In the relationship with the analyst and, therefore, in the transference and countertransference dimension, contact with the child's unconscious, the archaic levels of need and desire, and the implicit memory is indeed possible. The psychoanalytic setting promotes the deep expression of the unconscious, of the basic needs, difficulties, and early defenses.

Traumatic and violent moments both for Emanuele and Rodolfo made them go through an experience of internal catastrophe. Hidden in implicit memory, it needed to be re-lived and understood by retracing, in analysis, the underlying complex relational events that allowed for an unfolding of emotions, from sorrow to anger and violence. Bringing all of this into analysis is, therefore, a way of restarting to live and feel. The new experience that the child can live in the analytic relationship makes it possible for deep and meaningful transformations that permit him to also face new problems that come from the family and the outside world in a different way.

There are certainly situations where an intervention with the parents or concomitant mother-child or parent-child therapies may be important (Dina Vallino, 2009). However, there are situations - such as those I described before, or other situations where there is an early and deep wound 2) - that can find relief and evolution only in a direct psychoanalytic relationship with the child during more sessions per week (preferably four), in which, through transference and countertransference, it is possible to reach the most archaic and deepest levels. And it is to these situations that I really wanted to focus my attention because I think the function of child psychoanalysis when using several sessions is still essential.

In the analytic situation the attention given to one's own mind and countertransference is extremely important. Transference and countertransference play a key role in child analysis because the relationship with the child is very intense. The child might live the complexity of his inner world with the analyst: in the transference and through the help of the countertransference, we can reach the most primitive levels of mental and emotional experience. So, transference and countertransference will be the key to accessing any transformative possibilities.

4.Enrichments that Come from Child Analysis .

Many of us remember that Adda Corti, as well as making a recommendation to follow the child's observation during training, advised to do child analysis as well. I think she was right because the immediate and direct contact with the unconscious of the child, and the dimension of the setting in which you can live such a deep relationship with the most primitive and archaic levels, make the analyst even more attentive to the feelings of transference and countertransference and greatly enrich his fantasy and imagination. It can certainly become easier for the analyst to get in

contact with the infantile side of adult patients and we know that this contact sometimes is very important in order for the analysis to be a truly deep and transformative path.

NOTES

1) And after Melanie Klein and Anna Freud, Ronald Winnicott and many others. To see the history of child psychoanalysis compare Geissmann C. and Geissmann P. (1998). For Italian history, take a look at M.L. Algini (2007).

2) In particular, for me, an analysis with more sessions per week in situations where there have been deep wounds and trauma is very important. Regarding this argument, have a look at, *Una ferita all'origine* (A Wound at the Origin) by T. Cancrini and D. Biondo, 2012.

DEBATE

September 20, 2012

Infant analysis or a particular kind of mind analysis

Adamo Vergine

I am not an infant analyst, but I found the two opening reports very interesting for psychoanalysis and so I would like to take part in the discussion and ask others and myself some questions.

I heard that the echo of the dispute between Anna Freud and Melanie Klein is old, but it is still strong. Aspects of this controversy are dogmatic, that you can not affirm nor deny. They are transmitted by inertia, identification or faith: there are no topics to discuss them or accept them as they are.

The most important aspects of the controversy are: a) numbers of sessions (concerning all the psychoanalysis not only the infant one); b) the interpretation technic which “should talk to unconscious”; e c) the particular additional training is referred to a particular biologic age and not to a kind of formation or development of the mind, even though the age is strongly connected to the psychic development.

Actually in our practice, we treat sever ill adult patients which look like children in their psychic manifestation and I think this give us a bigger interesting in children and in sever ill patients which show a child’s particular developed mind.

Sometimes the analogy of young adult psychotic and children permit us to use also with them the playing, the drawing and the sand technic, like we do with children having a border mind or non nevrotic yet.

I say that children, expecially if very young, have a border mind because we do not know yet what their development will be. The schoolarized children, instead, have already had a nevrotic or prepsychotic development when we start to treat them.

These new analysis experiences forced us to become infant analysts and so I ask myself if we should maintain different type of competence or we should start a theoretical and technical integration process with differentiation concerning the particular degree of the mind’s development instead of the age.

The contribution of other sciences can increase the scientific validation of our work. For example we can use the researches of neuroscience about the need of continuity and repetition to make a cerebral circuit to explain the high number of sessions, Freud’s and Klein’s old intuition.

Another possibility is considering playing and drawing a method of symbolization capability that, if it satisfies the internal need of a subject, represents an expression of knowledge, revenge, grateful and transformation. In this context interpretation is not necessary, we are not forced to let the patient know their meaning (Merleau-Ponty 1964)¹ because it could be a violence and not a therapy. About the setting, in addition to the Marta Badoni and Dina Vallino’s quotations, I would like to remember also Adriano Giannotti² whith Andreas Giannakoulas and Vincenzo Bonaminio, Algini’s³ ones reported in the “History of infant psychoanalysis” in Italy. We should add

¹ MERLEAU-PONTY, M. (1961-1964). *Le Visible et l’invisible*. Edited by Claude Lefort. Paris, Gallimard, 1964. Trad.it. *Il visibile e l’invisibile*. Bompiani, Milano 1969.

² GIANNOTTI, A. e DE ASTIS G. (1989). *Il diseguale*. Borla, Roma.

³ ALGINI, M. L. (a cura di) (2007). *Sulla storia della psicoanalisi infantile in Italia*. Quaderni di psicoterapia infantile, vol. 55, Borla Roma

experimental researches made by Tomasello⁴ and the direct observation made by Gaddini⁵ in the Paediatric Institute of La Sapienza University in Rome.

In reality, the two opening reports already gave us many important informations about what has been ratified by the leaders of psychoanalytic schools and not about what is concerning the future of the research.

If we were not afraid of the comparison with other disciplines, I think our experience could let us go really far in the studying of theory and technic. The fear of abandoning the tradition or the fear of betraying the values of our society do not allow us to follow a scientific method.

Marta Badoni asks “What will be the destiny of infant psychoanalysts? Do we have to create so many schools as the theories are?”

I would response that only with religion we create so many different kinds of school but the science is just one with so many temporary branches sometimes connecting, sometimes diverging. When they get diverged a new discipline is created. The infant analysis can give us many caring prospectives if we would be more tolerant toward distances we have to take from our dogmas. This is the way to make research.

For example, many aspects of the mind’s functioning are not clear: what does regression mean? Are there any typical psychic or mental levels? Which are they? Which one and how many are the steps of the psychic development (do not forget that Freud indicated some but in the famous letter 52 to Fliess, he put many X) and according which rules do they are created or are suppressed?

We already tried to find answer to all these questions but we never get a conclusion. Nissim asked if Freud was Freudian. I think that Freud was not Freudian if he was able to have so many intuitions confirmed by the neuroscience and biology, as he used to say. On the contrary, post-freudians are Freudians when they do not have the courage to go beyond.

September 26, 2012

To the child never analyzed and the analyst he never had

Marco Mastella

In these days while we are waiting for some comments regarding the debate on child psychoanalysis, I heard someone speak about Campagnolo, a cyclist who invented the famous gear changer called ‘the Campagnolo’ (a word which also means someone who lives in the countryside), which allows to change gear (in Italian we can also say ‘cambiar rapporto’, which would be to ‘change relationship/inter-relationship’) according to whether you are on a flat plain, a steep incline, or if you want to increase velocity, or drag off of other cyclists...Mr. Campagnolo made cycling much easier. Before, in order to change gears- ‘relationship’, the wheel needed to be dismantled and if one were in the middle of winter with ice cold hands they would find themselves in serious difficulty.

As I am a true ‘campagnolo’ in both senses of the word, I believe that in order to become a child psychoanalyst, who works with children (real children in body and status), it’s necessary to have a good gear changer (also for velocity) always available, and one that is periodically overhauled.

⁴ TOMASELLO, M. (1999). *The Cultural Origins of Human Cognition*. Harvard University Press. Trad.it. *Le origini culturali della cognizione umana*. Il Mulino, Bologna 2005.

⁵ GADDINI, E. (1969). On Imitation. *International Journal of Psycho-Analysis*. 50:475-484. Trad. it. Sull’imitazione- In: *Scritti 1953-1985*. Cortina, Milano 1989, pag. 159.

In these past few nights I have dreamed the pain felt from the over forty years of my experience in this line of work: I had a meeting with a little boy in grave difficulties who was often unable to speak and alleviate his pain through play. I gradually proposed child psychoanalysis to his parents as I had understood deep down inside that there was some hope, but they decided to 'take him away' to a rehabilitation specialist who could teach him to speak and behave as one should.

I also thought about the many times I had to turn away a child and his parents because my schedule was already too full and the pain I felt at not being able to find an available colleague to work with him and/or his parents.

This morning I have associated all of this pain that I have been feeling to an unborn child, like from the title of Oriana Fallaci's book.

Thus, I started to ask myself again, why do I have this incessant desire and inclination (and where does it come from?) to be a doctor and a child psychoanalyst for children and their parents.

I remembered the story of Ernst Halberstadt Freud, Sigmund's grandson, the famous boy who played 'Fort-Da', of whose history there's little recorded. A piece that was recorded is narrated by L. J. Kaplan (1995): then he unfortunately lost his mother Sophie, who died while pregnant when he was five years old, and, after three years, he suffered the death of his little brother Heinz (practically adopted by an aunt).

Afterwards, his father remarried Ernst's former nursery school teacher, who thus became his stepmother. Ernst had a difficult adolescence, tempered by the warm interest of his aunt Anna, who begged his grandfather Sigmund to host him in their house. So, he attended the private school founded by Dorothy Burlingham and sustained by Eva Rosenfeld (it was a sort of adoptive child care center). At the end of the school, aunt Anna helped him to find a school in Berlin, apparently suitable to him at that stage of his life. He was one of the first of the family to sense the dangers of antisemitism. He had trouble finding a job (he tried a kibbutz in Palestine, he studied photography to emulate his father), then he was forced to escape to England with his mother's family. Among many adventures, working and studying in the evening, he was able to get his degree in Psychology. Disappointed by academic psychology, he embraced the idea of becoming a psychoanalyst, even though he was getting up there in years. He changed his name to W. Ernest Freud. After thirty years, he ended his difficult marriage, which had allowed him to become the father of Colin when he was 43 years old.

When he was 63 years old, he finally found his vocation. In California he happened to attend a Neonatology ward- "I had to know everything about that ward (..) I was completely mesmerized." He connected adolescent games with images of himself throwing the spool, making it disappear and reappear, and he concluded that, "After all, I was playing with the umbilical cord, and perhaps this is the reason why I felt so comfortable around all those pipes and wires to which the premature newborns are connected". He understood the connection with the loss of his brother and unborn brother when his mother died. He started extremely interesting research regarding feelings and experiences of the fetus and about the early beginnings of the human dialogue, expanding the focus to a wider social context with a deep respect for the parents' role.

He faced his twenty-eight year old son's death and contributed to recall and process, in Vienna, the effects of Nazi crimes, of that apocalyptic reign of death.

Back to us, now. I wonder what is holding my colleagues back, as if they were suspended. My colleagues who share with me this 'passion' and work experience, what is preventing them from talking about it in this debate, which can be a unique opportunity to get to know each other better and to share what happens in our child analysis studies or in other situations in which we work with children, parents, educators, physicians, and judges.

Returning to the cycling metaphor, the challenges on the track between Antonio Maspes and Sante Gaiardoni came to mind, in which it was essential to remain stalled in place to try to make the rival start first, then dragging off of him closely only to pass him in the last corner ...

I hope it is not for fear of the theoretical abstraction and the gear and velocity changer made possible by the invention of the 'campagnolo' that our colleagues, both near and far, have held back.

September 27, 2012

Working with children and parents in the consulting room

Dina Vallino

I am delighted to contribute to this debate on child and adolescent psychoanalysis, organised by *Marco Mastella* and *Francesco Carnaroli*, whom I thank for this opportunity to share my thoughts. Before beginning, however, I feel I must set these thoughts in context, remarking briefly on the ways in which the Italian family has changed over the years. After the introduction of divorce in Italy (on 1st December, 1970), and in particular from the start of the 1980s, new family configurations and cultures have come into play. We now encounter many different types of family – families with adopted children or foster children, immigrant-families, single-parent families, families with divorced parents, extended families, families in which the children were conceived with the help of assisted reproduction, etc. – and within these families changes in the parent-child relationship can generate suffering in children and, in turn, alarm in parents.

The problems of families resonate in the work that we do: thanks to the diversity of theoretical and clinical approaches in child and adolescent psychoanalysis we are now beginning to see creative endeavours geared at adapting child psychoanalysis to the changing times and to changing “family cultures”. It is interesting to note, as *Adamo Vergine* does, that there is a growing awareness of the richness of child psychoanalysis, which can provide a source of inspiration for entering into contact with the unconscious of even the severest and most deprived adult patient. However, there is a need for transformations in child psychoanalysis, remembering that transformation is a gentler process than change, which instead implies an element of violence. The main transformation that is required (if we are to go on being able to provide answers for children who are unhappy or present specific mental disorders) must, in my view, involve examination of the problems of parents.

Tonia Cancrini, in heartfelt words, describes the suffering of a child who is not psychologically accepted by his mother: the child’s disorder is greatly influenced by his environment. Cancrini writes: *“There was thus a growing understanding of the importance of the mother-child relationship in the early stages of development. Mother-child observation plunges us into the heart of the relationship: it shows us the first stages in the formation of the mind within a relational matrix and improves the analyst’s sensitivity to bodily, non-verbal, and imaginative communication.”*

The observation of the mother-child relationship, as well as with child psychoanalysis, directly allows us to capture those primitive levels that are so important also for our adult patients.”

(Cf. also Cancrini T. (2002), *Un tempo per il dolore*, Boringhieri, Turin). We are constantly confronted with the unhappiness of children, whose “suffering is particularly disturbing, painful, [and] difficult to tolerate” (*Lupinacci M.A.* (2012), *L’esperienza del soffrire il dolore. Dalle prime esperienze dolorose viste nell’osservazione della relazione madre bambino verso la clinica. In Una ferita all’origine* (edited by Cancrini and Biondo), Borla, Rome).

In my view, this fundamental theoretical transformation in child psychoanalysis requires us to follow a new clinical pathway: in short, in the analysis of children and adolescents we need to find ways of making time and space for the interpsychic as well as the intrapsychic. But how? We need to bear in mind the two basic components of the infant’s need for tenderness: the fusional impulse and the need to feel that he exists for someone (to feel important, necessary, and therefore loved). These are elements that recur in older children and since they derive from the earliest stages of psychological development, we, as analysts, need to form an idea of how the child feels within the family and how much tenderness he received in his early years (cf. Vallino D. and Macciò M. (2004), *Essere neonati. Osservazioni psicoanalitiche*. Borla, Rome).

So what do we need to do in order not only to intercept a child's deep fears, anxieties and unhappiness, but also to help him understand his relations, both good and distressing, with his environment (parents, grandparents, siblings, school mates, baby sitter, etc.) ? (Cf. Barbieri G. (2012), *Pimpa e l'Intervento Psicoanalitico Contestuale*. In *Quaderni di psicoterapia infantile* n. 65, Borla, Rome).

The name I have given to the technique that I propose, which is used with parents and children, is *Participate Consultation*. It is based on the following elements: seeing things from the child's point of view; encouraging parents to observe children so as to eliminate misunderstandings; and encouraging parents to "take part" in two ways, both in the observation itself and also in playing with the child, together with me, in the consulting room. Intended as a preventive intervention, it provides an approach which allows both parents and children to be present in the consulting room.

I have, in fact, seen that if the patient's family is seen not as an obstacle to his care (as in traditional analysis) but rather as a resource, then the parents can be helped to develop a better understanding of their child's experiences. After all, who, if not a parent, can feel true affection for a child and provide us with true information about his life? (Vallino D. (2002), *La consultazione con il bambino e i suoi genitori*. *Rivista Psicoan.*, 2002, XLVIII, 2).

The Playng is a complex mental activity, the matrix of metaphor and transference (Ferro A. (1992), *La tecnica nella Psicoanalisi Infantile*, Cortina, Milan). The Symbolic playing and narrative playing, which are elements of participate consultation (and also part of subsequent psychotherapy), are the only instruments we have for enabling children, including the youngest and the sickest, to express themselves and start making up "little stories", through which the analyst, offering a narrative interpretation, can modify the child's removed anxieties (cf. Maggioni G. (2011), *Il bambino non visto e i suoi genitori nell'incontro analitico*. *Quaderni Psicoter. Inf.* n. 63, Borla, Rome).

I agree with Marta Badoni's opening opportunity for parents, which she reiterates several times in her article, underlining the basis of incomprehension within families: "*We admit to the child (and not only), who often comes to us because the communication with his parents has been cut off, that we need him to teach us* " (Cf. also Badoni M. (2004). *La psicoanalisi dei Figli: Paradossi*. In: *Quaderni di psicoterapia infantile* n.48, Borla, Rome).

Obviously, the severity of this breaking off varies.

When there is a breakdown in marital relations, leading a couple to take steps to separate or divorce, their dispute (even hate) impacts on the child or children and we analysts are called upon to remedy the resulting unhappiness. The child of a couple in the process of separating can have different symptoms and the parents will separately seek the advice of a psychoanalyst. In these situations, we can certainly intervene with a program of psychotherapy or psychoanalysis of the child, but not before we have secured the cooperation of the parents, who must be prepared to "get involved", examining their own responsibilities and duties during joint consultations with the child and the analyst. In these cases, it is necessary to create a suitable setting, in which parents can intuit the severity of their child's isolation (Cf. Lepore S. (2011), *La sedia vuota. Il posto dei figli nella separazione dei genitori, tra psicoanalisi e diritto*. *Quaderni Psicoter. Inf.* n. 63, Borla, Rome).

Even when *Participate Consultation* proves ineffective and it is nevertheless necessary to proceed with individual analysis of the child, the mother and father must still be involved in the care of their child. In this situation it is appropriate to alter the basic approach and make it clear that the psychoanalyst is willing to meet the parents whenever they feel the need: in this way, it may be possible to establish regular meetings with them, on their own or with their child, perhaps once a month or even more frequently if a friendly and collaborative relationship is established with them (perhaps on the basis of the previous participate consultation).

The misunderstanding is a common problem in today's families. Even in more "traditional" families children can be stressed with demands and expectations that are sometimes incompatible with a child's rhythms. Indeed, many of the children whom we see as patients are what we might define "little champions", in other words, children whose week is crammed with commitments and

who are striving to fulfill their parents expectations of them. Indeed, when these children are no longer able to meet these expectations because of the distress they are generating, they begin to display a range of symptoms, which differ according to their age and the nature of the “breakdown” in their unconscious identification with their parents. Paradoxically, if a child manages to express himself with a symptom that sufficiently alarms his parents, then, with the help of the analyst, family communication can actually be restored. In my experience the concepts of *family misunderstanding* and *pathological identification* are linked, in the sense that they always go hand in hand. An individual can adapt and conform to what his family wants, but in so doing inevitably loses himself and the roots of his identity (cf. Vallino D. (2009), *Fare psicoanalisi con genitori e bambini*. Borla, Rome).

In conclusion, psychoanalysts today cannot deny that the family and the environment help to determine the healthy or pathological development of a child; at the same time we must be careful not to unrealistically overestimate the transformation that a child can achieve purely with an analyst’s help. Marta Badoni mentions that “*the IPA’s ethics code, which has been adopted by us, asks about the parent’s ability to tolerate the treatment before starting the child’s analysis.*”

In my view, which Franco Borgogno shares, the emphasis that is placed on the intrapsychic, on the inner world, and on expanding dialogue and the imagination must on no account be allowed to make psychoanalysis an area divorced from *reality*. We indeed argued that it is wrong to consider that which happens between analyst and patient as the sole objective of psychoanalysis, thereby reducing all the analytical work to the “here and now” of the consultation. After all, we psychoanalysts have all had to confront the inadequacy of our role as therapists vis-à-vis our patients, who, without the support of their environment, will be quite unable

to “get better”. (Cf. Borgogno F., Vallino D. (2006), “Spoilt children: un dialogo fra psicoanalisti”. In *Quaderni Psicoter. Infantile*, n.52).

Instead, if a parent, with our help, comes to appreciate the misunderstanding that is at the root of his/her child’s symptom, then there begins a *process of self-reflection* that does not end with the consultation, but continues afterwards, in everyday life, allowing changes in the relationship with the child to occur outside the consulting room.

For the child’s mother and father, this constitutes a true psychoanalytical moment – contact with their own childhood and transgenerational unconscious through which they discover something that they had removed. And it is not only thoughts that parents place outside the sphere of their attention, but also, and above all, actions, expectations and demands. In the context of participant consultation, I encourage parents to realise that they have removed their projective identification with their child. At this point it is necessary to plan and implement a new approach which accommodates the mother and father, and safeguards the privacy of the child. Giving back, to parents, responsibility for their child’s care, also in the mental and emotional sense, is the goal of a joint endeavour that must involve the therapist, the parents and the child. This collaborative work, face to face with parents, is complex and emotionally difficult. It is extremely useful to do some groundwork beforehand, forming a clear idea of how the parents relate to their child in everyday life, an experience that is one of the fundamental contributions of infant observation.

And what about intrusive projective identifications on the part of therapists? Since the late 1980s, I and several colleagues, including Marta Badoni, have been advocating a form of training designed to ensure that future psychoanalysts do not “contaminate” their patients’ minds with their own pathological projective identifications. Some of us considered Esther Bick and Martha Harris’s infant observation method to be ideal in this regard. We felt it would be useful for future child psychoanalysts, before they have directly responsibility for patients, to develop a real understanding of infants and children by doing infant observation and taking part in infant observation seminars. Today, child/adolescent psychoanalysis training still includes, among other elements, training with infant observation, intended to help the candidate develop a full understanding of the importance of the early mother-child relationship, the effect of the presence of the father and siblings, the various levels of non-verbal infant communication, the intentionality of infants expressed through

behaviour, and all the other risk factors linked to pathological identifications. I would also recommend that students get to know some authors who have tended to be neglected in the past: in addition to famous masters Winnicott, Bion and Bick, it is worth studying the work of Ferenczi, of the Budapest school, and Bowlby, as well as the literature on Infant Observation and Infant Research.

October 3, 2012

Girls and Boys

by Giuliana Barbieri

I apologize to everyone for the length of this report due to the addition of a session on Thursday, September 27.

PIMPA

Pimpa is 10 years old. She has an older brother and an older sister who both study abroad and two younger brothers, aged 8 and 3. She has 4 dogs and a cat, a father, who lives in another city, and her mother.

Her mother is very loving, sensitive, and intuitive. She is concerned that Pimpa is tormented by voices that tell her what she needs or doesn't need to do otherwise something very bad will happen to her mother or to herself. So, Pimpa becomes very afraid when her mother goes away. She calls these voices "controls." During the summer, she was hospitalized for "a large infection of the salivary glands that nearly risked her life because she retained her saliva for fear of being poisoned." Pimpa asked her mother to talk to someone; in the past, her mother had had a good experience in analysis.

During the second meeting, I suggested that the mother come to meet along with us and from the first session I suggested, for the time being, three shared sessions a week. What follows is the eleventh session.

Session on Thursday, September 27, 2012

Pimpa arrives smiling with her mother; she tells us what she is going to draw, "Macchia and Lola high-five with their paws because they've jumped on the cloud," which means they did a job well done, and she begins to draw. She seems satisfied to have had a good idea, and she lets us know that she had already planned it as a continuation of her previous drawings, "as a story." We respond that, in fact, it is a good idea. Macchia, Lola, Camilla, and Africa are her dogs; the first three are white with black spots, while Africa is brown.

(The other drawings are in a little pile on the table, stacked from the first to the last one. In the last one, which is visible, there is Macchia, a Great Dane aged a year and a half, and there is also Lola, a hairy crossbreed aged a year and a half. They are watching TV. together up until the last minute allowed when Africa, a two year old chihuahua who is of course much smaller than the other two dogs, arrives and wants to watch TV., "but the other two are too big and so she sits on top of the TV. and says: - I'll make them pay for this - (Pimpa laughs); she would have had a place if she had moved in front, but they are too big; look at this: she also puts down her legs so they can't watch TV (Pimpa laughs again); now Macchia and Lola are getting angry; here I'll put Camilla who already knows how the show ends and she says: - you know that it goes wrong at the end-. Camilla is the oldest one, she is seven years old and she knows how these things end.")

While Pimpa is drawing, she is having a lot of fun and her mother and I play along with her and make comments about the drawing; Macchia and Lola are enjoying themselves jumping on the cloud. Pimpa looks at them and she is satisfied by her execution. Then, she says to us that she wants to "do a story, I'll have them make a chain because Africa is falling and then they can hold on to each other by their legs, like this, watch (she makes us see with her own hands that it is a firm grip). They do not have hands, but they are able to do it anyways." She finishes the drawing and makes the speech bubbles: Macchia is holding Lola who is holding Camilla who is holding Africa. Africa, who is suspended in the air, shouts, "Help." Camilla yells at Lola, "Hold me, Lola." Lola replies, "Yes, I've got you." Macchia tells Lola, "Be careful, Lola." Pimpa decides to add an eagle near Africa that threatens to take her away and says, "mmm! A tasty bite!"



While she is coloring the drawing, I say, "At first, Macchia and Lola were satisfied with what they had done. They flew away, up high ... so high that no one would disturb them, not even Africa, as she had done in the drawing yesterday ... " Pimpa answers, "well yeah! "... and I go on, "Then Africa happens to fall down and she is afraid, but we know that the grip is very firm... " She adds, "Yeah, but she is still afraid." "Of course," I say, "she is suspended in the air, who would not be afraid ... and talking about fears, Pimpa, how are the controls?" (I knew from an earlier conversation with her mother the day before that Pimpa was doing better). Pimpa says, "I don't have them as much. Sometimes, I don't even hear them." While she is finishing her statement, I rapidly glance over at her mother, as if she had lost that statement and I think "the sentence has escaped and therefore also the mother?"

A few minutes later, her mother, visibly tired, says, "Pimpa, I'm terribly sleepy, you know. I slept only half an hour. I could go for a coffee, what do you say?" Pimpa lowers her head and whispers a "no" that is not meant for me to hear. She feels ashamed, and her mother immediately adds, "But I don't have to go." With a quick look to the mother, I suggest her to not refuse going and I ask Pimpa what's the matter if her mother goes to get a coffee. Pimpa keeps her head down without answering, because the reason is implicit. Another look to the mother invites her to answer me instead of Pimpa, and the mother says, "If I go away, Pimpa gets scared." I go near Pimpa's face to see her eyes and I say to her with a smile, "I was really scared, too, every time my mother went away. I never knew where she was going and when she would return." Pimpa looks at me and I add, "Yes, that's right, and I'm sure that the same thing happened to your mother, too." The mother says yes,

that it happened to her, that it happens to everybody. Pimpa raises her head and she readjusts her chair to find a more comfortable position, and starts coloring, probably convinced that the thing was over, but, after a few seconds, I add, "Pimpa, let's see what we can do. The coffee bar is nearby and your mother will take the same amount of time to go there as if she were going to the bathroom, what do you think?" She immediately looks at her mom with a pleading look and I add, "Wait a minute, no one here has to be afraid, we can do like the chain in your drawing, we can find a solution. For example, if I show you the bar?" She looks at me, then looks at her mother and then back at me again. It's obvious that between two adults she is fearing being forced into something, and in fact, as Marta Badoni writes, it unfortunately takes little to colonize children in the diversity of generational proportions.

I tell her, "Let's go there with mom so I can show you the bar." We move into the room I use for adults, which is adjacent and communicates through a window to the children's room. I show her from a window the opened back door of the bar from which the mother would enter and she would be able to see her while she was drinking a coffee. The door to the bar is about ten meters in front of the entrance door of my study. She cannot see the evident *way out* of the bar, so her mother lifts her up to see better, but nothing. Thus, I suggest to go into the hall to get a better view. I open the door and Pimpa hangs onto her mother's arm. Her mother says that if she does not want her to go, she can go without coffee. I respond that we can think of another solution that will work for everyone starting from the fact that she needs a coffee and Pimpa needs not to be afraid. Pimpa looks at me, she seems doubtful about the fact that I take everybody's needs seriously, we look at each other for a moment and then I say, "what do you think if you two go to the bar together and I'll wait here?" They look at each other and smile. At first it is a knowing type of smile which turns into one of having some fun. They go and I stand waiting at the door and after less than a minute Pimpa comes alone, and goes directly into the study while saying, "but, it's attached, I can do it."

When we are alone, I tell her, "Pimpa, it will never happen that you'll remain here alone with me by force, I'm serious". She gives me a cutting look, which goes directly from my words to the inside of me, looking for a guaranteed coherence, and she answers me smiling and readjusting herself on the chair getting more comfortable. The mother comes back and the session continues and, like Pimpa, also the mother has gained various *comforts*. Before the conclusion of the session, I have the opportunity to make two comments in which, with a joking and provisional tone, I re-tell the story. I talk about Africa, who yesterday wanted to watch TV., and her natural spitefulness towards Macchia and Lola "because they are big and occupy the whole place, and that it seems that today they answer Africa, at first by going off alone to sit for a little in peace and quiet and, then, still a little angry, they seem to take a bit of revenge. They make her pay by scaring her into thinking she will be let go, but they also take care to save her and not drop her for real." I talk about the fact that "maybe Africa, who knows she is being naughty, expects or even thinks she deserves to be dropped." Pimpa, who I had asked to let me know when I say relevant and/or irrelevant things, comments with a smile of absolution, "she feels a bit guilty because she wanted to watch TV. too, but they are big"; and then, perhaps to mitigate the vindictiveness and/or accentuate the desire to save Africa, she says that they are trying hard to hold onto Africa and she draws some rays in the sun. Macchia has to endure the sun's rays which hit her bottom (she smiles) and Lola and Camilla have to endure a great struggle to hold onto each other by their paws.

The session I wrote about is a "to the limit" session, an exception, because I usually do not have ability to move out of the room, and I chose it because it allows me to say better what I want to express.

The two reports by Tonia Cancrini and Marta Badoni seem to introduce two different ways of understanding child psychoanalysis. The differences concern different levels; I would like to note those which can be connected with the session with Pimpa and her mother: a) the position of the

parents and of the whole context of the child's life inside of a therapeutic project; b) for the concept of treatment, Marta Badoni prefigures different indications depending on different situations while Tonia Cancrini seems to indicate the individual analysis for four sessions as an elective treatment; c) the theoretical-technical structuring of the analytic work progress.

They are three levels about which I am very interested in taking on; however, I would leave the third for a possible subsequent article to prevent excessive length to this one.

I usually have a better understanding when the arguments are backed by clinical examples, for which I thank those of you who can bring their own sessions or who wish to use Pimpa's can do so freely.

a) From psychoanalysis and infant research we have an acquired knowledge according to which mental development is a function of the relational matrix. One of the consequences is that the position of the parents and of the context of the child's life take on a special significance inside the treatment plan. This does not mean that the only possible interventions are parent-child shared sessions and much less that there are not individual sessions for the child. This implies that a work with, and through, the significant figures of his/her life context is essential. It is a point of view that I found in Marta Badoni and Dino Vallino' writings.

In this basic approach, a variant I'm working on, perhaps perceived by the reading of the session, is to use the discovery of procedural memory as a part of implicit memory.

From studies on amnesic patients by Brenda Milner and Larry Squire (2009), we have the discovery of procedural memory which means that our mind is, up to this point in the research, composed by two systems of representation: the symbolic-verbal one, which we have known all along, and the procedural action one. Both systems settle representations; the first, through thoughts and words, the second, through actions and behaviors. Without actions and behaviors, the procedural system does not work, because there isn't mnemonic encoding or storage. The procedural actions and the behaviors "talk" about affections, meanings, and intentions, and it seems that they have a bigger incidence on the strength of synaptic connections in terms of persistence.

In the version I'm working on, there is an attempt to use both the systems of representation and, therefore, to effect changes through both words and actions (mine and of my patients). That is to mean, that actions and behaviors are not lost thoughts but as other ways of thinking. We have all experienced, in the sessions with children, how verbal interventions and actions continuously intersect; we think, we speak, we participate in games, they ask us to go to the bathroom, they ask for a hug, they offer snacks that are crumbling, we help them with a dripping ice cream and we *are* in these behaviors and we naturally take part, and while we are taking part, we transmit meanings to each other. From the literature from the Group of Boston work (1998) and in particular the work of Lyons Ruth(1998) on implicit relational knowing, I wondered how much transformative potential could be present in behaviors and how they could be integrated with our verbal interventions. I also wondered what could happen if we proceeded backwards compared to our usual way of working, that is to use behaviors for modifying and re-equipping the internal representations of the world also through a non-symbolic way. I realize how slippery this level is, but based on what I'm finding in individual sessions and in the parent-child shared sessions, I cannot deny its usefulness.

In Pimpa's session you see can see the use of action from me when I propose to leave the room to show her the door of the bar. It was a decision I made in a fraction of a second, as often happens with children, which used countertransference and bi-directional identification towards Pimpa and to her mother. There was a guiding thought: there are two different needs that for now cannot be negotiated in external reality, so let's accomplish them and make sure that Pimpa has to do with the object mother as well as the environment mother and that the mother can take a breath from both Pimpa's projective identifications and her own projections of damage towards Pimpa. From the next session, in which both take more color and more interaction with each other, we can assume that the short experience was useful.

b) The consequence of this approach is that it is not practicable to end a consultation having in mind the four sessions as elective psychoanalytic intervention. Otherwise, whatever the situation is, there is always the thought of not being able to work with and through the parents and then having to decide if and how much to work individually with the child.

As I said, I would subsequently use the session with Pimpa to recover point c) the theoretical-technical structuring of analytic work. It is a point that allows us to debate about issues that go beyond child analysis, as Adamo Vergine writes, and it enters into specific configurations of treatment with which we can confront ourselves. In the session with Pimpa, for example, there are many variations in addition to those relating to the actions, which move the focus of the intervention from the analysis of the defenses and of the conflict to the processes of regulation and literacy experience.

October 4, 2012

The Parent as the Best Colleague of the Child Analyst

by Barbara Piovano

Inspired by Macciò Vallino's contribution on working with children and parents in the child analysis consulting room, it gives me great pleasure to participate in the debate regarding child and adolescent psychoanalysis organized by Marco Mastella and Francesco Carnaroli. In my book published in 1994 (Piovano B, 1994- *Le esperienze parallele: percorsi psicoanalitici dal bambino al genitore*, Borla Roma; 1998, *Parallel Psychotherapy with children and parents*. J Aronson, NJ), I developed a model of parallel psychotherapy and analysis with parents and their children involving a therapy/analysis of the child and the parent(s) in separate settings in which the analysts of the parents and the child are separately supervised by a single supervisor.

Single supervision creates a *transitional area* linking the two therapies in the supervisor's mind and in the therapeutic experience of the analysts who work in separate settings and may also exchange information with each other when considered useful or necessary.

This type of approach to the child's problems, which requires *parental involvement* not only during consultation but also during therapy, was first experimented in an institutional setting and later exported to private practice. It went *against* the general orientation of child analysts who carried out child analysis for 4-5 sessions relying on the alliance created with parents who were supposed to respect the child's analytic space, and *towards* an unmet need about which I felt more and more strongly about (also in response to social and cultural changes and to the type of demand):

- 1) to provide a space in which to listen and help the parents - the parents' room.
- 2) to establish a therapeutic alliance with the parent with a view to consider the parent as the best *potential* colleague of the child's analyst.

The common *supervisor*, as an observer participating in the overall therapeutic process, can investigate interesting research subjects.

I will mention only a few of them:

- a - to explore the field set up by the relationship network established between all participants, each with his/her own role and functions, in the therapeutic experience;
- b - concentrate on one of the two therapeutic relationships without losing sight of the integrated and unitary picture of the clinical material and the complex transference and countertransference phenomena and relational dynamics activated not only between the patients and the therapists but also between the therapists and the supervisor;

- c - to observe the interactive processes in the pathological family relationships - *projective identifications*, acting, collusions - that prevent the experience and evolution of the therapeutic relationships taking place in parallel;
- d - to understand the correspondence between the organisational modes of the internal world of the child and parents;
- e - to identify the transmission of transgenerational fantasies (Lebovici, 1998), ego-alien factors (Winnicott, 1972), and poorly integrated introjects belonging to the parents' unconscious (Searles, 1986);
- f - to observe how the family changes and restructures based on the intrapsychic changes in the members undergoing parallel therapy.

I realize that the above model- which presents a significant type of cognitive and therapeutic advantages, (extension of the field of observation and applicability of psychoanalysis), as it involves intense organizational and emotional effort, can actually be applied only in certain clinical situations or for educational/training purposes.

However, it was inspired by a philosophy shared by many child analysts: the need to transform child psychoanalysis by giving the parents more space during consultation and therapy, and by paying attention not only to the intrapsychic, but also to the environment and family relationships. Many child analysts who have worked with parents were reluctant to talk about their experiences; they feared that working with parents might be considered by both adult and child analysts as second class psychotherapy and as an inferior kind of professional work or a 'watered-down form of analysis' (Kerry, Kelly -Novick, Jack *Working with parents makes therapy work*. Jason Aronson, 2005).

I personally believe that far from being a 'watered-down form of analysis', working with parents is a particular application of psychoanalytic theory and technique that requires experience in the analysis of adults and subjects in developmental age, as well as a training which includes: Pre Infant Observation (Gina Mori, 2001), Infant Observation (Klein 1937, Bick, 64,68,89; Vallino, Macciò, 2004; Lussana, 1998), Infant-Parent Psychotherapy (Fraiberg 1980.1999, Alicia Lieberman, 1993), knowledge/understanding of data from Infant Research, (Stern, 1985.1994; Brazelton 1990, Emde 1983), and from theory (Bowlby 1969,1973,1980) and research on attachment (Cassidy & Shaver, 1999).

It is aimed at improving parental functions both in terms of *functions of the mind* (Di Chiara et Al, 1985. Preconcezione e funzione psicoanalitica della mente. *Riv Psicoan.*31.3:327-341) as well as *parental introjective functions* (Meltzer, 1989) capable of generating love, sustaining hope, containing suffering, and thinking. This is achieved by putting the parents in contact with their child-self and with the disturbed aspects of their marital relations and their relationship with their families of origin (Piovano, B 2004 Parenthood and parental functions as a result of the experience of Parallel Psychotherapy with children and parents. *Int Forum Psychoanal* 13: (187-200).

My analytical experience with children, adolescents, adults and parents, and also as supervisor of parallel therapies of parents and children, has given me extensive cognitive tools and clinical experience. Today I can tackle with greater elasticity a child's psychopathology with a child analysis or therapy that includes sessions with his/her parents (set or on-demand), while always *respecting the child's setting*.

Managing the relationship with adolescents is more complex and problematic: their attitude towards their parents, however, is less phobic, given the changes in family and social culture (adolescents remain much longer in the family).

Many Italian and IPA child analysts agree with several of the observations Vallino makes in his article. I will cite several of them since they emphasise the influence exercised by the environment on the child's disturbance and the need to intervene in the child's primary environment and family

relationships:

“the child has come to us because there is no communication with his/her parents.”

“the family must be considered a resource and not an obstacle.”

“it is possible to intervene with a psychotherapy or analysis of the child, but it’s necessary to first evaluate the parents' ability to tolerate their child’s analysis or by asking them to get involved.”

I would like to conclude my comments by proposing the therapeutic consultation scheme for children and their parents that I developed based on my clinical experience and inspired by Winnicott’s concept of therapeutic consultation (Winnicott 1971). It unfolds over several sessions.

THERAPEUTIC CONSULTATION OF CHILDREN AND PARENTS

(Piovano 2012).

1 – The first telephone call from the parents provides some information about what is the problem, who has the problem and any possible resistances.

2 - The first meeting is participated by those who show up *spontaneously* to the session: parent or parents, mother and child, father and child, grandmother-mother-child, etc., in the '*adults' room*.' This is an opportunity to gather information about the child’s history and his/her family, as well as get an idea of the personality of the parents, child and family relationships.

3 – Therapeutic consultation with the child and parents (1-2 sessions)
Therapeutic consultation with the child is conducted through conversation, drawing, and the *scenotest* (not used as a test, but as a little theatre which allows the child to represent his/her inner and external world) in the '*child's room*'.

Assessment of the child's problem includes: observation of how the child interacts and communicates verbally and through the use of his/her body; clinical evaluation of his/her level of intelligence, level or disturbance of self-organization and inner-world configuration (preoedipal and oedipal conflicts, defensive structures, and type of anxieties; evaluation of internal and external family relationships and the child’s system of external relations.

Therapeutic treatment of the child takes place during the same session (or sessions) in which the observation is made using play and drawings:

-through a *re-structuring and transformative modification of the child’s play or drawing* accompanied by *narrative transformations*, with input (and contribution) by the .

-through the *interpretation* of anxieties, defences, and conflicts

-through the *relationship* established with the child.

After three quarters of the session with the child, and with the child's consent, the parent (or parents) who accompanied him/her is invited to enter into the ‘child room’ and *associate with the drawings and the theatre play* of the child. This makes it possible to specifically assess *the interrelationship of unconscious fantasies of the child and the parents* and to intervene as a *third* figure who facilitates the emotional communication between them.

4 - Session – response with the parents (in the *adult room*, without the child). Apart from providing an answer to the parent’s original request regarding the child's problem, this session helps to assess:

a) if the therapeutic consultation can be *concluded* at this point, handing over – as it were- to the parents,

b) if *further meetings* are necessary,

c) if child psychotherapy or analysis, or a parallel child-parent psychotherapy is needed.

5 – Intervention on the social environment.

If the child was referred by a school, and if requested by the parents, during the period in which the four or five sessions are carried out, the child psychoanalyst makes him/herself available to talk telephonically with the teacher who suggested the consultation.

October 4, 2012

A short Note

Sandra Maestro

I'm getting in the debate on children psychoanalysis with a brief note, stimulated by the passage from the paper of Marco Mastella. He talks about "pain suffered many times..." when he suggests to the parents an analytic therapy for their child and they "decide to take him away, to a rehabilitator who will teach him to speak and how to fit properly in this world".

But as psychoanalysts, what are we doing for our little patients? To which extent do we succeed in sharing the meaning of our job with parents, being thus able to build a strong therapeutic alliance with them? Because without this alliance every intervention is doomed to break up and fail (at least in part), as Marta Badoni e Dina Vallino rightly point out.

Some time ago, when participating in a debate on autism and psychoanalysis, I maintained that if autistic children or adults can be considered in all respects "persons" endowed with a mind, personality and affections, then psychoanalysis – which is a technique to heal mind, affections and the structure of personality – can also be used with autism.

I also pointed out the need for the psychoanalyst to be able/willing(?) to "align" his own point of view with that of the logopedists, educationists and, above all, of the parents, trying to achieve an integrated or "democratic" vision of the child's functioning... But this "aligning" operation, to which, allow me to say, psychoanalysts are seldom accustomed, requires a clear idea of what is specific in our point of view and in our intervention, of what we can offer and what we can do to help children "fit by properly in this world".

"Alfredo is an autistic child 4 years and 10 months old which I'm treating in the hospital where I work, two times a week in since he was 24 months old. Once his mother phoned me while I was waiting him for his session to tell me that his son had been crying for half an hour and she would be going back home with him.

She'd gone out with Alfredo and his older sister. When Alfredo saw that his sister was visiting a friend while he had to attend his session, he began to cry and despair, and his mother couldn't make him stop.

She told me it was a waste of time to bring him in such a condition: he was too upset, and the therapy would be useless.

I convinced her to bring him, explaining that it is precisely when A. is in such a condition that is necessary for him to come to his therapy sessions.

When A. arrived he was still crying, and threw himself into my arms looking for a "restraint". I hooked on/held on to the motivation/cause-and-effect link detected by A's mother (his desire to go and play with his sister) and start a two-level intervention of "holding" and "reverie", making use of drawings, words and play. As usual, I concluded the session listening for some minutes to A's mother telling me the most relevant events of the week, and sharing with her some passages of my

intervention and my interpretation of A's behaviours. This way we would be able to build together an adequately "coherent/cohesive" representation of A's functioning.

I took this opportunity to let A's mother know that in my opinion his son, being almost 5, could be able to overcome his separation anxiety. (Unfortunately) his ability is still much dependent on people surrounding him..."

That same night I suddenly woke up in the middle of a strong anxiety attack with tachycardia. Through a complex series of associations⁶ I related my attack to my previous day session with A.

Coming back to the opening question, what are we doing for our little patients and what can we do to help children fit properly in this world? My answer takes the cue from the clinical practice that the reverie function (Bion 1970), used to help transforming the beta elements in alfa elements is one of the specific aspects of our contribution. In this case, the point of view of A's mother helped me, *hic et nunc*, to find my way in A's desperation and to "imagine/dream" a series of scenarios (his sister saying goodbye and then coming back, he and I "thinking/visualizing" together these passages) that calmed us down at that moment...

(I obviously suspend every possible interpretation of my analytical relationship and of my subsequent nocturnal attack).

It is possible that the deficiency in development of this child is also causing a deficiency in the reverie function, which encompasses him and his system of relationships, a problem for which psychoanalysis can certainly offer some help to children (as well as to adults). The unavoidable reception of the unconscious and of the intrapsychic life of one's own parents (Badoni 2002), in the different forms already well exemplified by all my colleagues, makes more difficult the job for the children psychoanalyst, forcing him to constantly shift from his own point of view. Training to sway between different points of view is really helpful even in adult psychoanalysis... isn't it?

October 8, 2012

How we work with children

Paola Catarci

Giuliana Barbieri has offered us an accurate report of a session, urging us to *play with* clinical material (in Winnicott's way of intending it), in order to foster the debate on child and adolescence psychoanalysis, in all its numerous forms.

I wish to add a personal opinion on our work with children: what is the actual volume of Unconscious that infants adduce? In what way can we utilize the simplicity of their communication?

Giuliana's patient refers she wants to draw the two bigger dogs: however the true question for which she seeks an answer, and which oppresses her, is whether the relationship will last. This question demands representation and needs to gain significance. As such the drawing is directly explicative: the paws of the dogs touching firmly or lightly, just like relationships which may be strong or close to rupture. This is a great example of the direct and immediate contact with the unconscious (Klein).

The session then concentrates on the theme of separation, and the child's distress rises steeply...

⁶ I put together something from my personal evolution with my intervention to "promote development" carried out the previous morning with A and then with his mother. So I "thought" that a change in representing myself/A. would have left some undigested B elements inside me that I could only leave there waiting for new transformations..(Bion 1965). In the last months, I happened to dream A. beginning to talk.

My feeling is that a crucial problem when working with children, amongst those proposed brilliantly by the experts who have spoken before myself, is to delineate a modality to translate the unconscious material adducted by the patients themselves. I believe that, when working in a session with children, we must find a method to receive these materials, *store* them in mind and keep them in circulation. This should probably not be done through verbal language, whereas using relationship, playing, drawing: this is the session exchange.

Each time it appears as if I am traversing complicated passages, and when I believe I have finally understood the child's unconscious, and I try to speak, he stares at me and shouts: "Stop talking, play with me!" In the same manner Dr. Barbieri's patient, with its explicative drawing, clearer than any verbal language, trips on the mother's exit from the session, and the contents of the drawing, with their dilemma "to keep or let go", are transformed into the action "to enter or exit".

Giuliana demonstrates she is well synchronized on the feelings of the mother and of the child. Moreover Giuliana suggests her peculiar way of managing the entire situation. I am not sure whether I would have acted in the same manner: nonetheless, it is important to point out that by doing so, she has not limited herself to proposing a synchronization and a sharing of the emotional experience of the patient. If indeed this was the only affect, the transformative effect possessed by these therapies would not be explainable.

It seems we are offering the child (and his or her parents, with whom we relate during or after the sessions, depending on the case) an answer that allows a link between its being formulated and its remaining unsolved, opened, vital, however still in construction, only sketched in its outline. I believe therefore in the possibility for the analyst to hold the role of the thinking object, offering to the child a different function than mere synchronization. The analyst should instead offer a relationship model, in which the child shall find an adult who tries to understand him, an adult who tries to become an object who understands another person, foreseeing its future development. This is an anticipatory function, conjugating the reception and comprehension of unconscious material with a special eye for present interaction. I have called it anticipatory function and I am aware this may generate perplexity, given the allusion of the term to infant-research. Thereby I will further explain the concept in few words: the offer of a potentiality, which fosters growth and development. And there I finish, as it not my wish to increase the burden of this comment with citations and theoretical notions. Should we discuss?

October 8, 2012

Contributions of child psychoanalysis to the widening of understanding and care of primitive dys-functioning also in adult patient.

Laura Colombi

In my contribute to the debate, I would like to put forward some considerations that derive from my therapeutic work with so called 'bordering' child and adult patient.

In my clinical work with children, I have often had to manage child analyses in which the presence of *specific* areas of suffering gradually became apparent as the work progressed. These areas were connected not so much to *regressing* to previous levels caused by impacts with major difficulties, but to the primary "basic fault": i.e., in the precarious nature of *integration* processes.

These are children whose functioning seems neurotic, but it conceals anxieties and difficulties that are archaic in nature. They are clinical situations in which 'the breakdown has already taken place' and has done so at the very earliest stages of development, 'at a stage of dependence of the individual on parental or maternal ego-support'. And in which: 'Often, the environmental factor is not a single trauma but a pattern of distorting influences' (Winnicott, 1959, p139). So, the *precocious* nature of the injury that has been inflicted on the infant's mental-emotional development

through primary containing, holding and tuning deficits and/or their *repetition*, creates traumatic areas that leave flaws in integration processes, flaws that may even be of a certain depth and which can compromise developmental potential in the direction of dysfunctioning where *sensory experience* ends up prevailing over symbolic, emotional-mental-relational experience. Contributions from neuroscience, infant observation, infant research and attachment theory confirm the extent to which trauma in early object relations acutely aggravates and distorts the use of infant self-sensual physiological activity. By substituting normal relating, such drives the infant towards hypertrophic forms of withdrawal.

The analyst's position while working with the child holds great transformational power, because of the potential that 'early care' has, as well as the theory building potential it can provide in order to improve our understanding of the early dynamics involved in adult patients with severe pathologies. In a paper on the importance of monitoring the patient's use of 'fantasy' during analysis and/or at different times during a session (*I.J.P.*, Vol. 91, N.5, 2010), I underlined how the child analyst finds himself in a complex but privileged situation, as he can observe possible pathogenic processes in the making. If such are not identified and transformed early on, they become more deep-rooted and therefore more difficult to catch hold of and transform in the adult patient.

Using to the full his position as a child and an adult analyst, Winnicott outlined a fertile theory through which he illustrated psychotic styles of mental functioning. Indeed, he developed the idea that even 'withdrawal' into fantasy, which he considered as a cause of severe identity deterioration, derives from early defence systems the child employs in order to protect himself from catastrophic anxiety (something similar to the 'shells', 'forms' and 'objects' that Tustin (1986) refers to, or those areas of hypertrophic 'autistic-contiguous' experience, as described by Ogden (1989).

These *anti-relational defences that counter psychic 'agony'* acquire over time a dangerous, idiosyncratic, automatic quality that ends up nourishing itself on the fascinating pleasure of omnipotence that withdrawal into these areas of 'non-experience' involves. Based on their experience with autistic children (or children with autistic traits), Tustin (1986) and Alvarez (1992) firmly stressed this point which, if it is underexposed, can lead to anti-transformational therapeutic errors.

It is therefore extremely important during our clinical work to carefully monitor these states in order to distinguish benign, self-protective forms that consolidate a struggling Self *in fieri*, from malignant forms of fleeing into a pleasure-giving dimension of no-contact, where insidious inroads are made into thought and integration processes.

MARIA AND 'THE CALL OF THE FOREST'.

Maria, a 10-year-old girl and only child of a not-so-young couple, was sent to me for an analysis (3 sessions per week being possible in this case) following a period of hospitalization on a neurology ward, her diagnosis at discharge being that of 'Behavioural depressive disorder related to somatic manifestations'.

When I met her parents for the first time, I found myself face to face with two people who, despite being authentically concerned, had a certain analytical style in their reconstruction of the possible 'facts' that had led to the *'illness'*, not to mention a certain lack of intuition in connecting up the possible facts to a mental aspect.

The unexpected emergence in Maria – who until that time had been a '*quiet, cheerful, funny girl*' – of insomnia, '*unprovoked*' melancholic states, rituals, involuntary motor contractions and widespread intermittent paraesthesia (which Maria had no awareness or recollection of), were described to me as 'something' totally inexplicable and obscure that had left them completely bewildered.

It gradually emerged from answers to my questions just how isolated Maria was and how she had lived for some time in an organized sequence of fantasies: '*... she was and is an easy-going, gentle child, ... she spends her time quietly in her room making up imaginary characters; she likes this so*

much that she has no interest in calling her friends or going to play at the church recreation centre'.

During my first encounter with Maria (who was accompanied to my office by the full family – mother, father and maternal grandmother in a somewhat overly excited atmosphere), she seemed to me to be a child who, once she had detached herself from the family and come into our room, was earnest and detached, in remarkable contrast with the Maria in the waiting room that seemed like the jolly *mascot* of a family group almost dependent on that sort of climate.

We sat down and considering it fit to do so, I briefly summarized the encounter I had had with her parents and their wish to fully understand this situation, which was felt as being difficult for her, for them and for relations between them.

Maria listened as if all of this concerned someone else. I changed register and tried a more direct contact that could 'arouse her curiosity' about how our encounter might go.

A ... You know, I think that coming here could seem a little unsettling after having been in hospital for a few days. Now it's time for you to slowly start again from the beginning ... somewhere new, someone new ... Then I know that you are very busy...

Maria's look became livelier. I continued:

A. This year you started secondary school, it's quite a jump, what was that like?

Livening up:

M. There are 26 of us in the class, it's really different from primary school where there were only 16 of us!

The '26 new classmates' came to mind as characters staging the turbulence of unknown and unmanageable emotions that seem to have spilled over the banks of a past structure, breaking a precariously reached balance in the process.

Being careful not to press too hard, so as not to prematurely allude to possible anxieties, I tried to develop the dialogue/meaning that was unfolding by saying to her:

A. 'It can't be easy having to deal with 25 new classmates...'

M. 'No, it isn't at all! All my old classmates have gone to other schools; my mum chose this school because she thinks it's the best. She's a teacher and she told me that it's what's best for me.'

A 'reassuring' past that Maria seems to feel she has lost forever; something 'new' that seems to arouse deep anxiety (and which our encounter is not exempt from either). A mother that seems to substitute more than support, and who (I believe) I need to try and differentiate myself from so that Maria can experience a potentially new object, one that can 'give support without dominating', and slowly offer a relating model, animated by warmth and patience, that can be introjected.

A. ... 'We'll need a little time to get to know each other better ...'

M. Yes. At the moment I go about with a girl from my class and I hope she'll become friends with me ...'

The possible new 'friend' gives me hope.

But there is then a sudden change of tack, from a more relational and communicative mental functioning modality to a withdrawal that dangerously captures her in a dimension of solipsistic and exciting pleasure.

M. I don't like being in the company of others ... I love going horse-riding because it makes me feel like a queen ... but last week I flew right off the horse: it just bolted, I don't know why, it's usually very quiet ...'

Maria seems to be 'telling' me her unconscious perception of what has happened to her: a 'fall', the failings of a precarious defensive system are now re-presenting it in the current 'illness'. The 'bolting' horse – a possible signal of relational anxiety potentially lying in wait in the analytical relationship – is the character through which the explosion of distressing beta elements is staged. Such elements require delicate and patient 'taming', which Maria's 'healthy' and relational part seems to want. But the bolting horse, the counterpart of that '*usually very quiet*' horse, also stages a dissociation between an acquiescent Self, and a true Self that is not yet sufficiently recognized and

sustained, and which tends to omnipotently nourish itself on fantasizing and sensory pleasure ('her' going horse-riding makes her 'feel' like a 'queen').

The lack of a lively and emotionally intuitive environment seems to have created conditions that favour fleeing towards a search for sensory excitement that can place itself in her void: that is, 'immersion' into omnipotent-fantasying dimensions she finds herself in.

M. *I like animals, but I like sharks best of all. They frighten everyone, but not me! In fact, I love thinking about living at the bottom of the sea in a huge, silent aquarium where lots of differently colored sharks of all different shapes swim around me as if I were their owner ... when I'm at home and feeling bored or when I'm in bed alone, I imagine lots of things ... so much so that everything seems true and I don't want to come out of there.*

At this point, she asked if she could draw something. She was totally absorbed in it, isolating herself the whole time, and generating in me a countertransference feeling of a certain kind of sedation and numbness.



