Conference

BEYOND TRAUMA? PSYCHOANALYTIC INTERVENTIONS WITH CHILDREN AND THEIR FAMILIES

Robert Levy

Robert Lévy: First of all, I would like to thank Dr. Enrique Alba and *Controversias en Psicoanálisis de Niños y Adolescentes* for inviting me, as well as the Psychoanalytic Association of Buenos Aires and all of you for being here today.

I hope we can discuss and exchange ideas on the topic I will present today, particularly on certain issues which are likely to be familiar to those of you who work with children. I'm referring, for instance, to the difference between those children whose symptoms can be cured in two, three or four sessions and those, on the other hand, who require long term psychotherapy. This difference, confirmed over years of practice, intrigued me and I couldn't consider it simply a mystery, something that the parents are able to accept as if it were a miracle. I do not really believe in miracles nor do I like to be put in the position of someone who can produce them. In short, it was a very important issue for me, not only did I wish to understand what was going on with these children but I also wished to account for it to my colleagues, many of whom are here today.

It was while I was working on my doctoral dissertation that I began this research. First of all, I looked at who the children were who became cured of their symptoms, or rather, of their symptomatic manifestations, and differentiated them from the others who were not cured so quickly. As you may imagine, I immediately realized that the children who were getting better quickly were between five and six years old.

The issue of age is important even if the constitution of the subject is not due to age but rather to logical moments of constitution. Nevertheless, with children it is important to consider age. A child of two is very different from one of three, four, fifteen... a twenty year old subject or a one year old. Essentially, I believe that the age of six when the child usually begins school to learn to read and write, constitutes a transition, a difference, a distinction which should be taken into account.

However, a mere consideration of the topic does not give us many answers about why the symptoms are cured in only a few sessions before this transition. It is not an issue of speed but rather the fact that they do not require prolonged psychotherapy.

In considering the issue, it was very easy to realize that in that moment the particular constitution of the child's thought is characterized by being non-metaphoric. That is to say

that very small children, from the time they begin to speak to four, five or six years old, do not yet have all the functions of metaphoric thought.

Let's look at some very simple examples. If I say "I thank the table for inviting me", a child of three will not understand how one can thank a table, one does not thank a table... that is, the child needs the possibility of metaphorization in order to understand that when I say "I thank the table", I am not thanking the table as a piece of furniture but rather the people who are seated at it. A second example: when I tell a child a bedtime story and I say I am the crocodile, a child of that age believes I am the crocodile and is afraid of the crocodile; they do not have the distance that metaphorization provides to see that there is a difference between what I say and the crocodile.

Another very obvious example is the one I cite in my book, an example that Freud uses to pose a question, even if he does not realize at that moment that he is attempting to examine precisely this point. He relates how one of the children in his family was told that soon he would have a brother or sister. His parents true to the Northern European tradition, told the child that "the stork will bring your new baby brother or sister and leave it there, close to the river", upon which the child immediately ran to see if he could find the baby in the river. Again, this example shows that the capacity for metaphoric thought at that age is still being constructed and will develop gradually until the child truly has access to the metaphoric/metonymic function. The child at this point thinks in a metonymic way, has metonymic thinking. In other words, there is not much difference between the word and the thing and for each signifier there is only one signified. As opposed to what will take place later on with the metaphoric/metonymic capacity which will allow for a multiplicity of connections between a signifier and several signifieds.

Having considered these elements, they still do not tell us much about why symptoms disappear. It is merely a way of gathering all the necessary elements together to understand the reason for the rapid disappearance of the symptoms.

In fact, we can pose the following question: what do we do when we cure symptoms or symptomatic elements at this age? We must differentiate between the symptom as a manner of construction as seen by Freud and symptomatic elements. When we cure these symptomatic elements at this age, we facilitate or allow the child to "carry out their repression", we allow the repression to take place and this is why the symptom disappears. In other words, the symptom or symptomatic elements emerge or are constructed at this age due to the lack of repression. This is the opposite of what we know thanks to Freud with respect to the construction of the symptom when it is the return of repression that produces it.

