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# *Savoir-faire* in child psychoanalysis

Child psychoanalysis *is* psychoanalysis, Freud wrote and, after him, Maud Mannoni. This of course does not mean that we are not confronted, day after day, with what is specific to treating children, starting with the key difference that it is the parents who make an appointment for their child. Although today, the question that was at the heart of the controversy between Anna Freud and Melanie Klein, namely whether a child can have analysis or not, is no longer debated, the specific conditions that allow for this analysis to take place – the use of the setting, the position taken by the analyst, the way in which the first sessions are conducted, a certain "savoir-faire" of the analyst – will play a decisive role in determining how the rest of the treatment will unfold and whether or not analysis will indeed become possible. What do we mean here by *savoir-faire*? Francoise Dolto said: "There is something distinctive about children analysis and about what I am trying to transmit. Analysts have their analysis; they work the way they work, which depends on how they had been formed, on the order they have found within themselves. But there is a certain attitude proper to this work and this is what I am trying to teach."[1]

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[1] Dolto, F. (1993). "Conversations." *L'enfant et la psychanalyse*, Paris: Esquisse Psychanalytique, CFRP, p. 585.

What then is this attitude or this “savoir faire”? And can it in fact be taught? We are no doubt speaking of a very particular clinical approach, one that articulates the question of the analyst’s desire differently. This has certain effects and it means that we may perhaps need to rethink the term *technique* that Lacan himself abandoned. If it is true that with children the technique is different, the reason is of course that there is always more than just one transference and that in child analysis we are not trying to *deconstruct,* as it is the case when we are treating adults, but to *construct* what has not yet been constructed, depending on the child’s age. Indeed, we cannot think of childhood as simply a block of time. We cannot work in the same way with a baby, with a two-year old patient, a six-year-old, a twelve-year-old or a fifteen-year old. Another specificity, which I have already mentioned, is that it is the parents who make the appointment for their child, which always raises the question of who is asking for what? While even in the work with adults the demand is not always easy to identify, with children this is obviously even more complicated and the person concerned may in fact sometimes be the child’s mother or father, or another sibling.

I remember a ten-year-old girl, who was left in my waiting room while I saw her parents with her younger sister for the first time. The appointment was made for the younger child, who actually didn’t seem particularly interested in coming to see me. As the family was leaving, the older sister handed me a picture she had drawn while she had been waiting. It was a picture of a sinking ship, with large red S.O.S. spelled above in capital letters. After several sessions, we in fact decided that the younger sister was doing fairly well and there was no need for her to keep coming, while the older sister, the one who called for help in the

waiting room, began to come see me regularly. The attitude that Dolto speaks about consists in being extremely attentive to everything that happens during the first few sessions - to any small detail or sign.

What is more, children often present symptoms that are directly linked to the problems and questions of their parents. They can for example become hyperactive as a way to treat their mother's depression; or hyper-mature in order to try and protect her; they can be excessively demanding in an effort to keep her occupied - or become very good at communicating if she herself is having difficulties. They can also become incredibly well-behaved in order to reassure her, to please her narcissistically, or they can be constantly ill and use their physical symptoms as a form of call, in order to get attention, so that someone takes care of them, but above all takes care of their mother, in a kind of inverted Munchhausen syndrome. Sometimes we need time and a particular kind of attention, a certain attitude that inevitably raises the question of the psychoanalyst's desire. We need time in order to see, based on the symptom that prompted the initial appointment, who is in fact demanding what, and then more time for this demand to be elaborated. A time for the child to understand that the person he is offered to see presupposes that underneath the presenting symptom there is a question. We are not here to render the child obedient or docile, but in order to try and understand what is making him unhappy. If our task were to make him easy to live with, we would be serving his parents. If it were to make him a good student, we would be here for his teachers. If it were to cure him from his asthma, eczema or recurrent ear infection, we would be here for his doctor. Instead, we are here so that he can grow up in peace. "So that you become what you are," Francoise Dolto would

tell her child patients. Children understand very quickly that our standpoint is different from that of other people, though it is difficult to see to whom they are speaking when they first come in with their parents, so accustomed they are to being talked *about* by everyone – doctors, teachers, their family – without anyone really talking to them. “He got fever again.” “He’s disruptive.”