Even if we had reached the end of the session, I thought that not taking up this figurative comment would have equaled reproducing in the analytic relationship that absence of involved attention which seemed to have been the backdrop to Maria's tendency to 'retreat' undisturbed into her withdrawals. I also felt it very important that I try to understand, through listening carefully to Maria, whether the quality of the fantasy that came on to the scene in the drawing was symbolic, communicative-representative (highlighting a temporary and 'healthy' self-protective need, at a level of possible content as well as mental functioning, in relation to an environment she experienced as overly intrusive), or whether it was an idiosyncratic 'fleeing' into a state of sensory pleasure that fascinated her and detached her from reality.

A. *It's really fascinating, almost magic ... maybe even a little unsettling: it can't be easy finding your way in a forest like this one.*

M. *Yes, it's a magic place, it's another reality where there are really beautiful things ... plants, rivers, volcanoes ...*

A. *This kind of reality must be really appealing, but I also wonder whether this magic world may not become somewhat dangerous, too ...*

M. (looking carefully at the drawing) *Yes, maybe ... you could get lost in there.*

A. *Yes, you could. There's no need to get too frightened, but you shouldn't go too deep into these forests, either.*

* * *

I hope that this excerpt of clinical material can show, even through the way in which Maria 'got lost' in the drawing, just how sensory, magical and exciting fascination can work against contact and development, and in some cases lead to dramatically 'dead' areas in adult mental functioning.

However, Maria's immediate and hyper-dynamic unconscious, similarly to that of children generally speaking, as it lets you see this idealized and seducing dimension, enabled me to enter into '*this magic place*' with her, too. It was a place we were to gradually share, but without me letting myself become too mixed up in it. I could thus slowly help her to understand the danger, when it came around, that this kind of retreating could exert on her.

October 9, 2012

Comment on the intervention by Barbara Piovano

Liliana Ferrero

(Asociación Psicoanalítica de Buenos Aires - APdeBA)

I have met Barbara Piovano in the meeting between SIRPIDI (International School of Research and Training in Clinical Psychology and Psychoanalytic Psychotherapy) and APdeBA in 2010 in Rome. It was a pleasure for me to meet her.

Although I'm not a psychoanalyst of children, but of adults and adolescents, I have read her work on child psychoanalysis and I fully agree with it.

I work in the Obstetrics Department of the Italian Hospital of Buenos Aires, and I see many cases as the one she describes. In effect there are mothers who, waiting for a baby, already have an older child with problems beyond the coming of the baby, for which I suggest an analyst's consultation for him.

But here, where I live, unfortunately, what should be the analytic space for the child, it is not occupied by an analyst. Many times is occupied by a psychopedagogue, who ends up giving the parents concrete suggestions, homework, often visits the house to see how the family lives. This psychopedagogue becomes usually in charge of the "therapy" of the child and encourages parents to take this or that attitude.

In my opinion, this hinders the work of the couple's analyst. If parents were already in psychotherapy, this would bring to the analyst a difficult situation regarding to the transference work with the patient, as well as a difficult countertransference situation in relation to the concrete indications given to the parents by the psychopedagogue.

I wonder if we, as analysts, are too quiet in this field. This means that other professionals do occupy positions that should not occupy, conveying the mind of the parents to a concrete, convenient situation, instead of facing deeply and sincerely their problem.

At this point, I ask myself if we could think of a supervision, which could match the psychopedagogic intervention with the analytical treatment of the parents. Otherwise it would end up in a supervision of the parents' analysis, including the story the parents' report of what the psychopedagogue told them to do.

Her work, very clear, in my opinion, shows a meltzerian way of working, that is to say the one of the introjected good parent who lives in the depths of the psyche and takes care of the welfare of his inner child. So, how to combine this work with the psychopedagogue's?

I see that Barbara Piovano wrote a very interesting book that I think has not been translated into Spanish, nor do I believe you can find it in Buenos Aires, but I will certainly buy it when I come to Rome.

The intent of this note is to express my agreement with the position of Piovano: in cases where both the child and the parents are in analytic psychotherapy, to supervise the parental psychotherapy together with the one of the child, could enrich the mind and also lead to the perception of a internal family that can give love and hope, following Meltzer's model.

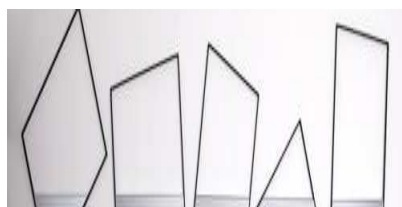
Liliana Ferrero

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October 10, 2012

Communicating paintings

Elena Molinari



G. Varisco 2008 *Quadri comunicanti*

To introduce my considerations I have decided to use an art work: it shows as continuity and discontinuity, setting and different orientation can be composed in a generative way. However different point of view can provide different perceptions (a straight line if it favors the inside line to the frames, a wavy line if one considers the position of the squares in the background).

This image shows a paradoxical aspect of my thoughts. A part of me "feels" the uniqueness of the psychoanalytic method and how the process can be the same if I analyze an adult person or a child. There is another part that on the contrary thinks that psychoanalysis of children is different from that of adults, not only for the technique used. I am convinced that different ways of practicing psychoanalysis produce different processes in the analyst's mind. To clarify I would say that the same question can be proposed for gender. There is no doubt that in each person there is a part of femininity and masculinity, but to say that there isn't gender difference is equally problematic. I think that identify and describe some of the differences between child and adult psychoanalysis may be useful to maintain a certain dialectical tension and promotes generative developments.

Returning to the point, it seems to me that child psychoanalysis have some peculiarities and specificities that influence the process.⁷

Children require, much more than adults, to tolerate deep and prolonged immersion in sensory communication. This type of communication calls for a slower process to arrive at symbolic forms and requires long non-verbal responses which, for an adult mind, it is rather difficult. Thus, the regression in the adults room seems to be an effect of the setting on the patient, in the child room seems a conquest of the analyst.

When adults are in the analytical room and I hear their words, what I hear is transformed in my mind into images, fantasies, connects to memories, to hypothesis of meaning and so on. When I am working with a child this process occurs much more slowly because often I have not the ability to enable reflective thinking because I have to respond with action to the game.⁸ I imagined that the reverie that is activated in this way is much more similar to that underlying the figurative art processes while the reverie that rise in the adult room is closest to the one that generates narrative processes.

As with adults, there is a feeling of two creative minds at work trying to communicate, with the children you feel more immersed in a co-creation that starts from the sharing of feelings. In addition, most sensory stress that children require that produces what Marion Milner⁹ called "concentration in the body", a state in which the boundaries between self and other are more fluid and perceptions of space and rhythm of the interaction undergo a change from when most identified.

What the child analyst learns working with the child transforms his be an adult analyst. Among these transformations I am able to focus:

- Greater sensitivity about the sensory aspects and their value in the construction of mental containment
- A survey of the mental development free from nosographic ideas that allows to feel the regressions and symptoms such as oscillatory traces of exploration in search of emotional truth
- Perception of the setting as a space group.

In this regard, I would like to add a brief consideration to the relationship with parents. When I mentioned to my interests in the treatment of children, my analyst responded "We need to treat the parents and not the children!" So I felt quite angry and I threw myself in opposition to heated discussions designed to show how much it useful to take charge of suffering of children directly.

Today, without renouncing to take care of children, I always try more ways to connect with parents. So I'm very interested in the ways that analysts have "invented" to contact the hardships conscious and unconscious living families and children who express themselves through: consultation extended (Vallino 2010)¹⁰, the bifocal view to capture something of the transgenerational mandate (Badoni 2002)¹¹, the Lausanne triadic playing¹² and lately some aspects of group analysis exported with profit in the small family group. In particular, the hypothesis that the child can not only be the subject more permeable to the symptom, but also the most capable of mapping the unconscious

⁷ Molinari E. (2011), *From one room to the other: A story of contamination. The relationship between child and adult analysis.* Int. J. Psycho-Anal. 92: 791-810

⁸ Harris Williams M. "Beauty in movement" in *The Aesthetic Development* Karnac Book 2010

⁹ Milner M. (1950). *On Not Being Able to Paint.* Madison, Conn.: International Universities Press, Inc.

¹⁰ Vallino D (2010). *Fare psicoanalisi con genitori e bambini.* [Consultation with the Child and His Parents]. Roma Borla.

¹¹ Badoni M (2002). Parents and Their Child-and The Analyst in the Middle. *Int. J. Psycho-Anal.*,83:1111-1131.

¹² *Il Lausanne trilogue play. Modelli di ricerca e di intervento.* A cura di Simonelli A., Bighin M., De Palo F. ; Cortina 2012

mandate in the group field. In this direction, the use of drawings of the child as a stimulus to the free associations of parents turned out to be an interesting experiment.¹³

13 October 2012

Taking to the streets: psychoanalysis in local area facilities

Paola Orofino

I, too, wish to express my thanks to Marco Mastella and Francesco Carnaroli for giving us the possibility to compare opinions on such important issues and enabling us to emerge from the state of isolation in which we find ourselves from time to time.

I am privileged to work in a Children's Neuropsychiatry Unit operating in the local area and through this structure to come into contact with numerous children in need of treatment and of someone to listen to them.

At times I have the impression, due also to my training and background, that I am working in a "*psychic A and E unit*" and that I have to be ready to respond first and foremost to addressing psychic emergency situations and the child's suffering.

I often find myself in front of children who straight away – as Cancrini describes – "*have brought me all their suffering and their inner drama, directly and immediately*".

I remember the first session with 5-year-old Luca who said to me the minute he saw me: "Help me, I'm in trouble, my parents don't understand me". And then Lorenzo, seven, with adoptive parents who seemed excellent to my eyes, again during our first meeting "my only problem is that they have chosen the wrong family for me; can I change and get another one?"

In the more serious situations I have often found myself in contact with a child or an adolescent immersed in the most terrible pain. Stefano, fifteen, springs to mind, referred to me after being hospitalised following a suicide attempt. During an early session he acquainted me with two different aspects: a terrible account of how he had followed instructions on an internet web site for *emos*, on how to achieve a quick but painful death, and the other a poem in which he expressed a strong desire to experience passion and live life with greater hope and strength. Children and parents afflicted with a variety of problems attend the Children's Neuropsychiatry Unit (CNU), ranging from the highly traumatised child suffering from abuse and deprivation, to the adopted child who has not managed to fit in, to the hyper invested child described in the previous papers, or those who are ignored or suffering from cumulative traumas or are the victims of what we call today *parental alienation syndrome* in the event of conflictual separation.

Such a climate of conflict leads the child to feel under threat of losing his/her love objects, and to experience difficulty in identification processes and inversion of parental roles. The child comforts, consoles and takes on the role of the absent parent. In my opinion the most frequent process is that of *psychic encumbrance* which is also seen when the child is involved in a parent's illness or when he/she lives through experiences which he or she cannot work through. The child may be overwhelmed by depressive feelings and elements that he/she is unable to understand, often experienced as an *intrusion or confusion* belonging to the emotional and phantasmatic sphere of either one only, or both, parents. What is missing in these cases is the reference point of a parent who thinks *with him/her* and helps the child to grow (see the issue of Ego-alien factors in Winnicott, 1969).

We may just as easily find ourselves dealing with children who are well looked after by their families, by their mothers, fathers and grandparents who consult specialists also in relation to

¹³ Molinari E.. The use of drawings to explore dual↔ group analytical field in child analysis. (accepted IJP in press)

behaviours which are part and parcel of the physiological development of the child, in order to ensure that the affective communication which is under discussion in this debate is never interrupted.

The family is in a continual state of flux, including in the positive and emancipatory sense. It seems to be that in certain circles there is a greater awareness of the needs of the child and an increased ability to love. An interesting perspective is shown by Argentieri (2005) in his paper on the maternal father in which he describes these transformations that have taken place in the role of the father.

As Vallino states, family issues resound in our work:

“the diversity of theory and clinical approaches in the psychoanalysis of children and teens beckons to the presence of creative work aimed at adapting infantile psychoanalysis to the changing times and “family cultures”.

It is undoubtedly true that our task is that of helping parents *to put their ideas into play*, something which at times, when we find ourselves dealing with highly defensive parents, may lead us onto a long and difficult path.

In state institutions, the ideal operative model on which the psychotherapy activities of a service are built requires, in addition to human qualities, the sound psychotherapy training and culture of all members of the specialist team, in order to be able to grasp the suffering related to the psychic pain of the patients.

Unfortunately, psychoanalytic culture in these treatment centres is becoming lesser and lesser, and in my opinion it would be important for the Psychoanalytical Institution to find a way to “make itself heard” or “take to the streets” especially at this historical and social moment in time.

The Milan Psychoanalytic Centre has many on-going initiatives in this area, thanks to the willingness and the contribution of analysts who have *created treatment centres* to facilitate the treatment of children with severe social issues.

I feel that it is important to underline the work carried out by children’s neuropsychiatric institutions or family health and social services centres, especially when the psychoanalytic training inherited from the mothers and fathers of Italian psychoanalysis who worked and created for many long years in such facilities still prevails.

Working in the public sector I have often had “*a bridging function*” where the result of helping a child or a parent undergo analysis has been achieved after a very long time, often after years of interviews, or “*take it or leave it*”, or after the child has undergone a course of speech or psychomotor therapy for rehabilitation purposes.

Mastella describes the pain experienced when parents decide to remove a child from therapy and bring him/her to a rehabilitation specialist who will teach the child to talk and behave as one should in society. This is a regret that I can identify with, having experienced it in working in the public sector with this kind of issue. These parents approach the service with the aim of finding a *rehabilitation specialist* who will solve their problem. At times without being at all aware of what they are doing, the parents set up inadequate defences against their own children, in certain cases perceived unconsciously, from birth, as potential enemies, with the result of inducing traumatic experiences in the child, causing out and out *psychic infanticide* (Medea) which leads to “*irreparable psychic fractures*”. (Cf. Alvaro, 1949).

These parents, who in turn have a background of traumatic experiences, are unaware of the causes underlying the suffering or the traumatic psychic fractures of their child/children, and in the majority of cases have neither the ability nor the will to get involved. This is why it is necessary to work on the child’s environment and work with them for several years in order to make them more aware and enable them to feel that they have an ally in us in working towards a positive outcome.

Once the patient acquires an awareness of his/her own psychic background he or she begins to experience being able to *think on his/her own*.

As H. Faimberg writes: «In analysis each patient is responsible for his unconscious desires and his psychic activity, including his “Oedipus complex”; but it is also necessary to: reconstruct in transference the unconscious identification of the patient with a “narcissistic father”; know how to recognise the patient’s suffering due to not having been loved and sometimes also meet the patient’s unthinkable anguish as a result of not having been desired as a living child: the relationship with a parent such as Laius: here I am speaking of the psychoanalytical statute of the filicidal parent (father or mother)». (Faimberg H., 1993)

The advantage of working in the public service (Correale, 1991) is that it allows us to co-operate with other public service workers, to be able to count on other reference figures who work side by side with us to ensure that the child or the teenager has support also “*outside the room*” (home assistance, being inserted in groups with educators, working with the school, and in extreme cases, inserting the child in a community or in a foster home). At times the clinical educator with a background in psychoanalysis plays a fundamental role in treating both the child and the family, as he or she is able to facilitate the altering of certain conflictual dynamics in the home environment and to be of support to the child throughout a multidisciplinary therapy project. The main work to be carried out to facilitate the psychic and emotional development of the child consists of helping the parents to abandon pathological identifications and develop the ability to listen and to be close to their child.

In recent times I have often found myself dealing with fathers who feel the need to *understand more* and to be helped to develop their paternal function, often lacking in the lives of their children. At times for children with social problems, orphans in the broader sense of the term, who are being treated by the social services, the figure of the judge, of the honorary judge and/or the social worker can be a fundamental reference point as they develop a type of maternal or paternal relationship which is necessary for the child’s psychic survival.

I once read the dedication written on his thesis by a young graduate who unfortunately had not had an easy time of it from an affective point of view, having gone through numerous separations and been entrusted to the social services to be housed in a family community until a suitable foster family was found for him.

He wrote: “*I dedicate this thesis to all the mothers and to all the fathers I have had in growing up*”.

I was particularly struck by his words, which led me to reflect on how that maternal and paternal function performed not by biological parents had been the saving of him. A sort of *affective relay* had been created in his life, enabling him to develop good object relations ability as well as constructive and reparatory processes.

The crucial issue of the building of the setting has less to do with the offering of a quiet and respectful place in which the child will be listened to than with the mental capacity of the social services worker and the group to welcome the patient and interact with him or her, so that, through treatment, pain and illness may be transformed into elements which can be worked through and treated.

I would just like to add some brief comments:

Working with children has enabled me as an analyst dealing with adult patients to “*be in contact with severe cases with greater ease, with those who have suffered from early traumas and psychic fractures in the primary phases of their development, while naturally being well aware of the difficulties inherent in treating them*”.

The experience of *playing with a child* gained over years of work has taught me the importance of being *trained to the reparatory function* when treating adult patients.

In facing a loss or a traumatic experience, the child is immediately able to “*pretend*” through symbolic playing or drawing, to bring up again and *experience a situation* which enables him or her to alleviate the pain and find a path to psychic rehabilitation, through destroying, battling and rebuilding ties.

Ferro (1985) writes in his excellent work on fables which may be proposed for play: “In addition, the fable enables the child to identify with the characters, and therefore to live it, from inside,

allowing him/her the experience of reclaiming the most terrible of feelings, through entrusting him/herself to the fable and the subsequent return from the fable to the child; it can work like a mum able to make herself permeable to the child's fears and give them back to him/her less terrifying, and if Tom Thumb gets lost in the wood the fable tells us that there is a *remedy*".

Whenever I am in a session with an adult patient I imagine what kind of affective development process he or she went through, and what type of child he or she may have been.

I recall Marcella Balconi with pleasure when she spoke to us during a number of seminars about the children she had treated, showing us their drawings and recounting their games during sessions, children that she had later met in adult life, collecting their experience of their development and as adults following their therapy during childhood.

October 16, 2012

Response to Barbara Piovano's intervention

Marisa Mélega

(Full member and training analyst of the Brazilian Psychoanalytic Society of São Paulo)

I read Barbara Piovani's book, *Le esperienze parallele: percorsi psicanalitici dal bambino al genitore*, and I did so with interest due to our being in the same field of work. I then asked myself how the model she proposes can be applied in practice.

Having put this question to her, she replied with her intervention. I agree with her and, although it comprises a working model of great depth, its use would be restricted to specific cases.

For just such cases, Piovano evidences a resistance that has been maintained in psychoanalytic work with children for decades.

The origins of this resistance could be traced back to the times when Melanie Klein discovered the child's internal world, with his fantasies and sexuality, which so troubled the adult world (and, which I believe continues to trouble it). A very common defence when the emotional level exceeds the ability to elaborate it is the schism; the child to the side and after the other.

I have taught the Esther Bick Infant Observation Method since 1984 and worked with children using psychoanalysis since 1972. Perhaps I was motivated by cases where the technical advice of having severely limited contact with the parents seemed "unworkable", because, even being aware of the interference of transfer with the child, I expanded my contact with the parents and resolved those interferences with the child during the sessions.

Having experienced years of supervising infant observation and the families, an idea began to mature: why not use the observation model to assess children with their families during the first consultation sessions? And then, propose a continuation of the sessions with parent-child therapeutic interventions?

We used this model, based on observing the interaction that takes place in the clinic – where our attention is focused on the relationships that establish themselves between the participants during the encounter, observing them and pointing them out to the participants.

We decided to eschew the use of tests or other tools during the sessions, only making available toys, pens, pencils and paper.

I am grateful to Barbara Piovano for her intervention to this debate that has helped me illuminate something from my work with parents and children to our colleagues.

October 24, 2012

On questions of flexibility in the setting

Irenea Olivotto

I have been following the debate on child psychoanalysis with great interest and I thank all of those who have organized and given us this opportunity to share our experiences and opinions. I have decided to take a little space in this relatively quiet moment for further thoughts. What has always fascinated and intrigued me about working with patients of a developmental age is the necessary - and sometimes really difficult - flexibility needed in order to keep all of the dynamics that come into play connected, the need to not forget the environment outside the consulting room, and the opportunity to integrate words and actions into the relationship with our little patients.

Some of the earlier comments have referred to these difficulties. Giuliana Barbieri brought theoretical justifications for the technical choices she made during the difficult session with Pimpa. But a question arises: to what extent does all of this allow us to maintain a specific psychoanalytic position, without falling into the "liquid" mode which nowadays seems to permeate our social reality?

In this regard, I wish to report some brief clinical material that has recently prompted some doubts and questions regarding the way we work.

A mother called me for a consultation for her eleven year old daughter who has had problems integrating in her first year at middle school and does not socialize with her classmates. It was quite difficult to find a time with the woman for an appointment due to her and her husband's scheduling problems and because it was hard for them to find a baby sitter for their small son. The mother asked me if she should also bring the little girl, but I clarified that this first session is only for the parents. They arrived at the appointment very late: mother, father, daughter, and the little son. I had them take a seat and I pointed out that I was expecting just the parents. The mother said they did not know exactly who to leave their children with. I decided to do a session with all four of them, changing the program I had set for myself and also putting the sessions with parents alone and with the girl off to another time. After this first session, the consultation followed the procedure of separate meetings with the daughter and with the parents.

After the session, I discussed the material with a little group of colleagues with whom I regularly meet. The discussion quickly became very lively, mainly regarding aspects about the setting. A colleague noted that the fact that I had accepted the whole family in the first session, and that they were late, was a deviation from the established agreement. This has given the parents to understand that they were the ones deciding how and when to start the consultation. According to this colleague, it would have been better to postpone the meeting to another date in order to follow the plan what was specified during the initial telephone contact, and making immediately clear the asymmetrical nature of the relationship. In this way, a more appropriate context for our psychoanalytic work would have been prepared.

On my part, however, I had felt totally submerged into the family's issues and it did not feel right sending four people home who had brought me their anxiety so concretely. I chose to accept them when they arrived and, thus, to take the opportunity to see the family dynamics in action: the interpersonal relationships very confused between the members, the weakness of parental positions towards a depressed daughter and a rebellious and tyrannical little son and the disorientation of all the members when facing the daily family organization. From the very beginning it was clear to me that working in this situation would have been very difficult, even in spite of the (apparent) simplicity of the symptoms for which my intervention was requested.

The opinions of my group of colleagues remained divided between the two positions, perhaps more for sentimental reasons than for theoretical ones.

This seems to me to be an example of the "change in progress" mentioned by Mastella, perceived as a necessary adaptation to the complexity which characterizes the context of working with children of a developmental age. This is a complexity which requires us to have a mental and operational flexibility beyond the theoretical choices each one of us have been inspired by. But the doubt arises: what is more "psychoanalytical" - what allows us to work more psychoanalytically? A setting that contains, making everything clear from the very beginning and enforcing the positions of the "players" of the game, or an empathic closeness which moves towards a shared development from the inside of the starting situation? And to what extent is it possible to adapt to situations while at the same time maintaining our own internal and external boundaries, the boundaries between us and the other, and those between ours and the others' needs?

October 27, 2012

Girls and Boys n. 2

Giuliana Barbieri

I'd like to thank Irene Olivotto very much for her clear comments which have allowed me to think over two aspects: one connected to the clinical example which she spoke about and the other one which refers to the two initial articles by Tonia Cancrini and Marta Badoni.

1 - I agree that we are in a theoretically "liquid" time period but perhaps we can "solidify" something, also thanks in part to this debate.

I will start with Irene's clinical example, which divided the group of colleagues into two based on each group's respective position. Irene decided to receive all four family members; the colleagues who did not agree would have postponed the session to another date, and one of the reasons they gave for this was that Irene "accepting the whole family ... communicated that the parents were the ones deciding how and when to start the consultation." These colleagues seemed to use a concept coherent with a psychoanalytic approach that considers this behavior a deviation from the setting which, as such, can be seen as an act from everyone involved, including the analyst. I apologize if this is not the case, and I hope that these colleagues may intervene to correct the way I'm reading their ideas.

So, why did two parents, who had been told "that this first session is only for parents," come with the whole family? It is possible, as other colleagues have thought, that they wanted to set the modality of the consultations, but perhaps there are other possible reasons. Maybe they wished for the girl to be seen by the analyst as soon as possible to be reassured, or they really did not know who to leave their children with. Perhaps, they were late because they weren't in the habit of doing our type of consultations but only medical visits, and we all know that at the doctor's office there is

a long wait. They may have wanted to convey additional motivations in the sense they wanted a psychoanalyst to see a parental conflict which was not immediately explainable. They might have felt safe only showing up as a whole family; and there are many other possible reasons, but the fact of the matter is, is that they came to the consultation, and thus, pointed out, first and foremost, that they genuinely wanted to take care of their little girl's situation. Yesterday a mother called me, and after the usual talks trying to find a day and time for an appointment, she asked me, a little uneasily (perhaps because she is a psychologist), if she could bring her nine month old baby because they did not know who to leave her with as they did not have relatives or even a baby sitter because it was always the mother who took care of the baby. If she were not a psychologist and so an "insider", she probably would not have even felt uncomfortable, because in everyday life this is not a problem. I believe when speaking about **Questions of Plasticity**, title which Irene gave her comments, it is almost imperative that we start from where people are if we do not want to introduce iatrogenic elements that mortify people and degrade the psychodynamic picture. Irene followed this path and, in this way, could observe and catch psychodynamic elements of the girl's life context, and so, the session with the whole family was useful. I personally find that the concept of usefulness of any intervention takes us away from "liquidity" because it establishes a strong reference of focusing on on the needs of the people we work with.

Regarding the other question proposed by Irene, "to what extent does all of this allow us to maintain a specific psychoanalytic position": this worries me too. When I find myself using the setting plastically, I come to terms with it in this way: I think doubts arise because I am put in a conflict of loyalty and gratitude with what I was taught and I find myself moving in uncharted waters. But, then, I also think that psychoanalysis with free association, and not only, has taught us how to be completely open to the unconscious patient's way of being and so, a mother who shows up with her whole family or with a nine month old baby, requires that we open to her "free association" way of presenting herself. Surely, she will tell us something unexpected if we are not preoccupied by our theories.

As a final thought, I will point to Freud and of his continuous openness to revise his theories. It seems legitimate and "scientific" to me to try to integrate with the findings from other disciplines. To be honest, it seems obvious that, since psychoanalysis is concerned with mental functioning, from the moment it was discovered that the mental system is composed of at least two systems of representation and memory which correspond to different unconscious, one for repression and one for implicit mechanisms, it has to be considered. So, the theory must be remodelled and the theory regarding technique revisited. The procedural dimension, closely related to actions, is part of implicit memories. It seems to me that the concept of implicit memories and the unrepressed unconscious is part of our literature, whereas the concept of procedural memory, with its behavioral importance, is ignored. It is easy to understand why this happens, since psychoanalysis was founded and is based on the symbolic dimension, but we run the risk of perpetrating a mind-body split and losing all the emotional and transformative phantasmic potential of the behavioral dimension.

In the latest issue of our magazine there are three interesting articles by Maria Ponsi, Roberto Goisis, and Diomira Petrelli, each dealing with action in psychoanalysis but differing from one another. The tension surrounding how to resolve the question regarding actions can be felt, as well as the attempt to distinguish the acting and the enactment from the actual actions, giving, for example, to the first one an evacuative dimension whereas to the second one a communicative one. However, for the moment, I think it would be more interesting to flip everything on its head. Rather than starting from a distinction between our concepts of acting and enactments, which are the deductive product of the original formulation based on the symbolic-verbal, it may be more useful to take as a fact that our brain processes and communicates also with actions-behaviors, and to look at the resulting consequences from this perspective. At the moment, I am oriented towards this second position, and the only differences I have found are the same that I find in the symbolic dimension: there are thoughts and words that are more charged with emotions than others and there

are actions and behaviors as equally emotionally charged, and neither one nor the other can be clearly distinguished by their communicative or evacuative function.

2- The acting question is also present in the two opening papers of the debate when speaking about limits, and the two authors, Badoni and Cancrini, have differing positions.

Putting some limits, whether it be with a behavior or a word, is always an action. Given the setting of my work, I see the same presence of meaning and communicative value in "breaking objects and small chairs in an irreparable way" and in putting a baby doll in bed to cuddle with her doll mom. The first one "signifies" the presence of aggressiveness, the second one the presence of tenderness; the first one is procedural, the second one is symbolic. At this point, one has to decide which level to respond to and intervene and transform. Certainly, with the game of tenderness I can stay on the symbolic, while with breaking objects and small chairs, if the use of the symbolic dimension, and thus, a verbal intervention, does not reach any results, I must readjust my aim towards the mental dimension the child is using, which is to say the action dimension. I believe it is misleading to think that it is acting and counteracting only because I resort to an action; instead, it involves aligning yourself to a mental structure and establishing a mental functioning empathy.

In the case reported by Cancrini, the countereaction based on countertransference is, in this instance, to allow Rodolfo to break objects. I believe that, on this specific point, the model that each one of us has on child mental development comes into play. If you think that the free expression of feelings and emotions is always useful, the explanation can be found in the paper by Cancrini. If you think that the expression of aggression that leads to breaking objects exposes the child to an always destructive reading of his aggression, informing his own self about an inability to control this emotion, and creating confusion between the analyst in the analysis room and his mom at home, the intervention will be a unappealable and a clear stop, followed later by verbal elaboration.

October 29, 2012

“When the child was a child, it did not know that it was a child”

(Walter Benjamin)

Adamo Vergine

Many clinicians working with children and recognized as such have spoken, but some of them, despite their legitimate position, doubt that it is possible to follow a prescribed method for taking care of children and suggest the idea that it is the patients or their families that suggest one although unaware of doing it, but by behaving in a particular way they show their kind of distress. I am very grateful for this to Orofino, Olivotto and Barbieri 1 and 2. Their presentations let us hope in an alive and humane psychoanalysis brave enough to let itself be shaped by the problems of sufferers instead of remaining mummified in a statute that cannot be scientific for this very reason. Sciences, especially the so called human sciences, change constantly with experience, certainly in the theories that represent them, but sometimes also in their methods, due to unexpected knowledge gains or insights coming from other aesthetic or scientific disciplines concerning humans. The only behaviours that cannot be changed are superstitious, religious and military ones. This is why I would like to introduce a collateral and very fascinating issue for reflection. First I would like to mention the cultural contribution of artists and writers on the development and formation of the child's mind and then on the position of other sciences that made great progress on this issue.

In addition to the famous “Emile” by Jean-Jacques Rousseau, recently Cortina published Walter Benjamin's “Figures of childhood”. After reading this book my mind was filled with even more questions than I already had on the care of children, from what I know of it from the reports of colleagues and also from my position of person who studies and thinks about psychoanalysis.

It is natural that a human being is interested in his own nature, origin and ways of becoming, but what struck me most is that learned persons, non psychoanalysts, can consider a child for what it is and not for what it should be or must become, according to science or any other criterion of health, intelligence and ideal expectations of adults.

It is true that the evolution of our species requires also this “must”, in the sense that it tries to foresee and somehow also determine an amount of continuity in the species’ future, but at the same time, in agreement with the eccentric thinking of artists, this “must” makes one feel sympathetic with children suffering it, as well as with adults enforcing it, because both retreat in what allows them to escape life as it is presented to them, to turn to an improbable ideal.

The area of psychoanalysis that is called child and adolescent psychoanalysis seems to me, only by reading reports of colleagues and visiting their consulting rooms, in the context of this psychoanalysis (that should be thought also as a context for *freeing* the subject’s potential), there is (as it should) also plenty of pedagogy, that is the most difficult aspect to use for the good of the other and not of oneself. Pedagogy inevitably puts bridles by means of *interdictions* and *prohibitions* in order to build regulatory functions that provide boundaries and limits compatible with individual and collective life.

Since, however, it is difficult to decide if the limits that each therapist tries to impose to the child’s absolute freedom are imposed because he (or his Superego) cannot bear that freedom or rather because he understands that the child could not live well without limits. Barbieri 2 discusses this aspect, but I think that possibly we should get used to think that no human being can be neutral, just like we cannot avoid thinking this of mothers, and so when he is engaged in therapy an analyst also puts something of himself, just like he takes upon himself also the things that hurt the other.

Obviously, this is human and understandable, even if the limits imposed derive only from the therapist’s personal potential, but, if this was too narrow, in physical and psychic terms, for the child’s good, we could consider other options, imagining a freer setting that is adjusted to the child’s needs. Where it is possible to diversify freedom, even if this prevents one from following the institution’s rules and I cannot yet understand if we follow them for reasons of economic political opportunity or of transference or religion or apparent reverence.

In our history there have been examples outside these tight rules that we fear and have been imposed only after our pioneers, in the fear of not being able to preserve their original spirit.

An example from history is that of Aichhorn for the rehabilitation of antisocial youths. But that was an institute, not a private setting. Anna Freud admired him and it is possible that her idea of creating an institute, the Hampstead Clinic, derived from that admiration. When he became a psychoanalyst, Aichhorn was also Mahler’s analyst and later turned to studying mother-child relations also with direct observations, in the children’s homes or in institutes (Tavazza, 2012).

Klein too, in addition to her private practice, worked at the Tavistock Clinic, where also Bowlby was active.

Outside our circle there are many examples of open pedagogy with wide settings, longer than an hour – something important for children – from two thirds of a day to whole days and weeks. In family-like contexts where children have meals, sleep and work with adults. But we never considered them neither for usual nor for exceptional treatments, except in the case of what we call “therapeutic communities” for seriously ill pre-adolescent and adolescent patients. Colleagues who work there say that a continuous community-like contact with youths is very important for the treatment.

Another example from history is that of Sabina Spielrein. When she returned to Russia she opened a psychoanalytically oriented kindergarten. Those who have studied it, say it was extremely interesting (see Malgherini, 2012).

All this, however, has no longer been discussed and the only legitimate practice is now the individual private setting, while, as it has already been mentioned by the child analysts before me, in whom I feel the wish to progress and a genuine interest for treatment, that there are many

experiences that can help treatment and do not follow the traditional setting but try to meet the needs of that specific child patient.

Recently Paola Orofino brought in this debate her idea that psychoanalysis should come out of the consulting room and walk in the street. Read her contribution because it is worth it!

All the sciences of infant development collateral to psychoanalysis state that, unlike in adults, the most important factor for growth is action, because only through action, as testing of a budding idea, thought can take a shape and then through emotions, images, symbols, can find its character and become a stable thought.

A child acts constantly in the world in order to know it. If we prevent it from acting or if we try to constrain it against its good, it is forced to suppress the primary innate drive to knowledge. A child can understand a person it is relating to only if it can touch, beat, hug, kiss the other, i.e. only if it can explore the other with its five senses as it does with any other animate or inanimate object.

How is it possible that a discipline founded by a scientist who considered infantile sexuality as one of the basic tenets, a sexuality that if it is not recognized, at least in terms of primary care, like being cleaned and thus stimulating erogenous zones, could not even evolve to adult sexuality – necessary for pleasure but also for the continuation of our species – how is it possible that this discipline can indicate therapeutic criteria that go in the opposite direction? Maybe some children are brought to therapy because for some avoidable or unavoidable reason they have been brought up with little affect, with reserve and modesty concerning adult and infantile sexuality.

Since aspects of paedophilia and paedophobia are found in all human beings, I suppose that strict rules and intimidation of therapists could derive from the need to protect ourselves from such a possibility, justified for any type of abuse, also an excessively repressive one, this should however not prevent neither an amount of affection nor too much aggression in child analysis. It should be a **regulator**.

This is why we should keep asking questions instead of obeying.

Are we sure that by imposing a method, so that no variation or experimental detours are allowed, even if we feel they are highly appropriate, we save and pass on the best of our method?

Or is it the opposite?

From my point of view, that many can contradict, I think that we should heed more the needs of our patients that cannot be catalogued or foreseen and that our therapeutic experience, our interventions only mean to accompany, with caution and respect, according to individual potentials, the child to learning that it was a child and the patient to feel how better it is to suffer when one does not deny suffering.

October 29, 2012

A Silent Change?

Franco De Masi

Dear Colleagues,

I don't personally work as a child analyst, but I made and still make private supervisions for some colleagues who, with much tenacity and competence, keep analysing very disturbed children.

I learnt and continue to learn a lot from this experience. In my book "Vulnerability to psychosis" (English tr. Karnac, 2009; French tr.: *Vulnérabilité à la psychose*. Editions d'Ithaque, 2011) I have reported some material from these therapies.

That's how I got to trace back adulthood psychotic illnesses (and also borderline states) to the infantile retreats, i.e. the creation of a world of sensory fantasies dissociated from psychic reality.

We must separate the infantile retreat from the play and the use of fantasy that are indispensable for the child's psychic life. Even if these children sometimes are apparently quiet, they already carry a germ which sooner or later will drive them crazy.

I get back to the matter.

The title of the forum, "*The many kinds of child psychoanalysis*", aims to highlight the different ways in managing the delicate relationship between the analyst, the child and his parents. After reading the contributions of my colleagues I think it would have been better to use the expression *psychotherapy* instead of *child psychoanalysis*. It is actually psychotherapies that allow different kinds of approach and setting.

Some contributions are about therapies without sessions between just the analyst and the child, as they have always been from Melanie Klein on.

I wouldn't object if these widened sessions resulted in improvements of the therapy but the reasons why the traditional analytic setting has been radically changed should be made clearer by the colleagues.

I think that many times is more useful and profitable to work with parents than directly do it with the children. From my experience I know that we can help parents, during a psychoanalytic or a psychotherapeutic treatment, to become more able in understanding his disturbed son, sometimes in being more steady with him. Working with parents for fostering the development of their sons is a very important task.

Anyway what can we do when the child is gone "beyond" and the parent is not any more able to help him?

Can we believe that empathy and sharing emotions with parents and children in the same room could give rise to those durable transformations that only a good enough analysis, with a sufficient number of sessions and with an intimate relationship analyst-patient, sometimes very difficult to bear, can generate?

I don't think that in the last years a silent change happened in our practice and this change has cancelled the proper analysis. Nevertheless it seemed to me when I read the various contributions of my colleagues this change happened. I am searching, if my feeling is right, the reasons of this change.

I would like to know the views of those colleagues who take care every day of children and parents and struggle for the psychic health of both.

November 2, 2012

On Child and Adolescent Training Program

Anna Ferruta

(Candidate for the next Executive SPI Committee election as National Training Chair)

Talking about Infantile Psychoanalysis various applications, we should also consider that of teaching during the Training.

The Interpretations of Dreams and *Three Essays on the Theory of Sexuality* marked the starting point for psychoanalysis; in these papers Freud pointed out that psychic reality and child sexuality are the basic themes in psychoanalytical specificity. Every recent research in psychoanalysis and other disciplines show clearly how important are primary relationships with caregivers in healing psychic pain and preventing child social distress.

Psychoanalysis in its essence is about how a child develops in a relational environment.

The spreading of infantile psychoanalysis thanks to Klein, Winnicott and their hundreds of followers provided central elements to underline psychoanalytical uniqueness and to formulate specific settings; settings that can be based on: the age of patients (nonverbal communication, rêverie, playing, enactments, figurabilité et cetera); the environmental conditions suitable to promote psychic growth (residential communities or day hospitals) and the right length of psychoanalytic therapies (adolescent crisis or psychotic breakdown, claustrophobias and else).

Training Institutes haven't yet fully incorporated this legacy, as their curricula were planned on the base of a clinical psychoanalysis applied to adult treatment and its implications. We could ask ourselves why we met these delays and resistances. Maybe to acknowledge that the child too, as happened earlier for mentally ill adults, has an individual and creative psychic life in a lively relationship with the caregiver was a little worrying for those who had to hold the founders' position and had to provide "adult" theories of the infantile mind dynamic.

Now things are different: psychoanalysis is unitary, and it considers the individual in his or her uniqueness but at the same time related to the other, in an on-going transformative process of changes which involves periodical crises; crises that are no longer in relation to the adolescent phase only.

What is necessary in our Training Institute is to update training programs (curricula) so that they keep up with the times and with very interesting recent researches on the deep changes that happen during the therapeutic relationship and the emotional interchanges between two people with a mutual lively transformative capacity.

It is a complex theme that has to be developed inside the SPI (Italian Psychoanalytical Society), as has already been done for many adult and adolescent psychoanalytical training initiatives, see the Conference in Calambrone on "Action, acting out, enactment" together with what the Post Hoc Child and Adolescent Training achieved during its consultancy on our Training programs.

In my program as candidate chair of the Training Committee), I underlined that to achieve what I mentioned above our seminars have to be updated and include contemporary authors that worked on clinical and empirical researches about child and adolescent.

Moreover, for this specific kind of teaching I have in mind a mostly seminar-like structure is required; I think about having workshops where the close relationship between students and teachers forms a creative space to think ; a space that favours case discussions, even when about a consultation or a psychotherapy, as well as a clinical case presented by supervisors and senior analysts.

Group supervision with students and a senior adult analyst together with a child adolescent analyst, have proved to be much useful and very interesting, specifically to develop a pluralistic and not narrow psychoanalysis.

What could be realized is a growing integration of our Post Hoc Child and Adolescent Training not only as an organizational element but in order to become integrated in the psychoanalytical theory that develops our knowledge on psychic formation of early relations and nonverbal

communications; this due to reach the point to have a child/adolescent case presentation as an element of the graduation process to become an analyst.

To realize what I just said we will need to value our Training Coordination Committee, a potentially powerful instrument to guarantee a global ongoing overview on quality, on completeness of our local trainings and on constant renewal of their programs. This Committee is formed by Local Centers Chairs of Training, by Training National Chairs, by the chair of the Child and Adolescent Post Hoc Training Committee, and can function in constant contact with local realities they belong to.

October 30, 2012

Answer to De Masi from Marisa Melega

Marisa Pelella Mélega

I am very familiar with and appreciate the depth of the work by De Masi. I agree with his contribution regarding the defence of child analysis using frequent sessions.

However, as has already been considered by various colleagues in the Debate, we are faced with a trend that includes the child's parents in the therapeutic universe, something that at the beginning of child analysis was viewed as undesirable, as poor technique, which I already stated in my previous comment. I have no doubt that Joint Parent and Child Therapeutic Interventions is no substitute for analysis, when such is necessary. In short, I cite an article of mine that describes an approach based on the Esther Bick psychoanalytic observation method (1949) and Bion's *Experiences in Group* (1961).

JOINT PARENT AND CHILD THERAPEUTIC INTERVENTIONS

Joint parent and child therapeutic intervention (family therapy) is inspired by Esther Bick's mother-infant observation model and by Bion's work with groups. A framework in which the analyst and family observe and communicate what emerges during the encounter makes use of the full scope of the analytical model. Reports from students have often shown that the presence of a psychoanalytical observer can create a field of attention and observation within the family. Interaction during the meeting, expressed in verbal and preverbal language or through play or enactment, constitutes live examples of the family's history and structure. Conflicts in relationships, which sometimes get repeated when no solution appears in sight, may be revealed. Mothers often seemed to use the experience of the observer's visit as a model which could further their own communication with their infant. In this approach the focus of the intervention is on parent child interaction in the context of the maternal and paternal functions. The Esther Bick model can lead us from merely observing to actively promoting communication and thought among family members. This is what I mean by joint parent and child therapeutic interventions (Melega, 1998). I regard the promotion of thought and communication in the family group as therapeutic.

Theoretical foundations

Bion's *Experiences in Groups* (1961) has served as a base for applying the analytic method to the family group. His technique was to observe and describe to the group the situations that it brought about that impeded its task of solving a "problem situation".

He saw that the participants' behaviour, attitudes and choice of methods to achieve proposed aims were poor, irrational and did not correspond to their intelligence and ability when outside the group situation. He differentiated the work-group from group mentality and the basic assumption group.

In the case of the family group, the tasks are a consequence of parental functions. The notion of family organization described by Donald Meltzer and Martha Harris in Chapter 14 of *Studies in Extended Metapsychology* (1986) clarifies and broadens the concept of maternal and parental functions. In this chapter, the authors consider three types of organization of family life: the family proper (couple family), the narcissistic gang, and the basic assumption group. Within the family proper, the couple presides over the group and it is imbued with the function of generating love, sustaining hope, containing depressive pain and thinking.

The couple's capacity for developing these functions requires a periodic distancing, which is imagined by the members as sexual and mysterious. Times when the couple are obliged to separate produce an atmosphere of imminent danger; the couple's union leads to an expectation of "new members" in the family. While deviations from the family proper may be understood in terms of the narcissistic gang or a basic assumption grouping. Meltzer and Harris deduced some general principles that govern relationships in the family group through a study of these variants which favour one of the following six modes of learning in its members:

- 1) learning from experience;
- 2) learning through projective identification;
- 3) learning through obsessively selecting and collecting inanimate objects, facts, and memories;
- 4) learning through submission to a persecutor;
- 5) learning through stealing;
- 6) learning through adhesive identification.

Meltzer and Harris's contribution has inspired the work on joint parent and child therapeutic interventions that is described in this chapter. After each session, the analyst includes in his reflections the impediments to the group's learning from experience.

In terms of the theory of communication, this work is based on Melanie Klein's understanding of unconscious phantasy. In family sessions, the analyst's translation of the language of play helps to broaden communication and comprehension among members of the group. Bion's understanding of communicative projective identification is another pillar of this work.

Technical aspects

Listening, detailed observation and the emotional containment of transference and countertransference by the professional worker are of special importance in this therapeutic approach. These are the main instruments that favour an approach to psychic reality and promote an atmosphere in which thinking may occur. The analyst's mental attitude toward the group, plus his opportune interventions, constitutes a live example of mental functioning for the group members. The function of the analyst is not to dominate but to co-ordinate valuable contributions from any members of the group. People using this approach are expected to have some training in mother-baby observation and to have some clinical experience with children and adolescents.

At the first meeting with the family the analyst will inform them that the initial task is to assess the problem situations with the participation of all. Toys and drawing materials are made available, so that children may express themselves according to their age. In the beginning, the analyst will endeavour to maintain an attitude of observation, listening to and observing the participants' interactions, following transference and countertransference movements and keeping the atmosphere bearable enough for communication to take place. The analyst should aim to modulate anxieties that may disrupt or hinder a session's continuity.

Interpretations on the part of the analyst serve to clarify and contain the elements of meaning that gradually arise in the group. In this way a new understanding may take place, presented by the analyst as a hypothesis or possible way of seeing things. The participants may or may not consider these hypotheses valid, but can express their view. This approach allows a redistribution of responsibility among the members. It promotes an awareness that the problem situation or “patient” is often the focus of an emerging conflict or an inner mismatch within the family group.

Throughout the analyst will monitor the transference of feelings together with his internal countertransference even when not used in interpretations. Clarifying this for himself enables him to understand the conflict. Verbal interventions by the analyst are necessary on these occasions:

- 1) when misunderstandings in communication between members make continuity of dialogue difficult;
- 2) when the dialogue expresses anti-thought and lying, and none of the participants denounce this;
- 3) when play communication by the children with the analyst in the family group is not understood by the parents; and
- 4) when the transference situation with the analyst is being acted out (either inside or outside the practice).

Note: The article in its entirety can be found in the book: *Looking and Listening*, Karnac, The Harris Meltzer Trust, 2012.

October 31, 2012

Children, parents and adults in the analysis room

Maria Paola Ferrigno

Before starting, I would like to thank the organizers and facilitators of the debate on child psychoanalysis who have 'promoted ' a space for a discipline which, alas, nowadays still remains, even in the psychoanalytic community, 'daughter of a lesser God '.

Thanks also to Marco Mastella who very usefully put the question regarding the collocation of child psychoanalysis to the Candidates for the National Executive Board.

We, as child psychoanalysts, (as well as of adults) read with pleasure the intent of all the Candidates to the National Executive to support child psychoanalysis and ensure it the proper place in the psychoanalytic arena. We are full of hope and anxiously awaiting the realization of their programs.

The comments that have followed one another in this debate have been many, and have been, above all, regarding aspects of technique and of the psychoanalytic approach to the child and his/her family.

It is perhaps this which leads De Masi to suggest (I think with a small and useful provocation) that the debate should have been called 'psychotherapy rather than child psychoanalysis.'

It is quite evident to me that, when I think of child psychoanalysis, I have in mind (and in my daily practice) an analytical setting which I might call traditional: at least three sessions per week in the room with the little patient. An intimate relationship with him/her intent on understanding their inner world and unconscious fantasies in order to catch on to, through rêverie and the delicate transferal-controtransferal work, those conflicting aspects that make it difficult, or block, a harmonious development and the start of a possible literacy of their emotions.

Then, beyond the closed door, there are the parents in another room with their anguish and, almost always, their desire to be helped to better understand their child in order to support him in his growth and rehash a harmonious line of communication with him.

I wanted to specify that the door to my child analysis room is closed, just as it is when I work with adult patients.

I meet the parents in another room and, on those occasions, I try to receive their anxieties, fantasies regarding their child, their projections, and all those partly unconscious aspects which can interfere with them having a satisfactory rapport with their little child.

In those meetings I explain the sense of my work to them and I try to build that alliance which we all know is indispensable for analytic work with children. During those sessions, however, my little patient knows he can be certain of my discretion about what we know (learn) and build together in the analysis room. So, then, how are the numerous and very different technical aspects which, very generously, some colleagues have posted in this debate, collocated?

Working with children constantly requires us, as suggested by the evocative image that Marco Mastella gave us, to use the 'gear changer' which allows us to change pace, face the inclines and declines and the bumpy roads with which the child in analysis constantly obliges us go down. The child touches us, he comes in our arms, we are physically attacked by him, he asks us to help him to go to the bathroom or to tie his shoes. His parents call us outside of the fixed appointments that we have with them, they bring us their urgent matters, they ask us what to do, and they ask us to talk to the teachers

In short, in view of the frequent "incursions into the setting", it is necessary to get in touch with (and much more concretely than what happens when working with adults) our internal setting, revisiting it, and constantly "readjusting it" knowing that the inevitable and necessary flexibility should not undermine our psychoanalytic function. We know that we must not run the risk of "falling into a liquid mode", as Irene Olivetto wrote, which would risk taking away that specificity (which belongs to psychoanalytic work) that differentiates us from good teachers and educators, or expert social workers, and that, precisely because of its specificity, offers our little patient that particular human experience which is called a "psychoanalytic session" and which only we, as psychoanalysts, can offer him.

I also think that child psychoanalysis is an area of courageous research and I am deeply convinced that new proposals of methodology, even those which appear to us 'unusual' or, even, 'dubious,' when they are coupled with those elements that we all recognize as essential of psychoanalysis, can represent a great opportunity for comparison and close examination.

The hope of all of us who practice child psychoanalysis is that it increasingly finds a proper recognition in analytical training education. It is now a widely shared view that it offers a valuable contribution to the psychoanalytic treatment of adult patients, especially in the face of a serious pathology, early traumatic experience, or results of severe deprivation.

Finally, every psychoanalyst knows how necessary it is (and appropriate) to talk to the wounded child who lives in our adult patient who is diligently lying on the couch asking for us to listen to him.

October 31, 2012

Psychoanalytic Treatment of Children with Severe Pathologies. An answer to De Masi.

Barbara Piovano

In response to the question by De Masi “what can we propose when the child has gone ‘further’ and the parent is unable to understand and really help him/her”, my intervention gives me the opportunity to emphasise the importance of proposing a psychotherapy or analysis even for severely disturbed children.

Working with parents (the therapeutic space offered to the parents) promotes:

- a. the creation of a *space* for the representation and emotional investment of the child and for reflecting on the relationship with the child;
- b. improvement in the *parental functions*;
- c. *identification with the therapist* as a new or reactivated developmental object.

However it does not replace the long-term transformations that only the analytical relationship can produce, even in autistic and psychotic children or ones with severe pathologies.

In a paper, currently under publication, I described a few significant *milestones* that I have found in the treatments and in the supervision of therapies for mute autistic children, some of whom achieved symbolic mind functioning and speech.

What I mean by **symbolization** in this specific context is the ability to think about the absent object thanks to the creation of a psychic space that contains the representation of the object and the internalisation of the link with it; the possibility of symbolic play – of communicating through play and using play to tackle distressing situations (symbolic play-Freud 1920); the ability to communicate anxieties, experiences, and conflicts through speech and mimicry; and the capacity to use language to facilitate communication rather than block it (as in the case of barrier-language and ecolalia).

The child’s experience of the setting and the symbolizing structure of the analyst’s mind (the two aspects that configure the analytic situation) by itself – in addition to changes in the environment which are achieved by working with and on the parents and in the affective quality of the relationship the analyst constructs with the child (Piovano, 1994, 1998, 2005)- fosters *per se* the process that leads to the structuring of the self, the birth of a sense of identity, and the possibility of using the symbolic function.

The *premises for symbolization* are in the link with the mother in the period preceding the separation of me from not-me, in the process through which the mother transforms the data of the child’s body into *integrating* mental images, and in the transitional area. *The next step in the symbolization process*, leading to the internalisation of the link with the mother and to the ability to represent the absent object, presupposes the working through of anxieties, hate and destructiveness connected with otherness, separation and the loss of the object “in constant reference to the “*third term*”. ‘It is, in fact, the third element, which is already present in the mother’s mind and which appears in the child’s mind when the separate existence of the mother makes her the bearer of absence, that takes part in working through problems connected with absence, separation, and otherness and fosters reunion on the symbolic plane once otherness and separation have been accepted’ (J. Godfrind, 1989).

Winnicott underlines the importance of space and time for illusion so that gradual disillusion, with respect to the Me/Not-me distinction, is possible and he sites the matrix of any symbolization in the intermediate area of experience. The symbol is formed beginning in the transitional area between the mother and child, the place where play, thought and distinction between me and not me develop.

I propose to attribute the lack or disorder of identity formation, symbolization and language in psychogenic child autism (or in autistic nuclei in adults patients) to a series of factors which in some way are specular and the opposite of those favouring the development of identity, symbolization and language:

- 1) Early breakdown of the fusion with the mother and lack of the mother's reverie function.
- 2) Lack of the intermediate area of experience, of the development of the illusion capacity with what it implies at the level of preconscious functioning.
- 3) The impossibility of symbolizing absence and thus of introjecting the object and the link with it. The therapy should, somehow, repair these traumatic and deficient areas and restore, through the experience of the analytical relationship, a 'normal' process of development.

From the outset, the autistic child is faced with the two aspects that mark the analytic situation: the *setting*, which jeopardizes the two-dimensional functioning of the mind by opposing the illusion of fusion with the mother and *the three-dimensional function of the analyst's mind*, which contains the double maternal and paternal referent. The child experiences a relationship with an analyst who performs a "maternal" and a "paternal" function in harmonious interaction.

The maternal holding and mirroring function allows the child to experience a continuity of the self, to achieve a state of narcissistic integration and a sense of identity by way of primary or narcissistic identifications. The paternal function, by introducing a structuring discontinuity of presence and a modulation of emotional and spatial distance in the relationship, endows the relationship with depth and a temporal quality of process, thus fostering abandonment of adhesive relationship modes and the beginning of symbolization.

It is indeed the need to acknowledge and maintain a distance between self and object that triggers the process of symbolisation.

The process that the therapist finds himself carrying out together with the unspeaking autistic child towards the possibility of emotion, meaning and thought is long and arduous.

The analyst's own ability to think symbolically is put to a stern test. It is difficult to create conditions that can introduce sense into the chaos of early traumatic experiences, foster evolution from the bodily to the mental, catch the seeds of rudimentary thought, and promote exchange at the mental level, when the child's needs for physical containment and bodily attention must be seen to, and when the therapist is immersed in the confused, chaotic and bizarre world the child tries to reproduce in the therapy room. In this regard Meltzer (Meltzer 1975) maintains that the primitive state of the ego, the unusual character of the anxieties and the oscillation between states of integration and autistic states create a terribly intricate clinical picture that to observation cannot be distinguished from the bizarre behaviour of a delusional psychosis.

The emotional affective climate that is created between child and therapist favors the affective experience of the relationship in its *transferral* aspects (transfert of the internal setting of the child made available by the analyst) and in those of a *relationship with a new developmental object*: a relationship that is constructed and which evolves parallel to the development of the symbolization process.

The analyst's reverie includes *bodily*, *affective* and *mental* aspects: it allows sensorial and protoemotional experiences to be transformed into psychic experiences (feeling and thoughts).

The analytical functions that facilitate understanding of an autistic child and encourage his withdrawal from autism and his psychic growth are empathy, countertransference, the ability to enter into contact with the sensations and perceptions of the body (Milner, 1969) and to regress to states of non integration (Winnicott, 1962). Furthermore, the autistic child needs his therapist to possess common sense (Tustin, 1990), trust, imagination, the ability to stay alive and to be a living companion (Alvarez, 1992).

The latter should be for the child a living presence and a transformative object which introduces an opening towards meaning, *new solutions and new ideas*.

