

## Working-through in child psychoanalysis

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The theme proposed to me for this presentation has made me question myself about the specificity of the working through in child analysis.

Throughout the subsequent developments and the clinical material related to a small 16 month old girl suffering from anorexia I intend to give an account of the relationship between the working-through and the constitution of the psyche in this stage of life.

Freud gives the best example of the working through process in a child in the well known "*fort-da*" game.

In the detailed analysis he carried out he wonders why the first part of the game, the "*fort*", related to the unpleasant experience of the mother's absence was more frequently played in itself or longer than the second "*da*" part. And concluded that the child put on an active role what he had suffered passively.

This defense was later developed by Anna Freud with the denomination of identification with the aggressor and constitutes a key element of the working-through in the child.

Anna Freud considered the identification with the aggressor as an intermediate stage in the normal development of the superego, as a form of internalization in the child of the adults' criticism towards his behaviour.

In considering that the identification with the aggressor is related to the constitution of the superego, Anna Freud is alluding to the working-through as a function that in the child is basically related to the constitution of the psyche, apart from the fact that it is about the working-through of a traumatic situation regarding a symptom or of a loss.

Following this idea of working-through in the child that I propose as specifically constitutive in its effects, we can refer to the "The satisfaction experience" of the Project. And to consider the foundation of psychism as a work through of need, as its transformation through specific action, the perception of the object and hallucination in the restoration of desire and fantasy as its corollary.

We can think along the same lines about the working-through of the Oedipus conflict, about which Freud remarks in an appendix to the Three Essays: "Every human being has the imposed task of dominating the Oedipus complex".

Thus the working-through process is attributed connotations of work and authority impositions.

The child can only work through the conflict between desire and castration anxiety, between desire and prohibition, and this working-through will give him his position in the oedipical structure.

I will, of course, refer to play as childhood's specific activity; as Freud remarks in "The Literary Creator and Fantasies" (1907): the child's favourite and most intense is play.

In this article Freud says that children's play is governed by desire, mainly by their desire to be grown up and adult. He points out here that every child that plays behaves like a poet, because he creates his own world, inserts his world's things in a new world agreeable to him. Furthermore I would add that this ludic world allows the child to set up a cushioned space against the different blows of reality. Freud refers in this article to the toy support, propping, in real objects namely perceptible, something that is later discarded, and left in the domains of fantasy and daytime sleep.

In childhood perception lends credibility to verbal language; which is the reason for using toys.

Even if the child has grasped the symbolic value of words, the reality that they recall is more understandable when checked out through body activity, the senses organs and in relation with external perceptible objects.

The child is a special addict to the saying "Facts, not words" and regards these with a complex both unbelieving and trustworthy basic attitude for a long time.

When analyzing the "*fort-da*" game, Freud considers the game, going beyond the child's desires, as a form of working-through of painful experiences and introduces the "compulsion to repetition" concept. But we should note that the ludic manipulation of the spool and string is accompanied by "*fort-da*" words.

Melanie Klein collates dream and play: the children symbolically represent fantasies, desires and experiences in their play by means of oniric language.

Nevertheless we should remember with respect to dream work that it transforms words in images regressively, images that attain the value of words and function as such.

In children words become play.

It should be herein noted why the child prefers play to words; what is so traumatic about verbal language reality to him. Since, as has already been seen, play is the privileged resource for the working through of what is unpleasant and at a certain level of its structuring it represents the working-through of the unpleasant aspects of verbal language, we can see that once again working-

through aims at the psychic constitution in verbal language assimilation through play.

Only the child that has discovered the word can play.

I have no doubts about the gratification felt by the child in verbal language discovery and assimilation, but the fact that the child even after having discovered the word postpones the wider use of verbal language and even maintains a certain indifference, reserve and anxiety regarding aspects linked to verbalization poses important questions to be solved and presents complex nuances that appear in clinical experience.

The child works through play the restrictive imposition of verbal language, which as a code is conveyed in ready made, obligatory and collective forms, unsuitable to express the needs and experiences undergone by the ego, something that he tends to carry out in play in his own way.