As a habit, I always ask the child at the beginning of the first meeting, even before I let his parents speak, whether he knows why he’s come to see me and who I am. It is sometimes difficult to keep the parents quiet; they are always surprised that someone wants to speak to their child first. Sometime the answer is predictable: “My parents told me that I had an appointment with you. I don’t know why.” And if the child knows why, he says: “Because I’m naughty, because I’m not doing well at school.” Mostly children assume that their parents, who are at their wits’ end, have come to see us in order to make them more obedient and better students. But if we start by speaking to the children first and explain who we are and what they can expect from us, they can sometimes very quickly seize the chance to tell us what’s bothering them.

Recently, when I saw Lisa, a five-year-old girl, I asked her why she had come to see me before speaking to her mother. She answered: “I’ve come here because I hate my little brother.” Surprised, the mother immediately intervened: “Oh come on, that’s not true at all, you’re talking nonsense! You adore your brother; you’ve been a perfect sister since the day he was born. You know very well that we made the appointment because you wake up every night and come to our bedroom and wake us up as well.” Lisa had understood very well that she could

tell me what the matter really was and that it could be very different from the reason why her parents brought her. I am surprised by the number of analysts whom I see in supervision and who, when they are working with children, do not always take the time to speak to them first. The parents make the appointment and come without a word of protest. They don't have much choice – it is part of a program that is imposed on them. Once they are in the session, they draw or play, but they don't really know what they've come to do there or why. Some may have already seen other people, the parents having decided, usually without saying anything to the child, that they wanted to change the practitioner, for whatever reason that the made sense to them but remained completely incomprehensible to the child. If we ask the child, "What did you do with that other lady you were seeing before?" they will most often say, "I went there to play." (Some clinicians even offer children to play board games during the session, or Lotto, or card games and so on. I have to say that I've never really understood the point of this, except perhaps to make time pass more quickly.)

Francoise Dolto describes her first session with a twelve-year-old boy, whom she presents as psychotic. When they see each other for the first time, she speaks to him in the following way (note that in French, she uses the *vous* form of address):

"Your mother tells me that you've already had therapy with Mrs. X."

- "Yes, I used to go there. But what are you calling it?"
- "A psychotherapy: it was to help you walk better at school and not constantly get your legs entangled, that's how clumsy you were."

- “Me? But I’ve never been to what you’ve just said.”
- “So what were you seeing her for?”
- “Because Mommy told me that the lady liked children.”
- “That’s a shame because you were wasting your time. I don’t like children, but I can help you if you are unhappy or if you think that something’s the matter with you. So, what is the matter? I think that you’re a child with both feet on the ground, but you seem to be walking around with your head in the clouds. That must be difficult for you. Your mother says that it’s causing you problems at school. You have no friends because you won’t find them up there in the clouds. Let’s see what’s wrong with you. We’ll start from the top and we’ll get all the way to the bottom. Does your head hurt? Does your nose hurt? Your mouth? Chin? Neck? Do you feel any pain in that place that one speaks with?” And so I continued all the way down, from head to toe. He was staring at me surprised for some time, then said:
- “No, I don’t feel any pain anywhere. It’s not *something* that’s the matter, it’s *someone*.”
- “And who’s the matter?”

He bent forward, clutching the table, leaning closer to me. He was standing:

- It is my father.” [2]

During psychotherapy our aim is not to give the child the right answers or educate him, but instead to hear his question without trying to “normalize” him. That kind of intervention would only alienate him further; it would only deepen his segregation from others in the name of

[2] Dolto, F. (1993). “Conversations.” *Op. cit.*

moral or educational concerns. The psychoanalyst does not turn the child into an "object of care" to be reeducated or cured. He or she is there to simply listen to the child searching for answers, to assist the little metaphysician who elaborates his own theories and ask questions such as: "What is my place in the family? Who am I for the other? What does he want from me? What is making him happy? How can I satisfy him?" Faced with the other's desire, the child necessarily speculates and questions those around him. However, since in child analysis it is the parents who make the appointment for the child, it is hard for the analyst not to hear the initial demand, which has nothing to do with the child and can most often be summed up as: "Fix the problem, so that we don't have to talk about it anymore!" However, what the psychoanalyst suggests is precisely the opposite: "Let's talk about it."