There are therapeutic tools which are considered to be specific to the treatment of autistic children since they assume an integration of *educational* functions and *analytical* functions. I will list a few of them:

- 1) Interventions aimed at verbalizing, discriminating and integrating sensations and linking them to feelings experienced in the relationship so that the sensations can be represented and can serve to think (Corominas, 1991). It is thanks to the 'positivization work' (Godgfrind, 1993), that is, the analyst's attempt to express in words the perception of sensory states, emotions and affects of the child, that the latter constructs his own sensory self and corporeal identity.
- 2) Interventions aimed at facilitating the self-object differentiation process by helping the child to distinguish spaces and to discover the boundaries of his own body.
- 3) Interventions geared to discouraging the child from using autistic objects and "protective manoeuvres", and to promoting the progressive disillusion with respect to the me/not-me distinction by introducing transitional areas and by working through the anxieties linked to the recognition of otherness and the loss of the object.
- 4) Analysing the images evoked by the autistic child's bodily experiences and gestures to which the therapist has access through his/her 'bodily countertransference' (Mathew, 1998; Maria E. Pozzi, 2003); decoding the cryptic messages contained in the gestural stereotyping; creating images and 'interpretations imagées' - equivalent to the 'creator anticipations' that generally function spontaneously between mother and child - which facilitate the constitution of images in the child (Golse, 1992).
- 5) listening to the transfert and countertransference, in the ways in which both are manifest and evolve during the therapy.

The latter point allows naming the anxieties underlying the child's defensive attitudes and behaviours and decoding his aggressive and destructive behaviour as well as retracing the characteristics of the primary environment and of the primary object (for example, an object that does not possess sufficient qualities of separability, an intrusive object, and so on).

It's important that at the beginning of the treatment the therapist offers a *limited space* (the therapy room), thus implicitly communicating to the child that she is offering him a containing but bounded space in her mind (unlike the real mother, who has no room for a representation of the child and yet conversely lets herself be completely invaded by the child).

In my experience, the subsequent inclusion of useful therapy spaces in that part of the analyst's premises specially equipped for child analysis, which includes a bathroom, and subdividing the therapy room into various sectors in order to reproduce the likely arrangement of the different spaces of the child's home (a large table where the child plays and draws, a small bedside table etc.) comes to coincide with the opening of *new spaces* within the *mind* of the child and of new spaces within the *relationship*. The shift from the corporeal to the mental is concretely translated in the setting as the child gradually transfers from the bathroom to the therapy room.

I sincerely hope that what I have written at least partially renders the idea of the 'analytical' work required to help the autistic child experience an emotional-affective relationship that evolves in parallel to the development of symbolisation processes, starting from a state of non-integration and encapsulation or mental conditions which can be formulated in terms of the basic mental organisation and psychosensorial area described by Gaddini (1969) and the sensitive-sensorial organisation of the contiguous-autistic position described by Odgen (1989).

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November 2, 2012

Marco Mastella

“Come color che son sospesi” (As those who are suspended): between environment, psychotherapy and psychoanalysis

Halfway through the time allowed for the debate on child psychoanalysis, I would like to try to reconnect some of the papers through the narration of anecdotes, in which the “facts chosen” to be narrated are done so not by chance, but chosen for what, at least in my opinion, is their symbolic and testimonial worth (albeit a niche testimonial). It is easier for me to talk with this language than through references to this or that theory. In the meantime, I hope that others will report material referring to intensive psychoanalytic treatment carried out directly.

The Environment

Today, at a school located in an earthquake zone, with a large group of nursery and primary schools teachers and their principal, we saw and discussed scenes from the movie “Temple Grandin”, based on a true story of an autistic child-teenager-woman (in hindsight, we can say she is high functioning).

The initiative was at the conclusion of eight years of a training intervention done in the field (in part described in Richard and Piggie: Mastella et al. , 2010). The training was based on observation and was given to nursery school teachers and a mother of autistic twins who were students (they actually triplets- the third child has had apparently normal development).

For several months, the mother had been given during the morning hours, upon her request, a room at the school made available to her for her sons. The parents of the twins were also at the meeting. The twins are now attending middle school and from many years they are in biweekly individual psychoanalytic psychotherapy (which was inserted into an Inserm-CIPPA research program on the effectiveness of psychotherapy in autistic children ; the research has been largely inspired by Geneviève Haag). At the meeting, there was also one of the primary school teachers who followed the twins for five years.

The teachers appreciated and understood very well the different characteristics of the described disease, and were able to link them to their work experience. They listened with trepidation to the polite and discrete comments made by the mother and primary school teacher, both of whom spontaneously intervened at the end of the meeting to share some crucial aspects of the children's transformation.

It was a meeting to sum up and tie together the 8 years- there was an extraordinary intensity and emotional participation. Through the years, the work with the mother (who is a housewife) and, initially, with the father (a laborer), carried out on one hand by me, and on the other by the children's psychotherapists, was absolutely essential. The work in the school (done by me) was also essential, but the decisive factor was the individual psychotherapy for each child.

They passed from a situation of complete absence of play, language, and communication, one of avoiding contact and relationships with others, to a situation of being alive. They became children who play, laugh, express their fears and phobias, speak, sing, and significantly participate in scholastic life in an ordinary school (even if they do have a consistent delay in language, as well as in cognitive development, and some troubles in social relationships of differing intensity).

In this case, after an intense and tormented elaboration during the initial consultations with the parents, and subsequently with the parents and children (individually and together), the psychoanalyst (me) chose the only intervention which appeared possible to him (to work with the mother and the environment). The decision was made considering the resources and the limits in the field, and in the family and educational context, which is to say intervening on the environment,

which was realised with the mother both directly (through talks) and indirectly (her presence at school), and the intervening with the school educators with the mother's constant participation.

This was also the intervention that appeared the most indicated at the early stage (the children did not yet receive individualized and personalized care and attention).

The energy to react to an inauspicious diagnosis expressed by the public health services came from the mother's reparative determination.

While working profoundly on the mother's experience of being pregnant with triplets, on her feelings, emotions, and fantasies in the attempt to rebuild a psychological space which had become hollow, receptive, limited, and differentiated for each of her three children, we agreed that the experience of her presence in the nursery school could be, for her, an occasion to feel contained and supported by other women (the educators) and by me, and also to find the time, space, and individualized interactions with each child. It was also an opportunity for each child to have their mother all to themselves individually for a time, to be able to go away and come back knowing each time they would be able to find her in the same place where they left her. This was to recreate the pre-conditions for the construction of a binding and an identity. I had in mind M. Mahler's observational model (and other different thoughts and references, among them E. Bick, P. Delion, L. Danon-Boileau).

On one occasion where the mother had to stay away from school (and from home) for a few days, the children, who had become accustomed to going and looking for her in the extra room at school and spending time with her (she had a toy trunk with some toys for each of them), upon not finding her took a roll of scotch tape and put a strip on the floor, which connected their classroom and the room where their mother was. With a questioning tone they pronounced the word "mommy" as if to say "where is mommy?" In the past they had been completely indifferent to her presence and / or absence.

Other times, later on, while each of them was coming out from their respective classroom, upon seeing each other, they exclaimed, 'siamo noi!' (literally, 'it is us,' which is to say 'the two of us together' as one unique unit. It was a type of dance that the two of them shared.).

This meant, moreover, that you could dismantle many pedagogical prejudices at school.

Was it utopia or naïveté? Whatever it was, 'it worked'.

It was a preparatory work (in my opinion fundamental) to then find the hope, the trust, and the resources to start the psychoanalytical psychotherapy, to find the psychotherapists, and to give a meaning to such an emotional, economical, and temporal investment, especially when facing an unknown (not entirely) path.

The training courses for teachers, the meetings and assemblies with parents, and the showing of the above cited movie seem to me to be ways to explain what psychoanalysis is, thus answering the question posed by Sandra Maestro, and 'taking to the streets' as Paola Orofino invites us to do. This allows us to then be able to recover another way of behaving in the analysis room.

Intensive psychoanalysis, managed with peculiar techniques and languages: experiences and questions

I will talk about a personal experience with the aim of asking some questions: up to the age of 50 years old, I had acquired considerable experience of consultations and of psychoanalytical psychotherapy in children, adolescents, and parents (as well as adult analysis). But I felt a lack of recognition, both from inside and from the outside, and I had a need for a deeper, closer, and more continuous contact with a child, and at the same time, I wanted to test the cognitive and extremely transformative possibilities of psychoanalysis (and of the possibility for growth). In my professional child psychoanalysis course, I had the opportunity to attend clinical case discussion seminars by doctor Giovanna Grauso, a Kleinian who trained in London, who surprised me for her continuous closeness to the emotional, figurative, and representative movements in children, and by doctor Antonino Ferro, with his transformative force of complex visions of the analytic field.

I was able to have individual supervision by Professor Gina Ferrara Mori for the intensive treatment of a serious case with a child (he did not speak, play, interact and avoided every type of relationship), who now is 16 years old and has been attending the second year of High School with sufficient success and without the aid of an assistant teacher. He is still currently in analysis three sessions per week, while before they were four sessions a week (in the beginning, for about a year, a session per week was with the child and his mother). Among other things, all of this meant that I started traveling again to Milan and Florence, as well as taking other assisted trips to my inner world. I mention it in an article which is being published in *Rivista di Psicoanalisi*.

The experience derived from this work was radically transformative, and it allowed me to understand and explain the difficulties and the therapeutic prospects for many other children in a better way and to be able to support families in the difficult choice of a therapeutic path. Shortly following this, I was able to collaborate with a group on inner Maternity (Ferrara Mori, 2008). I then started an analogous group and promoted and sometimes lead numerous groups thereafter. The need to work in group with colleagues pushed me to organize and participate in Bologna at numerous refresher training seminars (for those specializing) on child and adolescent psychoanalysis. The courses are managed by AFT experts on child and adolescent psychoanalysis from Rome, Milan, Genoa, and Florence. Some have been trained in Italy, others in London or in Switzerland. Working with parents and, in particular, with mothers, seems to me to be really crucial, especially during pregnancy (or while they are waiting for an adoptive child) and during the first years of the child's life.

Some **questions** have spontaneously come to mind, which I respectfully turn to De Masi (his book: *Lavorare con i pazienti difficili* (Working with Difficult Patients)– 2012- was my main reading this summer! It helped me a lot to reflect and to find connections with my own work experience). These are questions that I won't obviously address only to him: how did he (deep within himself) come to supervise children's treatments without having direct experience? What pushed him? Of course I hope that a similar push characterizes the choice of many other colleagues.

I wonder: why hasn't he experienced directly the intensive work with children? It is not a controversy, it is genuine curiosity. Why did he renounce this peculiar work which was referred to by our colleague as continuous training in learning to hear and perceive a special musical piece (often built by four hands) in a universal language, which I would call infantile or archaic, spoken or babbled by a child in flesh and blood? Does he think that it makes a difference, for the analyst and the candidate, to do and receive supervision with an analyst who in turn has (or has not) had direct experience in child psychoanalysis? (It is a different situation if a candidate or a psychoanalyst asks freely for supervision beyond the training or specialization). Does he think that this would facilitate him in his work and in his training having the possibility of presenting also a case with a child, to become psychoanalytic society member? And I ask to anybody who can explain how it happened, in Italy, that several schools of child, adolescent, and parent psychoanalytic psychotherapy were founded outside of the SPI, and which are sustained or established by SPI members.

At the FEP Seminars single sessions of intensive treatments with children are read aloud and listened to and those present associate to these using the Weaving Thoughts method (Norman, Salomonsson, 2005) without knowing the full story of the little patient. Despite the language barrier between those present, deep aspects of the inner world of the child and of the psychoanalytic process are incredibly captured in such an outstanding way. This can be found in any well-run and close-knit group which allows you to capture extraordinary nuances.

From extended parent-child consultations to parent-child psychotherapies to child or parent analysis

Several examples reported in the debate can be traced back, I think, to an arrangement of prolonged consultation. Dina Vallino and Marisa Mélega Pelella spoke about consultations and parent-child psychotherapy; Giuliana Barbieri wrote about early stage child psychoanalysis and consultation;

Barbara Piovano talked of supervision and parallel parent-child treatment; Elena Molinari commented on the particular work of sensory contact and figuration through the use of the body, which is very peculiar when working with children; Laura Colombi told us about the contributions that child analysis gives to adult analysis and Maria Paola Ferrigno approaches differently and distinguishes the work with children from the work with parents. Giuliana Barbieri reported whole sessions, as if to invite us to make associations to these, and her invite is accepted by Paola Catarci. Some extremely rich material is also offered by Laura Colombi. In each and every case the mind-set of psychoanalytic listening is highlighted.

In the background remain the two initial papers (with a revaluation of Anna Freud's contributions that I personally agree with) which are worth reading again slowly, as well as the ones by Adamo Vergine and Franco De Masi, two intrigued adult analysts who shared their thoughts.

Prolonged consultations and parent-child psychotherapies are fascinating fields to me. Once deep aspects of adult suffering start 'defrosting', or the riverbanks that have been activated to protect against the pervasive anxiety that permeates the family group give way, and little by little allow the patients to "get in the game", they are permitted to come in contact with a fluctuation of images and scenarios that before were unimaginable. This happens especially starting from the exteriorization of phantasmatic activity and (proto) thoughts of the young child, who is often busy trying to give some shape and container to his 'primitive' emotions, or alien ego fantasies.

The analyst's ability to let him or herself be permeated by emerging scenarios, elaborate them, and occasionally comment, to understand and sometimes interpret something out of what happens under his eyes (and inside himself), and then to theorize the characteristics of his particular work are all part of the attempt to elaborate the multiple transfer and countertransference movements in which he is participating in. I guess that it is harder to theorize or explain it, than to be part of it or to describe direct fragments.

It may happen that after such psychotherapy, which can bring about the resolution of dramatic symptoms (persistent insomnia, eating disorders, emotional spasms ...), one of the family members (most often the mother) asks for an analysis for herself.

Or that, years later, one of the other children expressly asks for a consultation when he is able to do so on his own. To closely illustrate the potential evolutionary wealth of such a situation, I will report a brief summary of a work done with parents and their 18 month old son:

An urgent consultation was requested for an 18 month old child, P., who suffered from emotional spasms (*spasmes du sanglot*, blue type). Incidentally, I did a preliminary consultation with only the mother, a 30 year old woman with an adolescent air about her, who to my surprise was seven months pregnant. While she was describing in detail the physical crisis of her first son, she raised some questions in me for her apparent emotional detachment with which she spoke about her son and the apparent disregard for her second pregnancy (as if it had come out of nowhere), as well as for her restless and hyperactive work schedule.

During the weekly sessions with the mother and P. (and sometimes with the father), P.(who could only say a few words) would stage his anguish in many different ways (actions that become significant due to an observational-therapeutic setup), which, in turn, would not be met with warm and comforting looks by his parents. When faced with something frustrating (e.g. a 'no') or painful, he would seem lost and his parents paralyzed. The father was bursting with anxiety and anguish -it eventually emerged that he suffered from panic attacks, and that he suffered from emotional spasms when he was a child. The mother found it hard to look her son in the eye, and, even more so, to support him and follow him with her gaze while he waled away from her or from us in the room.

P. acted out, in particular, the "dangerous" movements of a motorcyclist who was on the edge of a fictitious cliff, but was equipped with a 'helmet'. In the end, he would break a leg, and then became very concerned about the healing process. In the following sessions, more than once, with a little bit of "fine (simplifying) tuning" done with some "gestures and talking actions", he showed his curiosity and his guilt for the intrusion fantasies in the womb which I gently commented on.

And he would spontaneously imitate the (future) delivery of his sister, Rosa (to this point no one had explicitly spoken to him about her), as well as his own birth, squeezing his head between his mother's legs from his hands and knees and throwing himself backward. He also depicted several scenes of nurturing and caring for a baby. He eventually was able to "interact" with his mother in a better way, and, at the same time, she with him. Meanwhile, the mother began to 'worry' in a wholesome way about her current pregnancy ... and about Rosa, who had thus far been taken into account for rather than really wanted. She came earlier than they had anticipated, but in any case they held onto her, despite the opinions expressed by some relevant figures in the environment. The mother left her job and her hectic daily activity. Spasms in the child dramatically began disappearing. Anxiety and distress in the family unit were sensibly scaled back.

The delivery went well and "things are going very well" with Rosa. At this point the father, beating his temporarily ambivalence, asked for help in starting analysis and the mother also asked for a psychotherapy-psychoanalysis for herself. The therapies began, but they ended after a 'short' period.

Several years later, Rosa, almost at the age of puberty, asked for help. This request reactivated considerable ambivalence in the family environment.

November 3, 2012

Answer to Mastella

Franco De Masi

This is my answer to the question of Marco Mastella: why an analyst who doesn't work as child analyst makes supervisions to some colleagues who keep analysing children? There is a difference between the supervision of the analyst who works as child analyst and the supervision of the analyst who doesn't do it?

I had a kleinian analysis and the child therapy and observation (according the Bick's method) was considered in my training very important. I remember with great pleasure the seminars of child observation held by Donald Meltzer and Marta Harris in Milan. Those seminars were very interesting (Dina Vallino usually presented the material) and Donald and Marta were extremely clever and fascinating.

Since then, even if I kept reading and drawing attention to the children analysis, I focused my clinical work on adult therapy. After some years the analysis of very ill patients lead me to pay a special attention to the child analysis.

I started to make supervisions when some colleagues asked me to discuss their case of seriously ill children. I discovered that I had not difficulties in understanding the children material and in pointing out some hypothesis for the development of the therapy.

The continuous discussion on children analysis fostered some ideas about the difficulties I met in treating seriously ill adults.

The child analysis did not allowed me to get closer to the archaic or the primitive way of thinking but instead showed the ubiquity of those psychopathological constructions responsible for serious break-down in the adult life. In particular the study of very seriously ill children allowed me to better understand the origin, psychopathology, and therapy of psychotic patients.

Nowadays I still keep a private group of colleagues working with very ill children; we discuss together clinical material and read and comment papers on this topic.

My opinion is there is no difference between the analytic understanding of a child and an adult patient. The setting is different but the way of understanding, describing and interpreting is similar.

As analyst, even if I have not in my office a room for the child analysis, I feel myself able to analyse either a child or an adult patient (with the unavoidable difficulties in every case). I think that, little by little my analytic competence with the adult patient has grown up (and this happened in a lot of years), a room for children too has grown in my mind.

5 November 2012

In the Distant Far West

Daniela Scotto di Fasano

Marta Badoni writes (in this debate) that one of the biggest themes in infant and child psychoanalysis involves the relative ease of directly accessing their unconscious. Tonia Cancrini reminds us that Melanie Klein highlighted how a baby comes into contact with their unconscious before their Ego (1932, p.27): “In fact, the child, before everything else, immediately communicates the unconscious and archaic and primitive levels of experience. When talking about children, we could talk about the eruption of the unconscious that happens in the analysis study.” (Cancrini, SPI Debate September 2012).

Cancrini also speaks about Emanuele who was able to communicate his tumultuous inner world by designing a ship in a storm. This came only after a session where listening was next to impossible for the loud cries and fierce river of tears that flooded everything.

Francesco Barale, in a paper read at the Centro Psicoanalitico di Pavia (Psychoanalytic Center of Pavia, Italy) on the 17th of April, 2012, spoke about something very similar, albeit in analysis with an adult patient. He wrote, “I get the impression that each sensory element of the session, like the noises, the silence, the colors of things, the pauses and the dynamics of the words spoken, their intonation, the breathing, the smells, all of these come to B. in a very powerful aesthetic amplification, which makes him a huge receptive apparatus - a radar looking for a presence that continually slips away, or better yet, which moves in a wave in continuous turbulence ... which does not give him respite and in which emotions and conflicting affections alternate. There is an intense desire for contact, emptiness, persecution, fusional and erotic needs, and anxieties of invasion and dissolution [...] During the session, B. lets loose a whirlwind of dreams, associations, memories, and experiences ... a continuous flow ... I didn't get at all the impression that he was doing it in order to 'occupy' the session time in a defensive way.... instead, I always have had the impression of a particular intensity in his 'lived experience', [...] an extreme maximum intensity when compared to any representation of any kind (dreams, memories, fantasies, images, scenery, and propositions which you are always trying to contain) [...] This is not a 'field', neither bi nor poly-personal! There is still no 'field' there; on the contrary, there is a very hot nebulous cloud, a pulsating cloud which dizzyingly expands and contracts itself looking for some type of organization ... [...] B.'s speech proceeded in large waves. After reaching the top of each wave an abysmal emptiness followed in which the speech and mental state of B. collapsed then the wave would start rising again ...[...] During one particular session, after having been taken over by the huge waves of B.'s material, a situation I had really lived a few years before came to mind: since I hadn't consulted the weather forecast, I was surprised [...] by a very rough sea (later I found out that they even canceled all the ferries); huge waves which were many meters high followed each other one after another... when each wave was arriving, the only thing you could see was a wall of water you had to climb, and then go down again the other side until the next water wall ... With a bit of ice water in our veins and luck, we made it out of there okay that time (although the people who were with me still remember that crossing as a nightmare). Is it possible that “the movement of the soul that reaches out to the

object” assumes those features in B. [...] I realized that I was adopting some sort of interpretive minimalism [...]: firstly, I showed B. the trend described above, the binary basic rhythm (a succession of big waves and then emptiness) and the other quaternary rhythm that appeared (this trend was gradually and increasingly more evident), in order to make B., if not a co-pilot, at least a kind of travel companion who would be a bit more aware of the mutual ongoing navigation. Then, I found myself busy in describing again and, in a manner of speaking, "modulating again" (with a musical metaphor), maybe three or five notes lower, the sequences that B. brought me, introducing small variations and some new chords ... or dilating and repeating some under-sequences, so as to highlight other chords in the emotional affliction that B. had ... [...] There was a moment, a few days ago, when I got the impression that this work of mitigation, reconnection, and modification, the search for organizers, embankments... and cracks ... began to be recognizably more productive even at a representative level. [...] B. 'brings' a dream; he "brings" it literally: 'last night I had a dream that I want to tell you ... '".

I wanted to fully layout these beautiful passages from Barale's work because it seems to me that they demonstrate very well, on one hand, how many irruptions of the unconscious can happen in adult analysis, and, on the other hand, how the 'treatment' offered by the analyst is somehow the same in children and adults.

In fact, what does Tonia Cancrini do with Emanuele if not "tell" through a drawing – which, by the way, puts a border around the "thought" zone of the emotive storm produced during the session? Barale offered the same treatment by "telling" and "describing" to the patient what the patient makes "happen" during the session.

I commented to Barale during that evening in Pavia that describing binary/quaternary trends seemed to me a prelude to 'interpreting', because by doing it, it opened B. to an insight regarding himself and his own 'functioning': he was shown the way.

The outcome in Emanuele's and B.'s analysis is one of a landing (!) to symbolization: Emanuele makes a drawing, B. brings a dream for the first time. For both of them, it is the "representation of an inner turbulence so violent and tumultuous that couldn't be expressed in words" (Cancrini, SPI Debate September 2012).

Otherwise, if we think of the unconscious as an area undergoing constant transformation, I think it cannot be explored in both child and adult analysis, unless it is done through the *emotional* contact with the patient. The space prepared by Carnaroli and Mastella, then, becomes much more valuable. In fact, the stimulus provided by colleagues offered me important elements of understanding some clinical material and allowed me to look at it from different and unexpected observational angles. For example, that beautiful story, the one about little Pimpa, who, along with her mom, can see (I think both of them had the 'amazed' wonder that Chiara wrote about, 1990) "that we can think of another solution that will work for everyone starting from the fact that mom needs a coffee and Pimpa needs not to be afraid" (Barbieri, SPI Debate September 2012). This allows Pimpa to "experience the object mom as well as the environment mom": if this is not analysis, I do not know what is!

I wonder if in this case the suggestions to Pimpa and her mother do not have an interpretive nature about them, where interpreting can be understood as an original narrative proposal of the patient's story made to the patient. I believe in fact that the role and function of interpretation are to narrate, like a fairy tale which "provides an apparatus for dreaming and *symbolizing the whole or a part of the unconscious psychic mail*" (Guérin c., 1996). As in a fairy tale, even interpretation "through the voice, the speech, and the meaning, transmits *a word that binds* on three dimensions: intrapsychic, intersubjective, and cultural" (Kaes R., 1996). And as in a dream or in poetry, it binds between primary and secondary processes so that we can rightly speak of *passing words* and being for the baby the *word/speech bearer* as the first function performed for a him by his mother (Aulagnier, 1986). In being a word/speech bearer as an analyst at the service of a patient's split and removed aspects which, from the exile where they were confined, can they be returned to being an active part in a more democratic internal parliament? As Marisa Melega notes (SPI Debate September 2012),

Bion, using the technique which consisted of observing and describing to a group the dysfunctional situations created within it, led the group to overcome its obstacles.

But, let's ask ourselves, what is analysis? How is it different from psychotherapy? I believe that analysis is that treatment that provides a lasting structural transformation, no matter if it is reached with one, two, three or four sessions a week. It is a deep and stable transformation, which includes a fruitful debate in a democratic inner parliament with many parties, none of which is split off or in exile, forced to lash out through violent and self/hetero destructive incursions such as acting, attacks on bonds, and so on.

I don't think that the difference is in the number of sessions or in the fact that we welcome 'whoever arrives': the four people who, for example, Irene Olivotto did not refuse to meet (thankfully!). Welcoming those who arrive establishes as a mental attitude to "not introduce iatrogenic elements that humiliate people and pollute the psychodynamic picture" (Barbieri, SPI Debate September 2012).

At the root of such a predisposition to meet the unknown is, in my opinion, Infant Observation which shows the mind emerging from a relational matrix: "My real inner world in is an outside in which I am inside" (Anzieu, 1994).

With this in mind, here is a little story from clinical practice. The story is about a patient who is 25 years old today and is 'only' psychotic who I started seeing when he was 5 years old. Back then he did not speak, did not use direct eye contact, was full of the usual stereotypes, and could not attend nursery school. Years of work, lots of drawings, a lot of holding with the parents (who were at the same time in analysis with a colleague) based on Dina Vallino's model of participation in consultation; an unrestrained passion for Peter Pan: segregated, looked around a bit, from his desolate and hilarious (only in appearance) delirium in Neverland. At the mercy of an unbearable intrapsychic break, he lost his shadow, forever shut out from the window of his mother's mind. He was blocked in a development in which there was no room for growth. He slowly got better over time until he developed, in his last year at middle school, a violent erotic transference into me for which I decided to send him from then on to a colleague. At his last session he arrived with a cd and had me listen to a song with the following chorus, "*No remorse, no regret, / only sometimes it happens that / just before falling asleep / I think I hear / your memory knocking, but / I / won't open.*" He did not comment, did not show any emotion (openly), and he left. I did not see him for years, then one day a long time after he called me and asked for an appointment after having finished high school. He asked to start up analysis again, and so we did- this time he took up on the couch. The work lasted for about three years and was focused on the 'difference' between him and the others, those who went on to university and forged new bonds. He was in love with a girl his own age who- as it unfortunately happens in these cases- 'acted the part of girlfriend.' It was he who finally forced her hand to get out of the game of 'pretending' and clearly define (above all with himself) what their relationship was because an authentic one it was not.

It was a bitter time for him. Reality clearly demonstrated to him that even given his enormous progress, he remained 'different.' He decided to go to a professional school to learn a trade and in his field he was able to find work where he still is today and is authentically appreciated by his colleagues. He has a good circle of friends with whom he celebrates birthday parties, roots on their favorite teams, etc. all in the complete openness of the differences. His thoughts remain rigid, and at certain times stereotypical: are they just defenses? Is it something to do with primary character? I do not know. I think it is important, for possible clinical relapses, to be able to figure it out sooner or later. The fact remains though that working with this type of patient is painful, fascinating, and moving. We were able to work until Carnival, two years ago. He was volunteering at a nursing home for the elderly. The others wanted to wear a costume...Wear a costume? Impossible! He spoke about it with me and I asked, "why not?" He deconstructed the idea: there was no place in him to be himself without fully being himself and he promptly ended analysis. I was in great difficulty, but I had to respect his inability (the impossibility it posed for him) to wear a mask and let him go...

After a year he telephoned again: he wanted an appointment. He told me that at the most recent Carnival he wore a costume and he brought me a newspaper article with his photo as proof he was a sheriff from the Far West...Nowadays, he comes occasionally for some sessions- I believe for monitoring... He has come to terms with reality, albeit an evolving one, and of his state of being 'different.' There is still depression in the background, but there is also a lot of courage, and he does not live in neverland anymore...

I have learned a lot from him: above all, I discovered to be able to discover, unlike Christopher Columbus who was unable to find out that he had discovered America...

This reflection makes me call into the cause the comments made by Sandra Maestro and Paola Orofino who demonstrated how much collaborating with other figures - speech therapists, educators, and especially parents - can evoke the essential need to metaphorically oscillate (even in the most 'orthodox' analysis) between varying points of observation of the patient, of ourselves at work, the field, etc.- versions, to quote Beckett, "now lighthouse, now sea." I am not sure if anyone remembers a series of Borla books from many years ago by Brutti and Parlani, where they described an incredible synergic work done in Umbria between teachers, parents, speech therapists, educators, and so on.

How can we not consider the accessing of words in order to talk about oneself and one's own needs present in that recourse, "took a roll of scotch tape and put a strip on the floor, which connected their classroom and the room where their mother was. With a questioning tone they pronounced the word "mommy" as if to say "where is mommy? In the past they had been completely indifferent to her presence and / or absence." (Mastella, SPI Debate September 2012)...

It evokes the path to words in Deligny's work with little autistic patients (1980).

November 6, 2012

Case and Therapeutic Intervention Specificity

Laura Colombi

Incited by the recent papers, I have decided to add some thoughts regarding the 'many facets of child psychoanalysis.'

Just a bit more than halfway through this debate, I think one of the merits of the discussion space that has been opened is its ability to highlight how conceptual and technical developments in psychoanalysis have allowed - and can continue to favor - beneficial transformative applications external to the analysis room (as we understand it), as well as the stretching of the functional technique of treatment inside the analysis room.

As you can read in the last comments made by Mastella, but not only, also in the field of infant and child psychoanalysis, as it happens on the other side with 'serious' adult cases, many psychoanalytic acquisitions make up the base/background of different therapeutic systems which respond to needs that otherwise might not be intercepted, received, and 'handled' if we were to rigidly stand by the meaning of 'care' as only what goes on in the analysis study. With this in mind, I believe many of our colleagues who guided their own training and professional activity in a psychoanalytical sense, have had - and/or still have - many extremely useful experiences at various levels which can take stage in the various forms of 'institutional,' 'territorial,' or 'street' as Orofino called them. With these forms the psychoanalytical system changes according to one's needs 'outside' of the analyst's room and customary *setting*.

Works from A. Freud, Winnicott, Meltzer (to name the most famous), where the two therapeutic dimensions find plenty of space but manage to stay in a psychoanalytic matrix, teaches us in that way anyways.

Inside the study. Even if it's obvious, I think it's worth the trouble to underline that in having the opportunity to speak about child psychoanalysis and its different facets, we must not run the risk of anchoring to stereotypes of a psychoanalyst 'sphinx' who is rigid and closed (perhaps defensively?) in his or her self-idealized mindset.

I think that this can make us run to at times – way too early and making us unconsciously receptive to rigid and caricature-like 'extremes' – towards 'other' therapeutic treatments before having calmly weighed with an authentic psychoanalytic mental setting (in any of the many possible forms of consultation) the most appropriate therapeutic course, in the sense of being profoundly transformative, that the specific case calls for.

But, how can we arrive to identify, with a sufficient and credible margin, "the most appropriate therapeutic indication that each specific case calls for"?

In my first paper I already mentioned how psychoanalysis has run the risk of throwing children into the dirty water, totally refusing the term *diagnosis* because it is too colonized in a psychoanalytic sense and not dynamic enough. The dirty water is, in my opinion, the encaging and static use that can be done with this instrument. The child is the necessary dimension of analytical listening and understanding of the 'how' and 'what' that must patiently be done in that specific clinical situation, and you must do it. I think that without a diagnostic hypothesis - and I repeat that it must be identified through listening, and must be sensible and elastic while remaining in a specific psychoanalytical mindset – the risks of falling into one of the two positions I synthetically described earlier are even greater 'despite our best efforts.' This can occur even more so, but not only, when the level of seriousness/complexity that a case has – for reasons of confusion and/or sickness of the environment, group, or individual – starts to strongly press on the therapist's mind pushing him/her towards possible defensive reactions to the chaos.

One last point I would like to make. Being a therapist and having in mind the possible alterations and distortions that the child had to resort to in order to defend themselves from an environment that was not always congruent to their emotional and mental development needs, should not be necessarily understood as the parents being implicitly guilty (which from my point of view the parental context should be widely supported and valued for their functional skills as parents) or the analyst as being superior or more competent. I think of it, instead, as an essential service that we can/must offer to who seeks it out. In fact, people come to us with the idea that we can give them that extra push to help unravel their problems, which at times can be completely muddled and time-consuming. Certainly, our patience, experience, and 'clinical eye' are needed in order to identify, regulating our competencies and common sense, the most appropriate way to reactivate growth in a healthy way. But this can come about if – as we are constantly reminded by authoritative analysts who have grappled with the severity of the different phenomenologies in children – we do not banalize or underestimate the makeup of the defensive structure in place, but, on the contrary, we take it seriously into consideration, which does not mean to do so in a technically traumatic way, but to slowly sort it out allowing the Ego to be reinforced which leads to emotional development and growth.

I'll conclude with a quote from Winnicott (1962b), "...analysis for the love of analysis does not make sense to me. I do an analysis because the *patient* needs to do it and it's what he needs to deal with; if it *is not analysis he needs*, then I do another treatment" (I put the italics).

November 6, 2012

Respecting the child's individuality in psychoanalysis

Adela Abella

(Member of SSPsa - Swiss Society of Psychoanalysis. Training Analyst. Child Analyst)

I'm grateful to Francesco Carnaroli and Marco Mastella for inviting Swiss child psychoanalysts to participate to this interesting exchange. First of all, I would like to congratulate the SPI for the excellent idea of promoting online debates on what appears as fundamental present day issues. We need good ideas, this is one of them.

I believe that it is important for us to remember the history of our discipline in order to identify the main conflicting theoretical and clinical debates that have delineated the development of child analysis. Marta Badoni and Adamo Vergine have summed up some of the classical controversial issues. At the same time it may be important to identify some trends which are largely shared by the different psychoanalytical cultures. One of today's shared preoccupations is, in my opinion, the idea that it is a central goal for psychoanalysis to respect and promote the patient's freedom and personal individuality as much as possible. It is in this direction that I understand Marta Badoni's words when she suggests that "one of the major risks and challenges for the psychoanalyst who deals with children... is the risk of contaminating the child's mind with (the analyst's) own unconscious content". On this particular aspect, child psychoanalysis does not differ from adult psychoanalysis.

This common aim - respecting the patient's individuality- oversteps theoretical borders while being specifically coloured by each particular psychoanalytical culture. Thus, whilst French psychoanalysis speaks in terms of subjective appropriation (following R. Cahn, who takes one of Lacan's expressions) and anglosaxon analysts warn against unconscious seductiveness and enacted collusions, a number of analysts all over the world find inspiration in Bion when he suggests the need of pursuing the asymptotic aim of searching one's own O. The basic idea is the same: how to restrain from defensive complicities and shared lies, how to avoid the temptation of indoctrinating our patients (or of being indoctrinated as analysts), how to help them to be themselves as much as possible (or how to accept being ourselves the analyst we are instead of the analyst we think we should be).

This question might be posed in terms of the intervention of narcissistic seduction in the cure. When looking "seduce" in the dictionary we find: betray, corrupt, attract, deceive, astray, mislead. In analysis, narcissistic seduction may appear as the wish to attract the other to our own convictions and desires, often in the other's good interest, which runs the risk of drawing the other away from what he really is or desires. One might say that education draws on a form of seduction as the child is attracted towards socially shared values. Whereas some sort of narcissistic seduction is probably unavoidable in every human relationship, in my opinion we need to identify and analyze its intervention when it occurs in the treatment.

Working with Charles, a 9 years old boy, has helped me to understand this better. When we met for the first time, his mother described him as a very nice boy, never angry, always trying to please the others. Everybody liked him. What bothered her is that she felt that Charles was not happy. He complained regularly of been less favoured than his brothers and sisters and looked often sad. Despite his good intelligence, he worked little at school and was never enthusiastic about anything. One would say that he had not much pleasure in living. But maybe the more painful thing for the parents, for her, was that Charles cried every morning when his father brought him to school. With words full of despair and deep emotion, while glancing at me, the mother told Charles that

seeing him cry every morning was just unbearable for her: this must stop. She wanted him to be happy.

I started to see Charles once a week. He was a beautiful and always smiling boy, who made me think of an angel by Botticelli. He looked somewhat effeminate. He seemed happy to come to see me. A sort of ritual was quickly settled. Charles arrived, sat in front of me, smiled gently and waited. Then, after a moment, he would say : "This week I cried just once, on Tuesday", or " This week I almost didn't cry" or still, with a broad smile: "This week I didn't cry at all ". Listening to him was, for me, at the same time heartbreaking and unbearable. On the one hand I understood it was important for him to tell me about his fight to stop crying and his progress. On the other hand, I felt the urge to shake him out of his masochistic submission and passivity. Most of all, I didn't want to hurt him, I guessed he might easily feel bullied.

What to tell him ? I was still hesitating when I heard myself saying: " Charles, I think you are eager to please your mother, and maybe you want to please me too. But I'm sure you have very good reasons to cry when your father brings you to school". Charles looked intensely at me. Then he started to draw a complicated story about two adventurers searching a treasure through a long and dangerous underground tunnel, which took him several weeks. Following this session, he persisted in giving me some news about his progress but much less often. Little by little he started to speak about other issues: his school, his friends.

There are probably some different ways to understand this sequence. As for myself, I thought Charles was expecting / inviting me to join his mother in pushing him to stop crying. I felt he might easily be seduced into adopting the view I would like to give him concerning himself, his feelings, his behaviour. Still more important, I wondered if he was (unconsciously) trying to draw me into a mutually seductive collision. Put in words, the unspoken message that I felt he was conveying to me was something like this: " I like you and I will strive to do and to think what you want. In exchange you will like me as I am, with my suffering and my passivity. Thus, we will be happy together, as will be my parents".

It is often with hindsight that we begin to realise what we said and why. I think that what I was saying to Charles was something like this: "I appreciate your efforts to please your mother, but that which really interests me is the reasons why you cry. It is these reasons what I would like to understand with you".

I guess that a therapy aiming primarily towards symptom suppression would have found a serendipitous opportunity here: Charles was ready to sacrifice himself in a submissive and masochistic way, ready to renounce to his symptom only to please her mother (and maybe his analyst). In fact, this would maybe succeed in suppressing the symptom but at a high expense: it would have confirmed and reinforced Charles's masochistic unconscious fantasies. I realised at this occasion how difficult it can be sometimes for an analyst to identify a seductive temptation. I think that, in this case, I was helped by the disrupting and shocking effect that Charles's intense masochistic behaviour had on me. The trouble aroused in me contributed to balance the seductive pull.

To sum up, this online debate made me think about the specificities of psychoanalytical treatment. In my opinion what differentiates psychoanalysis from other types of psychotherapy and what differentiates child psychoanalysis from education is the refusal to lean on seduction and the priority given to foster personal freedom and true self discovery and expression. This goal, which is shared by adult and child psychoanalysis, arouses, for the latter, technical questions which may be particularly demanding.

November 19, 2012

Children Psychoanalysis and the Future of Psychoanalytic Research

Sarantis Thanopoulos

As an analyst for "adults", I regularly have to do with "the child inside of us", which is an expression that while not being too rigor in its definition, I much prefer to use over the expression "the infantile in the patient", which has always seemed to me, rightly or wrongly, a bit arid. Childhood is a "way of being" that is always current and present, and it is not a psychic functioning which manifests itself in a regressive manner. It represents the cornerstone of the multitemporality of our existence and, at the same time, the thing that extends our existence beyond to that side (or on this side) of speaking. The childhood which is housed in the patient, as in all of us, is the most significant challenge to the talking cure, as understood as meaningful discourse. It constantly puts the talking cure to the test, it destabilizes it, and makes it move toward expressive gesturing and sensoriality. In the talking cure words must bring out the bodily gestures, sensuality, and emotion that brought them to life, otherwise the analytic discourse fades into a hermeneutic one; maybe it maintains cognitive value but it loses its transformative potential.

Adult psychoanalysis is the psychoanalysis of the individual adult's childhood; if in some aspects it is taken for granted (Freud defended this idea tooth and nail against Jung) on the other hand it ends up being a too obvious truth, badly focused upon and, therefore, hardly useful. In this brief paper I won't at all get into the details of complex discourse, instead I will use a schematic favoring a single aspect: the language. Looking at the difference between the analysis of the childhood in adults and the analysis of children from the viewpoint of language, as a first observation it can be seen that in the former the child's language is overwritten by adult language, so it is never in 'real time streaming', while, in the latter, the language is immediate and, as it were, "live in action". The next thing that immediately grabs our attention is the separation which goes through this live feed between a before speaking and an after speaking, posing even here the problem of retrospectively overwriting (with which child analysts are always up against). We often see, a little hastily, this separation as a separation between child language (primary process) and adult language (secondary process), because we forget that the first phase of the verbalization of communication (and thought), which happens approximately from two to five or six years old, is subject to removal (child amnesia). At this stage, primary process (thought and language that anticipate speaking) and secondary process (thought and organized language which start after speaking) coexist and this is the reason why, with the (almost) definitive affirmation of secondary process (which coincides roughly with the winding down of the Oedipus complex), this hybrid experience is removed. The use of words in this period is still gestural and corporal; the representation of the word is absorbed with the "thing" and the image. The language has a dreamlike quality. For the child, showing and telling are equally important.

Whereas in adult analysis this kind of language can be understood only indirectly through dreams and through the development of rêverie, in child analysis it dominates the scene and requires a different approach, which is reflected by the difference in technique. In my opinion it is important for psychoanalytic research to take advantage of the possibilities that child psychoanalysis offers for systematically studying the contact and passing area between primary and secondary processes, between body language and verbal language. The direct learning offered from the "mixed" language of the child and its comparison with our work on dreams could transform the way we interpret, as well as how we use our therapeutic language. And this is not to say in the sense of an unlikely imitation of child language, but learning how to work in its proximity in order to use its power to generate meaning and to encourage its creative work.

From child analysis it can be legitimately expected, precisely because of their experience of extraordinary closeness to the gesturing that occurs before speaking (during the period when both

coexist in child's language), the possibility of a broadening of the psychoanalytic treatment to very young children who do not quite speak yet, and where a gesture can represent the only access to their lives. Winnicott offered us some simple, but at the same time, effective examples of therapeutic contact with pre-verbal children, but it seems to me that things have then remained in the same place for a long time. These issues are not futile arguments for arguments sake, since in the field of autism, to make an important example, the diagnosis arrives almost always after the pre-verbal period after the chips are already on the table. Here, the collaboration between infant observation, infant research, and clinical experience could very well open new perspectives.

I would add to the topic of language the one of play. The play is a fundamental instrument in the technique of child psychoanalysis as it almost is the exclusive source (along with drawings) of material for interpretations. However, it is poorly considered outside the field of interpretation, in other words, as a therapeutic experience in itself. Winnicott spoke about it, theorizing its importance in life and in every type of analytic work, but his insight remains always the hope of a research field that has not had further developments.

In conclusion, I will propose an idea that can become a meeting place with pediatrics and child psychology (and even, for some implications, with educational psychology and sociology). What really happens with bottle-fed children or children who were put in incubators or (close perspective) looked after from the very beginning (and fed with bottles) by a couple of male homosexuals? That is when the relationship with the breast, so important in our clinical theory, is out of the game.

It is also obvious that the "breast" is not exactly a real breast and that the sensual body of a mother or a nanny can compensate an absence of the breast caused not by psychological reasons (which are typically depression) but organic (although sometimes the two things go hand in hand). It may also be thinkable that a child put in an incubator can recover (if he does not remain there for too long), if the parents' desire is to readily welcome him when he finally comes home and if in the hospital the parents' presence was guaranteed (if compatible with the needs of medical care). My two clinical experiences with adults put in incubators when they were babies would induce me to pessimism regarding the fate of these children but I prefer to be very cautious: the most unfortunate people arrive on our couches (we know little of the fortunate ones). Regarding the homosexual man who nurses a baby, you can think (and I personally think) that, if in the psychocorporal experience of this man the femininity has been saved, then it is possible (and we can discuss it), but this still remains just an intuition. Combining clinical experience (from working with adults and children) with data from a more systematic research would be the most appropriate thing to do.

November 20, 2012

One or two points on the specificity of child analysis

Paola Marion

Of this rich debate for which I thank the coordinators Carnaroli and Mastella, and most of all Marta Badoni and Tonia Cancrini who started it, along with all those that continued, I would like to dwell only on a couple of issues that seem to focus on the crucial question of the sameness or difference of child and adolescent psychoanalysis and adult psychoanalysis. On the basic sameness and on the concept that psychoanalysis is one, I think there is a wide consensus. But, as Bonaminio already mentioned in his report to the Milan Training Day, I would not hesitate in stating that there are some specific aspects that cannot be considered only questions of technique.

I refer, first of all, to the "management", in terms of internal and external relations, of the complex relationship the child has with its environment, first of all with its parents that requested treatment and to whom the analyst responds (the question of adolescents is even more specific, but I don't

want to dwell on it now). In child analysis the relationship with the parents is crucial, as many already noted, and various problems revolve around it.

Winnicott has taught us, in an almost remote past when these ideas were not so widespread, that – as Dina Vallino writes – “the family and the environment affect the healthy and pathological development of children” and “we cannot idealize the changes that a child can undergo with the sole help of the analyst”. This aspect, specific of child analysis, refers to that “group dimension” mentioned by Marta Badoni that is expressed in the analyst’s ability to interact with the environment and “assess the parents’ ability to tolerate and support treatment”. But not only that.

I think we should recover a concept that has gone out of fashion, i.e. the “therapeutic alliance” that is addressed both to the child and to its parents. Returning to the historical debate between Anna Freud and Melanie Klein that marked our psychoanalytical history, even here we see two different approaches to the question, two different sensitivities neatly synthesized by Winnicott under the heading of “a question of *conscious and unconscious cooperation*”. The ability to express a basic trust, to sustain a stable relationship with the object and to tolerate frustration, an Ego capable of reality checking (Zetzel, 1965) are central aspects of the therapeutic alliance that we should assess in the parents before embarking in treatment, as the IPA Code requires as quoted by Marta Badoni. But the problem is not exhausted by this requirement.

In the case of child analysis, not only the child is the object of parental transference as the parents activate also a powerful transference on the analyst that triggers what Winnicott called unconscious communication that the therapist should take on himself and modulate along with the child’s transference on himself. Along with the feelings of rivalry and exclusion that can be mobilized, with fantasies of theft, with guilt for one’s failures, often the child’s distress represents the symptom of a distress that goes beyond the subject and is the expression of the child’s identification with unconscious, painful, traumatized aspects in the parents that have never been worked through. In such cases it is as if the parents requested to be treated through their child.

In fact the assessment of the environment in which the child and its disorder are located is not only crucial but represents the “main difficulty” (Winnicott, 1974) that needs to be addressed also during training. I do not think that the parents’ cooperation is exhausted in its *conscious* dimension, although this is very important. But it requires the analyst’s ability to play a double role and identify with the pain and distress of both child and parents. The analyst’s ability to acknowledge and accept in his countertransference motions the meaning of the parental request represents a crucial aspect of the “therapeutic alliance” and of the basic trust on which we hope our relation with the child is based. The analyst’s acceptance of the parents’ problem will make possible for the parents to get nearer and accept the child’s problem. To use a metaphor, I think that the child analyst’s mind should move as Masud Khan (1977) described Winnicott moving in consultation between the parents and the child, facilitating both in their respective efforts at sharing the problem. In this sense I agree with Dina Vallino when she writes that with the parents we need to make a true psychoanalytical reflection, in contact with their infantile and transgenerational unconscious that for the child’s mother and father implies the discovery of what they have repressed.

Obviously from this derives a series of theoretical and technical questions such as what place to attribute to these aspects that child and parents share in the transference relation with the child and, most of all, how do we give them back to the patient for elaboration? And what influence do they have in the subject’s identification process and in the construction of the self (Bonaminio, 1993) but also in its conceptualization? And, last but not least, how do we include in the training process the changes in the transference situation concerning this kind of work, as I tried to describe them? One aspect of this question concerns supervision and how the supervisor is entrusted with the task of helping the candidate to learn a polyphonic listening, calling his attention on an exclusive identification with the child patient and on the risks of its idealization. Freud’s “odd” position in the case of Little Hans remains a masterly example of the ability to manage between the reasons of one (the child patient) and the others (its parents).

A second aspect I would like to call attention to concerns the developmental dimension to which working with children trains us. I would like to stress the aspect concerning the importance of emotional development in relation to growth. Work with children requires great attention to development stages and the understanding of how development is always impaired by emotional problems. We should ask ourselves what is at stake (Cahn) in the development stage our child patient is in, and what anxieties and fantasies are evoked in this stage. Laura Colombi stressed how “a child analyst is in a complex but privileged situation as he can observe any pathogenetic processes underway that, if not identified and transformed in an early phase, can take roots in growth and become much more difficult to identify and transform in adults. Elena Molinari stressed the importance of the body with its sensoriality in the analytic relation with a child and that “reveries activated in this way are similar to the ones underlying figurative processes, while those activated in the adults’ room are similar to those that generate narrative processes”.

Winnicott’s work on primary emotional development (1945) remains a valuable trace to introduce us to some inevitable steps that give rise to development. The three stages he described of integration, personalization and acquisition of reality neatly describe the tasks that the development process should achieve from a psychosomatic point of view and therefore the possible pathogenetic processes underway (Colombi) that could affect the construction of the self.

In addition to this, I would like to plead the case of the plasticity of human beings. My experience as child and adolescent analyst taught me that every turning point in our existence can provide an opportunity for rearranging what was before and opening new ways. This is also what psychoanalysis stresses in its idea of time, not only as a linear process but also a complex dimension that returns to itself. In this sense we can think of development as something that mirrors the complex features of psychic development and cannot be reduced to a linear process.

A last consideration concerns Vergine’s statements on an issue I am especially interested in that is child sexuality. I think too that primary care is already imbued with sexuality and already in this area, if “it is not acknowledged and acted, it would not even have the chance to evolve towards adult sexuality”. We know instead that the prevalence of attachment issues and primary needs favored the idea, at least in some psychoanalytical schools, that sexuality and desire can be put aside while energy is devoted to the issues of attachment, the primary dual asexual exchange. I would like just to mention, and I hope will be able to further discuss this, that this purview contains the risk of idealizing our child patient and the analytical relation. To a desexualized child, imagined only as object of needs and not object and subject of desire (Laplanche) can correspond a desexualization in the analyst, so that another “misunderstanding” is created that supports those “harrowing and inefficient reparatory attitudes” mentioned by Marta Badoni. This is clearly related to the motives that lead us to become child analysts. My experience as supervisor has taught me a lot about the hazards and pitfalls created by child analysis and by our wish to recover in it an innocent self and a lost Garden of Eden.

November 20, 2012

Psychoanalysis of Children, or only Psychoanalysis?

Anna Migliozi

I would like to thank Carnaroli and Mastella for encouraging me to take part in this debate, and, particularly M. Badoni and T. Cancrini and all the colleagues who have participated. Their contributions have all been well articulated and have provided several interesting themes.

I would like to draw our attention to an issue which seems to have been implied in childhood psychoanalysis since its very beginning. If there is a special characteristic in childhood psychoanalysis, and so it would seem, why is it so difficult to identify and define it ?

Regarding this concern, Melanie Klein, in 1933, asked herself whether psychoanalysis would be destined to go beyond its own field of intervention, to such an extent as to influence mankind's life, specifically making mankind more peaceful. ...”

The attempt *“to encourage positive impulses, the good and well-directed ones, and to deny or repress the negative ones; such attempts are doomed to fail from the start”* Psychoanalysis instead has different tools at its disposal which allows us to face destruction rather than an attempt to deny and eradicate. She believed that in order to defeat destructiveness, childhood analysis should become part of individual education allowing mankind to, *“...inhabit the world together in greater peace with the world (p:257).”*

Nowadays Klein's words may sound too trusting. However, her trust must have been contagious if we consider how much has been produced by analysts who took Klein's stance as a starting point (even though they later took distance from her). Bion, Meltzer, Harris, Segal, Riviere, Joseph, Bick, Brenmann, O' Shaughnessy, just to mention some of few, have surely enriched and enlarged our knowledge in psychoanalysis.

I would like to provide a little example which helps to shed light on this issue.

As we know, M. Klein (1946) described the process of projective identification as that specific ability of the child to place into his/her mother that which is intolerable to him/her. Bion(1962) expands this suggesting that the child communicates through projective identification placing feelings and emotions into his/her mother, so that she may contain, process and give them a tolerable form.

According to the statistics of the Pep-Archive, Klein's and Bion's works are two of the most widely read and mentioned works in the International Psychoanalytical Community.

In 1961, E. Bick called our attention to a reluctance on the part of the international psychoanalytical community, to confer a proper position to childhood analysis. In her introduction at the first symposium of Childhood Psychoanalysis at the XXII IPA Congress in Edinburgh, Bick commemorated M. Klein's pioneering spirit who had equated childhood analysis with adult analysis and she complained about the *“non-prominent position it occupies”* in terms of practice, training, debates and publications. Moreover, she encouraged analysts to explore and experience this rewarding and enriching field, advancing our understanding of adult analysis.

Green, although not a supporter of childhood analysis, acknowledges that he owes a great deal to Winnicott who worked with children and mothers for a long time.

Winnicott described the phases of primary development, during which a sharp distinctions develops between what belongs to the mother and what originates in the child him/herself. *“There is no such thing as a baby”* solves the paradox of the child who exists on his/her own and yet is unimaginable without his/her mother.

With the concept of “good enough mother”, he underline the importance of the mother's psychological structure; he described the role of delusion in playing activities and in development and he provided us with the concept of transitional object. Such ideas have become part of our collective heritage and of our being analysts.

It is interesting to note that Winnicott's (1953), *“Transitional Objects and Transitional Phenomena”* is the most widely read work in the psychoanalytical community.

I would like to now return to the initial question. What hampers or slows down the entrance of childhood analysis in our official education and training?

I've found some illuminating and encouraging words that I'd like to share with you. No matter how unpleasant the truth may be, Bion (1976) says,

You have to dare to think and feel whatever it is that you think or feel, no matter what your society or your Society thinks about it, or even what you think about it (The Italian Seminars, 13).

November 21, 2012

Taking a cue from Thanopulos

Carmelo Conforto

I refer to the closing part of the rich Thanopulos comment, his wondering about what "really" happens to children who have been incubated, deprived of contact with all that the word "breast" means in our analytic vocabulary. And then, what caregiver will meet the baby once readmitted to contact them? I have been working on this issue through the analysis of a man of about forty, septet, lived for the first 40 days in the incubator, in alarm condition (concern for the survival, possible brain damage). I presented this case to the Center of Genoa last spring with the title: "When the 'child' in the adult is a premature baby." The patient, despite not having yet completed the analysis, showed the way he was in the first interviews, namely: isolation ("I cannot participate in the life of others as if a glass, some barrier, interposed between me and what is outside"), inhibition, behaviours and choices very reductive of his abilities, ideological rationalizations, modification of the few emotional relationships into relationships where sexuality disappears and it is replaced with a sort of (unconsciously cruel) care for the woman-child to whom he ripped sexuality. In the analytical path, I hope to better reorder them to find a way of publication, reappeared emotions "harnessed", especially anger, and then dreams and experiences of very high emotional content (which led me to dream about the "implicit memory"), Finally, tolerance and then "pleasure" in discovering of the inner world. In the transference we met (and partially exceeded), with the fear of my inability to stand, to translate in narrable thoughts the emotional turmoil that gradually have appeared in the "analytic field", making me think to the initial failure of the function of mother's reverie. The analysis is continuing and "hope" has appeared and the "aesthetic sensibility" of Meltzer's memory (taken today by Civitarese) I thought it was the condition of particular importance

November 21, 2012

Some Considerations on the Papers

Tonia Cancrini

The metaphor of the countryman, the gear changer "which allows to change gear (in Italian we can also say 'cambiar rapporto', which would be to 'change relationship/inter-relationship') according to whether you are on a flat plain, a steep incline, or if you want to increase velocity, or drag off of other cyclists... As I am a true 'campagnolo' in both senses of the word, I believe that in order to become a child psychoanalyst, who works with children (real children in body and status), it's necessary to have a good gear changer (also for velocity) always available, and one that is periodically overhauled (Marco Mastella, SPI Debate). It's absolutely true that child psychoanalysis requires a gear changer that forces us to face the path in an appropriate and conscious way.

The inventiveness, creativity, and openness to live new, unforeseen, and unpredictable experiences are certainly fundamental components of child analysis and often make it a difficult and bumpy road, though one that is very fascinating.