Thus, play would be a way of naming objects different to the conventional one. A piece of wood may be a train but also a house, a face may turn the child into a monster or a clown.

Children play with words in this way: they put their polysemy into play.

So that the capacity of ludic expression implies the acquisition of the symbolic level of verbal language.

The child and the analyst, each member of this particular analytical dialogue, spontaneously bring their mode of expression to what they find most suitable in a continuous coming and going of word to play and play to word respectively.

All this demands a special work-through on the child's analyst's part.

In adult patients the analyst mainly listens to the spoken word and has an evident or cut down verbal content of the conventional universe of language, upon which he mainly bases himself to delve into the latent content.

In the child's play the analyst builds a manifest verbal content with more effort: he listens to what he sees.

He thinks about what the child does in terms of words. For example he sees in the fact that the child joins two sheets of paper more firmly with glue, scotch tape and clips his defense against a loss he has suffered.

The child insists that what is conveyed as a game be treated as such. Children and adults experiment at least minimally a certain unpleasantness at the expectation of verbal interpretation due to the rejected reality principle petition and to the surprise that the verbal interpretation represents.

The child may experience verbal interpretation as disagreeing with play or ludic language, a factor that the child analyst familiar with this event can moderate with the expertise of his intervention.

In the analytical situation, verbal language and play as coercion factors inevitably turn up in the analyst's dialogue as sources of misunderstanding, as foreign languages for the child and the analyst respectively, (adult monopolizing verbal language) and the patient's (child monopolizing play).

They are re-enactments of a relatively elaborated process in adults, in progress in the child, with more past than present in the analyst, with more present than past in the child.

These verbal language specific connotations and play in its interrelation impose a specific working through process on the child and on the analyst's parts.

Some considerations about *insight* in child analysis.

I would say that the child carries out *insight* in accordance with his own characteristics through his tendency to denial, displacement, projection, to his clinging to the pleasure principle.

Melanie Klein says in her book "Children Psychoanalysis" that interpretation undoubtedly produces effects on the child but it does not affect his conscience.

The process leading to *insight* and its consequences can be observed: we see how the girl that plays at being a cruel and super-egoic teacher mollifies her sadism up to the point that she herself asks to be the pupil.

Nágera, a follower of Anna Freud's, talks about a preconscious *insight*; the major contribution to *insight* is made by the preconscious ego, a fact that does not stop the child from carrying out a classic, conscious and verbalized *insight* on certain occasions.

Regarding dreams in children analysis there is consensus of opinion that they generally appear very seldom.

In analysis they can have the weight of any formation of the unconscious. But we must bear in mind the features of children's psyche: if they are unpleasant dreams the child tends to forget them, make them disappear, he still confuses fantasy with reality. To retell a bad or disturbing dream would be to go through that terrible reality again.

The accounts of dreams are often mediated by parents, they are told to them when the child wakes up, as can be appreciated in Juanito's case

The fact that the child brings dreams to the session also depends on the analyst's attitude. The instruction "Do whatever you like", which does not include the account, the telling, does not favour the account of dreams in a session.

We may realize that the child has not brought dreams in a year and if asked may bring one, which could represent how an important event happened in the working through process.

### **Clinical material**

The resources for the working-through process vary throughout the different years of childhood. I am going to give an account of part of a clinical material pertaining to a small girl that made a deep impression on me not only because of the patient's young age but because the symptom she presented put her development and life at risk.

My intervention took place over a three month' period in which I saw her ten times and the effects were soon seen, and went far beyond what was expected. I had the impression that the resulting process seemed to have had a previous preparation in Jimena and that only a touch was needed for it to show itself.

The parents consulted me about their little daughter Jimena's eating disorders when she was sixteen months old. Her anorexia had led her to weigh less than seven kilos when I met her. When she was born she weighed 2,700 kgs.

Before approaching me, the doctors consulted had looked for the organic causes for her symptom and she was even hospitalized to be examined.

The nutritionist gave them a multiple and detailed choice of food so the parents had to resort to extra domestic help.