The psychoanalyst's offer is an offer to speak, to enter in the procession of demands: "By means of demand, the whole past begins to open up, right down to earliest infancy," Lacan tells us.[3]

Analysis puts the signifiers of the subject's history back into play precisely by not responding to the string of demands; the absence of a response allows the subject replay the question of his desire.

In a letter to Jung from 23 May 1907, Freud writes: "[The child] enters immediately and fully into the transference."[4] Yet for Anna Freud (who just this once does not agree with her father), in order of the work to begin, the child's transference must first be established: making "dolls' clothes," "tying nice knots" and so on. We need time to create a

[3] Lacan, J. (2000). "The Direction of the Treatment and the Principles of Its Power." *Écrits*. Transl. by Bruce Fink. New York: Norton, p. 516.
[4] Freud, S. (1907). Letter from Sigmund Freud to C. G. Jung, May 23, 1907. *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*, 47.

relationship with the child and show him the positive benefits he can derive from the work with the analyst. On the contrary, Melanie Klein believed, similarly to Freud, that there wasn't a child with whom transference could not be established immediately, without the analyst having to do anything to bring it about. He has no need putting himself in the position of a parent who is there to "repair" the flaws in the child's history. However, with children it is not always easy to sustain a neutral and benevolent position; the history of child psychoanalysis has provided us with some very complicated examples. The first children to be analyzed were in fact often the analysts' own: Hermine Hug-Hellmuth analyzed her nephew; Anna Freud worked with Dorothy Burlingham's children; Melanie Klein with her own sons and Freud was the analyst of Little Hans's father. And although parents were very present in clinical work, in the theory of the time there was an effort to sideline them, to neutralize them, even if this meant forming "alliances" with them in order to avoid the interruption of treatment.

It was Winnicott who first spoke about the work that must be done with parents and the fact that they are an important part of the child's treatment. In the history of child psychoanalysis, the answer to the question of whether we should work with the parents or not has always been bound up with the different theories held by the analysts.

In the case of Lacan and the so-called French school, it is impossible to simply disregard the parents because the child is always "subject" to the parental discourse. Even before his birth, the child is already *spoken* - the subject is constituted as an effect of language, effect of the signifier that preexists him. Parents who bring their child to the analyst are therefore bringing a "symptom" – a symptom of the family,

warranting the family's equilibrium and economy. Sometimes they don't even recognize the symptom as, in fact, a symptom; they arrive because they have been referred by their pediatrician or school. At other times, the disappearance of the child's symptom may cause problems for another family member.

What unfolds in the session is the family's discourse. In psychoanalysis, we do not see this discourse as something we should treat as a form of communications – as it is the case in systemic therapy – but instead as a mythical construction.

In *The Child, His Illness and the Others,* Maud Mannoni writes that the discourse we must be able to listen to is in fact very broad and includes not only the discourse of the child and his parents, but also what we can reconstruct in terms of what's happened in the child's family constellation. We must identify the place the child occupies within this constellation. For Francoise Dolto, this represents the place the child has held, from the moment of his conception, in the parental narcissism. Parents must therefore be seen in order for us to identify how children became alienated from the family's signifiers. Hence the need for the analyst to also receive formation in adult analysis – there are no "pure" child analysts, but only psychoanalysts who also agree to see children. Listening to the parents without resorting to advice or pedagogical attitude, but also avoiding becoming "their" analyst, requires a certain *savoir-faire.*

In *The Retarded Child and the Mother,* Mannoni explains that the analyst must deal with not one but several transferences – of the mother, the father and the child. We could add that sometimes this also includes the transference of the pediatrician, the teacher or the grandparents.

The analyst certainly does not occupy the place of the father or the mother (as Dolto said, the child will have to go through the Oedipal complex with them and nobody else). Instead, he functions as a vector, as the agent of a symbolic operation which aims to precisely bring back into play each of the protagonists in the child's history. Mannoni also writes that what is fully revealed in transference is the place of desire in the subject's psychic economy. The analysand is not speaking to the analyst as someone who could respond to his demand, but a third listener from whom he will receive his own message in an inverted form.

If we try to gratify the demand or deliberately frustrate it, we reinforce transference in the form of suggestion, putting ourselves in the place of the Other of the early state of dependency. This is the basis of all types of pedagogical approaches, but it is not the aim of psychoanalysis.