Vergine is certainly right when highlighting that child psychoanalysis has a huge potential for future research.

However, the research should not only be done by searching for stimuli in other sciences, but within the clinical dimension as Freud and Melanie Klein did in their day. By being in the clinic with children, as well as with severe patients, we will be able to understand in a deeper and more comprehensive way the functioning of the mind and inner world.

I was struck by the fact that many of the papers and comments went looking for new modalities in approaching the child: child-parent sessions (Vallino, Barbieri and others), interventions on the parents etc.. All of this is obviously very important and in many cases it can be helpful and therapeutic. But all of this should not make us forget how important it is to help children with a purely psychoanalytic therapy which includes more sessions per week and a strictly psychoanalytic attitude. We know in fact that in child analysis there is a deep and direct contact with the unconscious, with the most primitive levels and deepest anxieties.

And so the debate has gone in the direction that a psychoanalyst, who is very interested in child psychoanalysis as De Masi is, wonders aloud to himself and asks us:

"But what can we propose when the child has gone "beyond" and the parent is not able to understand and be helpful to him? Do we really believe that empathy and sharing with parents and children in the same room can produce those lasting changes which only a good analysis, with a sufficient number of sessions per week, in an intimate and sometimes suffered relationship, can produce?"

Others (such as Marco Mastella, Barbara Piovano, Maria Paola Ferrigno etc.) have already given some answers to this point, but I think it is worthwhile to return to it once more because it is a very important point.

I continue to remain quite perplexed when I perceive - and with some papers I had this impression - that the search for new modalities has had a reductive effect in relation to psychoanalytic intervention directed to the child without the presence of the parents, excluding, when possible, that there is also this choice. It would be in fact important in my opinion that the research of new modalities bring about an expansion of possibilities and not shut out experiences like child analysis conducted by multiple sessions per week.

To me, it seems that it still remains a very broad and often privileged space – when the outside conditions permit us - for direct psychoanalytic intervention with multiple sessions a week and without the presence of parents even when dealing with very young children. I still continue to believe that the deep experience of analysis is important, and offers the best potential to get to the primitive and archaic levels of experience. When the child's disorder has its origin in dysfunctions of the primary relationship and, therefore, relates to the most primitive levels, but also in the following development when subsequent Oedipal dynamics prevail, the psychoanalytic setting remains, in my opinion, the favored place for coping with the difficulties of the child. In the relationship with the analyst and, therefore, in the transferal and counter-transferal dimension, it is possible to have contact with the child's unconscious, archaic levels of need and desire, and implicit memory. It is the psychoanalytic setting that encourages the deep expression of the unconscious, of basic needs, difficulties, and early defenses. And within the analytical setting the dual relationship is absolutely fundamental because it allows the resetting of the primary relationship and all that it involves, such as the re-focusing on needs, defenses, and primitive anguish, as well as the subsequent development with Oedipal themes and associated sexual issues.

It is in the psychoanalytic relationship that you can actually live and experience a new dimension in which you can understand and relive the past and at the same time experience the new and the different. And only this allows for a real transformation.

Another point that seems particularly important to me is to distinguish analysis from other therapeutic interventions. Analysis is where reliving the past experience of the catastrophe, despair and violence is important, and the analyst must take charge of the emotional experience that this involves. And this is the condition whereby analysis can become a space where a relationship is searched and where a bond is experienced. The relationship between the analyst and patient allows them to escape from catastrophe and rebuild the destroyed inner couple. These two aspects cannot exist without each other because it is essential that the analyst goes all the way in assuming the child's anguish, pain, and violence, that they take it all on and manage to return it in a tempered and tolerable form for the children. It is only at this point, passing through a new relationship experience, that the child can experience the analysis as a space of creation and birth. But, in order to do all of this, to take charge and live through the experience with the child, as I mentioned before, the analytical setting, the dual relationship, the transference and counter-transference are of the utmost importance for the analyst.

In my initial paper, I talked about the desperate cries of Emanuele, the child who came to analysis when he was three and a half years old. Emanuele immediately entered the analysis room and had an immediate and sharing relationship with me, but equally intense and immediate was the communication of his despair and his enormous terrible fear about something that hurt him from deep inside. It was important at that point that I assumed all his pain, his rage, and his sense of absolute bewilderment he felt towards his parents' absences and their terrible fights.

The establishment of the psychoanalytic setting with the session scheduling, weekly rhythm and rules, immediately mobilized these very strong and deep anxieties related to separation and detachment: he felt lost, desperate, and furious. He was able to bring his crying and tears into the analysis, as well as the difficulty he had in re-finding a relationship after all the disruptions and all of his devastating rage that made it so hard for him to regain the trust of objects other than himself. It was essential that I took it all on: but this was possible only with a continuous setting with multiple sessions. Otherwise, we would have both been lost.

Thus, problems of jealousy and exclusion, deep anger and wounds, linked both to the analytical relationship and to external situations that the child was living, strongly emerged. He slowly was able to bring everything into the session and we could live these experiences together and talk about them. In the analyst's assuming of the pain, despair, anger, and disintegration, together we arrived to an initial capacity of being able to look at that "emotional understanding" that is the first and fundamental function of the mind which allows for maturation and growth.

How was it possible for Emanuele, I wonder, to face everything in a dimension that was not the analysis one where he could live all his pain, desperation, and anxieties? And how and for how long was it possible to count on his parents?

For the first question, I do not know how to answer me except to think about what would have happened to Emanuele if there had not been the possibility of analysis. I believe that we can see here the opportunities child analysis (and especially for such young children) gives us. In analysis Emanuele could live his wound and his disruptive emotions, he could talk about them with me. So, perhaps he could avoid closing himself in extreme defenses canceling all emotion in a kind of emotional anesthesia, or instead of destroying connections, find a way to save them?

And now we come to the second question about what more could have been asked of the parents. The mother was a sensitive and passionate person who passed from moments of great closeness, to moments when her children were completely out of her mind. It was as if they did not exist anymore. She was consumed by her marriage problems, and issues of abandonment and separation. On various occasions, she went away from home for several months. Three different times I tried to recommend to her to go into analysis, and twice she went for a time, felt better, but, even there, she

failed to have continuity. The father, a smart man, but virtually unable to handle the emotional level of relationships, had always supported his passionate and sharing wife (when she was fine). He was able to put Emanuele into analysis, but I certainly did not expect more from him. And maybe, in the chaos of their lives (they had separated and also very badly), the help for them came in the form of being able to live the relationship with their son in a different way. Making improvements with the child – Melanie Klein repeatedly emphasizes – makes the relationship for the parents easier.

And this leads us again to talk about parents, because it is important to consider the problem of how and how much and what situations parents can share (and if it is appropriate that they share) in their child's treatment. Because it is not only participating directly to therapy that parents with children can be helped, but also by having heavy lived experiences, which often are intolerable for them, assumed. The action of taking everything on by the analyst makes the relationship with their children much easier. Of course, all this does not exclude that it may be important in many cases that parents partake in their own analysis in pairs or individually, or in any way that it is considered appropriate. Or it also sometimes happens that by bringing their child regularly to analysis, they are able to do their therapeutic path in the waiting room (as Sergio's mother did, who, I hope, Mirella Galeota will tell us about).

In an increasingly complex world where the family itself mostly wavers in its conditions of unity and continuity, where we often meet inattentive and emotionally distant parents, or completely absent ones, it is important to consider the child as an individual in a perspective in which not only the parents, but all the adult figures who are close to the child, have parenting tasks and functions. The current situation of the family makes it even more necessary that the social context take care of the child: the teachers, instructors, baby-sitters, psychologists, and, in cases where useful, also the psychoanalyst. The family is not the only structure in which to entrust the responsibility of the child. If indeed the primary relationship with the mother and the deep relationship with the father and the familiar structure as a whole are all essential, equally important is the role that civil society plays (in its different components, schooling, assistance etc.) in helping children and parents in their educational and emotional tasks.

These considerations of mine are also based on the assumption that the child is an autonomous person who is capable of entering into relationships even when he/she is very young. And from this perspective, it is necessary to repeat how important it is to intervene and not forget the huge potential of an early treatment (as pointed out by many- Laura Colombi, Franco De Masi, Tiziana Bastianini - and what can be said about Melanie Klein's dream that child analysis would open the hope for a better world? The dream was also remembered by Anna Migliozi) which prevents the becoming chronic of defenses and pathological mechanisms which may lead to serious disorders and diseases in adolescence or adulthood.

The analysis reinforces the child's Ego, helping him/her grow and lightening the excessive weight of the Super-ego. This allows for better development and proper growth. The analysis is therefore seen as an opening to a new freedom where "the priority is given to promoting personal freedom and discovering and expressing the true self" (Adela Abella).

In the book edited by myself and Daniele Biondo, *Una ferita all'origine (A Wound at the Origin)* printed by Borla, 2012, there are numerous cases of children in psychoanalysis with multiple sessions per week, and cases of adopted, or in any case, early and deeply wounded children, in which it was highlighted how and how much they have been helped inside of the psychoanalytic relationship to overcome catastrophe. I am pleased to remind everyone that all these cases were discussed and followed in SPI's Specialization Course c-a. I would like to mention these cases precisely to encourage colleagues to intervene talking directly about their experiences.

Sergio, the child mentioned earlier followed by Mirella Galeota in analysis of four sessions per week since he was four years old, who was speechless and unable to communicate, was able to bring his fears, his deepest anguish and anger into the analytical relationship. And after he had

experienced the passing from the shambles to the building of something well defined inside himself in analysis, he is now able to speak, communicate, go to school, and socialize adequately.

Then there is Paulo, an adopted child who was very traumatized and followed in analysis by Daniele Biondo. Through analysis, he found the possibility to share his terrible experience by being welcomed with arms wide open into an atmosphere of warm and loving participation and psychoanalytic understanding.

And then there is the adopted "snow girl", who Francesco Burruni told us about. She brought the turbulence of her emotions which needed understanding and support into analysis.

And Laura, who was talked about by Marina Parisi, was the victim of a double abandonment and was able to arrive to a point where she could write her story thus turning her emotions and experiences, which were unspeakable beforehand, into *alpha*.

And again the unwanted and unloved child who Elisabetta Greco spoke about, succeeded in the analytical relationship to transform his suffering and his "hideous monsters" into representations and thoughts.

Lastly, among the cases of the Specialization Course, I remember with immense joy the girl followed by Luisa Cerqua who we talked about with lots of participation at the Conference on Female Creativity in late September in Genoa.

I hope that colleagues respond to my invitation.

One last point touched upon by our fellow psychoanalysts, not the child ones but the adult psychoanalysts who intervened (Anna Ferruta, Tiziana Bastianini, Franco De Masi and others) which I found myself to be very much in tune with, was when they emphasized the importance of child analysis as a possibility for greater understanding of the development and of mental structures and also as an opening to more careful listening to the most infantile aspects also in adult patients. Franca Meotti, during the national meeting of training, also highlighted these aspects in her interesting work called *La dimensione infantile nella maturazione dell'ascolto analitico* (*The Infantile Dimension in the Maturation of Analytic Listening*). It is to be hoped that there will always be more exchanges between child and adult psychoanalysts in order to enrich their relative skills even more. In this vein, I thought it was very interesting the attempt of Daniela Scotto di Fasano to highlight similarities in the transition from emotional turmoil to a form of symbolization between the case of Emanuele, that I mentioned before, and a case of an adult patient narrated by Francesco Barale in a paper read at the Psychoanalytic Center of Pavia.

November 22, 2012

The Child Within The Adult

Fiorella Petri

I would like to join all those who appreciated this initiative coordinated by Francesco Carnaroli and Marco Mastella. It seems to me that the debate has stimulated some lively contributions and raised several questions, first among which being: What is the relationship between children psychoanalysis and adulthood psychoanalysis? By looking at my clinical work as an adulthood psychoanalyst, and at my steady dialogue with Winnicott, Tustin, Bion (my favourite interlocutors, besides Freud of course), I can constantly verify the continuity, exchange and com-presence within myself of childhood as well as adolescence and adulthood psychoanalysis.

I would like now to make my own contribution to the debate by hinting at a case which I believe shows how the childhood dimension may enter, through split, encysted and foreclosed aspects, into

the treatment of a *non-child, not-yet-adult person*. Regarding this aspect, Vergine writes in his first contribution: *since in the current situation we find ourselves treating severely ill adults, who act like children in their psychical manifestations, I wonder whether this has led us to have greater interest in children but, through treating severe cases, also to greater competence when working with a little developed mind such as a child's one.*

Therefore he urges us to elicit *differentiations that concern the degree of mind development, rather than age.*

Sonia.

My initial contact with Sonia was through her voice; it was such a child-like voice that, when she telephoned me for an appointment, I thought it was a child of seven or eight at most.

I was truly surprised when I saw a 25-year-old girl enter my office, six-feet tall and with a stiff body, moving about in an uncertain way. I look at her weird, child-like hair-do (The “small fountain” hair-do which sometimes two/three- year olds sport), hair held back together as if she wanted to prevent any spontaneous movement. Such hair-do and, most of all, her whining child-like voice seemed to indicate, through her body, how dramatically time for her had stopped somewhere in the past. I imagined a “blocked” child within an adult body and I wonder, as Lacan claims (1964)¹⁴, whether it is true that the “voice” is the “body of the word” and, therefore, the vector closest to the unconscious.

What is the “not-yet-symbolised something” Sonia was trying to communicate through her voice?

The Psychotic Breakdown

At the end of our first encounter, before leaving, she gives me a cd: rap music, which, as we all know, has a rebellious and aggressive beat. Sonia had recorded that cd, her only one, five years before, and it was as if she wanted to deliver into my hands a precious dream and her hope of resuming an interrupted path.

She told me that, at the time, some music critics, rather unexpectedly, had become interested in her and had written some reviews about her music and her child-like voice, and had indeed appreciated her originality. Just when Sonia found herself experiencing some success and notoriety, a delusional idea exploded within her: she feared that the fumes of an incinerator, in the little town where she lived, were poisoning her. She was sure she was suffering from physical disorders because of the incinerator, (the picture she painted made me think of a likely psychotic breakdown with hysterical traits, the breakdown being due to suddenly having to deal with evolutive tasks her fragile psychic structure could not bear).

Then the patient gave up all her music plans and dropped out of university (a master's degree in Philosophy) She wanted to get away from what had become a persecutory presence: the incinerator, which she felt forced to constantly check, without being able to get any sleep, so she suddenly decided to leave the family house and move in with her musician boyfriend, thus leaving her parents stunned by such acting-out, which they felt was beyond any rule.

This sudden change resulted in her being thrown into a state of extreme passivity. Since then the patient has been living in a state of inertia, she sleeps a lot and spends her days engrossed in a world of grandiose fantasy in which she sees herself as a very successful singer.

I agree with what Laura Colombi underlines in this debate concerning the state of withdrawal and the necessity to *distinguish between the benign and self-protective nature – functional in the consolidation of a struggling, “in- fieri” Self – and the malign one, that of an escape into a*

¹⁴ Lacan I. (1964) *Il Seminario. Libro xi. I quattro concetti fondamentali della psicoanalisi*. Torino. Einaudi 1979.

dimension of no-contact which does provide “pleasure” but deceitfully dents all integration and thinking processes.

I believe that in the case of my patient, had she not started analysis, the withdrawal might have taken on a malign form.

We negotiated the terms of the analysis and when I realised the shaky financial situation of her parents, who supported her, I proposed three weekly sessions at a “reasonable” price. For me too it was *a decision taken in a split second*, as Giuliana Barbieri tells us about Little Pimpa.

It was the first time I had resorted to such a solution and the explanation is that I was very interested in her. I thought to myself: “At last rather problematic aspects that scourge our territory, of which I only hear a distant echo, will enter my office and I will be able to ask myself questions about their influence on the psyche”. I am here referring to issues concerning the suburbs, incinerators, waste, youth marginalisation, rage and protests. Now the thought of a push for reparation the patient must have mobilised inside of me seems more convincing, and it becomes concrete through *offering potentialities* – in Paola Catarci’s words – which might feed growth and development.

During the initial period of the analysis, about three years ago, Sonia was tormented by inertia and physical disorders, but also by *fantasies of violence and sex*. Such fantasies turned into drives, feared as being uncontrollable, when she met people in their flesh and blood. That is why she prefers not to leave the house, and live in a sort of retreat, so as to shun the risk of her fantasies ruinously becoming acting-outs, which has never happened. Thus she found a justification with herself for remaining in her fantasy retreat, which in a way was pleasant and seductive as it prevented her from facing reality.

“I have always thought that a very thin wall, almost a veil, separates me from my unconscious; it is a veil that even a little pebble could tear apart...” she said in one of the early sessions, thus conveying a sense of how she felt she was in a rather direct contact with her unconscious.

And this today helps me to find some similarities with Tonia Cacrini’s contribution concerning Melanie Klein: There are some striking characteristics in the analysis of children that urge us to reflect. The first one regards the unconscious, with which a child has a direct and immediate contact.

Melanie Klein points out that a child first comes into contact with the unconscious and then with the Ego. A child conveys, first and foremost and in an immediate way, the unconscious and the archaic and primitive levels of experience.

Memories as photos

In Sonia’s accounts, her past as a child, with its emotional charge, is immortalised within the present and her memories have the suggestion of photos, of still pictures not inserted into the account of a personal history, images she believes cannot undergo any transformation. For instance, she remembers how she considered all the other children in elementary school to be lucky: they all had in their rucksack a little bottle of water, while she only had fruit juice. She couldn’t even bear the thought! It seemed to her that this was irrefutable evidence of her mother’s neglect.

All the other little girls were always well dressed and had nicely combed hair, while nobody took care of her savagely curly hair. I am thinking of uncontrollable aspects of drive, envy, greed and intolerance towards an object not perfectly corresponding to her needs and therefore experienced as persecutory because uninterested in her.

I wonder: for how long can she tolerate the half-empty rucksack that analysis is, because I am not the ideal, omnipotent object she expects me to be?

Sonia thinks that nothing can modify the sense of injustice for having less than the others, which is the origin of the inferiority feeling that so much pains her.

When thinking back of the feeling of inferiority Sonia experienced, the memory of a long-gone high school experience re-emerges when, together with some of my classmates I would volunteer

offering after-school tuition to children with deprived backgrounds. Their “impetuous” hugs and “sticky” kisses spring back to my mind, and how clumsily and excitedly they behaved so as to get us interested, and although at the time I felt besieged by those little, snotty and bruised kids, I still can’t help feeling moved at the thought.

Only after a congruous period of time will I be able to understand how this memory of mine had anything to do with the patient’s unconscious need to find a live object that might contain excitation and help her to get a more adequate representation of herself within reality. At this point it seems useful to me to go back to Marta Baldoni’s words: “Nowadays nobody denies any longer the importance of the environment and its intervention in the development of a child’s mind”, and this is to underline how, at times, reality can powerfully determine the pathology in extra neurotic patients.

In her family, my patient is the youngest of three. She has always been struck by one particular family photo, on show in her mother’s house, in which she looks “angry”, even though in that photo she was only three; but most of all, she was impressed by her mother’s sadness, all dressed in black because of mourning due to her own father’s death soon after her birth.

Birth/bereavement, a sad discordance. The feeling of not occupying a space in her mother’s mind, immersed in her own mourning, has determined in Sonia the perception of being an *added* piece which can be done without. So we understand that remaining safely in the haven of the undifferentiated/omnipotent maternal – of which the child-like voice is an expression – protects her from the narcissistic wound, from the humiliation of not existing for the “other”. We will then discover that any raid out of the isolation cocoon, which may represent a pleasant moment of self-affirmation, is unfailingly followed by a moment of deep anxiety.

Creative, intelligent and sensitive Sonia constantly attacks with contempt and devaluates her own skills and I sense that fighting against such spiteful attitude is essential, and that is why I discreetly try to form an alliance with the vital and creative part.

So with sincere interest, as I imagine I would do with a child’s drawings, I listen to the lyrics of the new songs that Sonia, though with much dithering, has resumed writing (in the second year of analysis it took her three months to complete a stanza). I’m saying she has a “discreet” ally in me because I tend to remain in the background and mostly stress her “soft” appreciation of herself, with the idea that this way the wobbling self-perception and weak self-esteem might perhaps get strengthened.

On the other hand, my attempt to provide a name to those raw and feared forces, by which she sometimes feels invaded, by inserting them into a texture of simple meanings, has allowed her, over time, to look in a less persecutory way at those emotional feelings and *fantasies* that make her *feel abnormal*.

I believe that this process of liberation from fantasies reminds us of what Marta Badoni claims in this debate when referring to childhood psychoanalysis: the child in analysis is not the miniature of an adult, he/she is an incomplete and developing subject who can only trust the adult treating them if together with the proposal, indeed frightening, to free their fantasies, they actually find an adult person capable of accompanying such freedom, as well as guaranteeing limits.

Here I end my account, surely incomplete, of this patient, apologising however for its length. I end my contribution with the hope, expressed by many, that children’s psychoanalysis might find adequate space within Training, considering the undoubted enrichment the analyst might receive.

Nowadays analysts must be ever better equipped to receive and comprehend severely ill patients, in whom the body becomes the depository of traumatic memories of painful experiences lived at the dawn of life, before words and before the capacity to represent them.

November 23, 2012

About prematurity. Echoing the comments of Thanopulos and Conforto

Luca Trabucco

It's a bit of time that together with Conforto are thinking about the issue of prematurity. I refer about an observation of a clinical situation of mine that we have compared with his analysis.

Valentina, a girl who I have seen with weekly sessions for a few months between she was 15 and 16 years old, high school student, has some behavioral problems for which parents contact me: its performance and school placement is strongly inhibited by an exasperated shyness. Valentina in queries cannot open literally mouth, taken from a terror panic in front of the professors, and she is absolutely not integrated into the school milieu, unable to socialize with hers companions. At the same time from same months home life is impossible, for the absolute end to the dialogue by Valentina with his parents and his little brother, younger 5 years, and hers sudden explosion, behavior defined as "hysterical", "violent", towards all members of the family, with shouts, threats, self-harm, assaults on things. The parents are placed in front of these symptoms in different ways: the father, military, through an "hard" opposition, of threats and punishments, the mother seems worried and anxious, but completely helpless. I therefore request clarification on the recent history of Valentina, the development of this state and also the previous period, from birth. And so I come to know that Valentina was born prematurely, but not a little, was born in the fifth month of pregnancy, following a severe maternal preeclampsia. She weighted about a pound, and being vital, was put in an incubator. The hopes that she could survive were obviously little or almost nil. In the aftermath of the incubator, and again later during growth, also had to undergo surgery to repair defects in development, particularly of the urinary and respiratory. The mother then told me that has never been able to deal with Valentina. The onset of the syndrome that led to the induced labor was flooded by a generalized sense of dread, a set, I could say rebuilding what she made me feel in the interview, regardless of death anxieties about the self and the fetus she was carrying in. My perception of her history was that of an experience in which the meaning of life suddenly and without a reason completely inverted its course: the experience of life and of its renewal gave way only to death. The long period in which Valentina remained in the incubator was as a period of "waiting", in which mother's mind was like "detached", waiting for events arising from the growth that occurred elsewhere of her child, and the fear that any time was still potentially fatal, were feelings that did not seem touch her. She lived an "emotional silence". Instead it was a moment full of emotion, sudden and overwhelming, the one in which Valentina came home. Terror seized her, she could not touch her baby, to hold her, to do anything that was about her maternal function. The fear that something happened, that the baby could be "broken" to the slightest touch, and above all that there was nobody, there were no doctors, they knew and could deal with her, was the size in which she moved.

It seems that somehow the event of the arrival home of the child in the mother has renewed emotional storm, certainly in part reclaimed from death's anxieties, but still unmanageable, still unable to process these feelings, creating an "operating" silence thick and paralyzing. Valentina's father was the one who took care of the child, as a "military", according to the letter protocols that had provided the hospital with thoroughness and rigor. My thought about it was that the father seemed to continue to act as an incubator, a device that mechanically does what he must do, but that cannot provide a contact and emotional containment. The emotional state of the parents at fifteen abundant away, I think, bottom, absolutely unchanged. The father is surprised that Valentina rebukes him as he prevent her from using the computer to go on facebook, as such activity, according to him, distract from schoolwork, and is obsessive and unnatural.

She cannot take the role of a teenager who lives a need for approval, feeling like the others, laugh at stupid things ... The mother seems to be paralyzed in the face of emotions that are unleashed in the family. Those are considerations that I draw from only three interviews with the parents, then a limited observation space, as was limited the therapeutic relationship with Valentina, that I've seen for about six months with a weekly session.

The gestosis sets in motion the death anxieties that address both toward mother's self and toward the fetus: is in fact a kind of miracle that the baby-girl survived. The vitalizing relation that is configured in the mother-child relationship, is a relationship that turned into deadly: the fetus can kill the mother, and thus himself; the mother must kill the fetus to survive, but doing so will kill the mother. This situation is to bring about a collapse of the mental structure, as becoming deadly the link, is the same frame of mind, which is based on a relation that breaks down and loses its functions.

In any case, it is true that the death of the fetus, even without particular risks for the mother, as seen for example in cases of spontaneous abortion in the first trimester of pregnancy, results in death of the maternal function. The preeclampsia is not only a real risk to the fetus, but in the same way for the mother, so the situation "your death, my life" (*mors tua, vita mea*) involves a lightening of emotional turbulence difficult to contain. The inability to contain produces a "sudden" and total silence, being the other side of this abyss expressed by catastrophic explosion. In the case I observed it seems to me that the rigidity by which his father seemed to move has contributed in creating this situation of absolute uncontainability, proposing a "container" rigid, pre-formed, within which the events should have been dealt, adapting to the container, where emotions end up not being perceived, or giving rise to outbursts of panic, the same situation in which now Valentina finds herself. Of course, I asked myself, without any particular response options, from what kind of childhood situation the parents of Valentina came from. Little or nothing transpires of primary relationships of the mother, while the father told me to be youngest of a very large family, where the children had to live "as in barracks", each taking care of their duties, "had to fend for themselves" ... So the functions of emotional containment were the same for all, standard, rigid and self-managed. The emotional silence that follows the birth in Valentina's mother would be an expression of confusion of life and death in a state of birth at risk, which I think is further amplified by the confusion that the alternative "your death, my life" is here to introduce with severe maternal preeclampsia.

The theme of prematurity seems to me, however, represent an exaggeration of a problematic species-specific, related to the development of the human "puppy", with the difficult growth of an apparatus for thinking still insufficient compared to the load that emotion and confrontation with a reality always exceeding our mental capacities entails.

November 26, 2012

Make sense to the senses, give body to the mind

Daniele Biondo

In reading the interesting and valuable for me SPIweb debate on "The many branches of child psychoanalysis" edited by Carnaroli and Mastella, I confess that I had toyed with the idea of settling down in the position of the viewer, who could enjoy the contribution of highly experienced analysts children without having to disturb the pleasure of a more active position. The call from Tonia Cancrini to intervene inevitably shook me from the comfortable position where I had taken refuge. In reading the various interventions, slowly slowly was unraveling in me the idea of the flow of a manual of child psychoanalysis: manual and accurate thanks to the many contributions, starting from the initial two of Tonia Cancrini and Marco Mastella, gave me the pleasure of listening to the

polyphony of the complexity of working with children. The multiplicity of variables involved, that an analyst of children must be able to consider and analyze, is really wide and perhaps greater than working with adults. They range from diagnostic problems concerning the evaluation of the vicissitudes of child development and its possible early traumas, problems of assessment of family resources and environment available in initiating and conducting analytical treatment. So we could appreciate the *multiple settings* (see the detailed description of colleagues who generously provided in this debate, ranging from working with the mother-child couple, working with the child and parents, or the whole family, from work in tandem with the work of teachers, educators, teams with other caregivers, by setting up parallel with a joint supervision until, obvious, intensive work with the child) that the child psychoanalyst has, I might add, and cannot help but take into account, carefully case by case, the factors that led him to choose the most appropriate intervention. Consequently, according to this polyhedral approach, it seems to me incomprehensible the contrast of a setting than another. I do not want to underestimate the fact, as many have pointed out, that behind the choice of different settings, at times, expressed a different view of carrying out psychoanalysis, linked to the old disputes, but also to modern conflicts between intersubjectivism and intrapsychic approaches among more attentive to the contributions extra analytical (neuroscience, attachment theory, infant research data etc.) and approaches more focused on the specific area of research and clinical dimension of psychoanalysis. I will not conceal, however, the awkwardness to have to discuss whether it is more important to an environmental approach and familistic or a drive and intrapsychic. For me I have always tried to integrate these two vertices of psychoanalysis not taking part never completely in favour of one or the other, oscillating continuously in working with children than with adults between the two poles, aware of the indispensability of the contribution of Melanie Klein, Anna Freud and Donald Winnicott to work with children. For this reason I do not feel the need to decide which approach is "more" psychoanalytical. The same contrast between psychoanalysis and psychotherapy seems to me a dated dispute, a rearguard battle, quite anachronistic after clarifying positions of Kernberg at least a decade ago. Green concerning this has made it clear that if one works as a psychoanalyst even when he does other things, he always does them in psychoanalytic terms. We know that it is not a question of the number of settings, but interior trim. You can do four sessions as well as five and not do psychoanalysis, as it has been made clear R. Chan (2002, *The end of the couch?*). The various technical changes that colleagues have shown in this debate regarding the child psychoanalysis, but as we had imagined with regard to the psychoanalysis of adolescents and grave adults, are extremely valuable precisely to maintain an analytical framework inside when the conditions of the classical setting change and when you need to work in unusual environmental conditions, in when there are no conditions required by the classical setting. That's why these changes are valuable. Protect yourself behind stereotypic rituals (number of sessions, use of the couch, etc..) without going to the essence of the problems, given the level of the art of our science and its applications in areas other than the consulting room (most rooms, institutional contexts, etc..), it seems to me untenable and anti-analytic. Today more than ever I believe that these disputes "formal" threaten to divide us and make us fall back on ourselves: nothing more sterile in front of a society and a family that, as many have pointed out in this debate, are in profound and rapid change, where we are called not only to be plastic and elastic, if we do not want to die out like the dinosaurs (where the bulk of our ideas is likely to make us be too slow and not capable of adapting to changes in society), but also to reaffirm the value of our contribution and the necessity of recovering the very essence of our roots: the deep meaning of intensive psychoanalytic setting, which in some clinical settings, such as that related to massive early trauma, more than ever, is indicated for the challenge of mental health. Here on this particular point, on which I would like to center my contribution to this debate, I think we should all make an effort to motivate, in this postmodern society, fluid and constantly on the run from itself and the search for the meaning, of the indecent and uneconomic proposal for many sessions a week for years that the psychoanalyst stubbornly continues to make his patients of any age undergo. In order to document and motivate the role and

meaning of this specific setting, of the psychoanalyst is privileged witness we can certainly use the contribution of other disciplines and then can switch back to that of our expertise: the clinical practice of psychoanalysis. It is important what cures! What one can cure and really in depth and not just solve the symptom or the external behavior. I refer to the technical and therapeutic factors to be taken to improve the effectiveness of the psychoanalytic setting, in its varied forms, when we are faced with highly traumatized children because they come from areas of war, poverty, because abused, because torn from their country and deported thousands of miles away, etc. The same adoption we have seen in many cases is established as a traumatic experience, which involves a *wound origin* (Cancrini and Biondo, 2012). The theme of the many branches of child psychoanalysis can therefore be declined in terms of technical measures should be adopted to treat children suffering so, like many have done in this debate.

Regarding the contribution of other disciplines, it is useful to refer to the implicit memory, remembered by Cancrini to claim the value of the analytic intensive setting, concerning the need for continuity and repetition to form a brain circuit. This questions us on the symbolic dimension of the analytic treatment, which would be the founding of psychoanalytic treatment. A dimension that seems to repeat the positivist separation between the body and the mind. A division abundantly overcome not only in philosophy, but especially in our field, thanks to Winnicott who looked deeper into the primitive ways of settlement of the mind in the body, Gaddini who developed the role of the *psycho-sensorial area*, thanks to the concept of Anzieu of *Ego-skin*, area research *unthought known* initiated by Bollas, just to mention some of the most significant contributions in this area. This broad interest in the size of psychoanalysis presymbolic dimension in modern psychoanalysis, not only among children, declines in a different consideration of acting out, acting out, action and behavior of the patient being treated. As noted by Barbieri this means being able to be at the level of the other, without anticipating it with our symbolizing offerings. For this reason, the child psychoanalyst should be able to work with different settings just mentioned (with the mother and the child, the parents, the child with multiple sessions). The beautiful metaphor for the gear of the bicycle reminds us that if the road is uphill, I can only use the shorter run, the first, I will go slow but it will allow me to move forward without stopping me; but when I get on the plain I no longer have need to maintain first, infact it will make me slower and with much effort, I have to move to a "relationship" different, we must put the fourth or fifth (settings) to be able to proceed effectively. Metaphor aside, this means that my bike the more "relationships" it has the more it will address all soil conditions. At the same time the desire to adapt to the new and all "ground conditions" should not make us lose sight of the specificity of analytical intervent, as many in this debate say (Cancrini, De Masi, Piovano and others). Our task as child analysts is to be able to do something that no one else is able to do (it should be remembered!): reach the child in the cold and dark well of despair, into the black hole of anxiety that it has plunged, able not only to achieve, but also to "touch", without scaring him and without hurting him too badly, the child's original wound. We all know that this is possible only with psychoanalysis, the analytic setting with classic intensive. Linger in approaches "take and leave", as inevitably you can do with a session per week, exposes the child and also the analyst to unbearable suffering.

The case of Paul, an 8 year old boy, who lived in Brazil until the age of 6 years, in a state of physical and mental violence massive and chronic, it may be useful to clarify this specific point. I have been following Paulo in analysis for five years (he is now twelve and an half years old). It is to be noted that the start of work with this child coincided with my specialization in child and adolescent analysis and the implied decision to "touch" something more firmly in my personal history. An original aspect that despite two analyzes (and perhaps also thanks to my two analyzes) up to that time had been approached only very partially (working as a psychotherapist for children for almost thirty years), and yet never fully developed, or better never touched without experiencing a lot of pain. Well, maybe the time had come when I felt ready for a crucial evolutionary step, which motivated me to perfection.

The first year of analysis with Paulo can be realized due to organizational problems with only two sessions a week. The moment of parting at the end of the sessions had become progressively more dramatic: he threw himself on the ground, did not want to leave the room, crying, he hit me, filled me with very vulgar insults if I approached: in the beginning was deaf to all my interpretation or all my attempts to negotiate the release (allowing more time, sometimes up to ten or fifteen minutes longer than that provided) or prepare (even beginning fifteen minutes before the session was due to end). I tried to contain it actively, even physically, but I soon realized that the child is more exasperated and became more violent, angry, disappointed, increasing the level of conflict (for example, I was struck after letting him go). I found that worked better the opposite behavior: let him continue until he calmed down. Often I would just keep myself away from his shots, making it impossible to hurt me. Needing to get to the second year of analysis with the transition to three sessions, to be able to significantly reduce the violence of the child. The birth of the first boundary psychic Paulo guaranteed by the most intense setting allows us to bring closer important parts of his Self split and fragmented. In order that Paulo could have the experience of total incorporation of the mother-analyst within his own self needed to hear my total willingness to take it inside of me, as the third session meant. In the self-analytic work that followed, I thought of an intense desire by Paulo to get inside to find someone to be able to be born, and associated my desire - to enter more deeply into the analytical process with a child that activated my own primal wound: in short, two wishes subjectively, which are able to meet and fertilize through gestation offered by the analytical process.

The particular experience that you can have with a child in the consulting room, especially those early traumatized, makes us sensitive and trains us to move with greater familiarity on the *body and sensory dimension* of the analytic relationship. One size obviously present in the relationship with the patient of any age, but that with the baby comes in a whole new way. As several colleagues who have spoken in this debate have pointed out, the practice of child analysis opens the analyst to a specific dimension of analytic work concerning precisely the preverbal, the sensory, the non-verbal, the body, representing, therefore, an essential piece of the training of the analyst. A piece that rightly implies now in our training a "perfectioning", meaning the acquisition of something missing to the adults analyst and further training needs to be done to acquire such. Something that has to do with technique, but it also has to do, as I tried to say before, even with their own areas unreachable, the blind areas, perhaps blinded by the potential pain they contain. As in my personal training experience I was able to understand, to be able to reach these traumatic primitive areas, the analyst must overcome specific resistance, inherent original aspects of its history, and at the same time have some specific inclinations and abilities, not common, led him to overcome some specific resistance to get involved with the body and senses within the analytic space. Resistance inherent in the very area of the symbolic and pre-symbolic. As recalled by Vergine to reach these areas unrepresentable must open ourselves to some "variations" of classical technique and be available "for a certain amount of affection" or aggressiveness, it be available to review certain aspects of classical technique relating for example to touch or not to touch the children, to be able to afford to tolerate a share of aggressiveness or inhibit it from the start with prescriptive regulatory intervention. To adjust the aggressiveness of the child one must be able to tolerate it, because despite all the limitations that we can and we must put in, inevitably, an early traumatized child will tend to force them, challenge them, to test our ability to resist (in the good cases) but, much more frequently, because in his mind there is still not a practicable psychic limit. On the other hand, if the condition of the traumatized child is more often described as a disease "on the borderline" we need to work with their own boundaries and limits, understood as the object of care and not as a mental condition already acquired by the child. This forces us to take in consideration the possibility of some changes of the techniques of analysis with the traumatized children. In my experience working with children early traumatized these changes are essential to successfully carry out the treatment. In fact, I think the sensory dimension inevitably takes over with the traumatized patient, be it a child, a teenager or

an adult. The training with the child, however, allows us to understand some aspects of this dimension which otherwise is difficult to get in touch. And "This is the train of thought that I would follow at this point of my contribution to the debate.

I think the trauma of having lived at the level of "antistimolo barrier " will inevitably have to deal with the economic dimension of the psychic apparatus, which inevitably involves the soma. Consequently, it is with the burden that we have to deal, otherwise we risk that these patients fall into the stereotypes of interpretation that represent a block of thought, a defense analyst from being able to feel "on their skin," the pain of the other, as this is the level at which the patient massively traumatized forces the analyst to confront. We know that the trauma inevitably activates defences that the subject has experienced as well as those who seek to help Defences legitimate, but always defences, which hinder the full acceptance of the other within us. The early experience of the trauma of abandonment very often involves the presence in the unconscious of a series of areas seized of sensoriality unprocessed, that is, elements of proto sensory and emotional proto only partially literate (Ferro). We can trace the origin of this type of bodily and emotional illiteracy in the original condition in which it was lost continuity with the patterns shared with the psycho-biological mother since pregnancy, or where it is lacking the function parastimolo maternal and paternal. As Tonia Cancrini rightly reminds us in her speech at the opening of this debate, citing Mancia, the different forms of pain that the child encounters in his earlier reports are stored at the pre-verbal and pre-symbolic in implicit memory. As a result, it could be agreed even without deeply sharing the somatic level too, implicit and operational, these painful experiences, there can be no transformation of early traumatized patient, whatever the age they come to analysis.

Concerning the analytic work with children early traumatized, refusal to establish a report on the somatic level, when they actively seek him, proposing interpretations too advanced or cognitive, are likely to be perceived by children as a cruel rejection of what can be their first friendly form (Alvarez). I share the view of those who say that with these small patients, so fragile and susceptible, it is necessary to overcome the dichotomy between gratification and frustration and worry, however, to protect the child's relationship with her partner live (the analyst) avoiding interpretations too defensive. Only in the shadow of the protective bond of love and transference-countertransference relationship underlying the traumatized child can build a first boundary for mental suffering and traumatized self, where achieving important developmental milestones.

In Paulo's therapy, the child mentioned earlier, body size has been for many years the main area in which you realized the analytic encounter. From the moment he entered the room I had to be the one to bring him in, otherwise he would stay outside all the time, totally deaf to my calls and my interpretations. Carry him in like a baby sometimes he claimed to be picked up, going from his mother's arms to mine. Others times, when he began to feel more secure, he could stand, but could enter the room just walking on my feet. In the early days of the analysis, Paulo showed great affective capacity, together, however, the need to violently attack and hurt me. In the first step of the analysis, in fact, accepted my invitation to represent his aggressive impulses through symbolic play, and later, as the child calmed down on the premises of our relationship, began to act directly, at times becoming very violent and uncontrollable, until hurting me. I had to tolerate for so long a body contact before being able to break through to him with my interpretations: telling him, depending on the time, or that he was hurting me very badly, that he did not recognize me anymore, or at that time I was to him someone else, who had made him suffer (perhaps the parents of Brazil), or that he felt desperate because everything good that was first among us would no longer be a cause of our separation.

I wanted to mention this step of the analytic relationship with Paulo to argue that the conduct of a child analysis inevitably forces us to confront an operational dimension and body of the report, completely new with patients of other ages (if not, in some cases with psychotic patients). For this reason it was necessary to invent a technique to analyze the children. A technique that involves the relationship with their parents. There is no child analyst who does not know how important it is allied with the parents to be able to lead your treatment and how much the parents are co-therapists

of the analytic process. Therefore are welcome technical tips to make setting joint parent - child, but never marginalize the analytic relationship with the child. I feel exactly this risk: to overshadow the direct work with the child, which led some analysts to support almost equality of treatment with respect to the family with the child, and others, even the non-disclosure of the analytic treatment of child (for example in the case of adoptions). In saying this it seems it is easy to forget that in order to work with a child suffering there must be an unusual ability to empathize with the child's unconscious world expressed through the body, a special sensitivity to "get involved", a specific technique, a familiarity with the world of childhood, even in its concrete aspects (one must inevitably learn Pokemon and Ben 10, Barbie and Twins, but also have a strong stomach and tolerate shit, pee, saliva, farting, spitting and kicking), which are not comparable to anything else, and in need of a long training, other than to work with adults and, therefore, also with the parents of suffering children. If we have to deal with a lot of children suffering, such as those early and massively traumatized the analyst is required to further adapt and develop specific skills through the learning of specific technical solutions. The technical modifications that we make in the analytic treatment with the child early traumatized, which has a pattern of mental functioning which, following the advice of Green, can be defined as "the borderline" area, in fact, I strongly believe. The term "borderline" seems useful and illuminating in this regard, as effectively describes the specific defect in the thinking of the traumatized child, which we observe at different levels and can be summarized as follows:

- a) in accordance with the valuable insights of neuroscience, well framed by Mancia, we can observe in traumatized children a negative imprinting deposited in their implicit memory (often, as suggested Kancyper, 2000, in memory of resentment) that affects all their dealings with the world. In this respect deficient original analytical treatment profoundly affects the transference, hampering the ability of the child to trust the therapist;
- b) original experience impotence seems to orient the massively traumatized children towards a model of yield, as indicated by Krystal (1988-1993), which pushes them constantly to the brink of despair. All this makes it difficult for children to reach a deep level, because they have organized a specific defense against the risk of pain;
- c) the experience of separation is particularly inaccessible by children severely traumatized, because they fear the risk of breaking down, that is, to lose themselves, what Winnicott called risk the collapse of the unity of the Self, and this is one of the main obstacles for their psychic growth and the realization of the path of psychoanalysis (which inevitably involves the tolerance of the experience of separation and frustration);
- d) the lack of good original experiences and holding reverie makes foster children particularly vulnerable or early traumatized in the constitution of the psychic sense of limits, producing in them a specific hypersensitivity and hyper-reactivity in relation with the world, due to areas of sensory unprocessed (Biondo and Ferro), and this hypersensitivity usually occurs in terms of catastrophic expectations, regressive behavior, touchiness, somatic vulnerability: factors that lead to defective formation of the first psychic boundary, what Anzieu called the Ego- skin.
- e) The early traumatic experience often involves massive limitation of all cognitive functions may persist beyond the traumatic situation, levels unpredictable. Exists in the traumatized subject a lack of motivation to amplify their mental functions.

Such difficulties the early traumatized children question us about the structural changes that the analysis can be activated in their mental functioning, but also what are the specific therapeutic factors that trigger these changes. It is necessary, according to the indications of many, give greater recognition to the influence of multiple contexts on the development of the traumatized children. At the same time we can consider the offer of treatment to traumatized child psychoanalysis intensive fundamental to positively influence its evolution. The earlier the treatment the more hope we have of a positive outcome affect of this development. This also on the influence that the analysis can have on the ability on massively traumatized child's parents to have confidence in their ability to

love a child so ill. Always within the multiple contexts of care should be taken the opportunity to also enable the analyst of traumatized children a support group or supervision, which allows him to withstand the impact of the violence of the traumatic factors of the child. In other contexts, related to the care of adolescents highly traumatized, I was able to define this type of aid or health care professional as *setting multiple psychodynamic* (Biondo 2008). It seems to me that in early traumatized children there is a connection with internal experience so devastating that they need to meet, in the analyst's mind, "a more" containment, represented by its internal group analyst and the possibility refer to the setting as a space group (as recalled by Elena Molinari). It is about the functioning of the analyst to children that I would now like to focus on. There are some basic features that every child analyst has learned to develop. These capabilities, in my opinion, the child analyst will learn only from clinical experience with children. There is no other way, unless surrogate. In the analytical treatment of the child, Marta Badoni as noted, the analyst learns:

- a) a good rhythm between silence and speech, "suspended attention and thinking" that can accompany them during their free exploration;
- b) to use simple words to reach them without exciting the senses;
- c) to make limits,
- d) to observe the body;

Giuliana Barbieri added to this list another specific competence of the child analyst: the ability to use both the system-verbal symbolic representations of the procedural actions. And that is the ability to effect change through both words and actions, meaning actions and behaviors not as thoughts missed, but as another way of thinking.

There are other basic functions, more sophisticated, which must be achieved to treat grave children. I thank Barbara Piovano for having concentrated her second intervention on some new features of psychoanalytic technique with autistic children indicating some specific skills that the child analyst needs to improve to be able to work at these primitive levels:

- a) the ability to reach the feelings and perceptions of the body (Milner 1969);
- b) the ability to *positivization* (Godfrind 1993)
- c) the ability to develop common sense (Tustin 1990) ability to use your own body transference (Matthew 1998, Wells 2003)
- d) ability to use the countertransference "to face the traces of shortcomings and impigments primary traumatic environment and early defensive identifications" (Piovano).

All this to say that the practice of child psychoanalysis forces you to deal with, as we are reminded by Vergine, not with a biological age, but with an early stage of the mind and the vicissitudes of its development.

November 26, 2012

“Take off your hat and... speak softly”

Marta Badoni

Dear Colleagues,

I wanted to and should have intervened earlier, but I just was not able to. Taking advantage of a week in Slovenia with the PIEE (Psychoanalytic Institute of Eastern Europe), the European group directed by Paolo Fonda, I was able to sit down in the middle of the woods and have the possibility to read again your papers and comments for which I thank you all.

While I was thinking, the refrain of a beloved song by Sergio Endrigo began buzzing in my head. It goes ... "if you drop by Broletto street, number 34, take off your hat and speak softly ... my love is sleeping in this room ..."

The analysis room is a room where a story of love and mourning takes places, too. I speak of love because you cannot do this work without love, of mourning because right from the very first meeting a work on separation (and not only) begins.

Mourning has to be done on many levels: between us and the patients, between the patients and their aspirations and suffered histories, between us and ourselves, between us and our theories ... "with no memory and no desire."

I think that for making the room "intimate", as Civitarese suggested, a lot of work is needed and, if the children's room is "extraordinary", as suggested by Tonia Cancrini, it is because it is constructed in a way to guarantee the child the experience of his mental functioning and its unfolding. It is not only a playroom: at the end of some sessions it can seem as if a tornado had passed through the room. I was and I have always been very careful that parents, while they are sitting in the waiting room, do not get a glimpse of such subversion of the established order. However, this is a room and the fact that it exists is very important, and that it is suitable for both the unfolding of a mental function and the establishment of a private space.

Above and beyond anything else, it is necessary to respect the fragile subjectivity of whom we work with; as Dina Vallino stated many times, they have, first of all, the "right to exist".

To be honest, I am a bit tired of hearing about the child in the adult, and I fear that psychoanalysis risks becoming a monstrous Russian doll where there is an adolescent in the adult, a child in the adolescent, and a foetus in the child. On the contrary, I think that, even though the theory is the same for all ages (and it is in fact the one that deals with the unconscious and the infantile), the experience of being in the presence of patients in different evolutionary moments is unique and unrepeatable. So, in addition to respect, we need to keep our voices down and learn to watch and to listen to what is happening and what is happening to us. The fact that, as remembered by Tonia Cancrini in her first paper, the child does not tell us what he did at home or what he did the day before, but *"he rushes into the room and starts from the end of the previous session"* is perhaps due to the persistent and vital search of a room where he can experience himself and his "mental functioning" (Vergine).

I will now follow up the thread proposed by Adamo Vergine in his first intervention.

I regret not having been able to work closer with Vergine except for a few crazy months when starting up relations with the MURST when I was secretary of SPI and he was director of the National Institute of Training.

I would have far preferred to talk with him about psychoanalysis, but we were on duty if you will, and we dealt with the material reality at hand, even if we were thinking. I am thankful for his freedom and I agree with the risk of issues *"that are transmitted by inertia, whether they are used as identificatory or in faith, but there are no arguments to put them in discussion or accept them for how they were handed down."*

Let's take advantage of the debate to begin taking these questions on.

There are three arguments cited by Vergine:

1. Number of sessions
2. Technique for an interpretation that should speak to the unconscious
3. Training mode

The majority of the papers and comments refer to these three topics.

1. Regarding the number of sessions, this is what I think: for a good immersion in the repressed and unrepressed unconscious, seeing a lot of the patient is necessary. With less than three sessions the work definitely changes, it is probably harder and sometimes can be misleading. "Taking it to the streets"(Orofino) is indispensable and remunerative, maybe not for the purposes of your pocketbook, but certainly for the purpose of learning. However, when you take it to the street you need some identification, otherwise you are nobody and the saying "you do not know who I am?" is not worth anything and does not work. It is essential for our survival and psychoanalysis' survival that this identity is certain and recognizable, and that we seize psychoanalytic knowledge and thinking at every level. It is not always like this. You can apply the gear changer, as Mastella

suggested, but you cannot pretend that the climbs uphill are descents. Sandra Maestro speaks of alignment while retaining specificity.

This topic will be discussed in the next meeting in Bologna, on February 15-16, 2013, to which you are all invited.

2. "The unconscious and technique of interpretation: if "Wo es war, soll ich werden" ("Where Id was, there shall Ego be"), if the structure of the mind requires a continuous improvement one should also take care that the Id can actually come to with respect to the subjectivity compatible for all ages of life. In her first paper, Tonia Cancrini, citing MK, reiterates the contact as "*direct and immediate with the unconscious*". However, this characteristic is likely to play against every transformation if we precede the child in the perception of his mental functioning. On this topic, Adamo Vergine, Giuliana Barbieri, Paola Catarci, and Laura Colombi all intervened, each of them from their own point of view. Adamo Vergine urged us to define what we mean by regression.

I think that Laura Colombi has partly answered him by writing: "*stretch marks that can affect the evolutionary potentiality of malfunctioning in which modes of sensory experience end up predominating on the symbolic, relational-emotional-mental ones*". With other terminology we could say to be careful to not confuse presentations with representations. In one of my speeches at FEP, I talked about the "accompanying function".

Giuliana Barbieri, answering to Irene Olivotto, claimed how "*it is almost imperative that we start from where people are if we do not want to introduce iatrogenic elements that mortify people and degrade the psychodynamic picture*." I think that in the first paper about Pimpa, Giuliana has made it clear how important it is that the child has the perception of distance, more so than an adult (who can wait), before being nailed down on representations of separation which would not find his perceptive support. As children, the game was like this: a child turned his back to all the others and the others had to reach the 'it' child with his back turned with different a number of steps.

The children asked to the 'it' child with his back turned: "Mommy, Mommy, how many steps do I have to take?" The 'it' child replied, for example, five steps as an ant or four steps as a lion. The winner of the game was the boy or girl who could reach the 'it' person knowing how to measure the length of his/her own steps. If the steps were too long and the child lost his/her balance when the 'it' child turned, they had to come back. The maternal rêverie is like a companion in taking small steps, or, if we prefer, small bites. We have to be careful of "premature" interventions.

Now, I have arrived to point three proposed by Vergine

3. Modes of Training

In my opinion, if the material relating to child analysis is accurately presented, every psychoanalyst (who may or may not work with children) should not only be able to understand and evaluate it, but also, supervise over it. In my training, I learned a lot from a protracted supervision work with Irma Pick, who did not see children, but knew a lot about psychoanalysis. I think that this is a critical point that should be dealt with, otherwise it is pointless to wonder why child analysis does not get going from a far-off distant province (Migliozzi). Quite different, on the other hand, is the training mode meant to accompany people who have never had experience in seeing children to being able to tolerate seeing them analytically.

Elena Molinari wrote, "*Children require the analyst to be able to tolerate a deep and prolonged immersion in sensory communication much more than adults do*." And, speaking of regression: "*So, the regression, which in the adult room seems to be an effect of the setting on the patient, in the children's room it seems, instead, to be a conquest of the analyst*."

I think it is very important to see children and to see so many of them to be able to tolerate this immersion in sensoriality and then be able to re-emerge without being seduced or seducing, starting from the seduction which the unconscious, in apparent direct connection with the child, could expose us. There is the infantile, but there is also the archaic and the differentiating work that it involves. Vincenzo Bonaminio and Franca Meotti expertly talked about this during the national training day in October.

We should let the dogmas die a little in order to seize the hope for change which has always been a part of child psychoanalysis.

November 26, 2012

Mother in the waiting room

Mirella Galeota

I want to thank Francesco Carnaroli and Marco Mastella for their support and collaboration to this initiative which gives us the chance to work together and share our experiences. I would also like to thank Tonia Cancrini for mentioning Sergio, the child whom I have been following for more than four years.

I believe that this analysis is particularly important in many other serious pathologies. I feel it has been possible to face this great ordeal with Sergio thanks to the rigorous setting, to the means made available by the analysis and to the attention given to the transference and to the counter-transference.

I also believe that in the field of serious pathologies it is vital to work with a group of colleagues with whom to exchange opinions and share problems with.

The group of colleagues I have worked with has offered me true support and constant supervision. I would dare to say that it has been a real companion for the analyst as the analyst represents a true companion for the patient.

When I first met Sergio, he was four years old, he didn't even glance at me, nor talk to me, he simply moved aimlessly. He had been given a diagnosis of "disorder of the autistic spectrum" by his local health authority. Although they had had to face a lot of difficulties, Sergio's parents insisted that I took their child under my care.

There were moments when I felt really discouraged in particular when I asked myself what I could do for that lost child who seemed to have entered another dimension and I often wondered if the same was going to happen to me.

With hindsight, together with Tonia Cancrini, I can say that with regular attendance of the setting, the regression took place more easily which drew our relationship closer together and which gave Sergio the possibility to feel the analyst as a person to rely on, almost like a protective mother ready to relate to her child with empathy. However, a regular constant setting is vital not only in the analysis of children but also in the one of adolescents and adults.

When Sergio started his therapy, his parents agreed to be followed by a psychotherapist on a regular basis as a couple; eighteen months later, however, they interrupted the therapy, advancing several reasons.

During our first year of analysis, anger was predominant in our relationship.

Thanks to constant reflection on the counter-transference, a deeper understanding of the anger and sorrow which occupied both the mind of the child and the analyst took place.

Understanding his pain, I gradually grew closer to the child thus creating a bond and a meaningful relationship.

I can imagine that the presence of anger/suffering that aroused my perplexities and Sergio's withdrawal also froze his parents' thinking and made them appear powerless, delegating and sometimes, disinterested.

On some occasions, I perceived them as arrogant and as provocative, probably because I projected the persecutory anxieties which were taking place in the relationship with Sergio.

Particularly at first, I often reflected on the fact that the mother looked like a robot, though sometimes rather extravagant both in her behaviour and in her clothing.

When he was in my presence, Sergio used to hum the same monotonic sound and to do the same monotonic stereotyped movements; also my reflections and interpretations were monotonic.

While in the waiting room, his mother seemed to live the same monotony; she usually played with games on her mobile, continuously producing the same monotonous sound. The volume was high and, sometimes, you could even hear it from the inside of the room.

They both seemed to present the same stereotyped behaviour only shown in a different manner.

Next, when Sergio became more lively, he would contend with his mother for her mobile phone, trying to cling to it during the session.

I am tempted to talk more in depth about the whole therapy but I only want to outline here the way both the child and his mother evolved in the course of the therapy; it was as if the mother had come out of her shell, evidently freed by the progress of her child and also of her encounters with me, even though sporadic.

At the end of the first year of analysis, Sergio's speech was more comprehensible. At present he is in his third year of primary school and he seems to show an adequate learning process.

For the last year he has been coming to therapy three times a week rather than four, due to his father's decision.

