

Round Table:
From Acts to Words. A Discussion of Psychoanalysis with
Children and Adolescents

Clara London: On behalf of the online journal *Controversias*, I would like to thank the Department of Children and Adolescents for the space they have kindly provided us for this conference.

The participants in this round table are Aida Dinerstein (Letra), Dr. Juan Gennaro (APdeBA) and Dr. Ana Rozenbaum (APA). I will now turn the floor over to them.

Aida Dinerstein

To speak of children is to speak of play. And to speak of psychoanalysis with children is also to speak of play, but from a specific and absolutely unique point of view, incomparable to the approaches used by other disciplines (psychology, pedagogy, pediatrics, sociology, anthropology) or from any other perspective.

It is worth noting that I did not list psychoanalysis as a discipline, which for me is something specifically related to science and technology. I consider psychoanalysis, first and foremost, an experience, a praxis of the subject, closer to art and perhaps to poetry and, above all, a very artisanal practice. (Any resemblance to the Spanish term *artesano*, "healing art," in this case thanks to homophony, is not mere coincidence, but rather a product of the richness of language itself, in this case Spanish.)

It is neither about evidence nor clear and distinct ideas, as a Cartesian would surely prefer. Analytic theory is not constituted in a system and is, instead, characterized by strangeness. I hope that this term evokes, for my audience, the idea of the "uncanny," one of the forms of anxiety, a central feeling in this theory, and not only in terms of castration anxiety, although it is certainly important. Anxiety, which is first and foremost a guide in the practice and organization of experience, indicates the path of desire and consequently, that of the object (referring to both the object of the drive as well as the *objet petit a*, the unrepresentable object referred to with a letter, the cause of desire).

I would like to expand on this exclusion of psychoanalysis from the list of disciplines, a difficulty which represents both a challenge and a possibility, by way of a simile. In a scene in a movie which I saw several days ago on television, a writer must introduce his friend, a poet, to an audience. Quoting someone (I can't remember who), in reference to the unquestionable status of his friend as a poet, he says: "I can't define poetry, but I know it when I hear it."

People do not speak as they are, rather, they are as they speak. And if we're talking about children, we could say that children are as they play. Children say what they do, they speak through their play. This is why, for them, I would like to propose a translation of the well-known Freudian formula: "Wo Es war, soll Ich werden" as "Where it was, play shall be." Where it, the Id (the silence of the drive, which is both the sex drive and the death drive) was, play shall be. This is because in play, the sexual predominates over silence and a subject (the result of the signifying articulation) is constituted through both alienation and separation from an object, which in fusion with this subject, puts it in contact with something completely heterogeneous: the body.

I would like to return to something that we are all familiar with, that first game known as *fort-da*, named after the signifiers Freud noted in observing his small grandson playing.

I would, however, like to propose an alternative to Freud's reading of this game (following the reading offered by Lacan).

"...I have been able, through a chance opportunity which presented itself, to throw some light upon the first game played by a little boy of one and a half and invented by himself. It was more than a mere fleeting observation, for I lived under the same roof as the child and his parents for some weeks, and it was some time before I discovered the meaning of the puzzling activity which he constantly repeated."

"The child was not at all precocious in his intellectual development. At the age of one and a half he could say only a few comprehensible words; he could also make use of a number of sounds which expressed a meaning intelligible to those around him. He was, however, on good terms with his parents and their one servant-girl, and tributes were paid to his being a 'good boy.' He did not disturb his parents at night, he conscientiously obeyed orders not to touch certain things or go into certain rooms, and above all he never cried when his mother left him for a few hours. At the same time, he was greatly attached to his mother, who had not only fed him herself but had also

looked after him without any outside help. This good little boy, however, had an occasional disturbing habit of taking any small objects he could get hold of and throwing them away from him into a corner, under the bed, and so on, so that hunting for his toys and picking them up was often quite a business. As he did this he gave vent to a loud, long-drawn-out 'o-o-o-o,' accompanied by an expression of interest and satisfaction. His mother and the writer of the present account were agreed in thinking that this was not a mere interjection but represented the German word *fort* (gone). I eventually realized that it was a game and that the only use he made of any of his toys was to play 'gone' with them. One day I made an observation which confirmed my view. The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skillfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive 'o-o-o-o.' He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful 'Da' (there). This, then, was the complete game—disappearance and return. As a rule one only witnessed its first act, which was repeated untiringly as a game in itself, though there is no doubt that the greater pleasure was attached to the second act."