At this point it is exactly the opposite. The reason the symptom appears is the lack of repression and when the symptoms disappear it is because we have allowed the repression to take place.

There is an intimate relationship between repression and the elements that are necessary to construct metaphorization. The more repression is constructed, the more metaphorization takes place; the less repression is constructed, the less metaphorization or elements of metaphorization develop.

In short, it is not suffice to think that once children are introduced into the paternal metaphor we can sit back. It is an important step. However, we go through our entire lives constructing elements of metaphorization. We know that in the analyses of some adults some degree of metaphorization is also constructed, just as we know that on the other hand, in some of life's unexpected turns –in those encounters with the real—a lack of metaphorization can also emerge where we thought that it had already been definitively ruled out. I am referring to the fact that the issue of trauma—that is in clinical rather than common sense terms—is a moment in which the capacity to metaphorize can disappear. One of the effects of trauma is the disappearance of the elements of metaphorization. Because what is taking place cannot be metaphorized, the trauma remains. Once it can be repressed, metaphorization can be constructed and therefore the trauma as such disappears.

In short, repression and metaphorization are closely related. For this reason, I stated that we must separate or differentiate between what we call a symptom at that age and beyond that age. At that age it is a symptom due to a lack of repression and later on, due to the return of the repressed.

At this point we already have some elements which will help us in situating my work. However, we are still lacking a very important element which is the place of the parents. I have realized –as I'm sure you, as analysts, have as well—that parents have a very important role in not allowing the child the possibility of repression. Parents are also included in the construction of the metaphorization of children. A greater metaphoric construction could allow the child to live with a metaphoric/metonymic manner of thinking and thereby lead them to understand the world in another way.

It is not a simple topic because the failure to metaphorize is also related to psychosis. It is interesting to note that the same difficulty of metaphorization takes place with respect to the psychotic, albeit for different reasons: the foreclosure of the paternal metaphor, to use Lacanian terms. The lack of construction of the paternal metaphor is connected to all metaphors and it is not an issue of a lack of repression. On the contrary, the lack of repression, which does not allow metaphorization but nonetheless is still developing, is completely different. I would just like to point out that the two effects have different causes, they come from different manners of construction.

To return to the question of the parents, I have also realized that the symptom or symptomatic expression of the child, which is always the reason that parents come to the consultation, has to do with something intimate with respect to the history of the parents. In other words, the child constructs symptoms in response, or rather as an echo, of what is happening to the parents.

Implicit in our discourse is the idea that children are the symptom of their parents. However it seems to me that it is not sufficient to express it in these terms, important but not sufficient. I might add that if children are symptoms of their parents, then the symptom of the child plays out as a *sinthome* (in the Lacanian sense, referencing Joyce) for their parents. The value of the child's symptom is integrated into the psychic economy of one or both of the parents. In other words, it locates its value in the fantasy of either one of the parents or both as a couple since at times it is a fantasy of the couple and the child has the courage to structure it as such. The strongest evidence for this is that when the symptom that locates its value in the fantasy of the couple disappears, the couple sometimes separates. The topic is a complex one, gives us much to work on, and also suggests an ethical issue given that we have an important responsibility when we work with these young children given the value that the symptom has for them as a couple in the fantasy. Occasionally the parents separate, at other times they seek analysis, may take another path, etc, etc.

Whether it concerns the couple as such or one of the parents in particular, if work is not done with the father or mother involved, it is impossible to work with the child's symptom since it is an issue of psychic economy.

This is why it seems essential to point out the presence, value and importance of working with the parents at this particular stage for all the reasons I have given regarding the necessity for allowing the repression to take place. This statement can seem a bit strong given that people often think that repression is very bad, a very negative thing. We must consider, however, that if there is no repression there is no psychic construction. For this reason, before the age of four, five or six years, it is very important that the possibility of repression is integrated and constructed because it will allow metaphorizations to take place.
I am going to stop here and if you like we can open up to a discussion on what I have presented.