One day, about a month ago, Sergio noticed some fairy tales in a cabinet in my studio. He didn't touch any of them but I saw interest in his eyes (or maybe it was due to counter-transference) so I decided to introduce him to one of those fairy tales, taking it out of the cabinet non-chalantly.

His first reaction was one of avoidance, even of refusal: he threw it under the table, pointing it out to me.

Slowly he started to listen to what had happened to Mowgli, when he had got lost and had also lost his mother; it was then that Sergio seemed to be interpreting his own fear.

It was a situation which mirrored his own: he had got lost and someone had helped him, he had then succeeded in finding his mother and so had his mother.

A different book was then introduced. Once again he performed the same initial reaction(one of avoidance) but this time, having already traced the path, Sergio tried to emancipate from his analyst by taking control of the situation. In fact he started to tell the story of Mowgli to his soft toy called Massimo, which appeared some time before almost as a transitional object. Naturally I was amazed at this: he was reading and then he explained what he had read, he sometimes asked for my support by asking questions like these : - Mirella, among these characters, who is Mother Wolf? – Is Mother Wolf going to find him? – Where has she been?

What surprised me even more was the structure of his language: before then he had never spoken in such an articulate and fluent way, and the tone of his voice sounded so delicate that I associated it with freshly blossomed flowers.

Of course, Sergio's progress could not only be attributed to the use of the books but mostly to the four years of constant therapy even though it was on that occasion that he started to experience pleasure.

During that session Sergio looked very proud of himself.

After the session, in the corridor, Sergio met a younger child who had been waiting there with his father, in silence. Sergio , smiling and looking at him , said to him : “ hallo, little boy ”. I was speechless but what surprised me even more was to see that his mother was reading, she wasn't playing with her mobile nor chewing gum any longer. She looked different, she almost looked like Mowgli's mother who had got lost and who, for this reason, had lost her child.

The woman had gone through a change probably due to the fact that she had taken her son to therapy every day at the same time, had observed his relationship with the analyst, had constantly had short conversations with me and had listened to Sergio's reports on the sessions. Seeing her child's progress and feeling that the suffering around her had diminished and that she had attained more free time, made the mother experience lightness and lower her anxiety, consenting her a deeper sensitivity to the world and food for her spirit also thanks to reading.

In her speech, Adela Abella says that the main objective of psychoanalysis is to respect and promote the freedom and individuality of the patient to the extent that he will be able to discover and express his true self.

In fact Tonia Cancrini says : the analysis makes the child's ego grow stronger, it helps his development, it enlightens the excessive weight of his super-ego. All this favours the child's growth and gives him access to a new personal freedom and to the expression of his real self.(Abella). I believe that in this case also the mother' ego has become stronger.

I would also like to talk about another surprising episode which happened in the session of November 21st . On that day, Sergio took only two of his three little toy cars with him (which we had decided to name Monday, Tuesday and Wednesday) and after playing with them on the table, he put them, one by one, into the small Lego houses which he had built during the previous sessions.

At that point I asked him why he only had two cars with him :- What happened to Wednesday?. He answered :- He is not here, he is at Granma Virginia's. I asked again :- Is he still sleeping? What happened to him?-

He looked at me, he showed me the two cars and said :- Wednesday is alive, I am here.- I was very surprised. Then I told him he was right , Wednesday was not over yet, we were living it together. He looked very satisfied.

All this is to testify the importance of a continuous and constant relationship which can create a deep feeling of intimacy.

November 26, 2012

The Child in the Adult, the Archaic and the Infantile

Sarantis Thanopulos

Marta Badoni wrote that she does not like hearing people talk about the "child in the adult" because she cannot imagine the human being as a matryoshka where the adult contains the adolescent, the adolescent contains the baby, and the baby contains a foetus. The image is in effect claustrophobic, and I agree with Marta's refusal, but I do ask myself why we use it.

The "child in the adult" is not a rigorous expression, and I do not think that Balint by using it intended it as such, and although it certainly is worn-out, it does have its own force of clarity. It clarifies that childhood occurs in adult patients not only regressively (repeating defensive strategies) but also (and this is the important part) as an inadequately expressed part of their way of being which is trying to express itself.

The words we use can sometimes be interchangeable on the condition that we know exactly what we are talking about. When using infantile (childish) or archaic instead of "child in the adult", nothing changes except, perhaps, the fact that the stakes are immediately less understandable (the non-defensive behavior of childhood in the adult life). I will take the opportunity to propose a question: what do we mean with archaic and how different is it from infantile? If by "archaic" we mean what precedes language based on words, then would the archaic not be a part of childhood (very early childhood)? Would it not be, as it were, an original phase of the infantile? And if it is not, what are we talking about?

The multitemporality of the psychic structure (which is an expression coined by Matte Blanco) is the simultaneous presence of all life's stages in our psychism; so, not only the child and the adolescent are permanent areas of our knowledge but also narcissistic or hysterical identification, introjective and projective mechanisms, the transitional area, the depressive position, the PD-S oscillation etc.. Freud configured the multitemporality in terms of a coexistence of different ages,

not Chinese boxes or Russian matryoshka dolls - structures that contain other structures. In his view, the psychic structure would be like an imaginary Rome where all the different historical ages co-exist with each other. Personally, I like to put the permanence of childhood in the adult's psychic world by using the roots of a tree as a metaphor. The roots grow together with the tree, they nourish it and reassure it of its life.

In conclusion, I would like to refer to a clinical example, which, perhaps, will make my thinking a bit more clearer.

One day, a psychotic patient of mine who has a university degree but is unemployed, said: "I'm looking for a job, but I want to stay close to my mother, telling her that I'm her puppy, her little calf". "A calf?" I asked her. "Yes, I am a calf and my mother is a cow. To get milk. I tell her I want to suck her milk, as children do, and my mother tells me that I'm regressing. What do you think? I shouldn't say these things, should I?"

What was the patient talking about? I declined to answer her. I just told her, "Why do you want to get milk from your mother?" After a brief silence, she responded, "I want to suck emotions". In this perspective, her words assumed an evolutionary value in stark contrast to the apparently regressive request she made to her mother.

When a child is not able to speak (because he despairs of being heard), the adult in our patients (and we with him) - the one who should have the know-how - risks speaking about nothing (because he does not know anything about his own desires).

November 30, 2012

Further Points for Thought

Dina Vallino

Prompted by the suggestion of Francesco Carnaroli ("very interested in clinical and theoretical interventions relating to the specific situation of dual therapy, where the child is in the room with the therapist/analyst") and by Marco Mastella's detailed contribution, in which he sets out his view of clinical psychoanalysis, I would like to comment briefly on my own view of the connection between the work done with the parents and child in the preliminary stages of participate consultation the successive intensive psychotherapy and/or analysis of the child. In my previous contribution, I explained participate consultation, which is the method of consultation that, since the early 1980s, I have been developing and refining. In the ongoing debate, I have found myself in agreement with some colleagues. However, I nevertheless feel I should explain myself better. My proposal is that space should be given to the parents, together with the child, *first* during the preliminary consultation, and *second*, during the dual therapy.

A. My work as a child and adolescent psychoanalyst, dating back to the 1970s, and the numerous intensive analyses I have performed— I have written two books dealing with clinical cases, both intensive and non-intensive: *Raccontami una storia* (1998) and *Fare psicoanalisi con genitori e Bambini* (2009)— have given me a keen awareness of our changing times and of changing family dynamics. I wish to stress, in the light of this previous clinical experience, that dual therapy should always be carefully and painstakingly prepared and adapted to changing family cultures. It seems to me that the changes that have taken place since I began practicing participate consultation have made the approach even more useful and necessary. I refer to the appearance, within families, of a new level of complexity with which children have to reckon. We need only think of the different types of family that now exist: families with adopted children or foster children, single-parent families, families with divorced parents, extended families, families in which the children were conceived with the help of assisted reproduction, etc., not to mention the children of immigrant families and the many problems of adjustment, language and exclusion that they face. The modern family is very varied, and within it the elements of instability in the parent-child relationship seem

to be more frequent and more severe than in the past. I am thinking, for example, of the clinical support that is needed by the parents of adopted or foster children; of the sense of insecurity felt by the children of separated and divorced couples, who know that their parent have “lost” each other, and of these same children or adolescents who, no longer having one house to call home, always have to be ready, bag packed, to go to Mum’s or Dad’s. Misunderstanding, as a contributory cause of family distress, is a common problem in all today’s families. Even in more “traditional” families children can be stressed with demands and expectations that are sometimes incompatible with a child’s rhythms. Many of the children whom we see as patients are what we might define “little champions”, in other words, children whose week is crammed with commitments and who are striving to fulfill their parents’ expectations of them. Indeed, when these children are no longer able to meet these expectations because of the distress they are generating, they begin to display a range of symptoms, which differ according to their age and the nature of the “breakdown” in their unconscious identification with their parents. Paradoxically, if a child manages to express himself with a symptom that sufficiently alarms his parents, then, with the help of the analyst, family communication can actually be restored. Over the past decade I, and a team of colleagues involved in this clinical research, have identified several categories of children in whom prolonged participate consultation has been used with success. (Those interested may wish to consult issue n° 63 of “Quaderni di Psicoterapia infantile”, entitled *Famiglie*, where these experiences are reported).

B. I acknowledge the remarks of some colleagues who have pointed out that in a great many cases a child’s distress is directly linked to a crisis in his/her relationship with his/her parents.

Paola Orofino says that “the family is changing all the time, also in a positive and emancipatory way” and that it seems to her that “in some circles there is a greater awareness of the needs of the child and a greater capacity to love”; I entirely agree with this point of view, which does not does not conceal the situation of those “very strict parents”, whose way may prove to be difficult and lengthy. Paola Orofino underlines the severity of the trauma that parents themselves can cause their children. Carmelo Conforto speaks, in simple terms, of the “pain within the adult” of a child born preterm”: in his contribution, he illustrates the defences erected for survival and the price paid by the adult patient for the childhood situation his mother never recognised.

While participate consultation helps parents to understand the psychological complexity of their child, for us, as psychoanalysts, it is a means of giving them, repeatedly, the opportunity to suspend the misunderstanding stemming from their tendency, through pathological projective identification to attribute their children with their own will, intentions, desires and feelings. In short, there is one area of our work – consultation – that can usefully be modified, and our changing times indeed demand such a modification. It is, of course, never easy having parents in the consulting room with the child as it creates a great deal of anxiety. However, as many colleagues tell me, with adequate training, this problem can be overcome. Early precocious intervention can often stop and resolve a disorder that is otherwise destined to worsen. Certainly, in many cases, for this to happen the participate consultation needs to be prolonged (PCP), but the fact is that the time spent on years of 3- or 4-session cycles of psychoanalysis might more usefully be employed increasing the number of participate consultations, for the benefit of the child within his family. I am not saying that this new type of consultation, which gives parents a proper understanding of what intensive psychotherapy or support means, cannot, in any case, end with a programme of traditional (dual) psychoanalysis with the child. My proposal is one way, but there also exist others, similar and dissimilar to mine, like those of Marco Mastella, Giuliana Barbieri and Paola Orofino.

C. In the course of child psychoanalysis, programme must be made for meetings with the parents, alone or together with the child. These meetings may be scheduled or specially requested. Paola Marion correctly remarks that “a child’s family and environment influence his development, both healthy and pathological”, and that therefore “we cannot idealise the transformations that a child can achieve with the help of the analyst alone”.

At this point, it gives me pleasure to recall Thanopoulos’s considerations on the difference between child and adult analysis. He remarked that if we consider, from a language point of view, the

difference between analysis of childhood in adults and analysis of children themselves, the first thing we see is that in the first situation the child's language is overwritten by adult language and is therefore never "live"; in the second, on the other hand, the child's language arises in his immediacy, so to speak, "in action". In my view considerable importance should be attached to this difference, through which Thanopoulos highlights the particular skill required of the child analyst with regard to acting out, use of the imagination, and the use of play as a complex activity and of drawing for expressing mental "raffigurability" and, therefore, mental representations; all are activities in which our involvement can shed light on the relationship between the particular child and his/her mother and father. All these activities are forms of ACTION, and not just words, whose purpose is to intercept the child's pain, reduce his anxiety, modulate his anger (not always an expression of affective and/or painful impulses), and help him to disinhibit his creativity. In 2005 (The Unity of Analysis, features shared by the analysis of children and grown-ups, with a note on negative transference.) Antonino Ferro and Roberto Basile (in an exchange with Françoise Guignard) questioned the use of specific treatments for children, adolescents, the elderly etc., and the need to consider the different form and especially substance of child and adolescent analysis. "In the consulting room", they wrote, "the child employs games, drawings, and "action" (and the analyst becomes involved in all these). An adolescent does not normally play, draw, or move around the consulting room. This difference, however, is far from absolute."... "Certainly, adolescents do have a tendency to act out. However, there are also many children who do the same, and adult patients are often prone to evacuation as well." Games, drawing and actions lose their original significance with the growing emphasis acquired by verbal communication and enactment. "Acting out should be valued for its communicative aspect and should be seen as actions occurring in a dreamlike scene."

What I wish to underline is that even though the continuous oscillation between oneiric thought and waking dream thought introduces a fundamental connection between the world of childhood and the adult world, there nevertheless remains a fundamental difference between the training of adult analysts and child and adolescent analysts.

December 2, 2012

The child who can no longer be found in the adult, and some reflections on training

Paola Orofino

I would just like to reflect briefly on two points. The first has to do with training, while the second offers some considerations on the difference between pathology in the child and pathology in the adult.

To my mind, an analyst dealing with child, teenage and adult patients should undergo "*specific training*". The ideal would be to have experience in the field also with children, as is required in relation to adult patients. In fact, an annual minimum of 160 hours of adult age psychiatric training is required to be carried out either in state facilities or private centers recognized by the National Training Institute. Only candidates already holding a psychotherapy diploma are exempt, due to the fact that they have previously gained clinical experience.

To improve one's skills in dealing with children one needs to have seen many, to have observed the mother-child relationship and the attachment that develops during the early stages, and to have had

access to the wealth of trans-generational experience which is a feature of the defensive behavior of the parents who are always with us in the surgery when we are in contact with a child. I am speaking here about the rekindling of the unconscious conflict that occurs on becoming a parent (*Punitive Parenthood and Childhood Trauma* Harold P. Blum M. D CMP 2000) and the consequences which may reflect on the life of the child.

It is increasingly recognized and also reported in the literature by numerous authors (Kernberg) that the development of personality disorders in the adult is strictly connected with the various traumatic experiences lived through in childhood, and therefore it would be important for those dealing with children to receive specific orientation on the subject, including from the perspective of prevention. The question is: "What kind of adult will the child I see suffering today turn out to be? What type of functioning can be structured?" In this respect, I found the detailed analysis reported by the childhood trauma expert, Luigi Cancrini, in his book *La Cura delle Infanzie Infelici*. (Raffaello Cortina Editore) to be of great interest.

Psychotic adults are not at all similar to psychotic children, just as it is at times difficult to find the child in severe adult patients undergoing analysis; we may find a trace of them in transference/countertransference, we may understand it from their ability to create a good analytical relationship or their ability to think, to symbolize, etc., yet at times we find ourselves standing before psychic cities demolished by earthquakes, or which have never arisen.

We find ourselves addressing the inability to distinguish the Self Object from the Other and so we may be satisfied when in a session with an adult patient something such as Bollas describes occurs "... the psychoanalyst and his patient (referring to an adult patient) composed a story for the trauma like a fable which helps the child to find a place for unmentionable anxieties" Bollas (*Oggetto e Altro* CMP 2001).

December 4, 2012

Please don't talk! Let's make everything dark!

Lidia Leonelli Langer

I have been following this debate with great interest, and I would like to thank the numerous colleagues who have helped animate and participate in it. I would also like to share with them some thoughts originating from the dialogue created with their contributions and from the analytical relationship with children, of which I have experienced and lived directly what I thought I had, in theory, already learned.

It seems to me that children in analysis teach me (with a lot of patience) many things, asking me in return to trust them, commit and let them guide me while being totally with them in the here and now of our session, forgetting everything even what I already know about them, their family, and problems. This situation is a bit paradoxical and becomes a challenge. Because children know that parents, both at the beginning and during the on-going therapy, speak to me and tell me about them; they know that their teachers sometimes call me and that the neuropsychiatrist tells me many things. In some particularly difficult and complicated cases, which are followed and discussed in the "facilitated psychoanalysis" group at the Psychoanalysis Center of Milan, the children know that there is a network of people working together, a useful and necessary tool, that can be by their side with them. Nothing that has to do with them is hidden. Sometimes, although quite rarely, they spontaneously mention it, sometimes they agree to talk about it, but they often seem to ask me to do "as if nothing were going on or happening." This has sometimes worried me, and it has always

made me question myself. Then, slowly, some children helped me to face this issue within myself and, thus, with them.

"Please, don't talk!" Teo said one day, with a heartfelt tone in his voice, addressing me and his mother in an almost pleading way. As it sometimes happened when his mother accompanied him, today, his mother, while she was saying goodbye to me, told me something very briefly. Teo seemed to be in a hurry to start the session: this is what I tried to communicate to both of them as I said goodbye to his mother.

But this thing hit me. Teo did not usually talk about what happened at home, at school or on holiday, and I assumed that he would not even do it that time. And in fact he did not. During that period, he usually ran and jumped on the couch and pretended to be asleep. He acted like he was turning off the light, he told me to put my head on the table and to close my eyes. Then, he would suddenly wake me up with a scream, and laugh happily at my scared reaction. We played this game and interpreted it in many ways. Today, it took on a new meaning for us.

It seemed to me that Teo was telling me, "Let's make everything dark, fall asleep and then wake up. I'm here, are you afraid of me?" Many times, especially at the beginning, I was scared of not understanding enough. I had been told so many things about him, things that I did not find in the sessions. I saw only a child who was looking at me, and I said to myself: trust him, be here with him.

Now it is him, who by saying "Please don't talk!" and then obscuring everything, seems to want to tell me "We are here, together, and it does not matter where I was or what I did before: now, let's see what happens between us."

Differently, Lucio, for a long time, was seated on the floor at my feet, turning his back in silence. He quickly looked in the box for Lego pieces to build something. I heard the sound of the Legos but I did not see his expression and what he was building. I was there, a little lonely, thinking about him, trying to understand. I made a few comments. I knew he was a brilliant child and a great speaker. I could hear him chatting animatedly with his mother coming up the stairs. The parents, who at that time I had already met a few times, had told me things about him that I did not see in the sessions. He was another child with me. Who should I have believed? My analytical experience with adults helped me. I had to believe what happened there between us. I did not see him and he was silent. I respected his silence, his way of not looking at me and his desire not to be looked at. I erased what I had been told about him. I thought and searched just between us and inside me. Then it seemed to me to be the time to say something: "You know, I can only know what you want me to know about you. When you are silent or when you are absorbed in building, I don't know what you are thinking, I don't understand. "

"If my mom tells you things about me, you already know everything."

I did not expect that answer. "But your mom cannot know everything about you!" Lucio needed to know that he could put a limit to what others knew about him, and that he could, if he wanted to, not be known and not be understood. Only on this condition could it make sense talking to each other, during the session.

Slowly, over the days that followed, he turned towards me and talked to me about what he knew and I didn't. I discovered an absolutely new child, different from his parents' descriptions. And again, it was a great help to me the fact that I am also an adult analyst. Lucio, from then on, did not allow his parents, who accompanied him, to even be in the lobby of my study, always closing the door quickly. He asked me to be alone with him, to believe what was happening between us, leaving everything else outside the door.

"Not knowing" and not understanding seem to be absolutely useful and necessary, as Bion taught us, also in child analysis. However, with children, because of their close dependence on parents and on their narratives, the analyst is required, more than with adults patients, to do an active work of

"removal of knowledge", which, according to Lucio Russo (1995)*, makes unknown what risks to be too well known. It is necessary a removal of knowledge in consideration of their past history, of their daily present, and even their future. It is necessary also to forget our developmental theories. It is necessary to make everything dark and to allow the new to take shape and come to light. And this, in my opinion, is one of the greatest challenges of child psychoanalysis: to be able to work with parents, relatives and other involved adults who act as reference points for the children and ... to be able to forget everything ... Learning and knowing inside and out the developmental theories ... and not use them

Is it necessary to stay in the here and now of the analysis room, alone with the child, in order to accept what unknown and new emerges from the darkness.

* Lucio Russo. Riflessioni intorno ad un'esperienza di formazione. *Rivista di Psicoanalisi* 1995,4 (Reflections about a training experience)

December 9, 2012

Infant and Young Child Observation

Barbara Cupello Castagna

I would like to thank the curators of the SPIweb debate on "The numerous aspects of child psychoanalysis", Francesco Carnaroli and Marco Mastella, who both gave us a possibility to think about a subject such as the psychoanalytic treatment of children that is so delicate and at the same time so complex. In light of the many comments and solicitations the debate raised about child psychoanalysis with numerous and interesting contributions, I would like to try to compare Dina Vallino's paper, which proposes participatory consultation as a useful and necessary tool in psychoanalytic treatment, which is the sign of a passage from the intrapsychic to the interpsychic, to the interventions by Tonia Cancrini who in her comments highlighted the need for offering a psychoanalytic setting to the child in order to have "a deep and direct contact with the unconscious, with the most primitive levels and with deep anxieties". They both made me think back to my training as a child psychoanalyst, reminding me of the rich experience of Infant Observation, with patients from zero to two years old, and the Young Child Observation, with patients from two to four years old. Over time, it seems as if training schools for child psychoanalysts have stopped offering the chance to observe older children, leaving space only for infants and their intense relationship with their mother starting from the time of birth. The main difference between the two observation experiences is that Infant Observation focuses on the earliest childhood mental structures while capturing the characteristics of parental care, whereas in Child Observation one can explore the development of language and symbolic play and the different qualities of the established emotional bonds. The child is also observed in extra-familiar environments where he can have interactions both with other children and with adults in institutional contexts (nursery schools, kindergartens, etc.). In Infant Observation, the areas mostly concentrated on are holding and the maternal rêverie that enable the child to receive the confirmations required for a more solid integration. Moreover, the maternal α function gives the baby a stable setting for his psychological development. In addition, in Infant Observation the young baby is given back "the meaning of fully being a person, one with affectivity and thoughts, while considering the specific and unique mental development of that person" (Vallino, Funzioni dell'Osservatore, in D. Vallino, M. Macciò, *Essere neonati (Being Newborns)*, Borla, Roma, 2006, p.232).

I think that Infant Observation gave a push towards the interpsychic, the delicate relationships between newborns, their mothers and their familiar environments, while Child Observation is much closer to the intrapsychic, highlighting the potentiality and richness of the child's inner world and ability to relate to others and the environment that surrounds him. I think that in the experience of observing an older child, the intrapsychic of the child and his mental and emotional potential can be understood. Moreover, these children are precisely those I most often find in my clinical practice. In my experience as a child psychoanalyst, when I meet children this age, i.e. from 3-4 years and older, I discover a rich fantasy world in them where the most violent emotions dominate like violent hurricanes. By offering them a psychoanalytic setting, I allow them to experience a welcoming space where they can manifest their lived experiences and have the possibility to live a new experience where there is a mind, the analyst's one, which is capable of accommodating their psychic pain. Psychoanalytic treatment in such young children allows us to gauge not only how much children can be helped through personal analysis, but also how they can return to a new emotional life through it. In this vein, I would like to talk about a brief observation which was done in the scope of Young Child Observation, with a child who was two years and seven months old. The observation took place in a courtyard near the family house where the child was with his father at the time of my arrival. The mother had remained at home as she was in the last month of a new pregnancy.

“When I arrived I found the father and the child in the yard. The child was riding a bicycle across the back yard, where some older children were playing. The child did not move away but remained close to the father and the other children. After a while, the child left his bicycle and asked the father if he wanted to play ball with him. They began to play when, all of a sudden, the child was attracted by some small holes in a wall. With an extremely serious expression, he carefully looked at the small holes: he put both index fingers into the holes at the same time, then he pulled them out. He looked at his fingers and then he put them inside the holes another time. He seemed magically attracted by the holes and by the new game that he had started playing. Then he picked up the ball and moved over toward the back of the courtyard. In the middle of this courtyard, there was a manhole for the sewer. The child noticed little puddles of water in a groove in the manhole and he put his fingers in it. He splashed the water trying to make it fall out of the groove, while at the same time asking his father what lay beneath the iron square lid. While he was walking around the perimeter of the manhole, he saw that on the wall nearby there was a grating whose upper part was detached from the wall and was folded in on itself. At first the child put his hand through the grating, then he slowly put all of his arm. He asked his father again what was inside. The father answered that it was a house for mice, a place where they usually went to heat up when they were cold. However, the child was not satisfied by this answer and continued to ask a thousand questions about mice, the hole in the grating, and what the mice did when they were in there. The father answered trying to be as exhaustive as possible. Then the father moved a bit away from his son and opened the rolling shutter door to his garage to take out some wine to carry back home. The child came closer to his father and started again to fire questions: whose was the wine, whose was the garage, who owned the walls, etc.

As he had done earlier, the father tried to give plausible answers to the child, who, in turn, carefully listened. When the father was about to close the garage door, the child came out running, saying "otherwise I'll get locked in!". Then he thought about it a second and decided to go back inside, intending to stay there. So, the father very patiently had to explain to him that if he stayed there he would neither eat nor sleep because he did not have his bed and that it would be dark when the door was closed. Finally, the child convinced himself to come out, and all three of us went towards the entrance to the building. The hour of observation was about to end. While we were arriving to the front door of the house, the child noticed a van nearby in which boxes from a store were being loaded. The child got in front of the van and carefully observed the movements of the workers who carried the boxes. Then, while the workers were in the store, the child moved slightly forward, sneaked a couple of glances inside the van and asked his father if he could get in. Obviously, his

father said he could not, explaining that those people were working and that he could not disturb them. So the child picked up his bicycle again and went close to mine, which I had left chained near the front door of the building. The child got off from his bike and carefully observed mine, he wanted to get on the seat, and more than once he questioned me about the use of the chain. While the father was talking to a man he knew, the child, getting behind him, started to push him and then pull his hands. He also gave him a few slaps on his bottom. He seemed quite irritated by his father's behavior and wanted at all costs to demand his attention. Finally, he managed to get his attention and go inside the house with him."

I think that this observation explains very well the mental and emotional potential of a child, even though he is so young. The child seems to wonder about what is inside his mother's belly by exploring all the holes that he meets in the courtyard wondering what there might be inside. The child shows a remarkable capacity to work on his anxieties and the possibility to process his feelings. At a time when his mother is expecting another child feeling that his space with her will be occupied by a newborn, the child feels he can turn to his father as someone he can count on. In an effort to understand how it is possible that there is a baby in his mother's belly, the child manifests feelings associated with his mother's body, both outside and inside. The father seems to leave the child enough space to be able to react and also experience his own curiosity and feelings. The father seems to be in contact with the child and with his fantasies, and so even with his smaller parts. The father recognizes in the child, on a deeper level, his anxieties and concerns, perhaps because he is more in touch with his own smaller parts, and he is able to understand and contain his child in this delicate moment of his life by offering him a sufficient mental space and, at the same time, the chance to develop his capacities. I think that this is the task of the psychoanalyst who, with his/her ability to use *rêverie*, makes an inside setting available to the patient. That is to say the analyst gives his/her emotional availability and mental receptiveness to take on the painful experiences of the patient.

December 10, 2012

Present perspectives in the analysis of children. The position of analysts of children in today's clinic. When the children analyst changes his place.

Ana Kaplan

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This title, *Present perspectives of the psychoanalysis of children*, invites us to further theoretical and clinical speculations.

The concept has a certain history in psychoanalysis.

In the first volume of IJP 1920, an editorial that might have been written by Freud (Freud ?, 1920) himself although not signed by him, worrying about his concerns on the publication while confronting two different manifestations of the same danger: the open opposition and the wild analysis considered by that editorial as belonging to the same trend.

The meaning of wild analysis was different than today's, conceived as a defensive theory of psychoanalysis especially in the USA, accepting new ideas, as stated by the editorial, when using catchwords, set phrases, maxims, including the way in which catchwords affect thinking with its unpleasant sounds and its ability to shorten and interfere with thinking.

The editorial emphasized the insidiousness of the seducing power of these slogans, appearing very attractive to them: the readjustment of perspectives or new perspectives or updated perspectives of psychoanalysis.

When referring to the word *updated* this could imply *when we had a different perspective*.

We would have then to clarify what we meant with the word *perspectives*

and we may have to emphasize whether we referred to the patient child or the therapist, so that we may continue with our psychoanalysis. We know that this is a matter of the relation among the two, according to which our attention should be directed to both. To which aspects? Theoretical, clinical or social?

We intend now to discuss among us the present perspectives, which I consider to be one of the functions of this meeting as new developments within the psychoanalytical science, starting with *Little Hans*, may become the main reason for publishing the present investigation.

As stated by Berenstein and Grinfeld (2005), we consider that the new social structures tend to configure a new psychoanalytical culture within the present scientific paradigms.

The effect of postmodernism in immediacy with its unrestricted narcissism playing an outstanding role in the tyranny of the instantaneous, do not appear to coincide with psychoanalysis in the search of truths, although it does have much to say that far. This is imposing to us to perform some changes in our clinical practice. But what changes in order to follow our doctrine?

Changes in setting.

I agree with Bleger (1967) when he considers setting as an institution that had to be modified within the changing society, including for instance the number of sessions, the cell phone used in the middle of a session, the familiar treatment in Argentina only in very limited occasions, but always in a symmetrical way, and some problems of setting that may be analyzed without influencing upon the structure and objectives of the psychoanalysis.

“Present perspectives of the psychoanalysis of children”

Is there a perspective nowadays that may be different with a temporal connotation? Within the minds of the analyst, of the child or both? The word *temporal* refers to former clinical practices or to the age of the patient?

If age makes us think from a different Freudian metapsychology, this concept bring us back to the history of the child/adolescent in Universal History and in the History of Psychoanalysis. The place of the child was not made clear to us. One of the problems arise in considering infancy/adolescence with a different physiological and biological criteria.

The history of psychoanalysis of children brought about substantial theoretical and clinical changes. Freud discovered the psychology of infancy, particularly the phases of sexuality, and the theory of repressed trauma from his observations in adult analysis. He attempted then at verifying his theories in children and asked his colleagues to observe their own children. The result was the history of *Little Hans* in which there was neither a psychoanalysis nor a psychoanalyst.

The publication of *Little Hans* brought about the confirmation of Freudian theories on the sexual development in infancy and his pessimism about working with children with a therapeutic purpose. This appeared to have dissuaded other analysts from doing so.

Although we may coincide with the various theories justifying this attitude, with which we may also agree, I believe that terror and turbulence in the Bionian sense facing that discovery was justified. It took fifteen years to verify the more recent theories on narcissism.

This created a trend to analyze children therapeutically more than from the standpoint of research. Obviously *Little Hans* did not serve as a technical means, for it was influenced by Freud's attitude to investigate as a father doctor without considering the concept of transference.

The interest in the subject was associated with teaching although in a more extensive way than today.

Hug-Hellmuth in 1921 considered its value in the education of children and tried to promote the psychoanalytical training of teachers.

Then Morgenstern in France, Anna Freud in Vienna and Melanie Klein in London created the basis of present psychoanalysis, each one with a different perspective. Morgenstern replaced free associations with the analysis of drawings, and their unconscious meaning and symbology.

Anna Freud made the first attempt at systematizing the analysis of children treating them with Freud's technique as used in adults. She resorted to the interpretation of dreams, daydreams and drawings, but she objected using play as an element in the analysis, limited only to a therapeutic function for she did not consider child analysis to be prophylactic, and created a new perspective making theory more complex.

Melanie Klein (1932) introduced child psychoanalysis using play in a ludic context while Winnicott revolutionized the psychoanalytical technique with his concept of space and transitional object, and introduced a new understanding of the edipic concept.

Arminda Aberasturi (1952), the creator of the Argentinean school, spread the psychoanalysis of children in Latin America and established a School for Parents.

A new perspective?

When we refer today to a clinical analyst we consider his elaborations of emotions with the dynamics of transference, countertransference.

The place of the analyst and the patient is played in that process: the place where the patient locates his analyst during transference, and the analyst's place in counter-transference. Both within the field of psychoanalysis playing a crossed projective identification.

Since Racker and Heimann, the concept of countertransference in the dynamics of treatment was considered in relation with transference.

Heimann (1950) assumes that "the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work".

Moreover we know that its elucidations are always partial for they are related to the possibility of fully attaining the unconscious. On the contrary, the absence of elucidation leads to acting-out, among them to the creation of *ad hoc* theories, that may change the site of the child analyst dealing, for instance, to a detachment/separation of the child from the family.

We do not discard at times this type of therapy. Heimann adds up that it is important for the analyst to discern in certain cases what in counter-transference is associated with the patient from what belongs to the analyst.

We treat patients with very primitive defenses, severely restrained and with reactions difficult to codify bringing up important technical problems as pointed out by Tustin, Houzel, Meltzer, Alvarez, Parada de Franch and others. The therapist has to make efforts for not to fall into despair losing vitality.

The dramatism of children analysis is prone to make the analyst bewildered what he listens from patients and what he listens from himself.

What he cannot perceive from his own unconscious problems promotes his anxiety and often assumes a position which should be not the analyst's.

A clinical example will provide a better understanding of the problem.

There is a play of multiple projective identifications between the analyst and the patient that may undraw the place of the analyst.

If he remains in a position that could allow him to think the counter-transference he may even regain his place providing he does not become omnipotent.

That is, he will be able to see and to listen to his patient as different from himself. From this understanding and acceptance we may integrate ethical criteria to the analysis. Is this also a new perspective?

Our work does not admit any other cooperation than the one afforded by the patient who, at the same time, remains the object of our work.

When the analytical situation originates anxiety not tolerated by the ego of the analyzed, we lose his cooperation, and he interferes with our work developing resistance that point to avoid our clarification trying to gratify himself with the failure of the analyst.

If he is not able to elaborate this situation he will suffer its consequences because his tool loses its ability and, according to Liberman, suffers a damage equivalent to castration. This often occurs when our problems “compel” us to invent theories in our daily clinical work. Every analyst is exposed to an intense emotional participation in the mind of the analyzed.

The sense of this fast and adjusted passage through some basic moments in the analysis of children is to understand how growing added to different transformations of the theory may deal to changes in the theory almost insensibly, giving rise to new perspectives in the international psychoanalytical community.

Are changes in culture unavoidably leading to variations in the theory and the metapsychology? When we started working, the problems detected by the parents, teachers or pediatricians had to do with deficiencies in schooling, narcissism or antisocial behaviors.

Asthma, epilepsy, eczema, aggressive and disruptive behavioral changes altering family order, like lies and fabrications, enuresis, encopresis, stuttering, etc.

Kleinian and postkleinian theories opened a field of possibilities in the treatment of disturbed children, showing phobias and severe obsessive neuroses, schizoid attitudes, autism, alterations of early development, etc.

May we think that each psychoanalytical theory gives rise to every new perspective? Are there different perspectives within the same theory?

If we consider the postkleinian developments, Bion for instance, has produced important changes in interpretation from an explanation of the unconscious to a more descriptive and closer attempt at understanding the interpreting work. In that case our preoccupation deals more with the counter-transference compromise.

Could we then think this development as a new perspective?

Nowadays we face a more permissive attitude of adolescents toward sex, addictions, and feeding disorders.

Early sexual abuse, as old as the human being, is often recognized as well as familiar mistreatment. Moreover, the institutional practice many times gets away from the psychoanalytical settings common in private practice, and prepaid groups impose a definite number of weekly sessions different from the patient's needs and the analyst's opinion.

We cannot avoid mentioning some new technologies distorting the objectives of treatment. All this changes the perspective of today's clinic?

Our subject may be discussed and negotiated, although we think that the new approaches in different or even within the same theory as well as the position of the analyst should not change when accepting the new perspectives. This would lead to think on a contemporary psychoanalysis integrating a collective approach that would avoid reductionism and confront decisively the different theories and intratheories.

I will now present a clinical case I treated in 1962, in which the clinical attitude may have not changed considering that my understanding and experience improved ever since.

Unseen difficulties, the product of counter-transference, crossed projective identifications or emotional situations on the part of the analyst as well as lack of experience and knowledge, may create defensive theories influencing upon the creation of a loser and discontinuous setting, and risking the analytical process.

I added up the new theoretical acquisitions afforded by the English School while still promoting frequent weekly sessions whenever possible. I also understand the importance of the concept of enactment in the analysis of children and adolescents because of preverbal communications.

Clinical case

April 1962.

Anita, 3 years, seven months.

The consultation was motivated by a compulsive masturbation of the clitoris starting 7 months previously, happening at night before sleep and leading to fainting.

Meaningful data: she was the only child of aging parents; the mother was 42, and the father 56. Both attended university, both were high ranked intellectuals. The father was fully involved in his career, the mother took care of her child almost exclusively.

Anita was born four years after marriage, she was quite wanted, and there were no problems in pregnancy and delivery.

Breast feeding was difficult for the mother's lack of milk, but it was soon solved with bottle feeding. There were no other problems besides the present symptom.

"She is a charming baby, nice, clever, well behaved, intelligent and active. Everybody loves her and she makes us very happy".

Data from the interrogation: they did not remember when breastfeeding was interrupted and if it caused any problems.

The symptom appeared around the second interruption of breastfeeding in the morning.

It took some time interrupting the night bottle appealing to Anita's *common sense*.

Important information concerning the parents: they were blond and very short, congenial and forthcoming. The father was quite alarmed, not so the mother, for he has a close relative who became psychotic from compulsive masturbation as they were told.

They were surprised because Anita did not have any previous symptoms.

They felt lost ignoring if I would be of any help after visiting many doctors who ordered electroencephalograms, x Rays, clinical analyses, etc.

Finally they were advised to get an appointment with a children psychoanalyst. They were now resigned and not very optimistic.

I had treated some other children but I worried none was as sick as I imagined Anita was. I was in my last year of seminaries and she had been referred by a head of service at the Children Hospital. In several occasions Anita was taken to the emergency room after fainting. I advised to have two or three diagnostic interviews.

I also advised the mother to bring the child to the consultation room and to act naturally avoiding play and conversation.

Both arrived on time. The child was blond like her parents with her hair somewhat redder than the mother's, Brown eyes like her, but definitely taller as to catch my attention.

I told Anita I was Doctor Kaplan and she said: *my mother told me you were not going to touch me, for I came here only for playing*.

She spoke as an adult without showing a child's accent.

She asked why the mother had a taller chair than our's. I remember I had not inquire from the parents the kind of toys she used to play with,

but on my small table I had prepared some small like Klein's, a few pieces of paper, pencils, scissors, marionettes as used in those days, a woman and a man, some glue, thread, small cups and a few pieces of chalk. I then asked whether she knew why she came, she blushed, she said yes, and I believe I also blushed and did not ask anymore. She felt uncomfortable, she moved on her chair, watched her mother, found the small cups, stared at them without touching, and she tried to recognize all the objects with her hands and called them by their names.

She asked her mother whether she may use the cups and the mother points out to me. She then asked me and I said *yes*. She got closer to the little sink, tried to turn on the tap and the very unexpected happened, the water was cut!

I thought of her breastfeeding but she calmly remarked:

they cut the water as they did at home. Common sense.

She then found the plasticola, the mother said *Do not open it!* and she started crying.

The mother waited a few seconds, she asked my permission for petting her, I agreed and she told her it was better that way because they had a party Afterwards and she risked to mess up her clothes. Again the common sense: Anita took back the plasticola she petted it as if it was her bottle recognizing an object absent to the lost tits?

She immediately closed her little eyes, she tumbled and fell off the chair.

The mother thought she had fainted and I did too, but Anita stood up and said she wanted to leave and I agreed in spite of the fact that the session had lasted only 35 minutes from the 50 assigned to the interview.

The anxiety made Anita to withdraw her cooperation. I then decided not to perform a second hour of play if the parents agreed with starting the treatment.

There was too much violence in the symptom by refusing the bottle when she was given a complete diet at eight months.

Comments.

The events at that hour of play apparently did not denounce the violent compulsive masturbation ending up in fainting. The child was quite adapted to her age, the mother had participated, she attended nursery school and she was used to the little chairs, the toys, the sink, etc.

I could see her over adapted at times, the common sense the parents enjoyed, she trusted them when they told her I was not going to torture her (touch?) and she entered trustfully the consultation room, she recurred to her defense mechanisms as she did at home, she interrupted the water supply as they did at school and perhaps also at home, she asked for permission to play with water, she became frustrated and she cried because she was not able to open the plasticola. But finally she broke emotionally and I did too. It seemed as if violence originated her frustration (which I could not understand until that time), and she falls or plunges trying to disappear, or sleep, faint, or masturbate not in a violent way when she tried to avoid that symptom, and she defended herself in a lighter way by falling down.

We both thought it was better for her to leave because I was not able to give her anything else.

I could not listen to my counter-transference and I remained attached to Anita's projective identification.

I believe Anita and her parents thought I could not help her, and I did not make an attempt to interpret them. Even though this was not my way in a diagnostic hour, my transient rigidity corresponded to having created a theory and listening to it instead of paying attention to my counter-transference. I wonder if I remained in the place of the analyst or if I was shocked or scared for my lack of experience and created a solid theory not to interpret during diagnostic hours.

I covered my mistake with a good theory. Why did I think I had to interpret?

Because the excessive anxiety originated by the analytic situation was not tolerated by Anita's ego and she refused to cooperate by leaving the room.

I decided not to have anymore interviews, not because I could not diagnose exactly what it was happening to Anita but, according to what I was able to understand at that moment, I faced an important frustration when she responded with a high level of anxiety or violence which made her disappear, faint or show she had fainted.

I understood she was in the need of finding answers and interpretations I thought inconvenient to provide them in that interview.

But why I postponed our meeting when Anita asked me to do so?

I think that in the play of projective identifications I could not understand and think on the counter-transference and I could only assume and feared its violence.

I told the parents I was able to treat her. They were anxious to know the cause of the compulsive masturbation.

I tried to be as clear as possible by affirming that it was only a symptom.

I planned a treatment with four weekly sessions. They discussed it thoroughly concluding that the case of Anita was very serious as it deserved such an intense treatment. I explained that frequency had to do with technical aspects of the treatment and they ended up accepting it.

In a subsequent interview, Anita's parents told me they had adopted her when she was three days old, and that they had not mention that before because it was better for her to ignore it.

She had sucked from her biological mother during those days.

The adopted mother was recommended to put her to her breasts for having milk but they said it was a disastrous experience for the baby for she cried several days before she was given a bottle and then she stopped crying.

All this I found out during her play and her attitude at the diagnostic hour.

December 10, 2012

The Infantile and the Elaboration of Dreams in Children

Elsa Schmid-Kitsikis

Each of us knows the lapses our patients make when they tell us about a movie rather than a dream. This position as an external viewer suggests a kind of diurnal reverie, which unfolds in the darkness of a movie theater. It foreshadows the nighttime dreams. But it also has to deal with the position of a viewer who is inside his nocturnal dreams which he then narrates during the daytime.

Dreams in children, which have not been treated as such from a metapsycological point of view, clearly deal with the problem of the infantile through the psychic status of the 'exterior/interior', illusions, images, the splitting, and bonds with creativity.

This problem suggests, through the extraneousness the child feels when experiencing the imagined experiences from an evanescent dream, that one must consider the contribution of drive and thought, a contribution which organizes the child's imagination as fairytales, myths ... and movie productions.¹⁵

The importance of the drive's movement has to be highlighted. It marks the psychic conflict, the searching for a symbolic outcome which is the boundary between the inner and outer world. It also participates in introjective movements.

Within the framework of the debate that interests us, which regards the elaboration of dreams in children, it may be interesting to take a closer look at the dynamics of the inside/outside, the glances, and more specifically, the psychic space the eyes fill, as well as the theme of *The Uncanny*.

When you ask a child, outside of the psychoanalytic context¹⁶, what a dream is, their answers are amazing: *dreams – they tell us - come from the head and the voice; it is the night that makes you dream; the dream is in the room in front of your eyes; the dream comes at night and speaks to us in our ears; you dream with your eyes, as if you were outside looking into them. It is neither in nor out. It is in our eyes; the image is in our head but it is believed to be in front of us.*

Some of these thoughts expressed are similar to those described by Aristotle in his *Problema XXX*, when he noted:

the dream comes when you fall asleep after thinking and having something under the eyes: it is for this reason, especially, that we see in dreams the things that we do, what we will do, or what we want to do. It is to this what reasoning and images are most frequently applied to (...) the arrangement of the body plays a primordial role in the production of images during a dream.

The elaborations, among others, of Bion, Winnicott, Diatkine, Meltzer and their successors, opened the way for new conceptualizations which are in line with the productions that solicit and mobilize

¹⁵ Pollack J.C. *L'obscur objet du cinéma. Réflexions d'un psychanalyste cinéophile*. Ed. Campagne Première, 2009

¹⁶ See J. Piaget's work.

the child's unconscious and preconscious representations, particularly, those that suggest the place occupied by the subject in front of his psychic functioning, of the analysis of his lived experiences, and of the ideas that the child himself has about them.

Children's comments about the role the eyes have in dreams are interesting as evidence of the *uncanny feeling both strange and familiar*, which is imposed on them.

The Uncanny, Freud wrote - "would be a sort of scary thing which is connected with things one has known for a long time, *and which all along have been familiar*." The uncanny occurs in a child when, looking inside himself, he believes he is able to grasp the conflictual relationship that dreams and eyes maintain. This is the case when he says for example that: *the dream is in front of his eyes, that he dreams with the eyes, that the dream is in his eyes, that he is the dream, but it is especially his eyes which have remained inside to see*.

This makes one think about the fear Freud pointed out in his essay, *The Uncanny*, "injuring one's eyes or losing one's sight is a terrible infantile fear" – he wrote – the one which refers to the fear of castration, which was the punishment inflicted on himself by Oedipus, the mythical criminal who blinded himself. So, there is - Freud noted - "a substitute relationship which is manifested in dreams, ghosts and legends" which is a traumatic relationship between the eyes and the threat of castration.

These considerations make us wonder:

Does the small child live his dream as a thought, and his thought as a dream which would be situated in his *head and voice*?

Little Hans put us in front of a dilemma. Freud talks about a *dream* when Hans "imagines" speaking with his children as if they were present, saying, "my children, Bertha and Olga, were also brought by the stork.". Freud talks about a *thought* or a *belief* when Hans says, "You know, last night I thought"; he talks about *fantasy* when Hans, speaking about the crumpled giraffe, says he was persuaded that it was a real incident.

Do we have to consider the thought of a child as belief, imagination, fantasy or dream? In a child, is the dream a belief, an imagination, a fantasy, or a thought?

Does this mean that the dream only progressively acquires the status of an internal object? That the child is not able to differentiate what he thinks from what he dreams? That he lives the dream as a bizarre object (Bion) of an indeterminate internal consistency, which can then sometimes become a threat?

The dream in the child is a *drivel thought* and the thought is a *drivel dream*, in the sense that both of them become magical conviction of images, fantasies, and hallucinations. This occurs while revealing the imprecision of a lived experience, whose functions of judgment, as defined by Freud (judgment of attribution, of existence and causality), are muddled up, as if there were no difference between receiving a perception and registering a corresponding representation, between a mnemonic image of an actual thing and a mnemonic trace of a remodeled thing which is derived from the first.

I think of those children whose games and play during the analytical sessions are about pirates or vampires, witches, and stepmothers. The games seem to foreshadow the exchanges with the analyst, which, as a general rule are quite brief. These games happen when the child feels the need to assert, "I have nothing more to say." But they can sometimes be replaced by "I had a dream", or another input that can sometimes be associated with a drawing, which makes the dream/nightmare emerge (this is an often present alliance in children, where the playing tends to dominate the dream like the characters who seem to come to life from the drawings). The dream/nightmare can emerge continuously with scenes of invaders and evil geniuses, as if the boundary between internal and external has remained confused. This reminds me of a scene from a movie I saw a long time ago, probably of which my memory is a bit off. It was a movie by Kurosawa called "Dreams." Soldiers, who are dressed in black with white around their eyes - only after it will be understood that they died during the battle – come out from a tunnel together with their captain who is extremely afraid because he feels responsible for their massacre. These soldiers are like ghosts, the ones Freud said

to be "nocturnal visitors who come to watch the child"¹⁷, like the ghost who, according to G. Diatkine in his 1984 book named *Ghost Hunters*, "is characterized by a particular treatment of the verbal material that shows not quite the return of the repressed, but the repositioning" of a crypt (Abraham and Torok) due to an incorporation in which the dried walls of the psychic apparatus are built with the help of drives, aggressiveness in particular, which were not introjected".¹⁸

The disturbing familiarity caused by a ghost leads the child to evoke a recurring nightmare from when he was younger. The child may then attempt to make a connection with what scares him, the witches and vampires, which at the same time also appear in his dreams. This is where the dilemma originates. Is the child more protected outside or inside? They can also arrive to the idea that dreams are strange. This formulation makes me wonder because of its ambiguity. The child finds the fact of dreaming strange and/or what he dreamed about strange. This is difficult to answer, although, from my clinical experience with children, unlike adult patients who sometimes find what is contained in their dreams strange (they say, "I wonder why I dreamed that!"), the fact of dreaming seems to be, in and of itself, an unexpected, disturbing and extraneous activity.

It seems to me, therefore, that the representative status of dreams in children is adorned by *the uncanny*. It affects the infighting of the transferal inside/outside lived experience. This *disturbing extraneousness (the uncanny)* is the basis of the *animistic relationship* with the object, the same one that articulates itself with infantile sexual theories.

The child seems to have a sort of perplexity towards psychic activities which are lived by him as strange, and while they are imposed on him, they also tend to escape him. Freud mentioned situations in which children doubted knowing if a person or a thing were animated or not animated by life, such as wax figures, talking dolls or robots, when he compared these impressions with those caused by epileptic seizures or by madness. Freud also noted the obsessive mechanism, the superstitious beliefs, fairytales, children's games and the collection of situations that allow us to get to the interest of the issue, suggesting the place in the body and its movement, the place of dreams and nightmares, the place of the traumatic childhood complexes, and the question of the double.

One of the peculiarities of the dream state process in children, as well as in adolescents, is the place occupied by nightmares, which, according to E. Jones,¹⁹ manifests itself through anguish lived as torture, an impression of imprisonment that resembles a pain and an inability to act. This is how one of the meanings, as suggested by Freud, connects trauma and dream life.

The fear of losing one's eyes is suggested through the "The Sandman" fairytale (the Sandman seizes the children's eyes) and it is put in connection with the death of the father, as well as the idea of the double, which he relates to the splitting of the ego, its decoupling and substitution.

The uncanny, which solicits the animism and omnipotence of thoughts, is obtained by a regression of the Ego's movement, while, at the same time, the repetition with the return of the identical is set in motion, a repetition whose non-intentional factor, impresses, according to Freud, the seal of a disturbing alienation on something that would otherwise be anodyne, and it imposes the idea of an inevitable fatality, where, without this construction, we would have talked about fate.²⁰ Following his observations, Freud added it is indubitable that, under certain conditions and combined with precise circumstances, the repetition factor causes a sentiment which reminds one of the anguish present in many dreams.²¹

The variability of Freud's points of view on nightmares, his hypotheses regarding the function of dreams, sleep guardians and realization (or the attempt to) of desire, seem to give them the role of something which contradicts, at least on a manifest level. This variability makes us think, in light of

¹⁷ *Les premiers psychanalystes. Minutes de la Société psychanalytique de Vienne, Séance du 17.04.1907, p.191-192.*

¹⁸ G. Diatkine " Chasseurs de fantômes. Inhibition intellectuelle, problèmes d'équipe et secret de famille » *La psychiatrie de l'enfant, 1, 1984, p.227-230.*

¹⁹ Jones E. (1931), *Le cauchemar*, Paris Payot, 1973

²⁰ L'inquiétante étrangeté p. 240

²¹ Opus. Cit. p.239

recent works on traumatic dreams, that the nightmare exactly represents the failure of integration of excitement in a *hallucinatory process*, because it makes us use a repetitive operation and a *visual image*, which Freud, in his book *The Interpretation of Dreams*, put at the extreme perceptual pole end of the psychic apparatus, at the level of sensory stimuli.

This position was to be re-examined by Freud in connection with his theory of regression, which nowadays finds a peculiar echo in clinical practice considering the importance that this concept gives to the position of regressive "reverie" of both the analyst and the patient, underlining the fact that the notion of imagery cannot be conceived of other than as part of a process of regression. Regression was discovered by Freud when in a dream the representation comes back to the sensory image from which it was released before. (.....) if we consider the dream as a regression within the psychic apparatus, as we imagine it, we could understand (.....)- Freud wrote - that any process of relation in the thoughts of dreams is lost during the work of the dream." Therefore, in the regression they are deprived of their expression, which means that what remains are only the images of perception. *The unification of the dream thoughts is decomposed during regression and brought back to its raw material.*

Having said that, the result is that this review of Freudian thought in connection with regression theory should be thought of as a function of the infantile psychic reality of our young patients. Can the idea be advanced that at the time of this process, the sensorial center of the "perceptual end" of the psychic apparatus is more quickly and more easily accessible for them?

The image is not instantly built, but it is composed, as Freud suggests in *Moses and Monotheism*, of impressions received in a period of childhood, where, for what we believe, the psychic apparatus of the child is not ready to accept them yet.

In the same comparison, I'd like to mention, among others, some current works on dream activity in children, for example those of François Kamel or Thomas Ogden (L'Année psychanalytique internationale, 2005), who consider a nightmare as a true dream. A child, Ogden noted, upon awakening from a nightmare, "is capable of recognizing the person who comforts him." It is a dream "in which emotional pain is subjectified (...) by a psychic unconscious work that generates a psychic belief," as opposed to nocturnal terror which is not a dream, "no dream thought is generated; no psychic work is achieved; nothing changes after the psychic occurrence."

This extreme position which overthrows the understanding that we have of the psychic reality of nightmares, poses some questions. It seems to down play the idea of discontinuity in the work of the dream, as if the dream does not suffer any break, no forced entries, and as if nightmares maintained themselves inside the same limits and psychic pathways as dreams. This is the problem of the dream state in the child, of its specific permeability in front of the eruption of anguish that renders the delimitation of spaces inside and out difficult, and I believe it is important to be discussed. It makes me associate it with the 3-D movies where the limits of the screen are modified. I do not claim to have sufficiently reflected on this possibility, but small children, and I have observed many of them, seem to live this three-dimensionality as an intrusion which puts in doubt their position as spectators who introject a story that was narrated to them from a movie.

A few more concluding words to get back in contact with dreams:

" Looking from outside into an open window one never sees as much as when one looks through a closed window. There is nothing more profound, more mysterious, more pregnant, more insidious, more dazzling than a window lighted by a single candle.

What one can see out in the sunlight is always less interesting than what goes on behind a windowpane. In that black or luminous square life lives, life dreams, life suffers."

*Les fenêtres (Windows)
Le spleen de Paris (Paris Spleen)
Charles Baudelaire*

Translation from French to Italian: Paola Catarci
 Translation from Italian to English: J. Mayo

December 12, 2012

Some comments on the works by Dina Vallino and Barbara Piovano.

María Mabel Levi
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I'm very pleased to participate in this debate on Child Psychoanalysis proposed by the Società Psicoanalítica Italiana.

My commentary will be based on two of the papers we have read: Dina Vallino's and Barbara Piovano's. I need to clarify that although I am not a specialised child psychoanalyst, my experience in treating children psychoanalytically is quite considerable.

It is still a debateable issue whether the parents should be included in the child's psychoanalytical treatment or not. From the beginning of Psychoanalysis this has been a motive of discussions among analysts, as well as the question about whether it was possible or not to psychoanalyse a child.

Nowadays, new variables derived from social changes affecting the family have become part of our discussions, as well as a whole new way to debate basically made possible by the introduction of new technologies. Online discussions narrow our distances and help us save more time, thus enabling us to enrich easily and constantly from a fluent interchange. As analysts, we keep thinking and contributing with new ideas while trying to understand what the role played by the parents within their child's analytical process should be.

Considering a child dependency as a starting point, we cannot avoid turning to them nor taking into account their influence and the part they play in the causality of the disorders and symptoms exhibited by the child, for which they now consult us. This is why, the question today seems to be "how" we should include them, rather than whether we should include them or not. The answer to this question may vary according to the analyst and the case, bearing in mind the different stages of development of the child's psychic structure, the specific features of his or her family, and his or her specific problem.

Dina Vallino's Participative Consultation model encourages us to go beyond the intrapsychic, taking into account intersubjectivity and the effects of the parents' problems on the child's psyche. Barbara Piovano suggests turning the parents into our best colleagues by means of the Parallel Psychoanalyst or Psychotherapy model. Both models conceive parents as "resources rather than obstacles", even during the diagnostic process and during the child's psychoanalytical process as a whole as well.