As early as in 1920, Freud explained that the analytic treatment could not be undertaken for the benefit of a third party. "Parents," he wrote, "demand that their nervous and unruly child be cured. By a healthy child they mean one who gives his parents no difficulties, but only pleasure. The doctor may succeed in curing the child, but after that it goes its own way all the more decidedly, and the parents are now more dissatisfied than even before."[5]

We need the entire period of what we now call the "preliminary sessions" in order for analytical work with a child to begin – a specific kind of work, requiring a different attitude. The analyst must find his position on the basis of a number of different transferences and demands,

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[5] Freud, S. (1920). "The Psychogenesis of a Case of Female Homosexuality." *Int. J. Psycho-Anal.*, 1:127.

which are then elaborated. Maud Mannoni argued that in order to begin analysis, a child must first be assured that he is not just serving the parents' interests. The problem is that often this is precisely what the child is asking to do – satisfy the Other's interests in return for love. "Man's desire is the Other's desire," Lacan teaches us, "namely, that it is qua Other that man desires."[6] "The subject, […] begins in the locus of the Other, in so far as it is there that the first signifier emerges."[7] If we are therefore working with a child, how can we avoid having to receive the parents as well? Of course, not all of the parents who come to us want to have analysis, far from it, and what we are interested in during these first sessions is obviously demand of the child. However, we must still make sure that parents do not simply interrupt the child's treatment at just any moment; we must speak with them enough to make them understand what kind of work we are offering their child. In the first meeting, parents will often say: "But you're not going to psychoanalyze us, are you? We just want things at home to be better." Sometimes I will use the following metaphor: I tell the parents that everyone has some baggage to carry, no matter how heavy or light it is. Even very small children already have their own "travel bags." And if, in addition to this, as it often happens, they are also trying, like good therapists, to carry the baggage of their parents, their burden becomes very heavy indeed. The aim of the work I am offering to do with them is to help them carry their own baggage. Since I am a child psychoanalyst, my concern is the baggage of the child. Now, if the parents find that their own bags have

[6] Lacan, J. (2000). "The Subversion of the Subject and the Dialectics of Desire." *Écrits*. *Op. cit.*, p. 690.

[7] Lacan, J. (1998). The Seminar, Book XI, *The Four Fundamental Concepts of Psychoanalysis*. Transl. by Alan Sheridan. New York: Norton, p. 198.

now become a bit too heavy for them to carry, they can have a look at what's inside them on another analyst's couch, an analyst which is this time going to be their own.

In his *Note on the Child*, written to Jenny Aubry, Lacan explains: "A child's symptom is a response to what is symptomatic in the family structure… The symptom can represent the truth of the parental couple."[8]

As we know, the symptom has two aspects:

- On the one hand, it carries a grain of true speech, which may have been covered up a generation or two earlier and remains trapped in the symptom. In the case of children, it is the parents who hold the key to this truth and hence it is impossible to work with children unless we are also working with the parents.
- On the other hand, in addition to the dimension of the symptom's meaning, we have, as a second register, the jouissance that is also locked in the symptom, a jouissance that may lie beyond the pleasure principle and provide satisfaction although it does not provide pleasure.

And this is another thing that child analysis and adult analysis have in common: people come to us because of their symptom, even though they do not actually wish to give up on any of the jouissance it procures them and do not realize to what extent the symptom is fuelled by this jouissance.

If the truth is to be found on the side of the parental couple, what about jouissance? Are we talking about the jouissance of the child, his

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[8] Lacan, J. (1982) "Deux notes sur l'Enfant", *Ornicar? revue du Champ Freudien* 37 (1986), p. 13-14. [Transl. KV]

parents, or about a shared jouissance, if we assume that the child also partakes in the jouissance of the parents? By giving up on this jouissance, the child and adult alike gain access to desire marked by separation. Is it true that like in the work with adults, in child analysis, too, the analyst as the subject supposed to know "completes the symptom"? Should we then expect that at the end of the analytical process with a child we would be able to identify the fantasy and the object-cause of desire? Here too, the child's age is no doubt a key factor. We should not forget that the time of child analysis is the time of the construction of the fantasy. Does fantasy have the same status for a child as it has for an adult? Is it already constituted? The treatment is obviously going to follow the direction of this construction because by enabling separation, we help the child constitute an object that organizes the fantasy and whose alternation between presence and absence provides access to desire. The thing is that although the analyst occupies the same position with children and adults alike, the analysand's place is on the contrary very different, especially when he is not yet in the position of being a subject - when he is still, as Lacan puts it, the object of his mother's existence.