Question: I wonder if from this point of view the work done with the parents would also differ according to the age of the children.

Robert Lévy: Essentially it is an issue of giving the parents the opportunity to take up their own word again according to their own fantasy. In other words, the psychic economic value

of the child's symptom has a value for the father and mother's own economy. It has a value in their discourse.

Starting when one can work in terms of discourse, can locate the value of the child's symptom for the father and mother, the value it has for their own history and also for their paternal metaphors –because often it is a question of anxiety closely associated with the issue of the couple's parents—starting at the moment when each can speak for themselves, the symptom disappears.

The symptom of the child has its economic value because it is frozen in the discourse of an other: of the father, of the mother. Essentially, therefore, the work with these adults is done in a another way. For the time being, the issue is not so much their own need for analysis but rather what is happening with their need to cure the child's symptom. What is their need, what is their demand to cure the child's symptom about. From this starting point, if we can open up this space of words, we can work.

On other occasions I have not even seen the child –you know that symptoms can be cured without even meeting with the child—and have only worked with one or both of the parents. This is another reason why this is different from what takes place in other moments of working with adults.

Question: What I want to ask is: when we do see the child, what is it that we do as analysts? Because if I understand correctly, what you were proposing favours repression but I am not sure if this is our objective or if it is simply what happens. According to some, children younger than five years old should not do analysis precisely for this reason.

Robert Lévy: I am not saying that the goal is to promote repression. What I am saying is that when the symptom disappears it is because we have allowed a repression to take place that could not have done so previously.

The lack of repression at this age makes symptomatic construction quite unique and for this reason has consequences in our practice.

Question: Considering child psychosis where the analyst also seeks to establish repression at some point and where the analyses are not brief but rather on the contrary, I wanted to ask if you think, in some way, as a diagnostic criterion the fact that in the first consultations the symptom disappears or the child is re-situated within the parents discourse, is it only in these cases that it is effective?

Robert Lévy: First of all, it is obviously very important to work with parents in cases of child psychosis for all the reasons I have mentioned and that are related to the location of the desire of the parents with respect to the child and his psychosis. That is one aspect.

The other is also important because it allows me to pose a question which is at once difficult and important. There are many moments when we are not sure if we are dealing with psychosis or not, moments in which we have to evaluate whether or not it is psychosis. We often use the concept of foreclosure as in: there is foreclosure, there is no foreclosure, there is average foreclosure or not, etc, etc. I believe that the topic of child psychosis in itself, when we can say that it is a psychosis, is an issue –like all of those related to childhood and all of its symptoms—in which we have to take our time to really think if it is going to be definitive or not. The fact is that many times—unfortunately not always—working with apparently psychotic children we know that they can turn out to be quite well-adjusted.

In other words, the issue of psychosis is not one that we necessarily need to think of in catastrophic terms. And the same goes for everything related to children's symptoms in general because we know these symptoms can disappear and change in many different ways. We can also phrase the issue of child psychosis in terms of a question, when does one know to diagnose it or that they cannot diagnose it. I believe that often it is not exactly a psychosis. This is related to what I develop with respect to the lack of repression given that the lack of repression also gives us an identical panorama to what we find in psychosis with respect to the lack of metaphorization. In other words, sometimes it is a lack of repression with its effect of a lack of metaphorization and not a psychosis with its radical impossibility to metaphorize. In this way, we find the clinical symptoms and a diagnosis thanks to elements that I have mentioned with respect to the issue of a lack of repression that can last beyond the age of six. Repression takes place between the age of five and six although at times, children can remain in a structure lacking metaphorization for several more years. This leads to the question of a clinical consideration of the mentally challenged which is also an area in which we always pose the question of knowing whether or not it is a psychosis, if it is a psychosis developed in this way or not... and I believe that we also need to consider the issue with respect to the lack of repression with its effect of a lack of metaphorization and, therefore, as not being psychotics in the strict sense of the term.