Her mother had weaned Jimena around the fourth and fifth month because she threw up and Jimena had not accepted the bottle nor milk either, therefore it was mixed with fruit juice at the moment of consultation.

Up to the fourth month she had been fed and gained weight normally.

The mother was extremely thin, a fact that suggested she had just barely admitted eating disorders. The father though worried as he was by the problem, did not have an important weight on the matter; the mother used to criticize him and reproach him for his depressive character.

When the mother breast fed her again the girl hardly sucked; surely under the effects of an infant's severe depression.

I found a minute and pretty baby that did not look cachectic nor dehydrated. She did not walk but could stand with some support.

She gazed for a long time at all the sectors of the consulting room. What did that unforgettable gaze mean? Control, curiosity, a devouring look? Sailing in space without anchoring to an object in particular?

Maybe it was this last possibility because countertransferentially I felt that I could not put up with that endless gaze for much longer.

I offered her the toy box.

She was interested in the toys therein but it was thought-provoking how she quickly left her mother giving her back to her. Something totally unusual in a child of that age. None of the anguish experienced before a stranger as described by Freud in "Inhibitions, Symptoms and Anxiety" (1925).

She gave me the toys she took out of the box. A piece of play-dough caught her attention; I made little balls and she started to put them in her mouth. I stopped her (a paradoxical situation !) and told her that they were not food, that she was very angry with her mother and that was why she did not eat the food she gave her.

Then I introduced the "as if " of the game showing her how I fed the baby- doll, something that Jimena imitated as well as I, making believe that I ate without really eating.

This game pattern in which I stopped from eating the play-dough balls and later pretended to eat them was repeated.

The mother had started an analysis some time before consulting me and seemed to have more rights in her relationship with her daughter. Their marital relationship also improved.

Jimena's interrupted teething process was strongly reactivated, she started to attempt walking, she improved it visibly throughout that period and developed an expected symbiosis with her mother as she had not had before. Her nutrition improved. In two months and a half she put on 800 grams and her nutritionist discharged her. The increase in weight daily calculation was significant although she was in a low percentile within normality.

Which were the factors that brought about these changes which, I believe, may be included within the working-through? The mother had developed a great confidence in what I did and felt at ease. This was due to the fact that after taking in the case with a great ambivalence on my part for the distressing symptom, meeting Jimena, her good looks, her interest for toys and play activity filled me with confidence and hope. I did not think I was worried by her nutrition; a fact that contributed to the possibility of introducing the "as if" of the game.

I think that the prohibition "that is not for eating" contrasted with the exaggerated offer of food was crucial. A prohibition that the girl seems to have looked for actively and brought about a feeling of hunger: "Jimena eat" she said a couple of times upon entering the kitchen.

There were other two situations that I would like to comment in relation with the working-through process.

Jimena was alternatively brought by her father or her mother or by the two of them together. This time she had come with her father who said that her appetite

had decreased. During the course of the session and not connecting it with this fact he informed me that the person with whom Jimena ate better was her grandmother on her mother's side, who had gone away on a trip about a month and a half ago.

Jimena played a game of the same structure as the "*fort-da*" with a plastic egg that she threw and fetched.

When I related the game to her grandmother's absence and presence she looked at her father and then to the vacant space where her mother had been the previous session and exclaimed repeatedly "Mummy, Mummy!", crying loudly.

She had evidently experienced the presence-absence category because when I mentioned her grandmother's absence she immediately related it to her mother's absence from the consulting room and her crying was her affective outlet and an indication of her grief.

When the grandmother returned from her trip the parents decided that she should not come specially to feed her "She has to be a proper grandmother !" they said. They were going to do it.

On another occasion her parents told me that she had interrupted her sleep crying and screaming at night so much that they thought their ears would explode. Without relating it to this they said that although Jimena did not have breakfast she did better at the other meals.

I told them that Jimena surely had nightmares and their effect left her feeling perturbed early in the day and that was why she did not want to have breakfast.

I told the little girl how the doll closed her eyes and slept and how he moved restlessly and screamed because he saw ugly things in his dreams. Jimena tried to open the doll's eyes and started to scream and cry so loudly that I also thought my ears were going to explode.