I also wish to cite the footnote marked as number 6: "6. A further observation subsequently confirmed this interpretation fully. One day the child's mother had been away for several hours and on her return was met with the words 'Baby o-o-o-o!' which was at first incomprehensible. It soon turned out, however, that during this long period of solitude the child had found a method of making himself disappear. He had discovered his reflection in a full-length mirror which did not quite reach to the ground, so that by crouching down he could make his mirror-image 'gone.'^{^*}

The text continues: "The interpretation of the game then became obvious. It was related to the child's great cultural achievement—the instinctual renunciation (that is, the renunciation of instinctual satisfaction) which he had made in allowing his mother to go away without protesting."

Fort-da and what it should be tied to: the departure of the mother. Freud, relating this game to the mother's departure, suggests that play is "...an effort (*Drang*) to

* The child creates the experience. Therefore, being is not the same as being seen.

psychologically process something that has made a great impression, to make themselves master of it..."

The explanation that Freud offers regarding the meaning of this game locates the "great impression," the "it" that the child attempts to dominate, in the mother's departure, a painful and unpleasant experience which the game attempts to elaborate by repeating actively what was experienced passively. This transformation from passivity into activity would imply the conversion of an unpleasant experience into the pleasure of satisfying a desire for revenge.

While Freud's interpretation is interesting, it neither fully explores what is at stake in the game, nor does it tackle the game's central point.

In concluding that it is the mother's departure (or is it the departed mother?) that is symbolized by the game, two things are implied. In the first place, it assumes the existence of a subject with an established ego-structure, libidinally tied to an object (the mother). It also implies the possibility that the child perceives this absence prior to and independent of the game.

On the other hand, the game itself seems to constitute an opening up of these two areas. In the creation of this new drive path, an ego is structured while an absence, as such, is isolated.

With respect to this, Lacan comments: "...that which falls is not the other *qua* face in which the subject is projected, but that cotton-reel linked to itself by the thread that it holds-in which is expressed that which, of itself, detaches itself in this trial, self-mutilation on the basis of which the order of significance will be put in perspective."

As a new drive trajectory, it is a trace that repeats a movement which both establishes a split subject, torn between the possibility of saying "I" (I reject you; I don't need you; I want you to leave), and "a small part of the subject that detaches itself from him while still remaining his."

Fort-da is both the inscription of this primitive pair of signifiers as well as, through the object (reel), a primitive organization of a phantasmatic reality. The object causes it, marking the child subject in its split, while at the same time becoming a matrix (given that it concerns his whole phantasmatic universe) of the only thing that will provide an answer to the question about his self. The child will exist with his object.

Why the suggestion that it had more to do with the departed mother rather than the mother's departure?

Because it is not a question of the real presence or absence of the mother, but rather of what this presence or absence suggests with respect to her desire, which splits her as well. The mother, on going away, not only deprives the child of her presence, she also impels him to question himself about what she desires, suggesting, through a lack of language, a lack of presence, that the domain of her desire, for the child, is an unknown.

The reel, as an object which lends its appearance to the object which causes the fading of the subject (perhaps the child imagines being seen by his mother who, upon her departure, shows that her desiring gaze is directed at another object, or perhaps, it is a detachment or an ability that enables an imagined response to the demand of the Other), is the point of articulation between the desire of the mother (as the desire of the Other), the *objet a* (the first identification of the subject) and the *i(a)* (objects of the imaginary ego relation), while at the same time being expressed through language (ego-Ideal).

Even before the instrumental aspect of play, an expression of meanings that locate their unfolding in the crystallized dimension of the sign, there is this primitive dimension, which should be emphasized in all analysis.

For those who are born into a world of language and whose bodies are marked by language, there is nothing that can be conceived of only in terms of pure movement. The act of analyzing is dependent on the psychoanalyst's acts. And it is the ethical duty of the psychoanalyst, when working with children, to give what unfolds during sessions the status of play, thereby repeating Freud's gesture.