Question: One of my questions is in relation to the extensiveness of the case studies involved. What I find interesting is the age of those involved. Though I can see it is related to the development of the psychic apparatus with respect to the functions and capacities of thought, I'm wondering if in all the cases these children experienced a reduction in their symptomatology in a few therapeutic encounters accompanied by work with the parents, if in all cases the children are between two and six years old, if there were not other cases of

children a little older where the symptomatology could be alleviated in such a short time and what relationship this could have to the concept of resilience that is being studied in some areas. In other words, in addition to the environment of the child which can be favourable or detrimental to the child's health, the individual himself has resources which can allow them to work towards health, in some cases and not in others. It is very difficult to know what these resources are and why. That is my first question.

The other question I had was about the brief interventions that favour the establishment of mechanisms of repression where they were in any case insufficiently developed –because there is always some degree of repression, primary or otherwise. However, I'm wondering if the technique, the type of intervention is especially directed or for some reason the type of technique that was used in these cases ended up being favourable, or how the intervention took place.

Robert Lévy: I am going to begin with the last question. I believe that the approach of a session with children is something that everyone must construct at each moment of the session. As we know, the approach with children is very complex and I would say that each analyst has his or her own style of structuring the approach with each child in each session.

Beyond the issue of interventions, whether or not to interrupt them, etc which is another topic, the issue is the position of the analyst as such with respect to the parents' discourse. The analyst must take the symptom as a demand of an other or demand of the other; towards which other it is directed and why this other originates the demand, in my opinion, is very important to consider before taking into account the symptom as such.

Question: We are used to dealing with repressions or, if one can refer to it as such, to certain connections between the symptom, with its particular characteristics, and its signified or its connection with impulses... whatever you wish to call it, regardless of the school of thought or what term we use. Bonding however is the symptomatic act with its origins in something that for the child is unknown, with words, games or whatever. To me, however, it seems difficult, with respect to the intervention, to connect it to this very interesting idea of helping to establish repression. I am not sure if I was very clear in my question before.

Robert Lévy: Essentially there is a difficulty here. I talked not about working towards repression but rather when the symptom disappears it is because the repression could take place where before the child had not experienced it.

In these cases, it is an issue of bonding or making connections between different things, between the value of this symptom in the context of the father or mother's discourse or that of the couple. Introducing this symptom as a value in the discourse of the father,

mother or couple's demand as such is effectively different from creating connections with impulses, etc. as we tend to do.

On the other hand, there are also, essentially, cases in which a long term psychotherapy is necessary. I am not at all stating that all children of this age should be treated in this manner. What I am saying is simply that in this age range, we have more possible cases of a symptom being resolved quickly, than at any other point in life. Even when at other moments of life there are possibilities for some symptoms to disappear as well in a brief time span, even in some cases with adults.

This, however, is not my concern nor my research. I wanted to give you an idea of the subject of my work. I am not at all saying that at other moments, at other ages, there is no possibility of symptoms disappearing nor am I saying that within this age range there are no cases that need extensive psychotherapies.

With regards to the first question, personally, I am not very familiar with the model of resilience. Furthermore, the reasons for which some might be willing to continue on with less problems and others with more seems somewhat enigmatic to me. I believe that within the field of psychoanalysis we have, as our psychoanalytic tools, something to say with respect to the reason for these differences. It also has to do with the issue of desire, with the issue of family composition... I am sorry but I am not very familiar with the topic of resilience and cannot comment much more on this.

Question: Is it possible to share a clinical anecdote or example with us where we can see this relation between the disappearance of the symptom and repression?

Robert Lévy: Yes, for instance we can take the case of a child who had trouble sleeping. We often get questions and consultations about these symptoms in small children, two or three year olds or sometimes older. We know that sleep issues have to do with anxiety but we need to find out a bit more about why and how.