In this case, the analyst's work will proceed as if in the opposite direction. While with adult patients or a child who is already a subject we begin with the Symbolic and the Imaginary, moving towards the Real, in the case of a child who is still in the position of an object we must move from the Real towards the Symbolic and the Imaginary; in other words, it is a work of construction. And in order to construct, we first need to operate a subtraction, a cut. Only the cut will make construction possible. With the child as an object we are trying to

*produce* something that has not yet been produced, rather than unraveling the knots of the signifier and jouissance we find entangled in the symptom

The way that the analyst speaks to the child, the kind of attitude he or she adopts, the way he or she listens, regardless of whether the child remains in the register of neurosis or psychosis, is based on an assumption that there is a subject in the child. We could say that in transference the analyst operates a suppletion, by occupying a key function the mother was unable to take on at a given moment in the child's life. This function consists in supposing that the child is a subject. In 1989, Alain Vanier put forth the idea of the "supposition of a subject."[9] In order for the little human being to become a subject, an Other must assume that there is a subject in the baby. The caring gestures and words that accompany this assumption give the baby a sense of existence. Therefore the subject first exists in the Other: an Other who makes the assumption, who holds the infant and imagines him as separate; an Other who speaks to him, who tells the infant who he is, a boy or a girl, and what he is feeling and thinking.

The subject is in the Other. If the mother does not speak to the newborn baby, the baby cannot become her object. If the baby does not encounter the mother's desire and does not have an idea of what might satisfy her, it will not offer itself as her object because she is without a lack. The baby will have nothing to give to her and will not take the initial position of the imaginary phallus, which could then lead to separation. The cut is a prerequisite to the creation of the place in the

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[9] Vanier, A. (2001). "D'une dyade à plusieurs. Quelques remarques à propos d'un travail avec les mères psychotiques et leur nourrisson." *Psychologie clinique* 12, 2001/2002.

Other from which the subject hears a call. It is because the other is able to experience the child as interesting or existing that the child in turn knows that he exists. To put it differently, we could say that the baby's way of being is to be the object of the Other's jouissance - otherwise it does not exist. If everything goes well, a third element becomes the agent of a separation that prohibits this jouissance, thus making desire possible. The infant will now be able to become a subject and give meaning to the world, while remaining nostalgic for the object he once was and constantly searching for it through fantasy. Only by rediscovering the object he once was for the Other can the subject separate himself from it and obtain a measure of freedom. This is the trajectory we encounter as analysis advances, a trajectory that requires the possibility of separation. Through his attitude, the analyst indicates to the infant that he believes in him as an object separate from the mother, and perhaps also indicates to the mother that she can let go of the child and not die. Is this not what makes it possible for the child, so to speak, to be dealt a different hand?

On the other hand, in neurosis the question of jouissance bound within the symptom is key. Some parents come to the analyst in order to show what a source of phallic jouissance their child is to them. These parents are practically defying us from trying to change the situation in any way. Children know that they have been assigned an important task and, like good therapists or guarantors of the parental concord, they will do all they can to prevent analysis from happening. As we all know, nothing can budge unless parents give up at least a minimum of the jouissance their child procures to them. Here again, we understand the need to be working with the parents as well.

Sometimes the parents have other demands: they come to us to complain or perhaps to file a complaint against a child who refuses to be sufficiently dazzling and therefore add luster to the parents themselves. Such a child represents the opposite of the former situation: by giving his parents no jouissance at all, he puts himself in control of their jouissance and that of other adults (doctors, teachers), refusing to give them what they expect from him. In this way he is trying to dominate the Other, to impose his will on him, to deprive him as much as he sees fit. We see many children who are trying to survive in this way, by temporarily controlling the Other's jouissance. In order to let go of their symptoms, they must first consent to be cured of their refusal to be cured. Yet in certain cases we see that the reasons for their refusal are extremely valid – and this is why analysts are always slightly suspicious when it comes to the idea of a cure. For children and grown-ups alike, the symptom is often a form of self-therapy. However, with children the situation is more complicated because symptoms are directly linked to the parents' unconscious. Often it is precisely there that we must look, and the treatment is directed at helping the child identify the fantasmatic meaning he or she acquired upon birth. What does the child represent for his parents in terms of their own history? When a child is born, he is met with the parents' unconscious projections and may react to them through behavioral problems or through illness, which can jeopardize both his physical and psychic life.