Comparing the experience with Anna O's case and the first reproduction, remembrance and catharsis technique, in this case the parents, the girl to some extent and I put in the words. The nomination work, for example calling her night screams nightmares was important, the fact of relating her frightening dreams with the lack of appetite on waking up.

When she understood the sense of my words Jimena wanted to put an end projectively to the doll's bad dreams by opening his eyes and reproduced the situation with her screams and crying.

Some time later the parents reported that she had never interrupted her sleep with such loud screams again although she sometimes cried and woke up at night.

They could observe that on waking up in the morning Jimena murmured unintelligible words for her parents as if she were communicating with imaginary beings (remains of her dreams), "night remains" as mentioned by Pontalis.

I had not thought that I could have with Jimena the access I actually had, that I could, without realizing it, think with her in terms of analytical theory; I started calling our meetings sessions instead of interviews.

The situations reported show that my interventions for example, connecting her lack of appetite to her grandma's absence, calling her night screams nightmares, relating them to her lack of appetite in the morning promoted links and new senses in Jimena; her grandmother's absence with her mother's, her wanting to open the baby-doll's eyes while he was crying, her perception that he suffered in his sleep.

The parents also did their working-through when they decided for example that Grandma did not have to come especially to give her grand-daughter her food any more; when they understood that the night screams were related to nightmares they could perceive the girl's waking up still linked to her dreams.

This shows that children analysis necessarily mobilizes the parents at least to some extent, especially in this case in which the parents were present in the session showing their own working-through.

Jimena had a serious face all the time; the absence of smiles was noticeable; in the middle of the ninth session, her crying interrupted suddenly her play for no reason; at first she seemed angry and told me: "open the door, home ", but then her crying became plaintive, asked her mother to lift her, curled up in her lap sucking her thumb and remained like this until the end of the session. Here I was really given the space of the "stranger".

It was a crying underlined with sadness and nostalgia for the loss of the mother due to weaning, a mother that received her again with open, loving arms.

Jimena started the tenth session enthusiastically and once she opened the box she stood there and sobbed for a minute. Her father, who had brought her, could find no explanation for her behaviour because she had been eager to come. I think that the minute of crying stood for a minute of silence for her dwindling depression and the memory of having cried the previous time.

Back on the smile subject. She only smiled in the second session when the parents mentioned the name of the maid that played a lot with her.

She also smiled the tenth time she played covering the doll's head with his diaper and then running towards her father saying "fright"; then she ran towards the doll, uncovered its head and smiled openly making a noise like an outburst of laughter.

This game whereby she could direct her aggression towards the doll and then relieve, repair it, represented an important outlet to her depression, the working through of a situation of want that she had experienced passively as an infant and that now she could reproduce actively.

In the playground she hit boys bigger than herself that looked at her bewilderingly and on the other hand her father taught her to go down the slide with which she could reproduce pleasant sensations at will.

I would say that beyond the working-through of her infant's depression there were constitutive processes taking place in this case: the normal symbiosis with the mother and at the same time the stages of walking, teething and language acquisition that allowed her to separate from her mother and re-direct herself oedipically to her father.

In brief, the working-through is a turning point and I hope this has been noted in the account of the material.

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### Summary

This article is the written version of the author's presentation in a round table held at the XXVIIIth APdeBA Symposium.

Regarding this particular occasion the author wonders about the specificity of the working-through in children and finds it in its constitutive effects, regardless if it is the working-through of a traumatic situation, a symptom or a loss.

In this sense, for instance, it revises the concept of identification with the aggressor as conceptualized by Anna Freud, as an intermediate stage in the superego development.

On the other hand it considers play as a form of working-through of verbal language assimilation in its aspects of codes already accepted as obligatory of a collective nature in contrast with the play activity whereby the child puts polysemy into play, he plays with words.

I include clinical material related to a 16 month little girl suffering from anorexia, in which it is considered that beyond the working-through of the infant's depression there were constitutive processes: in the first place the normal symbiosis with the mother overlapping with walking, teething and language acquisition, that allowed her to separate herself from her and go towards her father oedipically.

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