It is only in this manner that the necessary split will take place, ensuring that it is not the child, and his entire body, that will be set in an identification with the object, given over to the imagined *jouissance* of the Other.

If the analyst manages to invent a play scenario with the child who enters the office and throws himself down in his chair as if he were a torpedo, or the child who spends session after session curled up in a chair in the fetal position, he is enabling the object, condensed in the "real" of the body, to enter into a chain of metonymic displacements, whether of characters or of one of the objects that the analyst offers as a prop in the play scenario.

Repetition is not the same as reproduction. Repetition, when not idle, always produces something new, and that in itself, already implies the removal of *jouissance*. The

analyst, using free-floating attention, must pay very close attention to detail, even the most minor detail, which may indicate that a change has taken place.

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Key words: play, elaboration, phantasmatic reality, drive domain, presence of the analyst.

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SUMMARY

Through her analysis of *fort-da*, the author proposes the "reel" as the point of articulation between the mother's desire (the desire of the Other), the *objet petit a* and objects pertaining to the imaginary ego reality of the child. At the same time, it is expressed through access to language. Pure motor action does not exist in the realm of language. Analysis is an act carried out by the psychoanalyst, when giving what takes place in the analyst's office the status of play. It enables action to enter into a chain of metonymic displacements.

Ana Rozenbaum:

We will approach the topic of this round table by sketching a few clinical details.

We will begin with the act:

Martin, age 15, arrives at my office after an attempted "rape" of his brother (age 5).

His first words:

"I feel bad. I don't feel like doing anything. I live with my mother. We get along alright, but she's very lonely. I get along with my father, but now we don't see each other much, because of what happened... Before, I used to go out to the house they have in the country, but I don't go anymore because they don't want me to... well... because of what happened. And well... I don't know what else to tell you..."

"Do you want me to tell you about where I live? I live in Flores. Have you been there?"

"I'll explain what Flores is like. There's the nice part, where I live, the part that almost everyone knows about. But it's not all like that. There's also Bajo Flores. That's a poorer area, and maybe even a little dangerous. Although not so much. I've gone there a few times. But you have no idea! That's nothing compared to the area a little beyond it, Ciudad Oculta. I've never been there and I don't think I'd ever dare. They say it's terrible, that all kinds of things happen there."

Needless to say, this mysterious and enigmatic exchange about the areas of Flores, which took place during our first session and which was developed right at the time of his sexual awakening, raised a series of questions and unsettling conjectures.

What do the three areas of Flores allude to? Could they be worked through in the analytical process?

And moreover, what lies beyond Ciudad Oculta, or the "Hidden City"?

Martin was an only child of a couple who separated when he was two years old. His father remarried and his half-brother was born in that second marriage.

The mother, several years older than the father, strongly resisted the separation, even erupting into scenes of extreme violence: *"I couldn't accept losing what was mine."*

She still hadn't accepted it. She felt that she had been betrayed and had, from then on, led a solitary life. She tended to say: *"I was already married once and you can see how things turned out for me. I don't want to have anything to do with men ever again."*

This apparent enunciation of the maternal discourse as a metaphor –*"I don't want to have anything to do with men ever again."*– could be interpreted by her son as an accusation or even a threat, even if it is unjust to attribute all of this to a mere

sentence, a power that leaves no options. The only thing that can be said, is that it indicates a particular familial desire which locates a subject in a place where it may or may not perpetuate itself.

Revelation of a secret:

Near the end of the initial interviews, surprisingly, the father revealed something startling.

He recalled that when he was around fifteen, he had walked in on his mother, in the attic of his house, with Estercita, a housekeeper who had lived with the family for many years. The two women were in bed, naked, clearly engaged in some kind of sexual activity. When the event was reported, he was disappointed because his father had not seemed at all surprised, nor had he taken any action. "*Everything stayed the same,*" and that's why he left home two years later, convinced that he was the son of a homosexual and that his father knew and tolerated this. He had no idea why.

—He had never talked about this with anyone.—

It sometimes occurs that when an atmosphere of confidence has been established, the parents unexpectedly offer some kind of powerful revelation.