However, in order to achieve this, we need to understand the mesh of intrapsychic conflicts in each of them and between them, intersubjectively, to determine their influence in assigning the child the role of instrument for their projections.

We should try to help the child to differentiate his or her desire from that of his parents. Our aim is also helping the parents to get involved in the hard task of revealing to themselves the meaning of their own unconscious contents and recognising their own participation in the determination of the infant's psychopathology. Initial interviews will be a valuable instrument for diagnosis, allowing us to get a clear view on the parents' history as a couple and on the child's history even before being conceived. Finally, observations derived from mother/child and father/child interviews, as well as play sessions for the child's diagnosis, accompanied by, (depending on the age), a few tests, will complete our examination.

Once we have analyzed our findings, we will be able to provide feedback and suggest the most suitable therapy. In this regard, we shall decide whether treatment is advisable, whether we will work only with the parents, or the child's treatment should be complemented with encounters with the parents, scheduled according to the specific needs arising from the case, and based on the analyst's criterion.

Working with the parents in a specific setting designed for them, will not only be important as a way to get them involved and actively engaged in the child's process, but also in order to "help them to support the treatment while being themselves contained as well".

I would now like to consider some of the concepts developed in the papers by Vallino and Piovano: the respect for the child's space and his/her own privacy; to care for the child as an objective; and the commitment required from the parents.

The Respect for the child's privacy might be considered in different ways: in terms of respect for the privacy of his/her physical space as a patient in the consulting room, or in terms of respect for his/her toys, drawings and materials, or even in terms of the analyst's and the parents' respect for the setting established.

Nonetheless, we may also interpret the "respect for the child's privacy" in terms of respect for his/her own thoughts and feelings, which belong to him/her, as well as respect for the meaning he/she assigns to his/her experiences and perceptions. The child needs to construct a private psychic space, alone with himself, free of adults' intrusiveness. Being allowed his/her privacy, shall be a condition for the child's autonomy.

Given the child's dependency, we know he/she shall be subject to the conflictive projections coming from adults. This highlights the importance of working with the parents in order to free the child from the assigned role of being "the" patient. However, working with the parents within the psychoanalytical process also implies "caring" for them. I personally believe it is as important to care for the child as it is to care for the parents who are responsible for the child in the end. When parents decide to consult an analyst, it is usually because they are in a limit situation which overwhelms them. Their conflicts, both intrapsychic and intersubjective, have gone beyond them and have started affecting the child.

At this point, they often feel they have failed, which makes them vulnerable. They feel as if they were “under the spotlight”. They could be judged, questioned. This is why I believe that caring for the parents should be our goal as much as caring for the child is, for it is the parents who will have to evolve in order to help their child with his/her own progress. Their *own* call for help (perhaps not fully aware of the fact it is their own and not just for the child) could be translated as “the need to be contained and holded” . Sometimes, this call can appear manifest as an attempt to delegate upon the analyst the parental function which they no longer feel confident to exert themselves. In other occasions there is a request for advice which they imagine that it followed strictly, and they receive orientation to “do things all right”, conflicts will disappear.

Naturally, there are also parents with whom it is almost impossible to work as they strongly resist treatment. There are also specific situations in which caring for the child has to be the only and most important objective, such as situations of physical violence or emotional and sexual abuse within the family. In such cases, it might be worth to reflect upon how to define “respect for the child's privacy”, bearing in mind that these are situations that imply a risk for the child's physical and psychic integrity, and which must be reported and require the intervention of other institutions. Each case in itself will face us with a different challenge.

As regards to the commitment required from the parents, I believe that it should not be taken for granted, not even when parents show they're willing to commit from the start. Their commitment must be sustained all along the entire process. In my opinion, psychoanalytical work with the parents, (helping them feel understood, contained and holded rather than judged) will, in my opinion, contribute to renewing and reassuring their first decision to commit. This decision had been made even before they knew what kind of transformations and changes the process they were about to embark themselves in could lead them to.

To conclude, I believe that a reassuring and comforting network of analysts and supervisors (or between analysts themselves), for example, by means of a debate as the one we are having now, which engages and enriches us, will result in enhanced reassurance for both parents and children, and will contribute to improving our clinical practice on the family field within child psychoanalysis.

December 20, 2012

Psycho Diagnosis Process: Marcos, a 9 year old child Marcos, 9 years old.

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INTRODUCTION

Summary of two interviews with parents

Marcos's parents, Enrique (58) and Maria (44) are concerned because he didn't want to go to school, he cried every morning and asked to get transferred to another school. They didn't

understand whether this was a manipulation from their son, and they didn't know what to do; they were looking for help to make a decision, and the school had suggested a consultation with a psychologist. This situation had started the previous year and it had gotten worse.

Marcos (9 years old) is their only child. They described him as a smart and sensitive child, that sometimes threw tantrums at home and gets bossy (tyrannical); they said he tried to manipulate them, acted out and at times would lie. At school thou he was very docile.

In his interaction with other kids they say that "if it's not his way then it isn't at all." He goes to play with the children in first grade; he says that the kids in third grade play games he doesn't like and he isn't a good doing it. If he's not the best he rather withdraws himself. Whenever he invites a kid home he has the same attitude; he doesn't like sharing his toys. The mother says she used to be the same.

He was afraid of the dark, of monsters. He's had nightmares since they returned to Argentina; sometimes he told them that in the nightmares he would fight with other kids. It distressed him a lot when his mother would get angry. During playtime hours I realized that when he went to the bathroom he was afraid of closing the door.

They had moved to Peru when Maria was pregnant because of the father's job. Marcos was born there. They lived in Peru, Bolivia and Chile. They returned to live in Buenos Aires, Argentina, in February 2007, because Marco's father had a severe transit accident. Marcos was 4 and half years old. His father had severe wounds that left significant consequences.

It was a wanted pregnancy; she had a caesarean; he weighted 3.600kg at birth. He was breastfed for the first month, then the mother had "mastitis" and stopped breastfeeding. Marcos used to cry a lot, he would wake up every two to three hours during the night; his parents describe that period as a traumatic year for them. They sent him to day care at 7 months of age, in Peru, when his mother decided to get back to work. He cried a lot, and in the end they took him off day care. His development of cognitive and motor skills was normal.

He suffers from bronchial spasms since he was two and half years old, his parents say it's because of the weather. He currently takes one puff a day preventively and doesn't suffer from "attacks".

He started kinder garden at three years of age in Chile, and he cried a lot once his mother would leave. He cried during the three years in kinder garden, although when he started kinder garden in Argentina he would say he missed a lot Chile, his kinder garden and the teachers. Over there the kinder garden had a farm with a vegetable garden and animals, the teachers' style was very affectionate, and groups were rather small.

They travelled a lot since he was born due to his father's job, and for this reason Marcos spent most of his free time with them; he would play alone by himself at the hotels in the different destinations. (In regard to potty training the paediatrician had told them to wait until they reached a location where they were going to stay over 4 months in a row, and then start potty training him). He was potty trained without trouble at three and half years old.

He's in fourth grade at a bilingual school since they returned to Argentina; never had trouble learning. He has several extracurricular activities which he enjoys.

During the initial interviews I noted that they didn't understand their son at all, and they described Marcos' anxiety situations without any emotional involvement. It was my impression that they were concerned about solving the problem of Marcos's opposition to go to school.

Enrique, the father (58) has two sons from his first marriage (29 and 23). He had a severe accident when Maria and Marcos were visiting in Buenos Aires, and has very noticeable sequels from it.

Maria, the mother (44), a professional with a doctorate in X, was always an excellent student. She started working a year and half ago. She had a younger sister that died very young after a very serious illness.

I believe the mother has little empathy towards a child's world; she is rather severe and tough. To my surprise she allows her husband to participate during the interviews. I think the father doesn't understand Marcos either, although he does make an effort to comprehend him and is more indulgent.

Brief summary of the family interview

I put Marcos' box in the adult consulting room, on the couch.

I tell them to do or say anything they want, so that I can understand how they are at home.

Immediately Marcos denounces his father, saying that when he gets home (from work) he becomes very upset (goes berserk) and yells non stop; to which the father responds telling him to recount me what he (Marcos) does when his father gets home. They start arguing and get caught up in reciprocal accusations.

The mother suggests that Marcos chose what game to play. He proposes to play a game he had brought with him and invites me to join. The game is everyone against everyone else; each player on his/her turn has to throw a token against the others' tokens. All the tokens that get hit by an opponent's token are out of the game, so fewer and fewer tokens remain. The player to run out of tokens first is the loser. During the game, whenever Marcos loses he either cheats openly or breaks the rules and his father reacts as if he was the same age as his son (in a very childish way). Essentially Marcos tries to defeat his father, although at times he also goes against his mother or me. Whenever Marcos cheats his father denounces/confronts him, he denies it, his father objects, and we go on playing. Soon after Marcos goes to the toilette and his father cheats in front of me and his wife. When Marcos returns he notices immediately, he gets angry and a bit later he gets furious with his father (and I think also with us). I describe the situation without taking sides, he continues yelling and his father keeps denying it. The interview is over, Marcos leaves furious and without saying good bye.

Both father and son had competed fiercely and had confronted with anger. The mother would try to bring order in a calm and clear way. During the interview I described some of these situations and also the emotional mood.

1° DIAGNOSTIC PLAY HOUR

Before coming into my office Marcos has to walk by the stairs of the building, right by the door. He gestures somewhat dramatically his fear to stairs. His father holds his hand reassuringly, and he comes in.

I greet him and introduce myself. We walk into my office, and I explain to him what this is going to consist of (I show him his play box, I explain he can do with it whatever he wants or he can ask me to, I tell him we are going to meet 3 to 4 times, that he can tell me whatever he wants).

He sits and stares at me a few seconds. He goes to take a notebook and a book from his backpack.

P__ I like drawing, do you want to see?

A__ OK

He shows me his drawing in his notebook. He shows me stickers with drawings of "monigotes". One of them has wings, I ask him what it is, and he says they are characters from a cartoon. He puts a Nintendo on the table.

P__ do you want me to show you?

A__ if you want to..., sure.

P__ do you know this Nintendo?

He shows me the Nintendo: there's a warrior, in another one there's a wizard (he tells me): the wizard has a deadly weapon, and there's a soldier goes behind him on a trail (on the opposite screen it shows the map). He says that on the top screen (pointing at the map) are the reds, that are evil, and he goes in that direction. He shows me a bit more and then goes to the restroom. I look at the book he left on the table for me to see. In the book it's written "I like good people. As a matter of fact I am one of the best people I know and I try to teach others to be better people". There are drawings in a comics style, one in each page, and the text is like handwritten. (it looks like self-help book but targeted to children. It is a different world than the Nintendo).

When he comes back from the bathroom he seats down, and looks at the play box.

A__ I think you want to look into the box and you don't dare.

P__ can I?

A__ Of course. It is for you.

He looks in and pulls out a string.

P__ I'm going to make a bracelet for you. I'm very creative. (he talks in a very low voice. Takes the colored glues) Can I?

I answer that he can.

He cuts the string and puts it on the note book. On top of it he puts colored glues in three colors and closes the note book.

P__ Now it has to dry out.

He pulls the play dough out of the box and asks me in a very shy tone if he can.

He tries to cut it first with his hands and then with the scissors. The play dough is bit hard and he can't do it. I tell him that he might want me to help him but he doesn't dare to ask. He says "fine" and hands me the play dough. I cut a bit and he cuts the rest. He rolls the dough and traces and cuts a circle;

P__ The magic eye.

He pulls out the circle of play dough and puts it over his eye, staring one way and the other.

A__ wow, what does this magic eye do?

P__ it has powers

A__ I should be afraid; what could you do to me with the magic eye if you got angry?

P__ you shouldn't be afraid, the magic eye sends rays, and now I'm going to make the magic ring. Did you watch "The Lord Of The Rings"?

He makes a ring with the shape of a cone. He puts it over his finger and says "I'm going to turn it into a volcano".

A__ Volcano? One of those that have staff coming out of them?

P__ Yes. Lava. Here's a small lava, a bigger one, and the biggest. (he makes the lava out of colored glue).

A__ if you get angry you'll throw that lava to me? Oh!

P__ Now I'm putting the volcano over my eye. (he undoes the play dough volcano). I better make a war.

He tells me he'll go to the bathroom to wash his hands. While he's drying his hands he says:

P__ I want to tell you I have a problem. In school there is a library. I borrowed a book and now I can't find it. My mom told me they would buy one to give back to the library, but at the library the said that buying them a new one won't do it (won't help), that I have to return the one I borrowed. And they make you sign for it, you know? And someone told me there is a boy that got kicked out/expelled from school for not returning a book.

A__ oh! I see, you are telling me about your concern about getting kicked out... what would happen here if you want to take something home ...?

He starts pulling out of the box little soldiers while he tells me he has a ring that has deadly powers. I ask him who would it kill (the ring) and he replies it would kill those from the rival “gang”. I ask him what for they would kill them, and he says that to kill the chief. It’s the end of the hour and Marcos puts everything away with me; it is evident that he would like to stay. I noticed I have a difficulty interpreting to Marcos, I feel it’s not time still, etc.

2° DIAGNOSTIC PLAY HOUR

I took a break for vacations and we had the next appointment 4 weeks later (I notified the parents in advance).

His mother phoned me and said that Marcos was crying often and distressed (anguished) at home and at school. She had no idea what was happening to him. Marcos told her he had done something bad to his cousins, but she said to me that it had been a long time ago (something related to some toy). She said she was glad he would soon have his “session”, and that she had told him to discuss with me this situation to figure out how to deal with (manage) all the crying and anguish (?!).

Before Marcos comes in, his mother tells me that Marcos is congested, has a stomach-ache, “everything aches” (sarcastic expression).

Right after he comes in Marcos tells me he’ll go to the bathroom. He is in there for a while. He comes into the consulting room and sits down with a serious expression. His face is half way sticking out of the collar of his sweater and he’s staring down at the floor. He looks at me and says, in a very low voice, barely audible:

P __ I’m going to have a problem. I want to ask you to help me with it, because I did something wrong but I can’t tell you what it is. This problem makes me cry, do you understand?

Brief silence

A __ I understand that you have a problem and you feel you did something wrong (he interrupts me)

P __ I **did** something wrong (bad)

Brief silence

A __ I understand. And you feel bad and you are asking me for help. (brief silence). What would it be that you can’t tell me?

P __ I can’t tell you because if I tell you I’ll feel very bad. I can’t tell you.

Brief silence.

A __ perhaps you are embarrassed...

P __ no..., I don’t know, I can’t tell you.

Brief silence

(I imagined it could be related to masturbatory fantasies, or with the incident at school when he took something)

A __ well, perhaps we will find out together some way so that I can understand more.

Brief silence

He takes out something from his pocket very slowly and holds it under the table (at first I can’t see what it is), and very slowly puts it on the table. He looks at the Nintendo he took from the pocket and then, looking at me says:

P __ I brought this. It will help you to understand what’s happening to me.

(I feel quite touched by the style of contact he is having with me; like if two split aspects of his self were showing out; one of them looking desperately for help and contact, and the other shutting his mouth).

He starts playing with the Nintendo, and tells me the name (of the game); he asks me if I know it, and I tell him I don’t. He shows me. There are two screens: in one of them he moves a character that circulates on a road among cars, forests or houses, or off road. In the other screen there is a sort of overhead map that shows what’s happening in the other screen.

Meanwhile he is playing he explains to me that the character has a mission, and there's a patrol chasing him. He tries to escape from the patrol, but he can't always do it because sometimes they are too many against him. He gets more and more into his game, and comes out of his sweater while he gets in the character of the nintendo's character. He talks about him in the first person.

P __ I got a car... a patrol is coming for me... (faster y enthusiastically), I'm evading him, I'm evading, he comes again, another one is coming, I go out of the car and I burn it. Puf! Pf! Brief silence. I have a motorcycle.

A __ How did you get it?

P __ I stole it. I go on with the motorcycle... (he's already talking in a loud voice) Now they don't recognise me. I run away, good! Uf! They found me, a patrol is chasing me!... I'm going to look for a bigger weapon..., I drop the motorcycle..., there are weapons, I grabbed one! Pf! Pf! I shoot him and burned him. There's another one coming after this one! Pf! Pf! I killed him! There are more chasing after me, there is a truck, Pf! I killed the truck driver and get into the truck. Now they won't be able to stop me! (this is longer).

A __ inside the truck you feel very strong.

P __ yes, it is big and I have big weapons.

At some point (I don't remember exactly when) I ask him why are the patrols going after him. He says that they want to incarcerate him or kill him. I ask him why they would want to incarcerate or kill him, and he says: because he did something bad. Ahh!, I say, but bad in what sense? He doesn't answer, and a little after he goes to the bathroom again. He urinates and comes back (I think he is claustrophobic. I can't say a word, I'm sort of fascinated with his game and metamorphosis).

He goes on playing. He knocks down patrols, goes from one vehicle to other, robbing and killing; the attitude from the beginning has changed completely, and he talks in first person all the time. (It evokes me the incredible Hulk, local version of Dr Jekyll and Mr. Hyde). Sometimes the patrols surround him and take him to jail. Uff!!! They caught me!

A __ Maybe you don't dare to tell me about your problem because you feel I could be like the patrol (I thought he was showing me his feelings of anger and fear, desire to steal and kill, but I felt I shouldn't mention it yet).

P __ no. I'm going to the bathroom.

He goes, urinates and comes back.

He looks at me and goes on with the game. I say that I think maybe he feels enclosed when I tell him he sees me as the patrol, and that's why he needs to go to the bathroom.

P __ no, I wanted to pee.

The game goes on. Suddenly he says:

P __ the patrols are coming after me; I'm going to set myself on fire with the motorcycle. I'm setting myself on fire.

A __ why do you set yourself on fire?

P __ Because the patrol is going to catch me, and rather burn myself than be incarcerated.

A __ when you are inside big cars and you have weapons you feel like a big and strong dad that can do whatever he wants, steal and kill. But later on you get scared y you want to cry, you are scared about getting punished for what you have done.

P __ but I didn't do it, he did it (pointing at the nintendo's character)

A __ certainly, but I think you feel you do these things in your head, and then you feel bad.

P __ but this happens to me only when I'm lonely.

At another point during the game he shoots and kills himself. (I realize I'm worried: is he desperate or is he trying to worry me?).

I ask him how is it to be lonely, and he says that sometimes when he feels bad he goes alone to the bathroom. (I didn't notice he went to the bathroom in my consulting room. I feel, during the play hour, that this boy has very little space at home to be anguished or to do mischievousness with his parents).

It's the end of the hour, I tell him I'm going to see if his mother arrived, and he goes back into his sweater.

Summary of the parents interview .

I recommend an analysis at least twice a week, desirably three or four. I talk about Marcos' suffering, and say that sometimes he has fantasies where he hurts himself. This doesn't surprise them at all, and his mother recounts that he sometimes regrets having born, and also that once he said that if he had a sharp knife he would kill himself. She reports it with no emotional resonance, as if it would be anything (any anecdote). She doesn't think this is a manipulation from him.

FIRST SESSION (after the interview with his parents)

When he comes in, still in the corridor, he tells me in low voice that he wants to ask me something. Already in the consulting room, in a very low voice,

P __ you know this Sunday is Halloween?

A __ yes

P __ well, I want to ask you if on Monday I can come in disguised.

He puts on the table a board with a grid of 9 squares, and in each square he lays a pile of cards: each card has an image of a character.

P __ if you want you can take a look at the cards (figuritas)

He goes to the box and looks for items, takes some out while he says to me

P __ I'm going to look for some things to make something.

He doesn't find the scissors, he tells me, after a while he says it again, I go to sit by his side, (I have the impression he doesn't dare to ask me for help); I ask him if he wants me to help him, he says that OK, I look for it and find right when he says it doesn't matter, that he is going to draw. He thanks me and takes the scissors, we both go back to the table.

P __ if you want you can look at the cards while I do something.

A __ if you want me to I'll look at them... (at that moment I get the impression that he is trying to keep me busy so I wouldn't look at him).

P __ yes, yes, if you want... (everything is in low voice, very delicately).

When I look to the cards I notice they are different kinds of monsters that look as fictional animals; some have many features similar to real animals. Most of them have threatening teeth, gaze, nails and hoofs.

He draws and also uses the glue. He covers a part of the drawing with scotch tape, meanwhile he explains to me what he is doing and says it will look very good in the end. Finally he cuts a piece of shiny paper and pastes it onto the drawing.



P __ it's ready, now it has to dry. If you want you can keep it (in low voice, particularly the last part).

(I have the impression he doesn't dare to tell me he gives it to me as a present because he fears about my reaction).

A __ you want me to keep it, to give it to me like a present...

P __ if you want...

A __ OK, thank you very much. I'm going to keep it. Can you tell me what's about?

P __ it's a monster and this is the mask. These are his eyes.

A __ and what does this monster do?

P __ nothing, he is from another planet. He cannot breathe this planet's oxygen, that's why he has to have this tube, that let's him breathe. This one, do you see?

I'm moved by what he said, because at first I had thought that the mask represented his educated and soft appearance, and underneath there was a dangerous monster. I have the impression I couldn't realize then that he felt he was different and didn't know how to survive.

He went on drawing, I don't remember what. Finally he asks that we play with the little soldiers. He used the dough to make shelters for the soldiers and to create new weapons. Meanwhile he did it he explained to me what he was doing, although on the other hand I was supposed to be surprised by these weapons and shelters during the game. He told me to make my own weapons and shelters. We played the war game for a while. At times he would break the rules and cheat a little, and other times he would be almost too considerate towards my soldiers.

When the session ended he put away the toys very slowly. It was clear he wanted to stay (which I said); went out without any scene of fear in the stairs.

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Interpretation across the age range²²

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In my view, psychoanalysis is one and indivisible. Its theoretical referents are rooted firmly in the *corpus* of Freud's writings; it was Freud who attempted to devise the various parameters of the mind, in all of its various states.

Other psychoanalysts would later clarify and elaborate upon those parameters through the clinical, technical and theoretical developments that they brought to psychoanalysis; it remains the case, nonetheless, that we cannot break these parameters up into small pieces according to psychiatric nosography or developmental classifications, whatever these may happen to be.

I would argue also that an analyst's identity *qua* analyst does not depend on how old his or her patients happen to be.

With these premises in mind, what can we say about interpretation?

The tendency to interpret is an integral part of the manner in which a person's mind works. More specifically, it is part of curiosity, of what Bion called the K-drive -- indeed, it acts as a protective shield for this. For Freud, curiosity was part of the transformations that a drive undergoes as it moves towards sublimation (cf. his study of Leonardo da Vinci [Freud, 1910c]). Bion saw it as one of the basic precipitates of drive-related impulses and explicitly integrated the negative dimension (-K) into its overall structure. This implies that we can be firmly opposed to curiosity -- thus shutting

²² 24th EPF Conference, Copenhagen 14th-17th April 2011. *Anxieties and Method in Psychoanalysis*. In *Psychoanalysis in Europe*, Bulletin 65, 2011: 195-203.

ourselves off from any access to new meaning and, by the same token, from mental development, because this requires us to be ready to take on board some element of catastrophic change (i.e., a complete upheaval of something that we have hitherto taken for granted). The psychotic situation could indeed be defined in terms of this refusal of curiosity -- and, therefore, of any idea of change. If someone is in a psychotic situation, completely overwhelmed by it, no interpretation will ever emerge spontaneously and any suggested interpretation coming from outside -- from the analyst, for example -- will be experienced as a threat and as a deep narcissistic wound.

Example # 1

I was spending an evening with some friends, and found myself talking to a scholar whose native language was English; he was very well known, very approachable and likeable. We were talking in French, a language that he spoke remarkably well. At one point, somebody said something, and there was one word that the scholar did not understand (even though it was quite an ordinary one). He turned to me and asked me to repeat it; I did so, and added the English translation of the word. A few minutes later, the scholar suddenly turned towards me -- the look on his face was one both of anger and of deep hurt. In a sharp tone of voice, he shouted at me: "Why did you translate that word into English for me? I know it perfectly well, and I've been speaking French for the past 35 years!" Somewhat taken aback, I retorted that I did not for one moment doubt his ability to speak French. But he kept on: "How could you ever have thought that I did not know that word?"

That, however, was not the end of the story. I would have to include my impression of some catastrophe or other and of the intense feelings of inadequacy, helplessness and guilt that overwhelmed me at that point -- in a manner that was just as incongruous as what the gentleman had said. I felt as though I had made a tremendous blunder, and that I had been extremely arrogant in a way that was both quite uncalled-for and very hurtful for the person concerned. Even though I realized how absurd my reaction was, I could not manage to stand back sufficiently and look upon the whole thing with some degree of amusement; I therefore tried to go on analysing *in petto* what had happened. The interpretation that came to my mind was the memory of Anthony Perkins's voice in Hitchcock's *Psycho* when Norman Bates "is" his mother. I had therefore been in contact with the psychotic part of that famous scholar and it had blown up in my face -- just as any self-respecting psychotic part does! That gentleman, however, was unable to interpret my translation of the well-known word as an over-zealous reaction on my part or even as a naivety, irritating perhaps, but of no importance -- at least in a neurotic/normal world.

Interpretation is a stage on the road to the sexual drive, a stage on the road to a new transformation, a new coherence, one that is forever provisional because it is always being nourished and carried along by the continuous ebb and flow of the drives, threatening to overwhelm it and destroy it like a sandcastle.

Interpretation never uses up the potential of the drive that underlies it, but it always goes beyond the intention that prompts it.

Through interpretation, a person (or several people) can discover a new aspect of something that was thought of as being completely known. Interpreting implies looking for an opening that will lead to a new meaning. That meaning, however, is never absolute -- it lies somewhere between certainty and uncertainty -- and, most of the time, any certainty is no more than an illusion.

Meaning, therefore, is not a once-and-for-all thing either. Interpreting implies heading towards some other meaning, one that up until then had not been perceived; it therefore gives new shape to the landscape of life. Interpretation is born of the meeting between two mental *loci* -- two actual people, or an individual's ego with one or more of his or her internal objects. The character and respective qualities of each of the mental *loci* involved in the process of making something meaningful shape the relevance and the scope of the interpretation. The example that I have just given is a good illustration of the fact that there may well be circumstances in which two mental *loci* do not come together.

"Dreamt" interpretation, paraphrase or hallucinosis?

An interpretation may suddenly emerge by means of some literary, artistic or scientific work or other, or thanks to a landscape, or again in the course of a psychoanalytic session.

Interpretations should always be a creative discovery, but we must never forget that in their lowest form they are simply a paraphrase that leads straight to hallucinosis.

In his paper "On talking-as-dreaming", Thomas Ogden (2007) gives a very good example of a so-called "dream" in three parts:

The patient dreamt about her analyst's consulting room, which, in her dream, she said was absolutely identical to the analyst's real one. In the second part of the dream, some space opened up and was transformed in such a way that, in the third part, it became truly oniric.

Ogden says that the first part was a non-dream, and considers it to be comparable to what is produced in states of hallucinosis (cf. Bion).

Some expressions of the analyst's interpretative activity may well resemble that accomplished in dream work, as Bion described this. Others, such as when interpretations are merely tacked on, are similar to the kind of non-dream that I have just mentioned.

Here are two examples taken from my own work.

A "dreamt" interpretation

After approximately two years of analysis, with four sessions per week, Antoine, who was in his 30s and had suffered from enuresis from childhood until he was called up for military service, reported a dream. The free associations that he made to it led me to say: "The place that seems to interest you here in the father's domain doesn't appear to be the principal dwelling-place -- the mother's body -- but the caretaker's lodge -- the anus." Antoine paid no heed to what I had said; he went on to talk about something quite different. A few days later, I learned quite by chance that, after each session, he would use the toilet in the back stairs of the building. In that way, he was indeed occupying my anus -- but the interesting and crucial thing about this acting-out was that he was, until that point, occupying "me" without my knowing anything about it. Processing that issue in the following sessions made for a significant turning point in that analysis. Antoine explained that he had bowel movements several times a day -- "When I feel sad, it comforts me" -- and in particular just before each session, usually in the toilet of the pub on the other side of the street. At the end of every session, he felt that he absolutely had to urinate; that was why he had made an arrangement with the caretaker to be able to use the back-stairs toilet -- that meant that he could avoid going back into the cafe again. "...And you could also avoid asking me if you could use my toilet, here," I said, "as though it was very important for you to keep me well away from all that wee and poo." From that point on, Antoine made use of my toilet; for several weeks, he found it difficult to hold on for the whole length of a session -- on several occasions, he actually had to go to the toilet during the session. At first he was worried about revealing his intrusiveness and the fact that he required his little boy's needs to be taken care of -- but thereafter he was very relieved by the way things had turned out. He hardly said anything directly about this, but he did seem much less persecuted and his reactions to my interpretations were less envious and destructive. One day he said to me: "At home, I was never allowed to cry. My mother would say: 'Boys don't cry. I don't want any of that kind of thing in my house!'" "I commented: "And so your wee took over from your tears..." Loud sobbing suddenly broke the silence that followed that statement: for the very first time, Antoine was crying. For the following few weeks, he wept passionately -- and at the same time his need to urinate during the sessions disappeared, never to return. Curled up on the couch as much as his six-foot-tall body would allow him, he sobbed with a despair that was all the worse in that it had no possibility of representation. "I don't know why I'm crying, but it makes me feel better," he would say as he left, his face swollen because of all the crying that he had done. If he tried to understand why, his tears would dry up immediately -- but without making room for any kind of image. Intuitively, he could feel how crucial his tears were for him -- it was a kind of

primitive orgasm that was at last being accepted and through which he could find himself. The nascent gratitude that he felt towards me was able in part to heal the wound inflicted on his omnipotence and offset, if required, the intense humiliation that he felt at taking in what I might say to him -- up until then, his essential motivation in whatever he did was to prove to his mother that he, Antoine, was able to feed himself and take care of himself, whereas she would always do everything wrong. That was a twofold yet contradictory demonstration, which mobilized all the energy at his disposal and blocked off, in a painful way, any chance he might have had of mental growth.

A ready-made interpretation just tacked on (a paraphrase):

Alix was a little four-year-old girl who did not talk at all. She did not do any lallation or babbling; all she did was yell and moan if for any reason she felt dissatisfied. She had a sparkle in her eye, and her psychomotor development was normal for her age but completely unproductive. She never initiated or organized any kind of play; all she would do was take a nearby adult's hand and make him or her do what she wanted. Alix lived in a very remote country district of France, with no available psychotherapeutic resources. I therefore could not see her very often, and, given that situation, I did not want her parents to be under any illusion as to how much help I might be able to give her. All the same, month after month, things did move forward somewhat. In part of Alix's sessions, her mother would be present, and then I would be alone with her for the rest of the time. During her sessions, she would sometimes become less excitable, but it did not take much to start her off again. She would hardly ever do any imitating; her only spontaneous activity was to knock over the toys, climb everywhere she could and bring the play blocks together with no overall aim to guide her.

One day, for the very first time, her father managed to take some time off, bring her to the session and take part in it. To my great surprise, Alix -- that too was a first -- took out the dolls representing a family. She chose the father and girl dolls, leaving quite deliberately to one side the mother and boy figures -- in real life, Alix had both a brother and a sister. The daddy and the daughter dolls kissed each other and rubbed their bodies together quite unequivocally. Alix's father smiled, somewhat surprised, but at the same time very happy because, as he put it, back home Alix never played with doll figures. I too was very pleased -- too pleased, perhaps, because I said: "The daddy and his little girl are so happy to be together, aren't they?" Alix nodded her head to say yes. That was when the devil took hold of me, and I went on: "And the mummy? What does she think about all this? Is she happy too, or perhaps just a little bit..." I didn't have time to finish my sentence before Alix dived under the low table upon which she had been playing with the dolls -- she was trying to hide, a terribly guilty and persecuted look on her face! Her father, who knew a thing or two about psychology, was even more taken aback than I was... Alix had experienced my clumsy intervention in a psychotic way: the emerging -- or pseudo- -- symbolization exploded; we had been in the realm of dreams, but my paraphrase had brought us into hallucinosis.

Curiosity and interpretative activity

What I have just said illustrates, I think, the universal nature of interpretation, while pointing out its limits at the psychotic edge of mental functioning. I would like now to turn to the *function* of interpretation in the analytical situation: interpretative activity. Some degree of curiosity is a prerequisite for the advent of a potentially meaningful domain, one that may perhaps lend itself to subsequent interpretation, verbal or otherwise.

There is always some kind of interpretative activity going on in both protagonists of the analytical setting, but its effectiveness depends on the mode in which it takes place: psychotic or neurotic. The free movement of interpretation within the analytical field depends on the sensory modalities of each protagonist. There can be no emission of sensory β -elements (Bion) unless there is an attentive receiver able to take them in. It is that receiver's α -activity that makes these elements meaningful, with all the unknowns that are carried along by projective identification.

An interpretation is *introjected* into the neurotic/normal aspects of each of the two participants, but it is *incorporated* into their psychotic dimension. For the analytical process to unfold properly, it is therefore preferable to be able to rely upon those neurotic aspects functioning correctly -- while accepting the fact that something within the relationship may momentarily throw them off balance, as happened in the incident with the scholar that I reported earlier. It is at that point that the analysis of the counter-transference becomes so important.

In the analytical situation, the setting in which the encounter takes place makes it easier for transference/counter-transference drive-related stimuli to emerge; also, it provides a transformational container conducive to producing little additions of meaning on a daily basis. Obviously, it is this interpretative activity that enables both analysand and analyst to re-appropriate these little discoveries. In that process, the quality of the interpersonal relationship plays a major role. It is that quality which enables the psychoanalytic couple to put up with the burden of mental suffering linked to the internal objects that are transferred within that relationship.

The analyst's interpretative activity

My conception of the analyst's interpretative activity is a unitary one: it does not depend on the actual (chronological) age of the person to whom it is addressed, but on the intrapsychic and interpersonal pattern of the analytical field in which it is taking place.

Given that the search for meaning has to do with how the neurotic/normal mind works, the analyst's interpretative activity is an attempt at enabling the psychoanalytic couple to shape and to transform something that emerges within the analytical field -- or something already there that had hitherto gone unnoticed. It is an active component of the analyst's presence. As such, it mobilizes all the layers of the analyst's mind (cf. Freud, 1915e).

For that tendency to be transformed into an interpretative *function*, psychoanalysts have to acquire "negative capability" (a notion that Bion, followed by Green, borrowed from Keats), so that at one and the same time they can contain their ignorance and maintain their curiosity for as long as it takes until, within the analytical field, a new vision of the current state of the relationship emerges. That relationship echoes the psychic reality, which contains the analysand's past history, certain elements from the analyst's past history (the counter-transference), and also some that arise from the analyst's identification with the analysand's internal objects (what I have called "blind spots").

The interpretative function requires of the analyst the ability to assess what he or she knows theoretically and the technical agility to be able to suggest to the analysand, whatever his or her age, forms of words that are both full of tact (in the etymological sense) and "digestible" (in Bion's sense).

Personally speaking, I try to think in terms of my observation of the current pattern of sensory elements cathected by the drives (what Bion called β -elements). That pattern may or may not give rise to a representation, either in the analysand or in myself. I can then assess its quality, iconic (Peirce) or symbolized, more figurative in nature or more sound-based -- at best, it will be well represented and able to be put into words.

Example # 4

For the first time, a little boy, just 2 1/2 years old, was about to spend three days and three nights at his grandmother's. Every morning during the week before this, he played at getting his little suitcase packed, ready to go to his grandmother's. On arriving, he ran happily into the bedroom that was to be his -- he was quite familiar with it, because he had stayed there before, but for shorter periods. Suddenly, he said in a half-worried half-questioning tone of voice: "There's a wolf in the table..." His grandmother came closer, and asked him: "What does the wolf look like?" "Oh, it's a nice-and-not-wicked wolf!" was the boy's reply. His grandmother looked at the veining of the marble table that the little boy was pointing to, and said: "Yes, you're quite right. It's there, well contained in the table. Later on, we'll see if we'll talk to it a bit..." The little boy, happy and relaxed, went off to play with some toys. That evening, grandmother and grandson said goodnight to the nice-and-not-

wicked wolf; thereafter, everybody had a good night's sleep. The veining of the marble table had contained the anxiety about the grandmother's unknown third-party, and the negation "nice-and-not-wicked" was a good neurotic/normal compromise that avoided a more intense form of negation or even denial, such as "No, I don't have any wolves here!" -- that would have forced the little boy to keep his fear of the unknown to himself. Here, the interpretation of the situation took place at a normal iconic level, through a "quasi-play"; language in this case was a kind of "malleable medium" (Roussillon), with no attempt at making any statement about psychic content as such.

Example # 5

Now for a quite different situation. One day, when I went to greet a schizophrenic patient for the thousandth time in the waiting room -- I had been treating her for about 15 years, with four and sometimes five sessions a week -- she asked me, petrified with terror: "Have you read *all* the books that are on your shelves?" "Why do you ask?" After a great deal of effort, she managed to say: "You've got books here by the Marquis de Sade..." In that patient's far-from-well system of symbolization, if I had Sade's *books* on my shelves, that meant that I *was* Sade, and therefore the Devil. The only way of dodging the issue -- the fragile neurotic bastion against her psychotic anxiety -- would be if I hadn't read those books. Of course, that kind of negation would never have reassured her, because she was not present 24 hours a day in my waiting room... Yet if ever I did have any dealings with the "Divine Marquis", I, the foreign commoner, would slip into their world, the one they both shared, that of Catholic nobility -- but in that world, there would never be any kind of psychoanalytic attentiveness or benevolent neutrality; in that world, Sade's books were put on the *Index Librorum Prohibitorum*, and people like her would be exorcized -- indeed, the patient had at one point undergone exorcism, at the request of her family.

Although she found herself at a standstill along the path towards an impossible compromise that would have required a better capacity for symbolic processing in order to break free of her psychotic functioning, the patient was all the same making a moving attempt to make use of me as a container that could transform her anxiety -- a "toilet breast" as Don Meltzer would have said. But in this case, the iconic level itself was pathological, unlike that of the little boy I spoke of earlier.

Conclusion

It is of course a truism to say that the vocabulary employed during interpretative activity puts into the analytical field infinitely more than the secondary-process aspect of the actual words used. For the moment, I do not have enough time at my disposal nor can I claim to be able to elaborate sufficiently upon this aspect of interpretation. I shall simply say that, when present-day psychoanalysts are faced with the aporia to which the use of language gives rise in their everyday work, they usually set up a continuous to-and-fro movement between the following two contrasting poles:

- Paying detailed attention to every element of what is said within the analytical field, because these elements are taken to be signifiers of the analysand's unconscious (Lacan and his followers, who take their inspiration from Ferdinand de Saussure's approach to linguistics);

- Paying attention to all the possible forks along the narrative road, opened up by both participants in that particular setting; these are signifiers of the original tonality of mental functioning within the psychoanalytic couple in their transference/counter-transference relationship (Italian psychoanalysts who take their inspiration from Umberto Eco's approach to linguistics; in France, the best-known of these psychoanalysts is Antonino Ferro).

It is also the case that, although language is an important vector of interpretative activity, it is never the only one. Non-verbal communication and its interpretation would deserve a whole conference in itself.

A continuous and attentive observation of the analytical situation both encourages the analysand's regressive tendencies and helps them to be accompanied without too much internal conflict; these regressive trends are encouraged and even awakened by the analytical situation itself (including that

with children). What I mean by that is the psychoanalyst's internal setting, upon which depends his or her attentive listening and overall positioning.

I shall end this presentation with a reminder that regression in any given session does not spare the analyst; it brings about in him or her too a prevalence of pre-genital impulses, particularly oral-sadistic and anal-sadistic ones, with respect to the analysand. That unconscious mental attitude in the analyst plays a not unimportant role in the manner in which he or she formulates an interpretation and communicates it to the analysand. The pitfalls here are "wild" interpretations and narcissistic ones that take the transference as a pretext -- or even the obstinate silence behind which the analyst may attempt to hide his or her anxiety about not knowing...

December 30, 2012

Psychoanalytic method: permanence and change in clinical practice with children²³

Virginia Ungar (APdeBA)

This paper will attempt to set out some reflections on the effect that the characteristics of the culture in the contemporary world have on those in the process of subjectivisation. In this context, it is the work of psychoanalysis with children and adolescents to raise the most and the most pertinent questions concerning change and permanence in Psychoanalysis.

In the history of Psychoanalysis, it has not been difficult to see that clinical discoveries have allowed for theorisation and, in turn, the theory thus enriched makes it possible to see new possibilities in observation.

Bion's concept of *transformations* would seem to be relevant to tackling this area of change and permanence given that the author in the first chapters of his book of the same name (*Transformations*, 1965) makes use of this term together with that of *invariance* and I would personally see these as being comparable to change and permanence.

Bion proposed the theory of transformations for use in clinical practice and, above all, for psychoanalytic observation. In order to illustrate his ideas, he put forward the memorable example of the artist painting a field of poppies. It says that, at one extreme is the field with the flowers and, at the other, is the paint on the canvas. In spite of the transformation that the artist has made to what he sees in order to create the painting, there remains something unaltered and, to a certain extent, the recognition of the field of poppies experienced by those who observe the painting depends on this fact. This 'something' Bion called the *invariant* and he defined *invariants* as "The elements that go to make up the unaltered aspect of the transformation I shall call invariants"(Bion, W.R., (1965). He then added that psychoanalysis could be included in the group of *transformations*.

Therefore, in the same way that for an artist the invariants employed in representing reality change depending on the technique used, and these then help to produce different transformations, analysts interpret the same clinical material in different ways by giving priority to different invariants according to the particular theory used. Bion forwarded the proposal that psychoanalytic theories "may then be classified by their association with the type of transformation and its associated invariants)" (Bion, W.R., 1965) If this were in fact possible, it would be a major achievement on the

²³ This is a slightly modified version of a paper previously presented at the Congresso Internazionale 'Grupale-Duale' organised by the Istituto Italiano di Psicoanalisi di Gruppo in Rome, February 2012 and will soon be published.

road to conceptualising the similarities and differences between psychoanalytic theories far from a classification based on school or author, as is currently typically the case.

Change and permanence, or transformations and invariants, are terms which go together. A change cannot take place except upon the base of something persistent, and in all transformation we can see a trace of the invariant, of the unaltered.

We analysts know this because, for transference to develop - or, what's more, for the neurosis of transference to reveal itself - we need the analytic frame to be present. And I am not here referring to a notion of the frame that is supported by its own formal conditions, but rather to what is, in my opinion, a more psychoanalytic notion: the one that takes it as a condition that it should be internalised and tied to the so-called analytic attitude.

The frame constitutes the technical aspect of the psychoanalytic method and this, as we have seen, lays out the conditions necessary for the unfurling of the transference.

It is important, and even more so in work with children and adolescents, to maintain the frame but, concurrently, not to allow it to become a strait jacket which suffocates the creativity of the analyst and hinders the flexibility required for analysis with people in development to take place.

What we must here ask is: are internalised transference-countertransference-frame not invariants or permanences?

It is now time to talk about change. In order to address the characteristics of the times in which we live, a multidisciplinary approach is needed. I will focus here on just two questions as they are those which most intrigue us in our clinical practice: the conditions in which a person is brought up and the media-saturated, world two spheres which undoubtedly influence each other.

In the contemporary world, changes are coming faster and faster. Just as historians say that it is not possible to write history while the events are taking place, we analysts must realise that the changes that occur in Psychoanalysis, and above all in psychoanalytic theory, will be seen retrospectively. In the meantime, however, we may glimpse some of what will be.

Firstly, the models of the mind with which we carry out our analytical practice depend on the theories of the early psyche on which they are based, and I do not mean to dodge in any way the polemic which taints certain discussions – for me somewhat obsolete in character – concerning endogeneity or environmentalism when I say that I prefer to think of the very first moments of psychic life as an *encounter* which must take place between the new born baby and the world around it, represented by the mother. Put in this way, it appears to be quite simple but, in fact, its complexity is very great indeed due to the fact that each of the terms involved is subject to numerous other factors themselves.

Parents of a new born baby are, it goes without saying, immersed in and to a greater or lesser extent determined by the culture in which they live. The production of different subjectivities changes according to the different social environments in which the process of development of an individual takes place.

The time is long gone that psychoanalysis was able to base its readings exclusively on either the internal world or the environment. Both patient and analyst are socialised beings and, in turn, what we call the 'external world' is constructed of those who inhabit it.

As far as the **conditions of upbringing** are concerned, families who come to us these days do not conform to the bourgeois nuclear family model which existed in the times of the birth of psychoanalysis - a trend today that both holds for the majority of families and which is growing. In that model of family, the sexuality of the monogamous, heterosexual married couple was considered the paradigm of 'normal' sexuality. Meanwhile, the children and adolescents that we see in our consulting rooms today very often belong to what is termed *new family configurations*: the assembled family, the single-parent family, the children of adolescent mothers, children born using assisted fertilisation techniques, children being brought up by single-sex couples; all of these raise their own questions. Indeed, this historic moment of change requires from us special observation and reflection.

It may now be useful to look again at some concepts such as *infancy* and *child*. I am here basing my argument on the difference set out by Julio Moreno when he suggested that the construction of a child's subjectivity is the product of a complex interaction between the biological body and the discourses which regulate relations within the environment in which he / she lives. He therefore distinguishes *infancy* as the set of institutional interventions which, acting upon the 'real' child and his / her family, produces what every society calls *child*. In that way, child is the product of the effects of *infancy* on a biological materiality. *Infancy* is specific to its own era and this, in turn, produces *children* which are distinct from one another.

We are talking here about reality and are not entering into any philosophical debate; rather, we are trying simply to define that environment which generates the discourses with which the 'biological child' interacts, thus giving rise to the subjectivity of the child.

Each one of the family models mentioned above raises the question as to which *infancy* and which *child* we are referring in today's world. I take for granted that, as analysts, we are only able to approach each patient we see in his / her singularity. And even if a child forms part of a family that may be called 'traditional', he / she interacts with other children who come from different backgrounds and, therefore, to be a friend or school mate of a child whose parents are separated is so common that it is not even mentioned at home.

A very interesting topic connected with this idea arose when I was invited by the APsaA to discuss in a two-day clinical workshop the case of a 5-year-old boy who had been adopted in an Eastern European country by a male gay couple. I have to say that this case made me confront my own prejudices more than at any time previously and challenged me to take a position of observation which was open and would take into account my own reactions to events. In the end, I had to accept that I was left with more questions than answers. This case and the related discussion have been published in the IJPA (Ungar, V., 2009) and in various New Annuals of the International Journal of Psychoanalysis (Ungar, V., 2010), so I would just like to relate here the questions which remained open after the discussion of this case, one which was very important for me and indeed quite revealing.

Firstly, advances in technology and science have produced a situation which could be described thus:

It is no longer necessary to have a father, a mother and a sexual relationship between the two for a child to be conceived and born.

It could be said that the egg and the sperm have 'made themselves independent' of the bodies of a mother and a father. If this itself does not lead us to reconsider the Oedipus complex and the theory of incest at some point, we are going to be left outside a reality which calls to us as psychoanalysts. Moreover, the predominant ideal in our times has more to do with a narcissistic vision of one's self and less with the representation of a being as a member of the Oedipal trilogy: mother, father, child. These factors could then lead us to believe in a possible change relating to the idea of sexual conflict, one that is at the very centre of the analytic task.

If we are to talk about change, we must not forget the large amount of space that must be given over to the mass media in that discussion. Today, the media imposes itself directly on the child, passing through all the protection that (starting from the centre and working out) a family, a school, a religion or a state in other times could provide.

In this way, the space in which links develop has been unquestionably changed. Previously, this ground was covered by family, school, a club; now, however, virtual spaces have been superimposed onto this thanks to dizzying technological change.

I believe that we must take into account that, in the present day, there are no spaces remaining which have yet to be conquered by media discourse; there are no excluded areas: TV and the internet impinge into all parts. What's more, today's child has much more access to this interaction, and the skill to enter into it, than his / her parents. Adults these days must adapt to the discourse of children which comes from the media - without doubt we as adults may accompany children on the

first steps of their cyber-journeys, but even if we lead them by the hand at the start, the child will then break free and explore for him- / herself.

Through the wide range of technologies that they offer, the media provides elements, tools and children then produce with what they are offered. In the same way that they can be creative with bits of wood, or with a piece of paper and a pencil, children can also be creative with whatever elements are provided them through current day technology. They are, in a sense, like DJs: they play the music of others but, in the art of combining, they find the creative possibility.

Child analysts face the challenge of understanding the use to which children put this whole range of new tools that find their way into their subjectivities. In my own particular case, I have been offering the same simple toys in my consulting room for many years and the children play with whatever I offer them. I think that only once in my professional life did a child ask if I had a computer and, when I answered in the negative, the child continued building a tower with the cubes that I had provided. What I want to say here is that the child will continue to express his / her fantasies and open up his / her imaginative capacity using whatever is offered. These days, the child brings superheroes, Transformers and magic cards to the session, but basically the script of play is as old as the story of humans itself.

Moreover, there is chat and on-line games which can be places of group interchange. On-line, one is whoever one wants to be following the prevailing social and media norms of the moment. Neither is it necessary to meet face-to-face: a computer or a mobile telephone can be used, each coming with more and more programmes and applications as time passes. In this sense, I believe that on-line links could be seen as an alternative along the lines of a rehearsal space (Would it be too much to think of it as a transitional one?) which prepares the child for entry into the 'real world'. It all depends on the way in which each child puts that which he / she is offered to use; there is nothing new in that. A child spending hours on the computer without interacting with his / her peers is not the same as one who chats, has Facebook open, enters Second Life and, on top of that, gets out, plays sports and meets friends.

We analysts must try to avoid a normative stance on this issue, condemning the models of a particular period 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 return now to the topic of change 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 allows 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**. Here, we see 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 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 with the vacuum of existence.

To conclude, I would like to go back once again and state 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.

December 29, 2012

Family takes the field

Gemma Trapanese

After going at great lengths to *get off the couch* over the past decades, at last child analysis is confidently “adopting” children, adolescents and their parents with no fear of being reproached for forswear nor “infidelity”. A new “special” professional has been officially admitted to SPI, an analyst expert in children and adolescents, thus highlighting the need for promoting an equally “special” education that can guarantee, on the top of the basic training, the acquisition of the “ideal” skills to care for children and adolescents. In *“The ideal psychoanalytic institute: a utopia”*, Anna Freud (1966) argues that training in both child and adult analysis should be part of the education of all analysts because *“child analysis is not merely a derivative of adult technique, but equivalent to it”*. Anna Freud concludes that candidates should be trained in both and be given the opportunity to specialize in either at the end.

This debate – revived almost at regular intervals - still gives food for thought and spurs to reflect on issues concerning “children and care”. *“Child analysis is first of all the analysis of sons or daughters”* (Marta Badoni, 2007). *“How to enter the family home without being judgmental and without being perceived as mere guests?”* Marta Badoni continues.

As to the “*field*”, mentioned in so many articles, can it be widened to include another possible conjugation of child analysis? There is little doubt that child analysis started *“as a subspeciality of psychoanalysis”*, as Anna Freud said in 1970. If we agree with her that *“child analysis proved unique in one all-important respect: it was the only innovation that opened up the possibility to check up on the correctness of reconstructions in adult analysis”* (Anna Freud), what skills do analysts need to acquire in order to assess the “indications” to choose the setting?

For a psychoanalyst like me, who has been working for decades with couples (not only of parents) and families and has, therefore, always “cared for” children and adolescents “in the mind” of the couple or inside their “real” families, it is very natural to view the child and the adolescent within a “widened” psychic reality – I dare to use this expression despite the risk of it being diminished to the mere sum of several intra-psychic worlds...-.

Family psychoanalysis’ long-standing history in Italy started with Anna Nicolò, a pioneer in the field, who also founded a group of researchers to whom she generously offered encouragement and the opportunity to get acquainted with major international experiences. Back in 1982 I had my first supervision session with her. From that moment on, a shared psychoanalytical culture has developed, in a climate of collaboration and exchange. A broader debate on the use of the psychoanalytical model applied to the family and on a possible theory of the technique was first launched at the First International Conference at Napoli in December 2000 (*“Quale Psicoanalisi per la coppia? Quale Psicoanalisi per la famiglia?”* – Nicolò & Trapanese, 2005). Research in couple and family clinical analysis gained momentum; since then new papers by Italian and

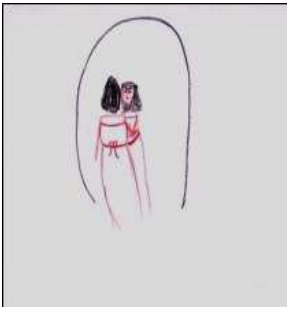
international scholars have enriched the journal *Rivista Interazioni* whose first issue had been published in 1992 under the scientific direction of Anna Nicolò. Over the past twenty years a number of SPI psychoanalysts – who had never debated these issues *intra-moenia* (inside SPI) – happened to discuss about the clinic of families and couples with children and adolescents *extra-moenia* (outside SPI), at conferences and meetings promoted by European and international societies. Once again, as it had “then” been the case with child analysis, family analysis is “now” being defied. There is no *defiance*, as the etymology reminds us of, without a *faith* to protect from *defiant* caveats. It is worth underlining that, in this family analysis, the faith we are talking about is the faith in the psychoanalytical model that, though off the couch, will never give up the basic conditions that make the psychoanalytical process possible: **free associations, free-floating attention, abstinence/neutrality, transference and counter-transference analysis.**

In child analysis “we feel we have to get in touch with blind zones: something hidden and difficult to understand, which acts underground” (Tonia Cancrini) and the same happens in group-family analysis. Archaic group-functioning modes break individual borders, erase gender- and age-differences and distinctions between dead and alive, and impose a “never-ending present”. Thus in the young generations we encounter minds inhabited by the phantasms of the other (“Ego-alien factors”, Winnicott, 1972), minds where the mental suffering of the other has moved (Meltzer & Harris, 1983), silent transmissions across generations, inevitable repetition compulsions, ineluctable “fates” with no escape left to the individual. When there is no possibility of family development, sometimes you work, or better you strain, with them in order to “liberate” the child from the family fabric that stifles him or her, that takes his/her vital space away. Having the children in your office on their own is the first battle... you usually win if you follow the child or the adolescent who brings up the rear but is actually “able to map the group field” (Elena Molinari). Drawings, games and narratives are key tools, always useful with children and... adults who do not know they are children (W. Benjamin). And so, sometimes you end up inventing... “a freer setting that you can adapt to what seems necessary to the child” (Adamo Vergine).

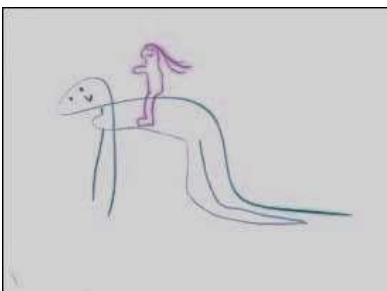
A short clinical example:



The dress is the only remnant of a princess, who “may have slipped into a crack in the wooden floor”: absence on stage. This is the drawing by Helena, fourteen, in one of the first sessions with her family, within a “long” consultation that would include also individual sessions with her, at later stage.



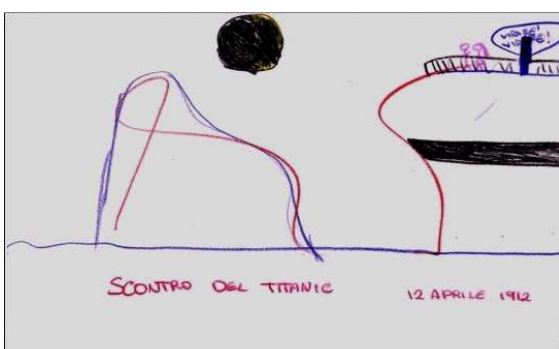
The moment arrives when, “at the end”, in the individual space reserved to her, a mirror can reflect her as a whole, revealing her face as well.



At a later stage of the consultation, Helena offers a more thorough and cheerful image of herself: here she is, riding on the back of a grown-up person, just like the story of the *Golden Compass* that she recalls during a session. This is the story of a girl who rides on an armored bear's back



to discover the laboratory where the “mysteriously kidnapped children are kept” to undergo an experiment that will deprive them of their souls. An armor acting as a *para-stimuli shield* - a role that her family has never really played - is exactly what Helena seems to need. Something like a disaster, a collapse must have happened to Helena just like the Titanic, which she will draw later on.