This child who could not sleep was also unable to enter into language. His father was also unable to sleep.

Question: How old was the child?

Robert Lévy: Two and a half or three. He didn't use words, screamed, he could relate to the other, he had means of playing, but could not use any words, enter into language.

Working with this child, I realized with regards to the topic of his relating to the other, that he had a relationship, he had signs of calling out to the other, of using the other, of being present with the other and the issue of psychosis seemed to me to be something with

little presence. However his symptomatic display of not using words and not sleeping were very important because when he began to go to preschool it became very problematic and the parents got an echo of the behaviour of their child as abnormal, as not normal, and came to ask what was going on.

Two issues: the first is that the father was –still is—the son of an army commander with whom he had had a violent relationship albeit not one of authority. We need to distinguish violence from authority. The father of this child could not act out anything but confusion between authority and violence and in order to avoid being violent with his own child, he didn't do anything. He avoided being authoritative with his child to avoid reproducing what had happened to him with his own father and to avoid repeating it, he didn't produce anything. He stayed totally distanced from the limits necessary for the child to locate him in his life, he did not give any limits to the child.

This is connected to another topic that concerns the mother who at one point shared with me the difficulty she had of thinking about what her child would do without his grandfather. In other words, the issue of the father, the reference figure of paternal authority for the mother was her own father and not her husband. Her concern, since her father died when her child was only a few months old, was what her child would do without his grandfather in his life.

With regards to the issue of authority, the paternal reference on the part of the father as well as that of the mother had put this child in a space without limits or authority, in the sense of establishing some limits. For this reason, the child had no possibility of repression. We must consider the word repression because it is possible to repress something when there is something to repress. It is also possible to repress the issue of authority when there are limits. If there are no limits, there is nothing to repress.

All of this came to light after the work, was the result of the work. Essentially what I have related of the history of each one was not previously known. The father came for analysis, the mother, on her own, resorted to psychotherapy as well. With the child I had to enter into a longer term psychotherapy but that was related to the situation itself and the economic value of the symptom for each of the parents of the child being unable to enter into language and unable to sleep. The anguish was related to the lack of limits –day, night, to do something or not to do it—the necessity of the parents to introduce the child to a life with limits.

Question: Two questions: one is related to the moments in which one encounters difficulties working with parents in terms of the difficulty of questioning them about their place with respect to the symptom of the child and the possibility, in any case, of working despite not being able to work with the parents. It is a very important issue with respect to certain

symptoms— I have one child in mind, a child of eight with a significant phobia— in which these issues cannot be resolved and where the mother appears to be very involved but has a pathology with characteristics such that there is no interview. This is a case in which one works with the child but at the same time has very little hope of resolving the issue.

The second question, even though it is not the focus of your work, is regarding the place that play is given in these metaphoric possibilities.

Robert Lévy: The last question in particular gives me the opportunity to be a little more precise about some things. I obviously believe that in my presentation I make it clear that playing a game is not the same with a two or three year old as with an eight or nine year old or older. In the same fashion, drawing is not the same when the child is two, three, four, five years old as when they are much older, given the different modalities of thinking.

To play when one does not yet have access to well developed metaphor or processes of metaphorization has a value and completely different reference given the topic of fantasy. In other words, fantasy and its introduction, its construction in the child, allows us to say that the processes of metaphorization are taking place, simply in order to produce fantasy it is necessary to have the capacity for shifting between the different roles of a game. If this cannot be done, if the child does not have the capacity to shift from one role to another, if they neither have fantasy nor the capacity to metaphorize, play and drawing are related to this capacity which it seems to me we must take into account in our practice. To propose a drawing and to use it is different with respect to the elements I have mentioned.

Each of us will come to our own conclusions. I don't want to tell anyone how to work, each has their own method of working, but these elements are fundamental to clarify these issues.