In this case, it conjured up an event from a conflictive past which had never been mentioned, though that didn't mean that it had been eliminated. It was tied to a series of events that were meant to be rejected, but that meanwhile projected a disquieting effect on everyday certainties and hinted that the past was still there, distant yet nearby, threatening the present from the past.

Revelations tend to be revealed as secrets, although they also include messages aimed at seeking support. They are testimonies directed at someone specific, given that they have a strong impact on the analytical situation, affecting and stimulating the analyst.

Identity Structuring and Generational Transmission:

How could this young man, in the midst of structuring his identity, manage to confront sexual difference and take his place in the family tree?

The son of a mother saturated with resentment, who obstinately insisted on declaring that she wanted nothing more to do with men because they had hurt her. In other words, her identifying statements, a necessary and structuring aspect of identity formation, offered no sufficiently rational version.

This is the son of a man for whom the reference to lineage was a heavy burden, keeping in mind the attic scene: "*I left home.*" In a similar manner, Martin is also

separated from home following the incident, given that he is considered potentially dangerous. His father is incapable of assuming an identifying position which can sustain a kinship system that is not subject to arbitrariness, incapable of protecting his son from homosexual temptation, and of reducing the impact of an alienating maternal issue.

Now, what did Martin know about his relatives? Only that his grandfather had died, and that shortly afterwards his grandmother had left the country... *"I don't know. We never talk about that."*

These are superimposed pasts that cross at the age of 15; the father's story of a mother who turns out to be gay, and the son's story, the backdrop of his actions towards his brother.

Faced with uncertainty vis-à-vis his (sexual) identity, he tended to shout during sessions, asking himself, *"Why? Why did I do it? I swear I like girls. I'm not a 'fag.' That's not me! And the worst thing is that I can't tell anyone this."*

The identifying scene in subjective constitution:

The father, through his revelation, had brought to light something that had been silenced in the past, something that could perhaps help make sense of the present, lending meaning to the enigmatic exchange with Martin during his first session: *"Beyond... the Ciudad Oculta."*

Perhaps that mysterious and dangerous "Hidden City" was inhabited by his grandmother's lurking ghost, struggling to emerge?

Can we compare this young man's subjectivity to his grandmother's, whom he had never met?

From this perspective, Martin's symptom-act could be the expression of his father's suffering, a repetition of an insufficient elaboration originating in preceding generations, as well as the result of the formation of an intrapsychic commitment.

Winnicott, in his article "The Fear of Breakdown" (1963), published posthumously, wrote of *"something that the subject has not yet experienced which already took place in the past."* As opposed to the Winnicott quotation, the difference here is that "that which already took place" occurred in the "past of a predecessor" and is therefore constituted in the negative, as an absence of content, rather than as the perception of traumatic content. In this way, a subject can develop symptoms which apparently lack meaning, noting sensations, emotions or potential acts on his part which seem "bizarre."

Even so, it is necessary to resist the temptation to suppose that the attic scene involving the grandmother, regardless of the allure of the traumatic fascination it acquired in the father's story, is the ultimate cause of the attempted rape of his brother. His act could also be a way of punishing his father, who abandoned his mother and himself, through his father's youngest son who, at the same time, represented an important rival for himself. Likewise, he could also have acted in an identification with his furious mother, a mother who wanted to harm her ex-husband for having rejected her, inflicting damage on the son he had with another woman.

It would seem healthy then, to resist the impulse to assume that the father's story is the ultimate cause of the act which this young man could not recognize as his own. In any case, we can consider all of these possible circumstances, without rejecting the subjectivising appropriation of the story, which does not always appear as the story of an Other, given that the child also constructs this world he occupies, which is not merely a reproduction, but rather a permanent creation—if all goes well, as Winnicott was fond of saying.

Multiple determination of the complex movements that lead to the structuring of any act or symptom, a dialectic play between the intra-subjective and the inter-subjective. Events like the one in question also tend to occur with relative frequency during adolescence.

These are questions that will only be revealed when Martin, in going through the analytic process, transference included, embarks on his journey through the internal areas of Flores (or "flowers").

It is an itinerary that Martin will undertake in the narration of his fantasies and dreams which, through his own initiative, were often brought to sessions in written form. While it is true that initially they explained his difficulty in verbalizing "what happened," they also expressed his imperious need to communicate this experience, seeking relief from an unavoidable question, given that it put his identity into question.