It seems that “*feeling*” without a para-stimuli (*A note upon the mystic writing pad*, Freud, 1925), without a shield, is doomed to become an anarchic search for sensations that forces to explore one’s own borders, just like Helena does, making little cuts with a blade that she presses onto her skin, as if she was measuring it... cut after cut: the same process the analyst adopts in exploring the various settings in the consultation (family, individual, couple). In a framework characterized by a plurality of symptoms, always borderline, Helena’s consecutive episodes of bulimia and anorexia reveal and confirm (with Pichon-Rivière, 1961-1963) the hypothesis put forward in the case of the Lossos (2003; see also Losso 2000), that these “mobile” psychic structures give rise to changing symptoms that are nothing but solutions to adapt to intensive, “inaugural”, maybe too early experiences that Helena has gone through in some moments of her life, last but not least when she was, for as long as two years, the “guardian” of her grand-mother with Alzheimer’s disease, who had “got out of herself” and died immediately before the onset of her symptoms.

Like Dina Vallino underlines in her intervention, we cannot neglect “*the new family configurations and the new family cultures*”. They demand us to reflect on the very many transformations the family has gone through and that depict the condition for which the phrase “*liquid modernity*” (Bauman, 2000) has been coined. How can the family – the place where psychic transmission occurs and where every subject is bound to his or her origins - continue playing its role of identity-container and act as a “*threshold of psychic life*” allowing for a healthy recognition of different genders, ages, individual identities and bonds? A defective symbolizing capacity and a hypertrophic imagination often lead adolescents to refract in their actions, “*out of themselves*”, which prevents them more and more from “*staying in themselves*” to meet themselves. These *liquid loves* - because of their frail bonds - continuously pour and transfuse into one another, in ever-changing forms of relationships, unstable and variable. New influences are modifying the way we consider the setting, that is now viewed as something more than the place where a weak or disturbed drive dynamics is put in shape, is re-formed, where psychic configurations that do not correspond to any known disease classification can fit in. As a matter of fact, some forms of what we call “psychic” matter - from the intake to the choice of the best treatment - appear to have reached the limit of treatability and seem to need suitable containers, identified on a case-by-case basis. R. Kaës (1993) points out that “*a part of the subject is “out of the subject”, that the subject has many centers, that some of its unconscious forms are moved, exported to and deposited in psychic places that the group predisposes and the subject utilizes*” (page 6), and that therefore “*the unconscious of every subject bears the trace of the unconscious of another or of more than another subject, in its structure and in its contents*”. Hence the importance that underlying unconscious alliances have in the psychoanalytical situation in terms of transference-countertransference. The underlying unconscious analyst-family alliance – of paramount significance for the psychoanalytical experience and treatment – is based exactly on the mutual affective investment. It is part of the bond, of the psychic *cadre*, the frame. It lies on the “*drive to know, mobilized by care in caring*” (Enriquez, 1986). It offers opportunities to elaborate and symbolize. The very family-analyst bond, the unconscious alliance inscribed in it, is the pivot around which the whole psychoanalytical work with the family turns. By analyzing the bonds it is possible to identify loose or untied elements, to open conflicts, to disentangle entanglements, in order to create new synergies to serve every suffering individual and their groups.

Borrowing the *Bionian content-container model*, we can ask ourselves what is the power of the container over the “content” and its possible transformations. As in the case of paintings in art history, the frame is never aside: from “*somewhere outside*” it enters and cooperates with the “*inside*”. We can reflect on the power of the “*frame*” to modify the “*inside*” of the analytic device or to interfere with the conditions that make analysis possible. The setting, in all its forms - individual, couple, family, group - allows major psychic events to be staged “*from within*”, through

transference. In the game of appearances and disappearances, the work on transference will transform a lack in a loss, thus paving the way to un hoped-for “findings”. Through the setting chosen, the modified analytic situation, considered as a dynamic field (M. and W. Baranger, 1961), includes the psyche, whose surface - individual, couple, group, part of a group - varies as a function of its “expanding” or “shrinking”, as well as the conditions that allow for the interception of any phantasm present (as it always happens in the Oedipal register and in the perspective of desire), or to record their absence, as in the violent register dominated by action, breaches of borders of all sorts and secrets that deactivate thought, that cut across generations confusing them, erasing differences between children and adults, between genders, generations, dead and alive.

As an example we could refer to the treatment of children and adolescents in a “family” setting where the functioning of the family oscillates between compulsion to action and inhibition to pass the “thresholds” corresponding to major development steps.

The pernicious atmosphere you breath in many families with severe pathologies (anorexia, psychosis, autism) is often telltale of the narcissistic and anti-generative regimes that characterize the functioning of group minds where action prevails, desire is put to death, phantasms are not allowed in, seduction is used maliciously and grief is avoided, to get to actual incest or to “incestual” (as Racamier – 1995 - defines it).

In coming to an end in order not to abuse of this space, I wish that SPI, in the midst of all the conjugations of child analysis, could open its doors to this other “conjugation” of analysis that is Family Analysis.

December 30, 2012

Family Members in Therapy: “Obstacles” or “Colleagues” for the Analyst?²⁴

Daniela Scotto di Fasano

"it is probable that the greatest help a psychoanalyst may get is not received by his analyst, or his supervisor, or his teacher, or the books he reads, but by his patient." (Bion, 1983, p. 10).

"We know that the request for child analysis always sets off a domestic suffering(...) and that the child analyst must be able to open a space in this suffering and be capable of transmitting to the parents (...) the sense (...) of his/her work. The intent (...) is to promote an alliance with parents (...)avoiding that the treatment itself adds more injury to injury, thus becoming intolerable over time. We also know how all this is neither simple nor easy, despite being a critical and necessary step for starting and, above all, continuing the analysis of a child." (Badoni, 2002). I have learned that this situation also concerns adolescents and adults, and is the reason why sometimes it happens that you 'have to' accept (and often not only in the area of consultation) who 'comes in.' As Ferro showed, in fact, the person/s, and/or object/s, and/or, even, animals that may accompany a patient to an intake meeting or session 'say' *many things* about an 'element' from the patient's (internal/external) world at that particular time in his/her life. These '*things*' are 'very precious' for the analyst because they are able to give important informations on a need, or on an ally that 'supports' the contact with the analyst, or on a kind of test which the patient submits us to ("do you accept also this 'X' that I've brought with me?"), or, lastly, on an infiltrator who is there to spy and sabotage the ongoing work. It is as if you began a symbiotic relationship (Bion, 1970), in which

"there is a comparison between the two parts, and the result produces growth". Coming back to Badoni (2002), referring to the golden rule of the neutrality of the setting, the relationship with anything other than the person and, above all, the *words* of the patient (and, in particular, the issue of "if and how" when dealing with parents in child analysis), have required, and will continue to require a lot of effort from the entire psychoanalytic society.

Theoretical and technical consequences are not insignificant, and they still constitute, even to this day, both a demarcation between different schools of thought and the possible refusal of what Balottari (1998) calls "*our collective countertransference*" which depends upon the parent being experienced as the "odd man out."²⁵ In my opinion, this demarcation and denial can ensure that in the mind of the analyst a "place for the other" is not – paradoxically – created (nor *another* perspective, *another* model, *another* type of approach ...).

In this vein, experimenting with a period of *cohabitation* (analyst, child, parents) *in the therapy room*, was a key lesson for me, which I then extended to a particular form of contract in a setting which I have prepared over the years for adolescents²⁶ and used, in recent years if conditions see fit, in working with adults. You need to have an absolutely flexible mindset, which exposes us to the strenuous and continuous reworking of our analytical self, but in return offers us new skills on 'that' particular subject because it allows us to "*accommodate fluctuating hypotheses in search for confirmation*" (Speziale Bagliacca, 1980), which stimulates a dynamic integration of opposites and a multiple identification process.

In fact, the way parents (but, also generally, who may have come to the session with the patient) speak about their children and of themselves as children, siblings, parents and spouses, along with the dreams that they tell us, constitutes a contribution that really makes them excellent *colleagues* with whom there are moments of friction, as with every colleague with whom there is an authentic collaboration. After all, you are dealing with affections and emotions that characterize the relationship with relatives in every analysis, since the analysis 'moves' rigid intrapsychic and interpersonal structures and, consequently, 'irritates' coded balances causing reactions of distress against changes which are initially perceived as catastrophic. It can happen, even when treating adults, that instead of getting classically into analysis only through the *words* of the patient, these feelings ask to be received '*physically*', through people or objects. It is my opinion that we should give them hospitality, however, when relating to them, it is necessary to keep a *psychoanalytic* mindset, treating them as *communications* (of the same value as the '*other*' free associations) with which the patient makes us a part of something that is still not utterable and for which he/she is searching for *words*.

This may have to do with unconscious identities at the mercy of a tyrannical 'condensation' of the familial history of several generations (Faimberg, 1988), as in the case of R., who was eight years old when I first saw him. He was attending school with a special education teacher, he took neuroleptics, when something troubled him he could not keep from masturbating, and he did not use the pronoun "I". In the first session with parents, I was shocked by the fact that the mother came up the stairs with her hand on her husband's arm, and she never took it off even when she entered the

²⁵ It is an "ideology" which may be in collusion with the parental feelings of exclusion and fantasies of theft leading to persecutory atmospheres: "*In this ideology a 'common' ghost of expropriation is involved which asks to be considered before being attributed to one part or the other . This is a consideration which refers to the need for a greater countertransference awareness regarding our internal 'parenting' and about how we transmit it in our experience with parents.*"

²⁶ For which I propose (Scotto di Fasano, 1992) that with regularity and according to a particular setting modulation, there will be sessions with parents in the presence of the adolescent. If this should happen, it needs to be at least once a month, rather than with less frequent schedulings, and it is agreed with the adolescent himself, also with regards to the presented sets of problems. It seems to me that this kind of contract gives the patient more 'ownership' of his own treatment, establishing on a fantasmic level a kind of 'payment ', despite the fact that my fees actually fall on the parents. Moreover, it constitutes itself as a space in which all 'players' involved can look at themselves and others from more points of view, thus discovering unexpected viewpoints that help "fluidify" relationships which are often tightened and experiencing important possibilities of multiple identifications.

study. She explained to me that she could only move around when touching a companion with her finger; this fact heavily conditioned her in everyday life. She had a "flaccid" appearance. She said in a childish voice that R. had always been normal but (here her husband arched his eyebrows seemingly wanting to interrupt her), she added, *"the developmental stages were normal, but, growing up, when we took him to kindergarten, there was nothing left to do."*

At this point he integrated: *"My wife's parents did not want him to go to kindergarten and, that it was a mistake."* She added that her parents had always been very protective of her and she said, *"they make the same mistakes with R. as they did with me,"* to the point of not being able to walk by herself. *"They also are against my husband, who is from the South of Italy, a "terrone" (a prejudicial term) I got married because I got pregnant."* She is in analytic therapy. On the contrary, since he was a teenager, he *"had to learn to make it on his own", "not like me who was always provided with everything."* Things in their marriage, as long as they had lived with her parents, had gone from bad to worse; then things started improving when they began living on their own (which at that time had already been for several months). They were worried about their child, who was very spoiled by his grandparents (with whom he still passed most of the time), had no initiatives, was unable to stay alone or with other children, but at home, *"was a tyrant"*. They spoke a lot about his compulsory use of masturbation, especially when he was agitated²⁷, *"almost as if he needed something hard to cling to,"* I commented.

Years later, I wonder to myself if this hypothesis of mine did not seem as a sort of confirmation to the mother's ears of the unconscious fantasies *that it really takes something hard to cling to ...* Not surprisingly, perhaps, the mother asked me if R.'s teacher could come to speak to me: I said no, but now I wonder if the introduction of this figure, who perhaps in the maternal fantasy had in turn needed to latch on to someone, would not have foreshadowed the need that I learn how to create such an elastic space in order to accommodate the different needs of support which were in these adults.

"The child analyst who works between one generation and the next is a privileged witness, but is also in an embarrassing position (...) In a way, his/her role is to stay between the parts, thus reducing the impact of what Faimberg calls "téliscopage" between one generation and the next. The problem is not only to understand the presence of a mandate, but to try to disable it in order to allow the child to establish his/her own identity. " (Badoni, 2002).

The analysis of R. started in the therapy study without his parents, as at the time I was just starting out and I had not even considered this last hypothesis. How it emerged during supervision, the relationship was constantly in tension between "letting him hold me in the palm of his hand" and teaching him that this kind of relationship was not good for him. We repeatedly had to paste, under his orders, pieces of paper that were previously torn by him. All the while, the glue was said to be "a bomb".

Within a few months the situation at school seemed to improve coinciding with, instead of his parents, he started to be accompanied to the sessions by his maternal grandmother. R. also more frequently (and from then on he always) brought with him a toy bulldozer, held tightly in his hand. At the same time, he increased his demands: if I did not obey, he reacted angrily assaulting the study and the furnishings: especially making holes and engravings on shelves and desks. At the same time, he began to use the pronoun 'I'; in one session, for example, in an attempt to resolve a problem (he needed a circus with a roof, but with the roof on he could no longer work with the beasts inside), said, *"C'mon, Daniela, help, think of something for I!"*

It seemed – this feeling became increasingly more intense –, that R. brought the known R. together with an unknown and unborn R. He was very interested in my other patients and he wanted to know their names; in one session, at my invitation to tell me which names he imagined for them, he answered that he did not know any names, and irritated, walked away. Then he "begged-ordered" me to play with him with the stone-shredder and that it was my turn to decide what to do because he

²⁷

The extreme excitement of these children is a signal of too much and of too little: it is an effect of intrusion that keeps the child in a state of perpetual threat and an effect of absence that causes separation anxiety. (Badoni, cit.)

"felt alone and the room was dark and sad." This evoked two very unpleasant experiences: "depending on something that isn't himself and being all alone – both things in the same moment." (Bion, 1983, p. 68). R. found it hard to tolerate the end of the sessions, suffering when he left; this was accompanied by an increasingly intense insistence by the grandmother to stay with R. during the sessions (*"I know how to keep him calm", "with me he calms down"*) and to have private talks with me, but I did not accept those requests: by cutting out *"an implicit request to host and participate in a process of recreation, in which the child to be repaired and recreated is a self-child: in the parent and in the child"* (Balottari, cit); and in the grandmother?

The grandmother showed up with R. earlier and earlier, forcing me to make them wait; I learned from a telephone call by his mother that, *"since R. is agitated for a few hours after the sessions, it was appropriate to move him to the grandparents, because they know better than we do how to calm him down."* At that time, R. seemed to communicate that if he were to find a placenta to hang on to and take nourishment from, he could develop until being born, bringing to light *unborn parts of his personality*. But, the increasingly evident problem was: "Who does R. belong to?" The grandmother often brought me flowers, she stopped to talk with me invading the session space telling episodes that happened at school that she did not want R. 's parents know about, pleading that I had to talk with his teacher.

I firmly refused every request but I did not catch/understand the grandmother's need to find a welcoming area in my mind for herself.

R., after the summer holidays, did not resume sessions. The father came to me saying that the mother interrupted her analytical treatment and that R. was still living with his grandparents: *"with them he is actually much calmer"* ...

In retrospect, I think I probably imposed on R. and his household an early separation regarding the group's ability to tolerate, which was equivalent to a premature interpretation, that can only be experienced as violence²⁸. Years later, I wonder if I had accepted the grandmother, teacher or parents in the early months of work with R., if it would have possibly prevented the crash of a situation which did not find a mental network to support its collapse.

"The paradox in which the analyst works under in these circumstances is linked to the request for treating a child who does not exist and whose psychological birth still needs to come, and which deeply threatens the defensive positions of the parents. As a result, the analyst is in danger of being imprisoned in the same mandate in which his young patient finds himself" (Badoni, 2002).

The problem of the 'mental network' which allows each of the 'characters' introduced on stage of an infantile analytical treatment by the 'group mind' made me accept the request for therapy of V. (having learned from the painful experience lived with R.)

V. was born preterm with a dystocia birth at 38 weeks of gestation (with caesarean section) due to a fetus-pelvic disproportion and she was hospitalized for 12 days. She was discharged with a diagnosis of "perinatal distress with dysmorphic notes". When she was less than three-months old, she was again hospitalized for postprandial recurrent vomiting; and again, at five months, for sepsis. During this hospitalization, a problem in the left kidney was discovered; two more hospitalizations followed one after another, each time for ten days until the diagnosis of pyelonephritis and bladder- urethral reflux of the left kidney was reached. Approximately one month after the last hospitalization (i.e. when she was about six months old), V. underwent transplant surgery to replace the left vesicoureteral according to Cohen. Very little height-weight growth had always been recorded. At three and a half years old, the medical case emerging from a neurological examination was of hypotonic quadriplegia. A postural delay was evidenced: she had little balance while in the sitting position; from the psychological point of view, a high level of retardation appeared. A possible epileptic pathogenesis was suspected. When I met her parents for

²⁸ "Although the request of the parents seems to be a plea for helping their child, if we want that the definition of child as 'our patient' does not define us as violent and suspect people who exclude, as persecutors against whom sooner or later the weapon of disruption will come to light, we must find ways to work on both "fronts", producing a 'technical system' (beyond the seduction?) which is able to handle the changes in anguish" (Balottari, cited above).

the first time, V. was three years and one month old. They told me, in synchronization, all the illnesses, hospitalizations, and the failed inclusion in the nursery school. The mother 'sagged' in the armchair but she seemed to become 'tonic' when I asked them if they remembered the first smiles of the baby girl. At this point, in the words of the mother (who was smiling for the first time) a 'little horse', V., emerged: a lively, curious little girl who was always busy rummaging in drawers... However – as it was necessary to return “on the right path” – the father brought back the dialogue regarding V.'s hypotonia (and the mother became sagged again), on her fragility, and on her being so exposed to illnesses. They talked about how it seemed to them that V., who willingly spent time with everyone, did not give them the impression of being able to recognize them; they cited the opinion of the doctor who sent them to me²⁹ saying that the doctor told the mother to ask for a part-time job in order to spend more time with her little girl. The mother was very taken aback, she seemed surprised by the fact that spending more time with her might be seen as “therapeutic” for V. So, from here, a virtuous circle started that occupied several years of working with V., her parents and the people dealing with her that were her babysitter, teachers, psycho-motor therapist, speech therapist, and the principal of her school. The referring doctor heavily recommended this for the family organization; the parents were invited by me to participate in the sessions in the first six months; if the referring doctor “shocked” the mother by showing her that she could be a potential benefit for V., at the same time the mother shocked me and the grey sequence of case histories with which these parents were identified with, by introducing in my mind (and, by the evidence of the material we could see together, in the father's mind as well), the image of a lively and “sly” *little horse* V.

V. very slowly learned how to sit straight up, get up on her legs, keep saliva in her mouth, stop using diapers, play *fort-da* with the little door of her wardrobe, attend kindergarten, slowly acquiring a '*psychic/bone endoskeleton*', supported mainly by her mother who often functioned³⁰ as “*discussion opener*”³¹ informing me about the little transformations in V.'s behavior both during sessions and, after the six month period of 'cohabitation' in the therapy room finished, outside.

The mother noticed that V. smiled to her after a period of separation and she told me so, commenting this fact in front of V. at the beginning of a session, using the phrase “now, she recognizes us”. The mother started (during the first six months of the sessions) the game of “*fort-da*” hiding herself and reappearing behind the door of the toy cabinet (this game was played many times by V. and it seemed to me that she could access a tree-dimensional mental space). The mother bought V. a music box after having noticed her attraction to mine, acting as a “bridge” for me and the child between the inside and the outside, front and back, below and above.

In one of the first sessions, for example, V. took a little teddy bear from her father's hands which played music when its belly was pushed. She looked at it in an ecstatic way, then seemed to allude to a dance- movement. Speaking with her parents, I underlined her movement and I told her parents that V. liked music because she liked dancing.

She took a little leap, then threw the teddy bear to the ground and started crawling fast toward the cord of the curtain, which she often sucked on for many minutes. “*Your friend!*” her mother said, and she put herself behind her daughter. V., using mother's arms as support, lifted herself up, then grabbed the cord, letting herself go on her mother like dead weight, who commented while holding her: “*comfortable, aren't we?*” She then grabbed the cord (which supported her) and made the curtain go up and down, alluding to a kind of dance with an “up and down” rhythm. Then the mother said, smiling, “*So Daniela is right, you do dance!*”, and V. answered with little satisfied giggles. Her father, who had seemed sorry that V. had thrown down the teddy bear, smiled and commented, “*you are standing up!*”.

²⁹ Dina Vallino.

³⁰ As she empowered the psychoanalytic function of her own mind (Di Chiara, 1985).

³¹ The concept of '*word-bearer mother*' by Aulagnier (1986) comes to mind.

V. had indeed been for a long time 'hanging by a thread' but her parents showed that they could start understanding and supporting her psychic need of *volume and presence*. From the '*sticky snail*' little girl emerged, like a butterfly from a cocoon (a hard cocoon, even if apparently limp), the '*little horse*' as her mother had announced the first session.

There were moments of competition, particularly with her father, who was more mother than father, and who then had to face and tolerate lived experiences of exclusion from the central position occupied until then. He was, though, very grateful to me because I accepted his request to move from three to two sessions a week to avoid creating him too many problems at work. He felt – as he himself said to me – that he understood at that moment how important his presence next to the mother during the session was for me.

Ultimately, we are dealing with being able to learn to “*make parents (and children) recognize the quality of the 'transformative object' in addition to the 'subject to transform'.*” (Balottari, cited above).

I learned then that the arrival of 'others' can be also experimented with adult patients, as a valuable form of alliance and integration to the analytical work.

X., at the time of consultation, was a stylish woman in her thirties (a little on the Barbie side), polished and quite formal. She had a brother eight years younger than her (who their mother called “your son” speaking with her); she had been married for three years to a man nine years older who had the same name as her father...

She asked for a consultation due to the disabling panic attacks which required her to be accompanied everywhere and which deprived her of her autonomy. She interrupted her university studies and worked with her mother in her mother's shop, while her brother graduated and was specializing with prestigious masters' degrees.

Three years before X had been operated on for endometriosis and a “*premature menopause for therapeutic purposes*” was induced. She was advised to wait a few years before thinking about a pregnancy and psychotherapy was suggested, which she started but interrupted after a few months because the therapist seemed “*more on my husband's side than mine*”. For a long time she did not accept using the couch. She “fixated” me with her look in an way that was very annoying to me, commenting on my outfit, jewelry, or the type of my glasses and giving me the impression of 'evaluating me' and at the same time 'using me for existing'. She told me about being raised in a house without a 'maternal atmosphere' (she was the one who followed her brother's studies, she was the one who prepared the meals) but also without 'paternal strength'. She was very spoiled by her father but highly conditioned by some impositions from the mother: she could not use, for example, public transport or toilets in bars or restaurants. She did not earn a salary for her job, but her parents had supported the purchase and the renovation of her house where she had been living, next to the one of her parents. The husband belonged to a prestigious and wealthy family, with which X. was embroiled in competition, confrontation and envy, especially with a sister-in-law of hers who was already the mother of a baby girl. Her husband was a solitary, rigid man, very dependent on his family, and with whom there was a scarce and problematic sexual relationship. She, at the time of the intake, completely depended on him for her movements but, at the same time, she constantly had him 'under control'. He asked me, a few months after the beginning of therapy, if he could have a talk with me. I agreed, as long as it was in her presence and at a time not coinciding with her session. He demonstrated to be collaborative and we could work on a 'mentality' (Bion) of 'homosexual band' (Meltzer, Harris, 1983) of which X. had deprived him, forcing him to break away from his old company of only male friends.

In this interview, it emerged that X. often wanted to “command”, that she often deprived him of the possibility to “act as a male” and to have his private space (for example, fishing). At the same time, however, his playing for hours at the computer or with the game boy or watching the television may also have been an isolation of an “autistic nature” with hostile intentions against X. After that talk, X. agreed to move from the chair to the couch (using it in a very controversial way) and we could

work more explicitly on her 'commanding' her partner through her dependence on him (in the style of the Hegelian dialectic of servant and master). He, in fact, meanwhile, restarted his hobby of fishing and firmly defended his rights to have time, space, and personal decisions. They restarted having sporadic but also more frequent sexual intercourse and, above all, X. began to drive the car alone (gradually for longer distances³²). Meanwhile, during the analysis, we examined the issues related to the relationship with her mother, with whom she increasingly "bickered" for many reasons, refusing her orders, such as, *"Do not say this to your aunt; do not use this jacket with the other aunt; why do you make her give you an invoice, it is humiliating that the accountant knows that you are in analysis."*

One year after the start of the analysis, I accepted that she come to a session with her mother. It would be too long to go into the details of the description of this person, who was separated from home when she was nine years old, (she was the only in her town to do so), in order to continue her studies in the city, and be 'used' by her parents to climb the social ladder. What is interesting here is to emphasize how X. commented the session: *"I'm not going to ask you to bring someone here anymore, because I understand that I have to change these things by myself, not you for me. I have to change these things inside of me, not outside, but if you hadn't accepted (as you had accepted that I spent some months to use the couch) I would not have felt space for me and for my needs my mother never had space for me, for us, but I figured it out yesterday here, when she started crying for having been sent to boarding school when she was very young. If there was no space for her, how could she learn to give it to us, to me and to my brother? I am grateful to my mother for having said things that she had never told anybody³³, and that, if it had not been possible to make her come here, she would have kept them inside forever."*

An opening to the intrapsychic and mental began where the concrete act of having made space for concrete figures from the outside world made it possible to highlight and (as in discussion group in a seminar workshop on Infant Observation) observe together. Even the husband and the mother of X. were valid "colleagues" in the analytic work, allowing us to observe together important elements of her life story.

In the type of approach which I propose, what should be emphasized and defended is the value of the setting (such as the use of the couch, the use of 'extra' sessions and not at the same time as those of the patient, and the refusal to allow in relatives/friends), which permits these patients to have the experience of a container, which is indestructible but not hard in a persecutory way, but 'customized', personal, and not 'anonymous'.

Y., a beautiful woman (I should say 'young woman') of thirty-five years old, was also still embroiled in dependency relationships with her family, where she still lived and from whom she was professionally and economically dependent (they managed a business). She was the second child and the older sister was married and a mother of two children, but, in her own way was more in touch with the biological family than with her own. Y. called for treatment after the latest failure of another unlikely love story; she was seriously depressed and – I believed – at a high risk for suicide. She had a particularly deep relationship with her mother, she described an early sex life (she was 14 years old when she had intercourse for the first time) and was promiscuous with men and, sporadically, with a woman, with whom she had established the only long-lasting relationship³⁴. Regarding this woman, she said that if she were a man, she would have married her. She did not accept the cushion on the couch, so she brought one from home (with pillowcase) which was used by her only. She described a behavior that characterized her whole childhood and early adolescence: in order to fall asleep she had to suck her thumb and at the same time rub a smooth

³² Reminding me how offspring of various species, even babies, move away from their mother in order to conquer their autonomy, making increasingly larger concentric circles.

³³ She said crying: *"I have always hated my mother for having exiled me, but it was for my own sake. How could I tell someone that I hated her?"*

³⁴ She was never without a man, each one continuously replaced by a new boyfriend.

and soft piece of cloth between her thumb and forefinger of her other hand, simultaneously touching her cheek with it.

She tried twice, with two different men to leave her birth family, *"but every time, with great satisfaction to my mother, I came back home with my tail between my legs."*

She dressed in a very flashy way but without continuity: if it was snowing, she would dress like Rambo; other times, she wore a very long skirt like Lou von Salomé, or breath-taking mini-skirts or super decorated pink jeans. She was "distant", as if far away in world of 'fairy tales' (in which she was, using her own words, the *"Princess"*) or – in my countertransference – 'of nightmares', in a grey and cold area of absolute emptiness and extreme loneliness.

Despite having an appearance of nonchalance and autonomy, she told me that she has never been alone in a store, in a bar or in a hotel, and that she could do these things only if accompanied by someone. In the first dream that she brought into analysis she was in turn repeatedly raped by her father and her paternal grandmother. She said that as a teenager she masturbated for a long periods of time, daydreaming about episodes like this with the same protagonists.

She advised me that, since she could not come to the sessions alone, she may, in the absence of other companions (usually her boyfriend of the time or her 'friend') bring along with her the little dog. Actually, only two months after starting, she came with him, putting him on the couch with her. The dog, however, was not comfortable and showed that he wanted to get down. I told her to let him go.

When he was on the ground, the dog went around the room sniffing, then he stopped halfway between my chair and the couch, looking at Y. then at me, "perplexed" and without deciding to sit down. Y. said laughing and watching him, *"It seems strange also to you talking in this way, right?"*, and we burst out laughing together. At one point, we heard footsteps in the hallway outside.

The dog, very alarmed, ran to the door and softly growled, while Y. told him to be quiet because there was nothing to be afraid of. When there was silence again, the dog moved away from the door and came to lie at my feet, under my legs, snuggling on the carpet with his snout turned towards his owner. It was not the only time that V. was accompanied by her dog, but from then on she could come to the sessions even without chaperons, and that was the first 'thing' she did alone.

How was the dog a colleague? I believed by showing Y. that she was in a *"heimlich"* place, simultaneously a 'home-not home', where the 'uncanny' of the analytical setting, at first identified by him as 'anomalous' with his perplexed look, was what we could have trust in, highlighting the functionality of the relationship's asymmetry: the dog finally found his place at the feet of the analyst. Maybe Y. needed, through her dog, to explore my willingness to make/give space to her archaic and animalistic parts, which, in turn, also through him, could assign me the role and function of skipper in whom trust was given in order to face the unknown which the uncanny analytical journey entails.

It is my opinion that the 'concrete' companions who can participate in clinical work with patients help the analyst to 'listen/find' something that the patient himself is not ready to say/do yet (Anzieu, 1968) (but is about to), even when (as in the case of V.) the patient is a young child: V. was 'already', at least potentially, the *'little horse'* that her mother had glimpsed despite her flaccid disposition.

Moreover, the ability to reconcile (concretely at the beginning) the relationship with the analyst and the patient's contingent and "historical" relationships, in addition to 'reassuring' the patient about the risks raised by the 'conflict of loyalty', opens more spaces for thinking which were until then unforeseen in areas where the impressiveness of the processes of fusion/confusion and the importance of mimetic-adhesive identification (Bick, 1975), of the *glischro-carico* (Bleger, 1967), and autistic-contiguous location (Ogden, 1992) had not allowed an opening to a 'third' element.

In circumstances where the 'concrete' seems to have to 'traumatically'³⁵ invade the analytic space, *"the analyst is subconsciously required to experience a situation (...) without knowing in advance*

³⁵ First and foremost, it is a 'trauma' for us analysts because it alters the 'lifesaver' setting.

where it will bring him/her"(...) The perennial controversy, if the analyst must or must not work with the child's parents takes on a particular importance here. (...) Tolerance used as an object (Winnicott, 1969) and, as such, shaken up, is essential." (Badoni, 2002).

If our job is to encourage the opening of gates towards horizons of freedom, it is also possible, as I tried to show here, that the 'character' introduced during the session can help the analyst to "learn from the experience" (Bion) how to respond with authenticity regarding the needs of 'that' patient at 'that' specific time of his/her analysis and life.

I think in this sense of the extraordinary training power of Infant Observation, and I would like to head towards the conclusion with an excerpt from my personal experience in this field.

Vallino and Macciò (2004) wrote: *"A newborn of 25 days, Claudio, had to stop breastfeeding because his mother did not have any milk. The Observer narrated: I entered the kitchen where Claudio was in the cradle screaming and crying. The mother said that he had just finished his bottle. So, Claudio finished his feeding and was put in the cradle, but for some reason he was not pleased and cried: did he perhaps not want to be left alone but wanted to be embraced? Did he have perhaps a stomachache or some other disorder?(...) Increasingly more desperate, Claudio arched himself, pushing back his head and tried to turn toward the breast fumbling with his hands in the air. The mother turned the baby slightly toward her and he rubbed his face on the mother's breast and slowly stopped crying. Now his only movements are these. The lady noticed it and commented: 'Do you want mum's breast, do you?'*

Claudio could still have been hungry, but the mother thought he was not(...) His cry clearly appeared to be a cry of desire. (...) We have in Claudio (...)an idea that turns itself into an action at just 25 days of life (...) It is too bold to infer that Claudio tried to achieve a kind of action in order to change the reality? The action for Freud must exist so that a mental representation can truly be called a 'thought process'".³⁶

The authors emphasize that we can assume already in the earliest days of life a "pre-verbal thought" (Scotto di Fasano, 2003). For me it is important to emphasize that it was the mother who let them come up with this hypothesis.

December 30, 2012

To care the baby taking care of the parents / to care the parents taking care of the baby.

Valdimiro P. Pellicanò

Urged by various interventions, I would offer some of my thoughts (in draft form, may be developed) on the care with child psychoanalysis.

In particular, I would like to focus on some aspects of care which are not frequently treated, but I think many children's analysts play (especially with children with serious illnesses) and which are often crucial for the continuity of treatment and the evolution of the care.

I will do just some brief comments, insisting mainly on the therapeutic effects that, taking charge of the problems of the child and (separately) of the parents, may have for the clinical evolution and to expand individual spaces of each of the participants to the treatment.

³⁶

The ability of Claudio to try to find the breasts hidden in the mother's gown is in line with the early studies of Gibson, showing that in the first three months the child has got a unified perceptual system that enables him to extract abstract invariants from multiple sensory channels.

Organizing the setting, when you start the treatment of the child (especially in those clinical situations where it is not possible to proceed with an analysis of the child based on 4 sessions per week), I think it is very important to provide a therapeutic space for parents (which may be followed by an experienced therapist of couple, who can be the same analyst of the child, if he is also an expert in the treatment of couples).

Based on my clinical experience, involving parents in the treatment of their son, organizing for them a separate setting, can be an additional factor of therapeutic individual treatment, for the following reasons:

1) By reducing the influence (often caused by massive projections of beta elements) that disturbed parents have to maintain, and often aggravate the condition of the little patient³⁷. (Note 1)

2) The work with the parental couple, as well as reducing the projections on the child, may act on the vicious circle of "compulsion repetition" (which in the dynamics of couple, or of family, is very much present) and can promote the development of a virtuous circle. Acting on the pathology of the couple, obviously helps our little patient to get free of expectations and requests of parents (identified patient) that interfere with the development and the growth.

3) Follow in parallel the parents and the child³⁸ (with separate settings) can be used to reduce the interference which often family members act on the child's treatment. The analyst, too, can become for the parents a "familiar object", especially if he helps them to understand the meaning, also communicative, of some "crazy" behaviors of their child. Always more I get convinced that if we are able to change the environment in which the child lives, we can help the child to spend less energy to contrast the parental interferences: energy that can be spent for the change and the growth.

4) The therapeutic work on the child gets free the parents from many deep anxieties to damage their son and promotes their reparative tendencies, which can be improved by the treatment of couple.

Right now I'll stop here, hoping to further develop these considerations, helped also by the suggestions of the colleagues.

December 31, 2012

Couple's Psychoanalysis: Why Not?

Cristina Ricciardi

I was at the grocery store Friday afternoon and, while I was looking at some fresh dates to buy, I heard someone call out my name in a joyful tone: "Doctor! What a pleasure meeting you here! We are very grateful to you, you changed our lives." Pleasantly surprised, I heartily said hello to the

³⁷ In this regard, I remember a treatment, followed by myself, of the parents (of a child with alopecia, followed by a colleague) that due to violent quarrels induced in me (in the countertransference) a real thought stop. In this case, containment and processing of these emotional "brute" states of the parents, revealed to be an important factor for a positive development of the treatment.

³⁸ In "Care and self-care with psychoanalysis. A seminar with Antonino Ferro. (Edited by P. Valdimiro P. Pellicanò). Ed Borla, 2012. "I illustrate the case of a child with autistic and symbiotic disorder (which I followed with two sessions per week for 8 years) and where I emphasize how it was essential, for the evolution of the treatment, to follow the parents a once a month (they to for 8 years).

couple and, in the meantime, playing down their statement, I told them that it was only due to their willingness to get themselves into a discussion as a couple that facilitated the transformation of their relationship; I only went along with them on their path. They talked about the pleasure and serenity of their relationship, the husband's job change, who, among other things, invited me to participate in an event that he was planning on behavior disorders – he now works for a pharma company. Meanwhile, I learned that the son, who had encouraged their couple's therapy, is going to graduate university with high marks and he sometimes rants against those who wanted to relegate him to special education when he was younger .

More than ten years have passed since their last session when we agreed to end their couple's psychoanalytic psychotherapy. They came at the urging of their son's pediatrician, who was a student in a course of psychoanalytic psychotherapy for children at the time, and the mother was worried because her son of about six years old had been supposed to be of an inferior intellect and to have accentuated psycho-motor instability – he would now be defined as having ADHD. Special education was suggested and, for therapy, psycho-motor therapy sessions. During the parallel consultation with a colleague who had the child in analysis (both the couple and the child were seen at the same time in a 'parallel' setting in the same study but in different rooms), significant problems of the couple and their impact on the psyche of the child emerged.

Their relationship suffered from a reciprocal low levels of esteem and trust which were caused by personal problems experienced in their specific environments. Then it emerged that the woman had never felt appraised by her own family environment to the point of being induced to acting that had affected her own life and caused sacrifices with frustrating consequences. The husband suffered from difficulties in overcoming the consequences from the devaluation by the wife's family due to his lower background and social status, which ended up undermining his self-esteem. This brought about a depressive situation which caused aggressiveness and vindication between them. Strong reciprocal projections developed into a collusion of the couple which rendered their married life hardly tolerable, while the whole thing was well disguised by conventional behavior which was barely mobile on the emotional level.

The child showed a defense system organized mainly on the division and had a tendency to identify himself with the aggressor; these things held him back from having an adequate participation in family and social life and to the natural revealing of his (very valid) intellectual and creative potentialities.

They were given the recommendation for couple's psychotherapy and child psychoanalytic psychotherapy for three times a week, which were both accepted and carried out to the end.

I took the cue from this sudden episode which happened last Friday to decide to participate in the debate which is nearing its end and emphasize one point which I think is worthy of being noted.

We usually all quite agree that, when we are working on child consultations, we must give a lot of space to parents to help them understand the difficulties their children face and consider ahead of time listening to them because – as Marta Badoni said (2002), "We know that the request for child analysis is set off from a more or less visible and more or less tolerable family suffering, and that the child analyst must be able to open a space in this suffering and be able to gradually transmit to the parents the sense of his reflection, thoughts and work."

We also equally share the reality that the work with parents is aimed at promoting and maintaining over time the parents' alliance to their child's treatment as M. Badoni has sustained and how in this debate Paola Marion has efficiently highlighted.

Gemma Trapanese introduced the theme of the family and, between the lines (but not even that much) the theme of the couple. I find it useful to highlight how in each consultation for a child or adolescent, parents should be considered not only for their parental functions, but also for their reality as a married couple from the beginning. Quite significant tensions and problems regarding their relationship as a couple based on a pathological collusion, often secretly affect their personal

life and, falling upon the children, can undermine their psyche as time goes on. It is then an issue of the analyst's mindset: listening to the dynamics of the couple in order to then evaluate from the beginning the eventuality of an indication for couple psychoanalytic therapy is always fruitful if prepared right from the first session. The listening has to be even more refined in cases where the children are not affected by a clear catastrophic syndrome, like autism, but rather a clinical syndrome that seems to preserve some psychic areas and leave rather hidden some structural rifts, much like the pathologic dynamics of the couple risk to remain disguised and submerged.

Since 1977, the couple's seminars conducted by Dr. Andreas Giannakoulas, who was among the first to introduce couple's psychoanalytic therapy in Italy as far back as the early 1970s, have urged me to listen to the dynamics and psychopathology of the couple.

When - we wrote in: "The fantasies-symptoms dialogue between theory and clinical practice" (1991) - in our work we help parents face the syndromes presented in their children, we frequently notice their natural reaction that reminds us of Freud's "The Uncanny" (1919). This reaction comes out when the idea pops up in their mind, accepted or not, that the child's condition may have something to do with themselves, with their inner world, and it is accompanied by expressions such as, "Is it possible that we have something to do with his problems?", or, "of course. I was the same way, too, and my wife does not tolerate me, but what does it have to do with the baby?" There, where the words are hung out, suspended, the face's mimicking becomes eloquent when it is betrayed by lost, confused, or absorbed and charming expressions. "

"The uncanny- Freud said- is that sort of scary thing which takes origin from what we are familiar with ... something that we don't understand", "that was supposed to remain hidden but, instead, re-surfaces." "It happens when repressed infant complexes are called back out by an impression". These are key moments, among many others, that enable us to listen to the dynamics of the couple and make us reflect upon what indication to give: child therapy?, child and couple's therapy?, only couple's therapy? (see, for example, among many: "Therapy without a patient" by Paola Carbone). Is it a clear indication for couple's psychotherapy? This last indication is often rife with difficulties, first of all the resistance of the parents to acting as subjects-patients. The start of the therapy itself, meaning that it is accepted as real couple's therapy and not as in support of the child's therapy, requires very careful modulation and care and an undefinable and particular timing for each couple.

Giving precedence to the point of view of conjugality over the one of parenting you will necessarily have to work with the couple on what prevents them from realizing the right to have pleasure which is a counterpart to the child and/or teenager's right to conquer a personal dimension of their life and identity. To guide the couple to recognize their right to find or rediscover the pleasure of being a couple, so their narcissistic parts can be nourished which then will "feed" relationships with the children helping to reduce the extreme demands on them or to strengthen a trust and a love in themselves that will be the basis for a parental mindset not too devastated by delusions of expectations.

January 2, 2013

Playing and “enactment” in Psychoanalysis of children³⁹

María del Rosario Sánchez Grillo⁴⁰

(APdeBA)

“The following is in praise of
the capacity of playing...”

(Prologue to “Playing an Reality”, by D. W. Winnicott)

Introduction

The present work approaches the concept of “enactment”, concept that has raised during the last years mainly within the English Psychoanalysis.

In first term, it explores the etymology, evolution and “usage” of the concept as well as its theoretical frontiers among the following concepts: transference-countertransference; thinking-action; fundamental rule- rule of abstinence.

The selected clinical material from a child psychoanalytic treatment reveals its potential links and opening to other concepts such as mutative interpretation and insight, making special reference to the concept of “Playing” in Winnicott and its relation with the concept of “Process” in André Green.

Furthermore, the work explores the pertinence of this conceptual category as distinct and specific in relation with other categories in the domains of psychoanalysis and, finally, proposes a definition of “enactment” to be debated.

Enactment

Etymology of the concept of “enactment”

It is to be noted that this term, which seems to have enlarged the domains of those which have been admitted within the psychoanalytic arena, has in its mother tongue a double meaning. Whereas the first meaning given by the Webster’s New Collegiate Dictionary 1981, for the verb “to enact” is “to establish by legal and authoritative act; to make (as a bill) into law”, and the meaning given for the noun, “enactment “, is “the act of enacting; the state of being enacted”. The second meaning given is “to act out, to represent a role” which is clearly related to theatre, to “play”. Even though the

³⁹ The present paper is a slightly modified version from the original that was first submitted at the XXIV Latin American Congress of Psychoanalysis , “Permanence and change within the psychoanalytic experience” (Montevideo, September 2002) and was after published in “Psychoanalysis” the Buenos Aires Psychoanalytical Association magazine, in 2004 , which keeps the Copyright.

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term has entered the psychoanalytic domains due to its second meaning, its first meaning has played a part as well.

Thus, it carries a double significance: a stage representation that passes a law, or, even better, establishes a new order. As a result, this technique theory concept introduces a more or less radical but always astonishing turning point within the clinical analytic situation.

Consequently, I prefer to use the term “enactment” rather than to translate it since its translation is deprived from the richness with which the original word is loaded.

Another interesting aspect of the term “enactment” is given by James McLaughlin (1992-1998) in his work “Clinical and theoretical aspects of enactment”. He points out that the term had entered the psychoanalytical vocabulary without us paying attention to what it meant for psychoanalysts. On the other hand, he highlights the triple reinforcement of the verb “to act” conveyed, first, by its structure as a compact three syllabic word, second, by the prefix “en” which adds to the meaning of acting the sense of forcing and leading to act and, in third place, by the suffix “ment” which stresses the diverse significances carried by “act” as a noun.

Thus, the term “enactment”, before becoming part of the psychoanalytic technical vocabulary, “suggests the idea of an action which purpose is directed to impact or influence over others on the grounds of action” (re-action). He adds that this idea becomes stronger if the term “act” is considered in its meaning of “being a stage or a play representation, a simulation or feigning.” It could be added: inducing others within the sphere of “representation”.

From this angle, we encounter one of the theoretical frontiers of the concept of “enactment”: the concept of “acting out”.

History of the concept of “enactment”

There is general coincidence among authors in considering Joseph Sandler’s work ‘Countertransference and Role Responsiveness’ as giving birth to the idea.

Sandler points out the positive value Paula Heimann (1950) attributed to countertransference since she considered the emotional reactions of the psychoanalysts could be very useful hints to understand psychic processes in patients. Sandler uses the verb “to enact” and the noun “actualization” with the meaning of “making it real, an understanding, a realization, within action or facts”. According to Sandler “the so frequent irrational answer from the psychoanalyst, whose professional conscience leads him to understand his own blind aspects, is, on many occasions, rewarded as a compromise answer between his own tendencies and the reflexive acceptance of the role the patient is forcing him to act”.

There is also coincidence in pointing out Betty Joseph as the one who, from London, hosted and made the concept develop. On her already classic work “Transference: total situation” (1983-1985), she formalizes concepts already conceived on her first articles (1960). Betty Joseph uses it for the first time in an article written on 1998 “From acting out to enactment”. A workshop about “enactment” within psychoanalysis of children was being announced on the International Congress of New Orleans (2004).

Introducing the book “Enactment-Toward a new approach to the therapeutic relationship” (1988), its compilers, Steven Ellman and Michael Moskovitz, refer that some attribute Eagle to be the one

who introduced the noun “enactment”, while others consider Jacob and Mc Laughlin to be the pioneers in its use.

Mc Laughlin, on the above mentioned work, states: “The word cannot be traced in the indexes of three Psychoanalytic Journals (Journal of the American Psychoanalytic Association, International Journal of Psychoanalysis and Psychoanalytic Quarterly) until it was included in 1986.”. He adds that the only title referred to enactment was the work read by Jacobs in 1984: “Enactments in countertransference”. He points out that the first ones in making use of the term in all its extent were Jacobs in 1984 and he himself in 1985, when the plenary session was held.

Related to its history another theoretical frontier of the term “enactment” can be discovered: transference and countertransference and the relation between both.

Usage of the concept of “enactment”

The term “enactment” was soon adopted among British and American psychoanalysts. Trying not to bore the reader I will point out some landmarks in the development of the term:

-In 1992, a workshop named “Enactment, a closer look: clinical and theoretical aspects”, which was published on the American Psychoanalytic Association Journal and which includes, among others, the above mentioned article by Mc Laughlin as well as others among which could be mentioned Basseches’s “Enactment: what is it about and who do it belong to?” as well as Paula Ellman’s “May enactment be considered a useful concept?”

- During 1993, at the plenary session of the 38th IPA Conference held in Amsterdam, André Green and Leonardo Wender discussed Theodore Jacob’s work: “Psychoanalysts internal experiences and their contribution to the psychoanalytical process.” (published by the APA Journal, 1992, Volume XLVIV N°2).

I will briefly refer to the most outstanding comments of the exponents:

André Green supports: “The way in which my patient influences on my psyche is related to any kind of representations he induces on me. The way in which my interpretations touch him resides on the representations they awaken on him. The act, within the psychoanalytical session, cannot be said to take place neither on the side of the person under psychoanalytic treatment nor on the side of the psychoanalyst”.

- Leonardo Wender states: “ I consider that the psychoanalyst mind can be defined as such as long as it is caught in the relationship with his patient. Beside these moments, the psychoanalyst mind ceases to be such. It will just be a psychoanalyst’s mind.”

- I will quote two paradigmatic articles written by English psychoanalysts which were published in the International Journal Web site in 1998: “Thick and thin skinned organizations and Enactment in borderlines and narcissistic disorders”, by Anthony Bateman, and “getting in on the act: The hysterical solution”, by Ronald Britton

- In an article published in 1999 by The Journal of Clinical Psychoanalysis under the title “Concept of Enactment: progress or fashion?” conclusions by Judith Finger Chused, Steven Ellman, Arnold Rothstein and Owen Renik about this controversial subject can be found.

- In the 2001 International Congress of IPA, a very interesting debate was raised around the controversy “Acting out and/or enactment”. The panel was presented by Maria Ponsi, from Florence, Paula Ellman and Nancy Goodman from USA and Gigliola Fornari Spoto from London.

The Italian psychoanalyst was concerned on whether the two concepts had a precise meaning or if one of both terms was preferred to the detriment of the other". Ellman and Goodman suggested that taking into account enactments was a new access to the unconscious. Fornari Spoto considered enactments to be an intermediate place between cognitive and practical experience, between symbolic thinking and concrete actions along with concomitant feelings.

- It is worth asking ourselves why is it that although global culture has gained psychoanalysis, the concept of enactment has not been accepted in Buenos Aires as easy as among English speaking psychoanalysts.

We can find hints in Manuel Galvez article "Acting out and enactment, ¿concepts or slogans?" presented at the symposium organized by the Buenos Aires Psychoanalytic Association in 2001. Galvez asks himself "Is the concept of enactment a new category of action, within clinical practice, replacing the concept of acting out or are they both complementary concepts? May they be slogans used by different masses of psychoanalysts identified positively or negatively with their 'idealized dead'?"

Finding substance to a concept so related with the concepts of transference, countertransference and acting out may have been difficult and even unnecessary to such expert psychoanalysts as Racker, Grinberg and Liberman.

The above mentioned article by Manuel Galvez, together with the one presented by himself in the FEPAL Conference (Gramado 2000) constitute a valuable introduction to the concept which, furthermore, promotes its debate within the sphere of the theory of technique.

-Following the same trend, two Latin American articles by Doctor Roosevelt Smeke Cassorla , should be taken into account: "Acute enactment as a source of revealing collusion in the analytic relation" (I.J.P.A. Vol82 Part 6-2001)and "From bastion to Enactment" I.J.P.A. Conference, Río de Janeiro 2004).

A definition of enactment

I select, among other, the definition by Judith Fingert Chused in "The evocative power of enactments" (1998):

"Enactments are symbolic interactions between analyst and patient that have unconscious meaning *to both*. During an analysis, they are usually initiated by the patient's actions or by the covert communication in the patient's words (Poland 1988). Enactments also may originate with the analyst (Jacobs), although in this instances, it is often the analyst's countertransference response to the patient's material that leads the enactment."

Clinical Material

This part of the work deals with the period rounding the second year in Alex treatment, a ten year old boy.

The reason for which his parents had sought treatment one year earlier was the appearance of repeated behavior disorders at school after Alex parents had divorced. He fought with schoolmates, bullied them or made inappropriate jokes. His teachers described him as being anxious and excited. He could not bear limits and, in one occasion, he answered the headmaster back shouting in front of other school pupils and teachers. His academic performance diminished distinctly: it was difficult

for him to concentrate and he left his works incomplete, even though he was admitted to be very intelligent and witty.

Short and fatty, he had always been very voracious and was showing signs of obesity. He had controlled urethral sphincter for a very short period of time; his enuresis was primary. These last symptoms were not a reason to worry for his parents. Even more, I believe they wouldn't have asked for consultation if it hadn't been for his problems at school.

At that point of the treatment, his behavior disorders showed signs of decrease and his school performance showed improvements. However, neither of them achieved satisfactory standards and he always gave the impression of being at the verge of breaking the precarious balance he had accomplished.

At that time, he asked me to buy "Pokemon cards" for him. During the sessions, we had to play a game whose rules he said he knew but could never explain clearly. Moreover, these rules were written "Nowhere". He always won the match and he derived great pleasure from it. At those moments he humiliated or scolded me, or even mocked at me. He expected me to know the name of every pokemon (more than a hundred and fifty varieties of them), their evolutions, their powers and their "health points". Whenever it seemed I had begun being acquainted with a theme or I had begun understanding the mechanism of the game, he modified it or he introduced new characters that made me feel confused once more. His game seemed to be directed to just one goal: achieving control over me with his triumph. His victory allowed him to look down at me with disdain and contempt.

While playing, I felt powerless, treated with sadism and tempted to abandon more than once. However, some intuition encouraged me to keep on playing the game.

Any interpretation that crossed my mind was felt by me as an intellectualism, and, whenever I enounced an interpretation, it was not taken into account or it was disdained by Alex. As a result, I felt also powerless and disdained in my psychoanalytic function.

At moments, he reinforced his superiority with new games that involved the Pokemon and Digimon culture knowledge I ignored. He seemed to be a constant examiner, who, from time to time, encouraged my progresses in learning names (so foreign to me) with the purpose of highlighting my inferiority in comparison to him.

With some resistance he could accept that, maybe, there was some relation between what he acted on me and what happened to him at school: learning and teaching could be synonyms of dominating and being dominated and the relation between teacher and student could represent an equivalent of the relation between master and slave. He could also reluctantly accept that, maybe, his difficulties with schoolmates and authorities reflected the emergence of his compulsive addictive need to triumph and gain control on others. Generally this sort of interpretations increased his resistances which were reflected in his proposal that the sessions should be carried out in English as a renewed attempt to arbitrarily change the rules. Whose rules were those? Who for were they proclaimed?

Unexpectedly, one day, after approximately four months of repeated patterns in game, he told me we were going to play chess. Very soon, after few moves and as the result of a castling, I declared him checkmate. My first feeling was awkwardness and surprise. I felt something had broken in the game we both played. Even more surprised, Alex broke in tears while he said: "how can you treat a boy this way? You are a grown up, you are a psychologist. Is it possible that you do such a thing to a poor kid?"

What about the fatty winner? This weak, vulnerable, looser boy appeared, at last, face to face with me, but even more important, face to face with himself. His scarce tolerance to frustration was evident. For the first time, due to an unexpected and spontaneous “move” played by me as his analyst, feelings of pain, powerlessness and helplessness appeared within the set up.

His suffering was revealed as he lost his fake clothing. After recovering from the first impact, it remained clear for both of us that Alex had to make great efforts to bear the fatty winner image. A move played by me deprived him from his fake clothing revealing, thus, the roots of his school symptoms as well as the real, deep quality of his bonds with authorities and persons in power of abilities he had not yet acquired.

After Alex left that day, a feeling of uncertainty lead me to analyze my countertransference trying to understand what had happened. It was clear that during several sessions –months-, we have kept playing a game destined to support and reinforce Alex’ omnipotence. How could that situation break? Who broke it? Was it he as patient or me as his psychoanalyst? Maybe it was a “move” played by both. After all, it was him that asked for another game, another game he did not know. Why have I won him with so much rage as he felt? Was it vengeance? Was I acting out countertransference? Sometimes my answer was positive. However, it was not my characteristic style with patients..

The situation drove me back to my own childhood and to a forgotten screen-memory: being some years younger than Alex, my father had taught me chess rules and moves, being castling included within them. Knowing this special move and applying it as my favorite, I was in possession of a strategy which allowed me to declare checkmate very soon after opening the game. My playmates, my cousins who were my age and did not know this strategy, were defeated once and again. My father, worried by my behavior, decided to intervene in a highly conflictive familiar scene with his words, which I remember this way: ”Castling is a move to be known and to be used in case of need. Whenever, it is used immediately after the opening of the game, playing finishes too soon”. Unconsciously, for me, his words became the “truth”. As a result, I abandoned its use and, if being asked, before the session how to do it, I wouldn’t have even remembered it.

“Playing” and “enactment”

Related to the clinical material I will trace a third theoretical frontier for the concept of ‘enactment’, based on the ‘rules of the game’ within the analytic situation: fundamental rule and free association, abstinence rule and suspended attention.

We know those “rules” are introduced in order to enable a certain understanding between unconscious language and preconscious with the aim of reaching a new order, in the best case, by means of interpretation, which should not leave outside transgressions from any of the members of the analytic couple.

However, how to make those rules not turn the analytic situation into a ‘game’ or a ‘play’ but into a ‘playing’ that allow us to notice the moves between analyst and patient?⁴¹

It is within “playing”, which involves a shared space and movement, that the relation between analyst and child takes place. Even though the relation is more asymmetrical than with an adult

⁴¹ This is related to what J.B. Pontalis points out in his prologue to ‘Playing and Reality’: “It is Winnicott’s personal experience what supports the double difference between game and play, on one hand, and play and playing, on the other. Since according to Winnicott it’s not just a matter of linguistic differences”

patient, in both cases the analyst's unconscious is reached in a double aspect: as the object of transference and by the extent the patient's "playing"-speech resounds on the psychoanalyst's past childhood. The patient's psychological resistances combine with those of the psychoanalyst although allowing the analyst to connect his unconscious in a way which favors the spread of mutative interpretation affecting both of them (Gálvez – Sánchez Grillo – 2000).

The concept of enactment has the inconvenience of sharing a tripartite frontier with its neighbor concept: transference and countertransference, thinking and action, fundamental rule and rule of abstinence. Even though this inconvenience generates certain conflict it also adds interest to the term for Psychoanalysis since it takes place within the sphere of intersubjectivity.