Already in 1964, Maud Mannoni described the infant as being caught up in the maternal fantasy; Lacan's notes to Jenny Aubry, which make a similar argument, date from 1967 or 1969 (there is some debate about this). Today, our work is largely based on this question of the

parental and the child's fantasy – and the link between them is precisely what makes our work challenging. In this sense, we can agree with Françoise Dolto, who said that nothing was more difficult than psychoanalysis with children. Each time we are forced to reinvent a certain technical specificity; there is a "savoir-faire" to be acquired again and again, a certain attitude to maintain, which further adds to the difficulty of our task. The encounter with a family confronts the analyst with his own unanalyzed psychic material; he must be working with his own unconscious. Of course this is also true when we are working with adults, but with children the analyst must be able to tolerate the violence of the parents. Their death wish is most often not aimed at the real child, but at the parents' imaginary Other, at what in their own psyches has remained in abeyance and is now projected onto the child. How do we sustain transference when it is dominated by archaic and hateful impulses? As for the child, he or she can become trapped between the parents' demand for fusion and a reaction of horror against the analyst, who is then often suddenly brutally rejected. The analyst must be able to tolerate this kind of transference, so that the fantasy can be articulated for both the child and his parents. The limits of treatment then also become the limits of what the analyst is able to hear, of the position he or she agrees to occupy. In the case of psychotic or autistic children, this violence can trigger depressive or persecutory reactions and the body will be involved even more so than in the work with adults. What is in fact speaking to the analyst when a child does not speak? As Alain Vanier points out, "when Melanie Klein is speaking to Dick, she is also assuming that the child has a certain knowledge which supports her

theory."[10]

In order not to become completely lost, the

In child psychoanalysis, which is prone to all kinds of slip-ups and excesses, this stronger desire of the analyst faces a particularly difficult test. Trying to avoid this desire, we can easily take refuge in siding with the parents, or in taking on a pedagogical or caring approach. Alternatively, we can sink into the kind of dogmatic discourse that actually prevents us from hearing what the child is trying to get across. Freud, who saw little Hans only once, left us to fend entirely for ourselves. Various kinds of ready-made recipes therefore become extremely attractive because this "stronger desire," which lies beyond phallic jouissance, touches upon the desire for death, no doubt all the more present in the archaic violence of child analysis. Could we then say that the "savoir-faire" actually consists in precisely *not* imposing any particular "way of doing things"?

With children we cannot avoid either our own desire or the risks of having to be highly inventive. The analyst must himself find out what the theory cannot tell him. No knowledge can foreclose the question of the direction of the treatment; the subversive function of analysis brings it right back into the space created between the analyst and the child. Truth, Winnicott said, lies on the side of neither the patient nor the analyst. In this sense we might say that each session is a new *squiggle*. The reason why the child does not take his drawing away at the end of the session is precisely because it belongs to this in-between space: in terms of both its form and what is said about it. It is the joint product of

[10] Vanier, A. (1993). "Autisme et théorie." *Hommage à Frances Taustin.* St. André des Cruzieres : Audit, p. 33-39.

the child's and the analyst's unconscious. Human beings, Freud said, are neither keen nor particularly able to hear the truth. They do not like letting themselves be challenged by madness or put into question. This truth struggling to articulate itself only emerges between the analyst and the child in the intermediary space of transference. As Maud Mannoni said, "the first meeting with a psychoanalyst is an encounter with the patient's own lie."

"What remains unspoken, left in silence, can produce," Françoise Dolto wrote. These "dead things" may manifest as the child's symptoms; however, what we are trying to hear lies beyond the symptom and has to do with the personal question of the speaking subject. The analyst lends his ear to what in the subjectivity has been hampered – to where the large questions of life, death, madness, sex and the generational order are being posed. He directs his attention to the place where truth can emerge, allowing the speaking subject to gain greater authenticity of being, regardless of whether he is an adult or a child.