As a result, this material provided a way of gaining closer access to his unconscious, but also as a wonderful resource for himself, given that it allowed him to expand his inner world.

We could therefore conclude by saying that his "act of writing" functioned precisely in this way, as a transitional space between the "impulsive act" and spoken discourse.

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Key words: transitional space, writing, impulsive act, subjectification.

SUMMARY

Presenting a case of sexual abuse, the author proposes the transgenerational transmission of an operation of negativity: the homosexual temptation from which the father cannot protect his son. She also posits the act of writing as a transitional space between the impulsive act and spoken discourse.

From Acts to Words

The Act of Play, or Play in Action, in Psychoanalysis with Children

Psychoanalysis emerged in a framework marked by the acts and grand gestures of the hysterical patients Professor Charcot saw in La Salpêtrière, as well as the equally grand gestures of the first attempts by therapists, including Freud himself, to help them. Despite this, or perhaps because of this, the pathway to the discovery of the unconscious was revealed, as well as the basics of an essential component of the analytic device: a particular type of indirect listening, designed to take note of not only the overt elements of what is said, but also and very specifically, the latent aspects lying hidden or distorted. The symptom therefore appeared as an alternative to the satisfying act, a compromise between powerful unconscious demands and an equally powerful censorship. The technical device which would enable the exploration of the unconscious and the treatment of neurotic disorders, was developed gradually and its eventual use allowed for the development of a provisional and evolving theoretical framework. Exaggerated attitudes and grand gestures, on behalf of both patients and therapists, were progressively eliminated, giving way to a demand for freely expressed

discourse and to the silent listening of the analyst, using free-floating attention. The motor end of the psychic apparatus was thus inhibited in favor of psychic content from the inner worlds of both patient and analyst. Based on these premises, psychoanalysis continued to develop, both theoretically and clinically, and gradually extended its interests and knowledge to new pathologies.

In addressing psychoses and the psychoanalysis of children, new technical demands emerged which required an adaptation of the analytical device and the creation of new approaches. M. Klein, a pioneer in analytical work with children, introduces play and the interpretation of symbolic content projected in it, in the treatment of young patients.

It is no longer possible to sustain the characteristic silence and immobility of classic treatments or "typical cures." It could be said that mobility and the body, which had been invited to leave the analytic setting through the door, came back in through the window.

Children draw, play and create a new space midway between their internal world and external reality. In doing so, they extend a bridge between their psychic world and ours, offering us the possibility to cross over into it. They tug on our coattails to invite us to enter the magic universe of an imaginary journey in which they are, rightly so, the guides. They extend their hands and, when accompanying them, we must leave behind our theoretical certainties and our preconceived notions and assumptions, humbly accepting the difficult task of not understanding, not knowing (the "negative capacity" Bion spoke of, citing John Keats). We must prepare ourselves to participate in the proposed game, putting our psychic apparatus at the disposition of our young patients, "without memory or desire," as Bion suggested, in our "rêverie-containing" activity. We must also be open to receiving, incorporating and elaborating the psychic impact of the feelings that are elicited and projected into the play space, with the commitment to "survive," as Winnicott taught us. Then, sometimes unexpectedly and surprisingly, we may experience the emergence of memories, associations and feelings within us that will allow us to "think through" our experiences and put into play the words that can then "translate" this experience, allowing us to think it through together and to share what we experience in sessions. It is true that often, especially (although not only) when faced with severe pathologies, we come into contact with our own archaic nuclei, peering into our own limitless abyss and wordless anxieties, at the edges of the representable. These are turning points in the analysis, distressing in

nature, which are dominated by countertransferential feelings of uncertainty and confusion. They are trajectories in treatment where we may experience the sensation that our capacity for thinking, for "freezing" our own psyche, vanishes, at times combined with feelings of weariness, annoyance or uselessness. If we agree to accompany our patients into this unsettling territory, we may use the "as if" space of play to formulate spaces and fragments of meaning, which structure our own capacity for thinking. At the same time, in doing so, we establish transferential "bridges," "transference grafts," as G. Pankow referred to them, which allow us, in the here and now of sessions, to experience the projected content and put it into words.