Undoubtedly, the "game of feelings" that gave speech the quality of "alive" or "living" (A. Green 1973-1998) constituted a turning point in Alex' treatment. If we consider feelings are the effect of drive on psychic life and that moves related to the analyst as an object, within transference, are the effect of drive movements to the object, we can understand the actions involved on dramatic or playing representations as a search for symbolic representation through language.

The playing of a child as well as the pleasant and unpleasant feelings awaken on him and on the analyst established "castlings" and "moves" not only on the chessboard but also between primary and secondary processes in both of them (tertiary process). It was the own child who, at a certain moment, turned the switch proposing an abrupt change from a game without law to a paradigmatic ruled game (chess). It was Alex, who in intimate connection with his own life history, induced the analyst to make a "move" that allowed, within transference and prior to word interpretation, the crude feeling awoken by his being separated from parents, the "king" and the "queen", to appear in all its intensity. Separation introduces an order and an ethic within those of the same generation: schoolmates, brothers, cousins, "pawns". The "enactment" supported in the repetition introduced a turning point as well as an opening to insight and mutative interpretation.

"Playing" and "enactment" can be related only in connection to the paradigmatic value attributed by Winnicott to the concept of "playing" (from whom the whole purpose of psychoanalysis is to reach the ability of playing).

Enactment: proposals for debate

Finally I propose the following points related to the concept of "enactment" to be discussed.

1) If we consider "enactment" as a concept in the border of three pair of main psychoanalytic concepts (transference-countertransference, thinking-action, fundamental rule-rule of abstinence), does it need an own place as a concept in theory? Would it constitute a new category within the theory of the psychoanalytic technique showing itself as distinct and specific in relation to other categories of action in Psychoanalysis (specific action, acting out, lapsus)?

2) If the answer is a positive one, could we consider it this way?:

- a) As a stage representation in the sense of the representing of a role, equivalent in status to playing, that takes place within a shared space and move.
- b) Persisting over a more or less long period of the process (it is not a unique "acting").
- c) Involving, throughout reciprocal inductions, both the psychoanalyst and the patient.
- d) Searching to be represented by words.
- e) Generally (though not always), producing a radical turning point within the psychoanalytical situation (mutative interpretation, insight) whenever it is not ignored, and can be understood by both.

3) From a technical-theoretical controversy point of view, it is not strange that this concept have an English origin: it establishes links between intra psychic processes (Melanie Klein and post Klein psychoanalysts) and intersubjectivity processes (Winnicott and post Winnicott psychoanalysts) focusing on what happens within the transitional space and the process.

SUMMARY: PLAYING AND ENACTMENT IN CHILD PSYCHOANALYSIS

In first term, the present work explores the etymology, the history and the usage of the concept of "enactment" within the English speaking bibliography.

Subsequently, based on a child case analysis, the theoretical frontiers of the concept are analysed and the concept is considered as belonging to the technique theory, among concepts such as transference - countertransference; thinking - action; fundamental rule -abstinence rule. Furthermore, the work explores the pertinence of this conceptual category as distinct and specific in relation with other action categories in Psychoanalysis.

Finally, a definition of "enactment" is proposed to be discussed. It defines "enactment" as a "representation" in the sense of dramatic production or performance, with a status equivalent to that of a playing that takes place within a shared space and movement, over a more or less long period of time (it is not a punctual "acting"). This process unconsciously involves, throughout reciprocal inductions, both the analyst and the analysand searching a verbal "representation" and generally promoting a radical turning point in the analytical situation.

(English translation from Spanish: Cristina Chalen)

January 8, 2013

On Psychoanalysis with the Couple and the Family: Another Point of View

Anna Maria Nicolò

The current debate on child psychoanalysis is becoming a particularly fruitful and lively one, and has touched on numerous prominent arguments.

I would like to briefly clarify some important points in order to illustrate a different point of view concerning the relationship we have with the parents of disturbed children and adolescents, because I feel, in this interesting mosaic there is a missing tessera. I am hoping to fill in this scotoma with this rather hasty contribution to the argument. My intention is to make some more information available, with due respect for other models which were integral part also of my own training.

Working with the family and the parental couple has not only proven to be extremely efficacious but has become unavoidable in pathologies of the developmental age and seriously-ill cases. It's unthinkable these days to treat, for example, a psychotic patient without treating his family, whether his childhood one or his present-day one.

The models that guide us to intervene are a bit convoluted and what's more are of fairly recent tradition. We can rightly say they have developed in the last forty years, because Freud, himself was the first to declare psychoanalysis a method that can't tolerate witnesses. In spite of this, in 1936, the IX International Conference of French Psychoanalysts in Nyon, Switzerland was dedicated to the family: "Family Neurosis and Neurotic Family".

I will not be dwelling on all the analysts now grown into a sizeable number, who have worked in this field, (only to mention two pioneers, Bowlby and Enid Balint). That said, I would like to draw

attention for those interested in this complicated question, to read the Introduction of the volume, *Quale psicoanalisi per le coppie?* (Nicolò, Trapanese, 2005) and also *Interazioni*, published by Franco Angeli. This journal, founded twenty years ago, deals with clinical work and psychoanalytical research on the individual-couple-family, and many Italian and foreign psychoanalysts in this field, including me, contribute to its issues.

Among the various orientations on today's scene, I would like to draw attention in particular to Martha Harris, and here in Italy, Marta Badoni, Dina Vallino, Barbara Piovano and Daniela Scotto di Fasano. These analysts and many others who I will not mention for the brevity of this text, stress the importance of work with the parents in order to 'support the therapeutic alliance in work on the child or the adolescent'. The focus, consequently, is on the individual treatment of the patient, facilitated by our work on the life environment of the patient. This is the goal we are endeavouring to reach and it is for this reason we avail ourselves of supportive and cooperative parents and families. This is an important and worthy model used by some child psychoanalysts.

On the other hand, there are psychoanalysts who see this issue radically differently, affirming that each one of us is a product of his/her internal world, and is also expression of an interpersonal and phantasmatic world of which one is spokesperson (Pichon-Rivière) or word-bearer (Anzieu), Aulagnier, and many others are to be mentioned. Our capacity to differentiate ourselves from this phantasmatic family world is caused by our process of subjectivization and it is linked to the capacity of each one of us, and all the family as a structure, to tolerate psychic pain through functioning that ultimately generates thinking.

On this point, Meltzer & Harris (1983), in their interesting book *Child, Family and Community: a psycho-analytical model of the learning process*, consider the family as a context of learning models of internal emotive formation and also a structure deputed to mental containment linked to the pain of growth of its members. Meltzer traces the various categories of families according to identification mechanisms used in the family to achieve this goal.

This approach sees the family and the couple as super-individual units with their own identity. In this area there are various studies which give rise to a group conception of the family. On one hand we have those who consider the family according to Bion's ideas in terms of a basic assumptions functioning, (Box et al., 1981) and others who sustain the idea of the existence of a 'group psychic apparatus' family functioning (Ruffiot, Kaës, Eiguer, etc., 1986). During the past decades, an enormous amount of work has been produced on the mechanisms that characterize the functioning of the family and the couple on an unconscious plane. I will quote as examples only some of these mechanisms and authors to illustrate my case in point: collusion in the couple (Dicks, 1967; Willi, 1975; Giannakoulas, 1992; Norsa & Zavattini, 1997), unconscious alliance and negative pacts (Kaës, 1994), incestuous, anti-depressive and antioedipal functionings in the family (Racamier, 1995), unconscious delegation and loyalty (Boszormenyi-Nagi & Spark, 1973), family script (Byng-Hall, 1995), furthermore, concepts like the skin-self of the couple and skin-self of the family (Anzieu, 1986), and without neglecting Garcia Badaracco's (2000) theorization of multifamily psychoanalysis.

I quote these authors, with good reason, namely because they are widely-known to the readers of this debate, at the same time I am sorry to omit many others who are not so well-known to most, and it happens that often their 'research' is unearthed years later by others who in large part ignored their existence.

At the outset and in most cases, the above models are used by psychoanalysts who work with psychotic patients, or with groups or by those who work with couples with marital problems.

It is indisputable among us analysts how the early mother-child relationship deeply influences the organization of the personality of the individual. The problem arises if, and when we move away from the analysis of these dyadic relationships.

The individual's relationship is with the family and not only with a single parent who is part of a family, namely that phantasmatic organization which is the basic matrix in which our individual self is formed in a process of continual differentiation, renewal and transformation to be exact, and therefore it is on the family where we analysts can intervene, always mindful of the different situations.

Every family has its own identity and a shared functioning which influences each member. This shared functioning is modified according to phases of change in the life cycle of its members. For instance, it is commonly observed at the birth of a baby to see the mother assume a regressive functioning (for example, with the primary maternal preoccupation) thus allowing her to be more attuned to her baby while the husband carries out a containment function towards the mother-child couple. These two functionings happen to be in reciprocal correlation, therefore we can talk about parenthood as a shared expression of the functioning of the couple and not only functioning of the single. Thus, each one of us will be a different mother or father, equally depending on changes that come about in our partner.

In this perspective, however, the criterion for choosing a setting whether individual, or family or a parental couple setting, cannot be taken for granted, nor is it established beforehand. We need to examine a series of parameters that will determine our choice. (One for instance is, the degree of differentiation between members of the family, or the substantial presence of acted-out and concrete functionings, which are expression of split or disassociated aspects of members of the family, and other parameters that I will not mention here).

There are also clinical situations where the choice of the most effective setting has to be gradually constructed. We could begin with a family setting, for example, and elaborate the family dynamics, reach the construction of an individual setting (by sending the patient to another analyst), and the outcome would be, we have constructed a private space of the patient's self within the family.

Working with adolescent patients and their families introduces one of the most arduous challenges due to the adolescent patients' need for secrecy. We must respect these demands, even though, owing to the special characteristics of mental functioning at this age, the family can represent for the patient a "widened psychic space" as coined by Jeammet (1980).

When, how, or if, we work in the family setting or with the parental couple, depends on the importance we attribute to the delicacy of the case in relation to the age of the adolescent. Many specific indicators help us to choose the right setting, whether it is a family, a parental couple, or an individual setting. But perhaps this is not the moment for deepening these issues; another occasion or a debate would be more appropriate. In general, we could say that these settings become necessary when the pathology is very noticeable in the relationship between the members, where the interactive register predominates over the intrapsychic, as Racamier writes. In my opinion, work with a psychotic patient requires specifically an integrated setting (Nicolò, Zavattini, 1992; Nicolò, 1999, 2000, 2006, 2008). Thus a third setting is created, composed of the confrontation between two analysts working in their respective settings. In this way the intrapsychic and the interpersonal dimensions can integrate. This third setting is crucial for reducing and working through the split and acted-out aspects that are reproduced by the family and by the patient in their respective settings.

Furthermore it is worthwhile because the analysts aren't required nor to sustain, nor to act-out a counter-transference that otherwise would be difficult to elaborate.

Whilst there are analysts who follow a group analysis orientation, in their theoretical research, personally I believe it's more suitable to sustain a model that situates its focus in the relation between the intrapsychic and the interpersonal dimensions, and their repetitions, their equality, their discrepancies, their fusion, their confusion; or on the contrary, the differences and the contradictions between the internal world of the individual, and the phantasmatic world of the family or the couple. Moreover, I believe that the individual dimension and the relational dimension are in continual oscillation, and not seen merely as opposing and/or predominating aspects.

We sustain this point of view, because more often than not it allows the child or the adolescent to develop their own capacity for growing; to have an active part in the functioning for building the self; to be capable of thinking and at the same time helps each member and the patient to understand and transform unconscious family conflicts generated by the family down through the generations.

On drawing the conclusions, among the many consequences, there are two in particular that come from the above way of thinking. The first one I will put in the form of a question: Where can the unconscious be found? We could start off by saying, from a certain standpoint, the unconscious is not necessarily ascribed to the individual, but can be externalized and ascribed to other realities like the couple or the family (Nicolò, 1993). In other words, we are talking about not only an individual unconscious, but a complex, phantasmatic world, generated by the family as a group which shares a story, space and time and creates links which each member from the birth, co-constructs with the others. Kaës reminds us that we are talking about a psychic reality without subject. This psychic reality, in order to acquire autonomy develops unavoidably among the subjects, (the psychic space of intersubjectivity), and via the subjects (the psychic space of transsubjectivity) (Kaës, 2012). The second consequence is, if we follow this way of thinking, the illness will be generated internally in the individual and contemporaneously it will express the existing pain in present and past relationships.

I want to remind readers incidentally, that Meltzer himself for instance conceived that we are not only dealing with studying the ways of defending ourselves from mental pain, but we must also conceive its displacement or its "transfer". If repression leaves us unaware of the pain inside us, we can nevertheless get rid of it by transferring it to different objects from the outside world. Instead of denying or rejecting or refusing the existence, pain can be shifted on to another, who is close to us (Meltzer, 1979).

I hold this mechanism to be very important because it clarifies many pathological functionings, for example the transgenerational dynamic. But to be honest, I must remind readers that many studies on psychoanalysis with families had already some decades back, and even before Faimberg's studies, brought to light the existence of unelaborated traumatic experiences. The effects of which can influence successive generations, and require a displacement, a "transfer" of the psychic pain onto another person, generally onto a son or daughter; thus we have painful elaboration which the protagonist (usually a grandparent or a parent) was incapable of suffering transferred onto a next of kin. This functioning could count as one of those important mechanisms which psychoanalysts who work with couples and families call "interpersonal defences".

The couple is the "laboratory" *par excellence* where these functionings can be observed and studied for various reasons. In the first place, observation is facilitated by two interacting people, compared to a family. Secondly, the couple explicitly expresses the interwoven reciprocal projective identifications, the newly-formed link, and interpersonal defences which involve using one another.

In these settings, there are some characteristics to note: the polyassociative process expressed by members of the family and the couple, the transference on to the setting, transference of the family group on to the analyst, transference of the couple on to the analyst, in addition transference of the single individual. Collusive dreams in the treatment of parental couples and marital couples and families are a clear expression of these functionings and specific studies have generated many papers to this purpose.

To sum up, there is an IPA Committee which deals with the above arguments and studies, in which the Italian analyst, Diana Norsa is a member. Two important international associations have sprung up in the last few years drawing together numerous psychoanalysts and psychotherapists with a psychoanalytical orientation.

The Psychoanalytic Association of Argentina (APA), and many other psychoanalytic associations in South America have specific departments which deal solely with psychoanalysis of the couple and the family.

January 9, 2012

Preserving the Pleasure in Jewelry

Laurent Danon-Boileau

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Introduction

I would like to go back to Florence Guignard's paper and start from an interesting clinical picture that she kindly sent me and that I would like to share and comment:

“Paul, a boy who has just turned three, rushes into the room and takes control of the “lunch” game and the play-dough (modeling clay) : he invites his female analyst to diner, while energetically refusing all other toy animals characters or persons to join the meal. He then pours water into the two cups (spilling all that he can over the table). After that, he rolls up some sausages and makes cakes with the play-dough, eventually giving some of them to eat to his therapist while pretending to eat some as well. Then, he vigorously inserts a stick into one of the play-dough cakes. But the stick breaks. Paul stops at once, examines the broken stick and gives a perplexed look to his therapist, who, silently waiting, looks back at Paul. Paul then takes the bigger piece of the broken stick and uses it to make wholes in the play-dough . He seems as determined as before but, this time even more concentrated and delicate in the job. Like an artist, he observes the little excavations produced in the play-dough and with extreme care and attention to detail, he places a little 'pearl' into one of the holes. While the analyst is still admiring silently what she has witnessed (as an expression of Paul's desire to give her a baby) the toddler suddenly picks up the play-dough cake, throws it on the ground, steps on it, and then sits on top of it squishing it with his bottom rocking back and forth all the while making sounds with his mouth mimicking a fart. Then, with somewhat of an air of sadness, he chooses a doll from the toy box and lies down on the couch sucking his thumb, and pressing the doll on his heart.”

The Pleasure in Jewelry

What I find wonderful in this passage is Paul's pleasure in creation, or if you will, the putting into play of his taste for jewelry.

What I find dramatic is the trauma caused by the symbolic object which results from his movement of symbolisation: the cake set with the pearl. Faced with this disappointing, insignificant and ridiculous result, he realizes that the product of his symbolic elaboration is nothing in comparison to the unconscious wish at the bottom of the whole process, and he nearly loses his taste for jewelry, his investment of all mental functioning and play.

These two movements underline the essential question put forth by any child or adult patient: how can the patient overcome the unavoidable disappointment caused by any symbolic production? We know that analysis must have no explicit aim. However we also know that the analyst's work with a child or with an adult, regardless to their pathology, is to help the patient's drive extend its path and remain suspended, while the patient remains equally distant from depressive collapse or expulsion of the excitement. To obtain this, when faced with the necessarily paltry result of his elaboration the patient must not lose interest in his capacity to elaborate. It is very true that a play-dough cake even set with a pearl is nothing in comparison to the Oedipal desire which sets the whole artistic process in motion. The entire problem consists in making sure that the child can accept that the cake is certainly not a baby made with his/her therapist, and yet not lose his interest in making cakes.

The Disappointment Generated by the Product of Symbolization

When a child plays like Paul does, it implies of course, that some elaborative conditions are met, but it is not always so. This child for example is able to trust his symbolic capacities; when he makes a play-dough cake, he does not have to bite into it to make sure that it is good. It is the quality of the symbolic investment of the product of symbolization that is at play here. In her own way, this is what Elsa Schmid-Kitzikis aims at in her contribution. A game or a play can be considered as symbolic when it ceases to be an acting which requires the intervention of the superego to cool things down.

It is the case in Florence Guignard's clinical situation, especially towards the end when the child makes the play-dough cake with the pearl. He uses a little stick to make holes in it, and when the stick breaks, he does not send the cake flying across the room. Nor does he turn away from what he is doing. On the contrary, overcoming the disappointment and castration inflicted upon him by his excitement, he takes a piece of the broken stick, and continues his work as jeweler putting the pearls into the holes he has made. However, when faced with the result of his attentive work a brutal movement of drive regression appears: he stomps on the cake in order to destroy it, then he puts it underneath his bottom. This essential point is both paradoxical and banal. Another child would have perhaps asked more brutally to go to the bathroom. How can we understand what is being manifested here? How can we understand that the child we are dealing with is able to overcome the disappointment caused by the broken stick (the castration thus inflicted upon him by his excitement) while when reaching the completion of his masterpiece (the cake set with pearls) he is not able to preserve his elaborative process and thus regresses? Why is that so? In my opinion this is because the concrete object that results from a process of symbolization, whatever it may be, is always disappointing when compared to the fulfillment of the unconscious fantasy that lies at the bottom of the movement that produced it. This disappointment is inherent to any elaboration: the actual creation which the phantasy produces is the murder of the hallucinatory fulfillment of the desire to which it corresponds. Except of course if the subject is thinking in terms of symbolic equation. Often, when faced to that necessary disappointment the child is not able to maintain his investment on his psychic apparatus. When he becomes aware that the result of the symbolization process is nothing compared to the realization of his unconscious fantasy, he starts to regress and to attack the symbolic process itself. Here, Paul starts with freeing up his destructiveness on what becomes the emblem of his failure to reach omnipotence, namely the cake set with pearls as the product of his symbolizing process. He sits on it: faced with the product of

this symbolization and realizing that this achievement does not mean the realization of his the unconscious fantasy, the child returns to the expulsion of his destructive violence. Then, in a second movement, having rid himself of the destructive dimension of his drive, he begins an erotic regression and lies down on the couch sucking his thumb with a little baby doll on the tommy. The movement is complete, also the more since there is an air of sadness in the picture, which announces a possible mourning.

Preserving the Investment in the Process of Symbolization; Helping Overcome the Necessary Disappointment Generated by the outcome of the symbolic process.

Will this child be able to maintain some investment on the symbolization process which made him achieve the cake with pearls? He is able to face castration (represented by the episode of the broken straw) but will he be able to overcome the disappointment experienced in front of the cake which is certainly not a true baby made to his therapist? And when he will be all alone, far from any therapist, will he be able to make cakes set with pearls?

This is the essential problem all analysts are faced with : can the pleasure taken in symbolizing (the investment of the psychic apparatus) be preserved when the patient is faced with the inevitable disappointment caused by what symbolization produces for good (the cake set with pearls)?

What can we do in similar circumstances to help a child? And what does helping a child mean if one wants to avoid the psychotherapy trap of "good feelings" (inefficient , as we all know).

In the session, Florence Guignard does not intervene. And clearly, in this case it would be wrong to say anything: when Paul lies down on the couch with the doll on his heart and an air of sadness, there is nothing to add. His attitude shows that the mourning of an omnipotent symbolic process is on the way. It is not certain, but his "air of sadness," could be a cue.

Let's suppose (for the fun of the discussion) that this last movement did not happen and that the child did not go, with an "air of sadness," on the couch sucking his thumb while clutching the doll to his heart. Let's suppose that he sat on the cake and looked at the adult in a provocative way. If this had been the case (and if , on that occasion, I had been in good enough shape), I would have liked to say something. I would have tried to preserve the child's investment of his symbolization process. It could have taken the form of a comment upon the necessarily disappointing character of what it produced. Perhaps I would have tried to put the unpleasant affect underlying the impulsive anal movement against the symbolic work under our common eye (The one that lies behind the vendetta against the cake, the fact of putting it under one's bottom). I would have tried to allow the child to confront with the sad idea that the product of a symbolic elaboration never equals the realization of the unconscious fantasy which gave birth to it. This, in order to help him not turn the violence caused by his disappointment against the symbolic process itself. The handling of this disillusionment is vital. We have all been through it. Perhaps I would have said something like, "It's true that when you finish making a nice cake with pearls it's a little sad. Sometimes, you might even want to squish it- you always want to do better."

In the case reported by Florence Guignard Paul does apparently all the job spontaneously. The regression in the last sequence with the doll perhaps constituted the first step towards a mourning work that will expand later on in the treatment. So, there was evidently nothing to say. One needed to know how to watch. And what to see.

The Form of Interpretation

Interpreting the disappointment caused by the process of symbolization in order to help the patient not to disinvest his thought process, does not always have the desired result. It partly depends on the form our interpretation takes. This is the point I would like to make now.

In every interpretation there is the content of what is being said, but there is also the way it is said, and this reflects the way in which we organize the scene of the dialogue. To make things clear, I would like to discuss the fragments of the imaginary interpretation I could propose to a patient similar to the one presented by Florence Guignard, if he did not show a moment of tender and sad

regression like Paul does. To this patient, I might have said, "It's true that when you finish making a nice cake with pearls it's a little sad. Sometimes, you might even want to squish it- you always want to do better."

First I would like to underline the function of "It's true that." This makes it possible to establish a dialogue that I call "side by side" as opposed to another type of dialogue which I call "face to face." By opening the sentence in this way, the psychoanalyst underlines the fact that what he says could be a common thought. Furthermore, he is giving the idea that his comment bears upon something that comes from someone other than himself. This "other" can be the child or another third party. It is he who pronounces the comment on these words of the other, but it could have easily been the child. This is what is at the base of the "side by side" position. The adult speaks but what he says could also be voiced by the child. He does not try to distinguish himself from the child; their differences are left blurry.

Of course, the situation would have been completely different if I had chosen to say "Maybe you think it's a little sad when you finish making a nice cake set in pearls." With this second formulation, the affect and the judgment would have appeared as experienced by the child exclusively. On the other hand, with the "it's true that," the reality of the affect of sadness connected to the production of the nice cake is presented as a fact that does not depend on anyone. It is a truth that does originate from the child, but on the contrary, looks like a sort of general truth common to anyone faced with the product of his own symbolization. Moreover, the expression "it is true that" enables the sharing of the affect experienced by the child.

Conclusion

Every jewel produced can lead the goldsmith to rebel against his art because it reveals that the desire that gave life to it has not been fulfilled. The analyst's work consists in making sure that the subject does not throw away (what is not) the (unsatisfactory) baby with the water of the bath.

January 14, 2013

Without Words

Elena Fieschi Viscardi

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I have often been wondering, and I was often asked, what does psychoanalysis consists in when working with children who are so disturbed that they neither speak nor play? Children with an Autistic Spectrum Disorder, especially those within the more affected side of the Spectrum. Departing from my clinical experience I would like to try to answer this question so I can contribute to the debate of the SPI that I have been invited to.

Let's imagine that we meet a child who is not able to play, doesn't speak and we do not have a clue on how far he can understand us. Obviously he would not use the material in a symbolic way and usually neither in a functional way. He explores the toys according to the sensations they produce (texture, noise, smell, visual profile...). What is first needed is to find a way to stay with this child.

The field of what we call psychoanalysis relapses into my aptitude to understand and to deal with the mental functioning of the child, which will inspire my relation with him and will help me to understand how to be together and how to offer him a meaningful experience in an emotional level.

I think (in agreement with, Coromines, 1991; 1994 and Viloca, 1998) that through sensations, these children seek continuity in their Self that can help them find some consistence in themselves. The other person (the therapist or the analyst) can be seen at first as a “thing”, a part of the consulting room or just a tool to obtain something. Every child is different and what I first want is to understand how the child is.

I observe the child in order to understand where my little patient is, in which world, in which moment of his development, how far away from me, what is the distance between us. This first contact is about being and feeling with him: it is not just a visual, statical observation, but also a sensorial one, as a free-floating attention in a slightly participant relationship. Maybe this is not so much different from any other beginning of a therapeutic relation. But with the absence of play and a very peculiar use of the language, our being together cannot be the same. It will also be different from how other adults stay with him, many of them bravely involved in trying to make him function in a better way, helping him to be more autonomous, to have a better relationship with others, etc.

I wonder, what is my role then? My function?

I have to add that, in the current situation of psychoanalysis in Barcelona, it is very optimistic to imagine having more than one-two session a week (if indicated). So we have a short time, like a small island in the child's life, but so necessary.

The point is not pushing the child to make things (even though it is difficult not to *wish* that he communicates, listens, hoping he does not isolate himself...); often I cannot even tell him anything of what I understand about being with him. Maybe later on. I try to *live the experience of existing together* (the child gets to be aware that I am with him and can tolerate it), through *the search of some shared pleasure or emotion*, because an autistic child needs that we lend him, in some way, our *function of feeling emotions*. From my point of view this all begins by *accepting merging and indifferentiation*: becoming an echo of what he is expressing, *mixing myself with him*, in order to *introduce a slow differentiation step by step*. Maybe then I can begin to name feelings and emotions that rises in the experience of the session (Coromines). In a situation of a relative merging, the emotional experiences, which usually produce great anxiety, are less upsetting and less disorganizing for a not conformed Ego.

In resume, what I try to do is to be an alive person near the child, to modulate what he is feeling, lending him both feelings, thoughts and speech. Through all this, it is possible to give life to what autism, with its rituals and repetitions, has devitalised.

Sometimes I can find myself doing the same things the child does, imitating the sounds he makes or the movements he does. I try to put myself in the situation of the child, experiment what the child is feeling, and becoming a mirror, an echo where he can find himself. I wonder (we are working on a research on this issue in Barcelona with my colleagues) if this can be a method to stimulate the mirror neurons system. This technique could be compared to the one used in dance therapy and in music therapy. At the end this is what mums and dads do when they answer to their baby's vocalizations, smiles and grimaces.

Júlia Coromines described what she called 'psychopedagogic scheme', to resume and schematize the intervention used to help autistic children (and also other patients) to mentalise feelings and perceptions. The idea is to facilitate the step from sensations to emotions, with the therapist's help; a *containing* atmosphere through sharing a gradual verbalisation, in a similar way a mother would do, taking care of her baby, or when she tries to give a meaning to his tears.

It is also interesting to notice how easy it is to get 'contaminated' by autism: to disconnect from the own thoughts, going from a proposal to another without connections or continuity; finding oneself taking part in a mechanical activity, or the other way round, feeling overwhelmed and confused. Those are aspects of a counter transfer, which is expressed also through physical conditions like itching, tickling, sleepiness, hunger, and boredom...

To continue just a couple of short “pictures” about how these ideas can work:

Manel likes that I blow up balloons. He asks me by putting one in my hand and pushing my hand towards my mouth.

Manel is four years old and cannot speak; he expresses himself through vocalizations and stereotypes, which sometimes have a communicative intention. If I do not do what he wants, he emits little cries and jumps. We could go on with the balloons for an eternity. He lets the balloon fly away through the room and expresses his emotion with jumps and sounds. He also accepts other proposals like letting the air out, slowly. There is a shared sensorial pleasure in this activity, but it quickly crystallizes in a repetitive action. His contact with me is very tiny; the most he does is to use me to do what he wants. Once I had the idea to put an orange balloon between his face and mine, while I was blowing so I looked at his eyes through the balloon. Manel also looked at me, resting his glance in my eyes. A short moment of encounter. In that moment the balloon wasn't anymore just a source of sensations and became into a filter, which gave a meaning to our emotional relation, near to each other, but far enough.

With Enzo (8 years, very little language) I was aware that we had got to a standstill. He had no interest in anything but turning objects and he used to spend most of the time doing stereotypes and gestures with his hands. If he accepted a proposal it was just to be left in peace. I was feeling that I uselessly tried to call his attention trying to making him do something. Eventually, he ended up on the other side of the room, protected by the table. And if I moved forward, he slowly slipped to the other side.

I became curious to know how he was feeling, with all his strange movements so therefore I begun to reproduce them. I was surprised to realise that he was looking at me. Not only in different moments of that session but also in the following days, so I went on with this kind of imitation and suddenly became a sort of dance with him. I also realised that now we eventually met in the same part of the room. Step by step Enzo came to sit near to me and our gestures became a sort of dialogue, almost a game, mixing rhythms and gestures in a mutual attention atmosphere.

Children like Manel and Enzo make me keep my mind awake and attentive, specially to find out ways to understand them and to get where they are, often using not very conventional way not only through my comprehension capacity, but also through my feelings and my body. I am not only convinced that this kind of work is part of what we call psychoanalysis, but also that it helps me in the analysis of other patients, both children and adults, with whom a different symbolic relation is possible.

January 15, 2013

Inside the relationship without reservations

Carla Busato Barbaglio

I am sorry to arrive so late, not having really followed everything. However the rich and passionate debate, which I have only in part read, glancing over the rest, raised to me a series of questions on which I intend to continue studying, thinking and confronting. So, first of all, thanks to Carnaroli and Mastella, Badoni and Cancrini who have been involved in those studies with various qualifications.

A first question that intrigues me is what we mean for relationship when we use this term to talk about what happens in the room of analysis.

Schore, in the preface to the last Bromberg's book, *The shadow of the tsunami*, Bromberg P.M., Routledge, New York, 2011 (page XXV)says:

“Indeed, clinical research now shows that pathological dissociation, a primitive defence against overwhelming affects, is a key feature of reactive attachment disorders of infants, pediatric maltreatment disorder, dissociative identity disorder, posttraumatic stress disorder, psychotic disorders, eating disorders, substance abuse and alcoholism, somatoform disorders, and borderline and antisocial personality disorders.”

“Throughout this book B repeatedly asserts that the enactament is a dyadic dissociative process that is transmitted not through symbolic but subsymbolic communication that is “deadened to reflective functioning”. In this dyadic process, if the therapist is “too long listening to the ‘material’ without being alive to his own internal experience of the relationship itself, a dissociative process often begins to develop in the therapist that may have started in the patient but quickly becomes a cocoon that envelops both patient and therapist”.(chapter 2).

How do we take into account the dyadic process that, at all levels, puts us together with the other?

This is a key point in our thinking about the relationship in analysis. If it is intended as a co-construction together, then the relationship modifies the individual, and the reading attitude moves from an intra-psychoic conception to an interpersonal one, in which life moves, in all its communicative completeness, verbal and non-verbal, in the richness at all levels without distinction between body and mind, nature and culture.

To speak of a mind rising in the relationship interfaces with a talk about body, no longer in a metaphorical way, but drawing and using the nearby scientific research tools. On this line it seems to me important to highlight that what a child experiences, of positive or negative, will remain registered, it will leave traces. Also the traces of its 'to stay' with the analyst will be the result of that meeting.

Therefore, the problem relates for certain aspects to the number of sessions because if the meeting is good more traces will remain registered and major changes also to the brain will be (Shore with respect to the right-brain), but the problem refers to the quality of the meeting, of what can be done in responding to that need, to the relational mode that builds in us the thou and the i, when it is possible. All this is nicely described in some points of the Elena Fieschi Viscardi intervention, which arrived while I am writing.

Two months ago, a young man asked for an appointment. When opening the door, by a series of glances, I understood that this was my first child I saw in analysis, at 4 and then to five times a week, from 7 years to 13. Since then I haven't seen him for more than 20 years. He brought me a just published book of him and he was there to say thanks for the life that 'I had made him to enjoy'. A meeting of great emotion.

For many days I found myself thinking about those 4-5 sessions a week, without seeing the parents, if not at the beginning, without interruptions and other communications. I thought to my current experience, with a girl now sixteen years old, with whom I worked and work both individually and, if needed, with the family. A multiple co-construction.

The acquisition of a new thought, with brand new prospects, mobilizes different relational modes that inevitably trigger a dynamism in the whole context. These two cases which displayed to me, among the many that I followed and I follow, are asking me about the changes in response to the needs, on my changes over the years, on the social changes. I was thinking, in the work with adolescents, to the many communications that now pass by sms, by WhatsApp, and others with us analysts. I thought to the baby-observation that should start since the first months after conception, in order to understand more and better the way the relationship develops. I thought about the difference of working with babies, with teenagers in their gender difference, in the first teens or in the more advanced ones.

We are really equipped to work with all ages? What is our internal situation? Are we sufficiently alive and passionate to transmit life? How much do we make use of theories to get our identity, and how much do we give ourselves to a relationship?

how much do we give ourselves to a relationship?

January 15, 2013

Parallel psychotherapy with mother and child

Barbara Piovano

In my previous contribution I have already written about the parallel analysis of parents and children and the important research topics which can be studied in-depth thanks to supervision by a single supervisor of the two analysts – the analyst of the parent/parents and the analyst of the child – who carry out the parallel therapies.

I shall now touch on the dynamic process that is set in motion in the double setting in cases in which the mother and child undergo **a parallel therapy at the same time and at the same venue**; I shall also indicate the various stages in which it is implemented.

Mother and child are greeted together by their respective analysts at the entrance to the studio.

Observation of the behaviour, acting out, and bodily and verbal communication between the mother and child and analytically listening to the way in which they relate to the analysts conveys information about the aspects of the relationship between the mother and the child that emerged between the previous session and the current session, or shortly before the session; it also conveys information about transference aspects with their own or the other's analyst.

A few clinical examples:

- a child enters holding an ice-cream and runs into his room, the mother holds him back accompanying the gesture with a verbal comment, or she lets him go and 'learns' from the child not to be ashamed of showing her own need or desire to meet her analyst (this is the case of a child who becomes the 'best colleague' of the mother's analyst or the '*catalyst*' for the mother's therapy);
- the child refuses to leave mother and enter his room: is he expressing his own difficulty at separating from his mother or his fear of being detached from his mother if he separates from her? or is he communicating his jealousy towards the mother's analyst. or is he protecting himself from the mother's jealousy?
- a mother arrives at the door in a state of anxiety saying that the child ran away just before they got to the session and induces in the analysts an impelling need to go and find him. What are mother and child dramatising on the threshold of the studio in a shared space? A relationship characterised by expulsive and rejecting reciprocal modes or a way to separate that reiterates the trauma of an abrupt rupture of the fusion with the primary object?

Each couple works in their own room

The information given and received at the entrance is enhanced by further levels of signification in the respective settings, based on the development of the transference and countertransference relationship and the analytical relationship that patient and analyst co-construct.

The parents' therapy/analysis is more specific than the analysis of an adult who undergoes a personal analysis.

The analyst assists the mother in restoring the child's image in her mind and in giving meaning to the child's strange and destructive behaviour. However, this project fails if the mother doesn't enter into contact with her own non-elaborated painful and traumatic experiences and conflicts, both of which cause depression or are acted out in family relationships. The mother succeeds in containing and transforming the child's aggressiveness and destructiveness to the extent she experiences an adequate and transformative holding of her own aggressiveness and destructiveness, whether this be secondary to the frustration caused by the child's symptoms or strange and rejecting behaviour, or whether it be primary and projected onto the child.

The shared project of healing the child compensates the narcissistic wound of having a disturbed child who doesn't mirror the mother's healthy narcissism.

The mother's emotional experience of the analytic relationship and her participation in the analyst's thinking processes and empathic understanding foster the introjection of the analyst as a reactivated or new parental developmental object.

The child analyst can concentrate on the relationship with the child, since the therapeutic setting of the mother protects her therapeutic alliance with the child's therapy. Parallel treatment of the mother allows the child to trust himself to his analyst, without feeling guilty towards the mother and viceversa.

Mother and child take their leave of their respective analysts.

It is surprising to observe at the entrance how the mother reacts to the ways in which the child enters into contact with the experiences and the anxieties linked with separation. The child's anxiety bypasses the mother's defensive organisation and reaches her infantile self or touches a traumatic area of the mother in which her traumatized self is confused with the trauma-causing object and with the damaged self of the child.

The mother 'learns' from the analyst not to avoid getting in touch with her own separation anxiety as well as that of the child.

Mother and child gradually begin to trust in the strength of the link with the object and in the possibility of maintaining a continuity of it.

The therapists exchange ideas after each session

An exchange of ideas between the analysts of the mother and the child after each session makes it possible to assess how, and to what degree, emotional reality, mental processes, and the state of self of the mother and child influence each other. Methodical comparison of sessions helps assess whether there are stable correlations between the mother's mental and affective states, and child's states of self and behaviour.

A few examples:

- if the mother is victim of a depressive crisis, the child may react by flight into manic behaviour or autistic withdrawal, or he may attempt to offer the mother scraps of his false self (E. Fe D'Ostiani, 1987)) and become the mother's symbiotic therapist (Searles 1986).

- the child's incompetence may activate narcissistic wounds and depressive nuclei in the mother or the archaic and pathological mental functioning of an autistic, borderline, or psychotic child may activate areas of hidden or silent mental suffering of the mother, reinforcing in the latter the use of the child to complete her own defensive system - the inclusion of the child in her defensive pathological organization through primitive defense (splitting, denial, projective identification, expulsion etc) that nail the child to the assigned role of receptacle of rejected, hated, idealised or extremely needy aspects of her self.

Comparison of material from the two therapies makes it possible to take a long-term view of the effect which progressive and regressive changes in the mother, fostered by the therapeutic relation, have on the child and vice versa.

A mother with a rigid character organisation registers any movement of the child in the direction of acquiring a personal or gender identity as a traumatic event or a veritable attack that threatens to undo her balance.

A child with a great narcissistic fragility that renders him extremely dependent on the mother may experience as an attack, an imposition, or violence, any shift of the mother towards de-collusion from the tyrannical, possessive, and vengeful aspects of the child and towards identification with more mature objects.

From a technical point of view, it is important that the mother's analyst is there to interpret her resistance to loosening control over the child as well as share with her the traumatic impact of

changes in the child, just as the child's analyst must help him face the narcissistic anger he feels the moment he discovers he is not the centre of the mother's life.

The child is discouraged from sustaining his able attempts to exploit the mother's sense of guilt in order to remain the centre of attention, and encouraged to give up the secondary gains of omnipotence.

In the process, the therapist may learn a lot from the child about the defensive strategy he has implemented to defend against the impingement of the mother's unconscious, in other words how the child "has learned to get in and out of the mined area of the mother's unconscious to safeguard the identity he has reached thanks to his own vitality and to the therapy" (Fé d'Ostiani 1978, personal communication).

Indications for parallel therapy of mother and child

The parallel therapy of mother and child is well suited to situations in which mother and child have created a pathological balance of survival based on a gridlock relationship which is difficult to modify if only one member of the mother-child couple undergoes therapy. It is also appropriate when it's not possible to propose a parental or marital analytic therapy (Giannikoulas 1999, Ricciardi 2013) because the father is absent or severely disturbed.

Finally, parallel therapy in the same venue can be a desirable emotional experience that mother and child share to improve the quality of their lives.

Parallel therapy introduces a *transitional area* between the mother and child since both go through an experience which is similar in some way, in so far they both are involved in an analytic relationship, and dissimilar in others, because it takes place with different analysts. Mother and child have an affective and cognitive experience that enriches and transforms their own relationship. The setting of the other member of the couple introduces a *significant* third which favours the *désengrènement* of the mother-child relationship: in time, the analyst of the other becomes a third person who arouses interest, curiosity and jealousy. This triangulation fosters a non-traumatic separation of the child from the mother and viceversa, and opens the way for both of them to seek new relationships: the father and other significant figures.

January 13, 2013

Third and last writing

Marta Badoni

As I intervene at the closing of this long and ever more interesting debate, I would like to pass along my gratitude to many people: firstly, to Francesco Carnaroli and Marco Mastella who directed throughout with a light but effective touch, then to all the participants: it is not at all a given to be able to emerge from our daily job and to pass to a work of reflection that requires careful, and not always easy to find, attention and timing. I would especially like to thank our foreign colleagues who brought their valuable experience to the debate with clarity and simplicity. Thanks also go to the translators who managed to translate without betraying the original meanings. Last but not least, I thank our secretary, Romolo Petrini, for believing in the efficacy of the SPI website to harness a greater involvement from the partners and a larger diffusion of psychoanalytic culture (and not only).

All of this has come about in a moment of great ferment in SPI and great vivacity for analytic work with children and adolescents. A new debate on adolescence will shortly start; in the meantime we have had a second national Training day and we will have a conference on analytic work with children and adolescents in Bologna (on February 15th and 16th). We must ensure that all these

initiatives do not get lost and can be taken up by the next executive board (with President Nino Ferro) which will take office next March 2nd.

My reflections will try to take into account the current state of the art of psychoanalysis as how it emerged from the debate, and to give my contribution to a future vision of child psychoanalysis. As in my two previous writings, also this one will be constructed as a dialogue inspired by the contributions that everyone has given me, by my own personal experience, and by some insights of the situation in our society and in the IPA that I have gleaned over the years due to the positions that I have held in the different branches.

I think that, starting from the different contributions, we unanimously agree that psychoanalytic education is the fundamental basis for direct listening which permits those who see us in analysis to reach the position of subject, a position which should allow them to freely live the daily contamination with other subjects with a tolerable level of anguish. "The days when psychoanalysis could do its readings pivoting between the inner world or the environment with exclusive dominance are long gone" (contribution by Virginia Ungar).

I believe that, in this current debate, there is a basic agreement in considering that this subjectivity not only models itself after, but has its roots in the daily interaction with the environment, especially with regards to children. The root grounding is at the base of that perceptive-sensorial implicit background that makes everyone who they are; it is based on the experience that the infant makes of the world when his mental structures are not yet able to symbolically make representations.

This implicit basis of the memory constitutes that archaic nucleus of the subject with which the forming mental structures will reciprocally interact. Ways and patterns of representation of the world will thus be configured where in the background, at least until today and for psychoanalytic theory, you have the Oedipal constellation.

This root is what establishes the peculiarities of child analysis, and is the one that, paradoxically, made it at once a land of conquest for the boldest formulations of psychoanalytic research, but also an alien territory for the psychoanalytic Institution.

I think about Freud and the formulation of anguish in 1926, about the formulation of projective identification (Klein) and rêverie (Bion), and about the suggestions from Winnicott who saw many children in his life. However, neither these contributions nor the passionate commitment of Anna Freud allowed child and adolescent psychoanalysis to be considered as an integral part of psychoanalytic training.

I think that this debate has brought out some interesting topics for clarifying the reasons, characteristics, and ways out of this impasse.

The Reasons of the "Impasse"

Since the opening of the debate, we have seen two different orientations which, purposefully non-overlapping, opened to multiple reflections. If in my first speech (Children and Treatment), the emphasis was placed on the dialectic between the classical analytical care and the taking care of, emphasizing from the beginning the complexities of approaching the child and the peculiarities of the familiar bonds to which he is subjected, Tonia Cancrini (Children in Analysis, Primitive Anguish and Profound Ties) shows of expertly relying on, following Klein's theory, a direct approach to the unconscious and the reliability of the analytical technique. Now, if establishing a classical analytical setting (4 sessions) when working with children was enough to convince the psychoanalytic Institution that analyzing children or adults is just a practical and therefore valid approach, it is not understandable why for decades the practice of child analysis was in fact excluded and why it is still not fully integrated in the psychoanalytic establishment today. The reasons for this purge lie in the quality of the unconscious of the child: the fact that this unconscious is more exposed does not make it neither more easily interpretable, nor necessarily needing an interpretation. Florence Guignard in her contribution *An unauthentic interpretation* ("interprétation plaquée") demonstrates very well the traps of an interpretation that, just for the fact of being concretely placed on the theory of the unconscious regardless of the psychosomatic status of the child in question, relentlessly closes the space to an analysis. Speaking with her at distance, Laurent

Danon-Boileau asks us to preserve the taste for "the goldsmith trade": a careful and patient work that needs a chisel and can only be done by proceeding side by side, and by paying careful attention to the receptive condition of the patient and to the perceptive background. It looks like what I have called :The accompanying function in psychoanalytic work (EPF Conference Copenhagen 2011)

In the next conference on analytic work with children and adolescents (Bologna, February 15th-16th, 2013), Giovanni Foresti, who has been given the task of opening the conference and setting the theme (Interventions and Interpretations in the Analytic Work with Children and Adolescents) will bring a distinction that seems to me to be quite convincing on what analyzing and interpreting mean (I would like to thank him for these sneak peeks). The two operations do not always coincide. If today we can take up the theme of child psychoanalysis once again and try to bring it to a successful conclusion, that is to its full integration into the institutional practice and training, I believe that this is due to the fact that we have become more capable of understanding, handling and modulating our presence in analytic situations (with children, adolescents and adults) and more sophisticated about how to make use of the interpretation. I refer again to the writing by Florence Guignard from which I take this quote: "The interpretation originates from the encounter of two psychic sites. This can be the encounter of two real persons, or of the encounter of the ego with one or more internal objects. The nature and the respective qualities of the psychic places involved in the process of formation of sense modulate the relevance and the capacity of interpretation ."

This way of understanding interpretation allows us to actually pass with more agility from the analytic work with children, to that with adolescents and adults. As I have sustained in many ways, the extension of training to the analytic work with children and adolescents could only enrich our way of being psychoanalysts.

"Impasse" and Characteristics of Child Psychoanalysis

Where has the pure gold gone?

This debate, which was given the title: "The Many Aspects of Child Psychoanalysis", was indeed characterized by a multiplicity of contributions which have made us work with passion and intelligence in very different modalities: the papers, just to name a few of them, moved between psychoanalytic work with the child in the analysis room, child with parents (Piovano and Barbieri), with participatory consultation (Vallino), and with work on the couple (Trapanese, Ricciardi, Nicolò).

In order that this extraordinary wealth does not become once again a sterile competition about what is and what is not psychoanalysis, it requires a great intellectual honesty by insiders and great foresight by the psychoanalytic Institution. It requires intellectual honesty, because if there is no doubt, as Gemma Trapanese said, that we all are arranged to listen with our psychoanalytic equipment with which we are very much in tune and connected with (**the free associations, the floating listening, the abstinence, the analysis of transference and countertransference**), it is equally true that the setting, which is this aspect of our job that while being stable does not make it less alive and creative than other aspects, leads us to observe mental objects and different operations.

These objects and operations will be even more interesting to see the more and more experience and practice each of us gains and how much more accurate the psychoanalytic exposure of our own way of working will become: we can not know how to do everything, but we can certainly understand each other and enrich ourselves as psychoanalysts, if we learn, as partly what has been attempted in this debate, on one hand to accurately support, and on the other to accept the reasons and the objectives that the work of psychoanalysts in different fields and aspects implies.

It is one thing to be able to oscillate between familiar and foreign, and we know how disturbing it can be, while it is another thing to decide that what we do not practice is foreign and must remain so. It appears obvious that whomever has mastered a technique tends to consider it as the golden one and tends to be less receptive to other possible approaches. A forward-looking psychoanalytic Institution should be able to give itself a structure suitable in bringing in, nurturing, and making

fruitful different approaches: every metal has its own use, different resistances and different capacities of conduction. The Institution should be proud to host so many and different competencies.

Future prospects

In consideration of the above, we can make some observations: on one hand, it is positive that the Psychoanalytic Society opens itself to all possible aspects of psychoanalysis, as long as the observation tool is the psychoanalytic equipment cited above. On the other hand, the training Institute focuses on training extending the operative field to every individual: child, teenager or adult.

The verb "to train" (formare in Italian) has a wide range of meanings: giving form, conferring maturity, composing, integrating etc. It should coach (train) not only for a professional competence, but for a large world view. Unfortunately, it often limits itself to sterile rules.

For training, it should be understood, alongside of and irrespective of what has been established and is practiced today, the continuous disposition to come into contact with the world that surrounds us and is constantly changing, and the ability to build an analytic situation in different contexts and to be able to expose it in a way that every psychoanalyst, even those who do not normally work in the same context, can understand it and work through it.

"It is important, and a lot more important in working with children and young people, to support a setting, but not to let it be an armor that represses the creativity of the analyst and does not allow the necessary flexibility in order that analysis with persons in developmental age can take place". (writing from Virginia Ungar).

For some years it has been moving in this direction with, on one side the foundation of the cdp (corso di perfezionamento – advanced specializing course), and on the other side, the recognition given to the refresher courses in child and adolescent analysis. But, in order for the psychoanalytic culture to find a wider reach, we'll have to do extra work in mutual listening and integration. The liveliness of this debate gives us some reasons for hope.

January 15, 2013

Some considerations on the debate

Tonia Cancrini

First of all I would like to thank the two hosts of the debate Francesco Carnaroli and Marco Mastella that have followed this experience with passion and competence. I also want to express how pleased I am about the richness of a discussion that has involved both psychoanalysts of children and of adults. This appears to be the best premise to withdraw from a condition of isolation that often involves those who deal with children, as it has been emphasized. The possibility of a profitable exchange that has been offered in this space has been an excellent occasion to share and enrich each other's experience. I would also like to particularly thank all those Italian colleagues that have participated in such a wide way, as well as those foreign colleagues that have enriched our discussions by sharing their experiences concerning game, dream, enactment, interpretation, etc., giving us an important material to reflect upon. I would name them all, but they are so many and luckily already present in our debate thanks to the strain and commitment of the translators.

The work with children, as had been noticed by many, together with that involving serious patients, represents an opening to research and further investigation and therefore considerably aids the work with all other patients. This is the importance of a space dedicated to children and their treatment.

It appears that the debate followed two main threads proposed by Marta Badoni and me in our opening papers, with many further enrichments and suggestions. If Marta Badoni, on one hand, emphasized the various branches of child treatment, underlining multiple evolutive possibilities, in my paper I insisted mainly on the enormous potential of individual child analysis, possibly including more sessions per week, reaffirming the specificity that can arise from our contribution as psychoanalysts. I reckon it is important to evaluate the enrichment that comes from both of these views. I believe that what is required is integration, not the refusal or the idea that one view is the overcoming of the other. More specifically, I believe that the enormous potential that comes from child analysis, a path that has been eminently opened by Melanie Klein, Anna Freud and later by Donald Winnicott, has never been overcome or cancelled. An enormous potential that concerns the clinical work, where extraordinary results are often achieved, as well as research, as many have recalled. Besides, in her second intervention Marta Badoni states: "Regarding the number of sessions, this is what I think: for a good immersion in the unconscious, repressed and unrepressed, a thorough attendance needs to occur. With less than three sessions the work definitely changes, it is probably more difficult, it can also be misleading." Moreover - as again stated by Marta Badoni, and it's hard not to agree with her, "even when we're in the street (Orofino) we need our ID, else we are nobody and the "you don't know who I am" has no value. It's essential for our survival, and for the survival of psychoanalysis itself, that this identity remains certain and recognizable and that psychoanalytic knowledge and thought can be grasped on every level."

Many of the papers strongly refer to the importance of a psychoanalysis with multiple sessions per week, where it is possible to reach the child in its most profound anxieties and share with him the traumatic experiences that have caused pain, fear, terror and have made him experiment a feeling of internal catastrophe. Various papers have emphasized the importance of psychoanalysis in serious traumatic situations. And in such situations, those particular aspects of the technique that require particular attention have also been underlined. There was a constant mention of Anna Alvarez throughout the papers. Anna Alvarez underlines how, in the course of the psychoanalytical treatment, it is always a surprise - and certainly a pleasant surprise - to assist to the progress of children and serious adolescents. Furthermore, in her work, she always shows how the lively and sharing presence of the psychoanalyst is important and how he or she, even in the most desperate situations, must offer a "live company". This is why it is important to be guided by a counter-transference that enables the contact with the deep need of the child. Also, on this matter, a little and affectionate polemic exchange with Giuliana Barbieri, because of the great esteem and liking that binds us and that made me appreciate her paper and the beautiful case of Pimpa. When I allow a child (Rodolfo) to break a little plastic chair - not hurting me or himself (in that case I would inevitably stop him) - it's because I feel that it is fundamental for him to communicate this black hole in which there's panic that everything is destroyed and fear that the rupture is definitive and irreparable. It was only after having shared all this that he was once again able to build and repair. I wasn't guided by any model, rather by the affective and deep participation that must always accompany us in child psychoanalysis. This participation gives us, from time to time, that necessary freedom that allows the relationship to not be imprisoned in rules that are too rigid. I think that freedom, phantasy and the capacity to invent must characterize intensive psychoanalysis as well, and not only be the patrimony of other types of intervention. The mention of Rodolfo's case allows me, moreover, to underline that child psychoanalysis does not only concern highly traumatized children, but also troubled children that can nevertheless face their most hidden and darkest areas during the treatment.

Another important topic that has been touched in the debate concerns education. If it is certainly fundamental for there to be a confrontation, meeting points, continuous and continuative exchanges with adult psychoanalysis, we mustn't nevertheless forget the specificity of the technique in the clinical experience. I would hereby like to recall the importance of the *Corso di perfezionamento bambini-adolescenti* (Specialization Course Children-Adolescents) that, based on the precedent training as adult psychoanalyst, where the fundamental psychoanalytical competences are obviously acquired, builds those specific technical and clinical tools that are necessary to become good child psychoanalysts. Several experiences will certainly be common, eg. the observation of a child can be very useful to the adult psychoanalyst as well, in order to affine a sensitivity and an attention to sensoriality and to the very first relational dynamics. I remember having followed the observation of a child with great profit during my basic education in a beautiful seminary conducted by Pierandrea Lussana. A more direct contact with the children's world and its forms of communication (playing, drawing and other), nevertheless, deserve a more adequate and specific analysis.

There are many child/adolescent schools outside the SPI. Marco Mastella asks himself and us a reason for this. Why and how did it happen? It's not easy to answer this question. It is nevertheless painful to think that for many years the SPI has deprived itself of such an important space. It might have been for a kind of deafness to the need of investigating a field that is so meaningful, even though there were many colleagues who were extremely interested in the topic. It is enough to recall Benedetto Bartoleschi, Adda Corti, Anna Maria Galdo, Pierandrea Lussana, Gina Mori and others still. After many years of work and commitment the *Corso di perfezionamento bambini-adolescenti* (Specialization Course Children-Adolescents) is now working and functioning, enriching the SPI with this aspect of education. I believe it is extremely important to support it and help it improve.

The last papers have focused on the psychoanalysis with couples and families (Gemma Trapanese, Anna Nicolò, Cristina Ricciardi and others), therapeutic possibilities that, as I have often stated, enrich our experience and give us important and useful tools.

I would nevertheless like to conclude the debate with a consideration that is together an invitation and a stimulus towards a commitment: let us not forget and put aside a psychoanalysis, of multiple sessions per week, with children. On this regard I wish to recall the importance of intensive psychoanalysis and mention the words of Daniele Biondo: "Our task as child psychoanalysts is to be able of doing something that nobody else can (it is appropriate to recall this): reach to the child in the dark and cold well of his desperation [...] We all know that this can only be done with psychoanalysis, with the classic intensive psychoanalytic setting." And, furthermore, I recall the suggestions given by Mirella Galeota on the possibilities that only an intensive setting, and a constant attention to transference and counter-transference, can allow to come close to a child that carries deep anxieties and wounds inside himself. Also Marco Mastella, in the interesting case of the two twins, after having emphasized the importance of a preliminary intervention with parents and the environment, shows how individual therapy with children allows them to pass from a situation of absence to playing, to language and communication allowing them to finally be "alive children". I'd like to recall many others who have intervened in the debate, but I'd rather not dull my observations with too many references and I thereby conclude with the words of the child recalled by Lidia Leonelli Langer: Please, don't speak! Leave outside the analysis room everything that adults have said! This is the only way in which a child can have a specific listening. It is fundamental "to be able to be in the here and now of the room, alone with the child, and welcome what once again emerges from darkness". And I would add to be able to welcome the child as a person, as an individual.

Again, thank you to everyone.

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