In terms of the second question, yes, obviously: what are we confronting when we cannot work with the parents? We are confronting *jouissance* and essentially nobody changes their *jouissance*. Who changes their *jouissance*? Nobody, but nobody. The issue is what to do with this *jouissance* so that it is possible to open a space, a place for the child's own words.

However, we are not omnipotent and there are times in which these things are so connected in terms of *jouissance* that it is not possible to work because our work cannot be imposed. It relies on demand and if there is no demand, it is not possible to work.

There is also a castration with respect to our knowledge; we cannot do everything and there are many moments in which it is important to say that we cannot. This is sometimes useful for people. It has happened to me, at times, that I have had to tell parents that they are placing me in an omnipotent position and that I cannot work in these conditions, that

they should rethink things and can return at a better time for them but that at this particular time I am unable to work with them. At times this can be a useful intervention.

Question: How do you conceive of your work with the parents in the case of psychotic and autistic children in particular?

Robert Lévy: That would be a whole other lecture. I prefer to limit this to today's topic because the subject of autistic children is so difficult, complex and extensive that I would prefer not to answer that in so few words. I'm sorry. Obviously the issue of the parents is important and what happened with this topic was that in Europe, for instance, the parents were blamed so much by analysts that today parents dealing particularly with autism do not tend to consult analysts.

There is very interesting research being carried out right now by psychoanalysts, as well, colleagues of mine, but I would need more time to get into this.

Question: In what you have presented there is a significant difference of opinions in the sense that a child is in analysis when in some way the psychic structure allows the structuring of a symptom, a symptom under analysis, a symptom in transference, there we can find the symptomatic *jouissance* of the child.

Another aspect of the question is when the unconscious structure of the child is not developed, is not constituted –I believe you refer to that as a lack of repression—when the knot is not particularly structured. What you suggest, and I agree completely, is localization, to be able to clinically indicate the localization of *jouissance* in an extended structure essentially taking the parents' discourse as such. In this way, the child can mark a division and ceases to be the *sinthome*, he ceases to occupy the place of the *sinthome* that binds the couple.

The problem in is the method of intervention, not losing the position of analyst, of listening as an analyst, that this position is not lost in one, two, three, or whatever number of sessions. In this way, the child is able to egress and is free to structure his or her unconscious.

The other issue, which is something I've worked with, is in relation to the possibilities for a child, where the difficulty of metaphorization is the lack of unconscious structure and the expression of such, in the situation where the analyst occupies the place of the other that the parents cannot occupy and can, to some extent, participate in a creative game involving an important degree of invention.

Robert Lévy: I completely agree. I couldn't state it better than you have. At times, the place of the analyst can function as another *sinthome*. The economic question of the transference of the parents sphere of influence to the analyst's own stems in part from this. The analyst takes on the function of *sinthome* and can thereby provide some respite to the parents' configuration. This is exactly what I have been developing in my work.

Question: The cases you just mentioned must be cases of extended psychotherapy when the analyst needs to occupy this place. And extending on this, I wanted to ask your thoughts with respect to the effect on metaphorization in the case of psychotic parents—psychotics more than collaborators—or in the case of abuse. I'm wondering if in these kinds of cases you have found that there is a possibility to get other members of the family to intervene and reconstruct what in this case is impossible to construct. I'm wondering if you have worked with grandparents, uncles, aunts or other family members.

Robert Lévy: The most important person, whatever their position in the family, is the one the discourse is concerned with, not so much the person as such but rather their discursive value, their discursiveness as a person. And it is this person who essentially interests us in the consultation.

Regarding abuse, it is also evident that child sexual abuse is not registered in the same way if one has the capacity for metaphorization as if one does not; the two are absolutely distinct. For this reason, we find cases of child abuse at a very early age that are inscribed in the body and not in the manner we are used to seeing with respect to cases of abuse at a later age. It is also important to note that due to the metonymic capacity, due to metonymy, it impacts the body directly, the opposite of the metaphoric/metonymic capacity that allows a different inscription that does not necessarily traverse the body. This has an important impact on our work with early abuse cases.