If instead of accepting these painful feelings in our inner repository, discovering that they contain "keys" and "bridges" that can serve as guides to understanding our young patients better, we reject them, in an attempt to flee from the inner regions that provoke our own anxieties, we may end up taking refuge in our internal "bastions," blind and deaf to the scene unraveling before us in the latent space of analytical work, asking ourselves at that moment with "urgency" and desperation, "what to do?" The answer can span a whole range of the analyst's defensive moves, acts and actions that function as the "negativation" of the analyst's ability to listen and capacity "to contain." However, developing it can lead us to transgress the severe limits of the time we have been allotted.

Below, I will recount a clinical situation in an attempt to illustrate what I have said up to this point.

C., age 5, an only child, is brought to my office by his parents and maternal grandmother due to eating behavior issues. He completely rejects any type of solid food and will not accept anything but baby food and milk. C.'s parents, separated two years prior, mention that he has had some behavioral issues and problems integrating at school, but they do not attribute great significance to this fact. C. has suffered health problems since birth, including painful gastric reflux disease, successfully treated with medication, which his parents believe to be the cause of C.'s current problems. He also has a significant myopia and convergent strabismus, as well as nocturnal enuresis and, occasionally, diurnal enuresis.

C.'s birth coincided with the death of his mother's brother, who was likely psychotic, in conditions of poverty and physical and mental breakdown. C.'s mother became deeply depressed at the time, recovering only after a year of treatment.

C.'s parents keep long work hours which means that C. spends most of his time outside school hours with his maternal grandmother, who seems to be omnipresent in the family universe. His parents tell me that his grandmother wishes to see me, and since she is in the waiting room, I agree to see her alone. She is elderly and obese, with a markedly asymmetrical face and significant motor impairment on one side of her body, which causes her to limp and makes walking difficult. Her tone is brusque and she tells me that in reality she is responsible for C.'s education, and that his parents are not fit to take care of him. She adds that she does not follow their instructions with respect to feeding him. "Poor kid. They're going to starve him to death. If you only knew how much he enjoys the bottle I give him every day," she says in a tone of tacit complicity, as if taking my approval for granted. In response to my silence, she tells me that his parents don't know about this and adds that she has decided to put C. in a diaper when he sleeps over at her house since "he feels more comfortable that way."

I arrange with the patient's parents to see him three times a week.

During the first session, I find myself face to face with a pale, thin child. A huge pair of glasses partially covers his face and he conveys an overall impression of vulnerability and fragility. He appears to be full of anxiety, tense and restless. C. speaks, almost yelling, with an artificial tone, as if trying to sound "grown up." He pronounces his words correctly, but there is something false and exaggerated about his speech. He uses sophisticated terms and conjugates verbs in unusual tenses for spoken French (the simple past and subjunctive). His behavior is explosive, mixed with discordant and disconnected phrases. He speaks of dangerous monsters and witches that he must defend himself from and fight against, as well as fearsome pirates. In my surprise, I am reminded of the image of Peter Pan on his island of Neverland. When I suggest he use the objects in the toy box, he looks at them but doesn't want to touch them. He also rejects the pencils and paper I offer him, and refuses to draw. I realize that they are at one end of my office, which is L-shaped, and that something is frightening C. I tell him that I feel that there is something there that is scaring him and preventing him from getting the pencils and paper. He replies that the monsters and witches are hidden over there, pointing to that corner of my office.

I feel lost in this incoherent and fragmented world. There are moments when I feel unsure of what to do and that perhaps C. fears me as if I were a monster, or that I myself am frightened, faced with a monster that scares me. I tell him he is afraid that

dangerous things might appear that could harm both of us, that he should ask himself if he is safe with me, and if perhaps I can protect him and help him fight the monsters that he fears so much. I get the pencils and paper and place them beside him. Suddenly, with an impulse that surprises me, he takes a sheet of paper and draws a scribble, attacking it with the pencil point, exclaiming loudly, "Monsters! Witches! I don't want anything to do with them. I'm going to kill them!" (Figures 1 and 2). In the following sessions, I intervene in his "scribbles," attempting to create forms or symbols with meaning, ideograms, that could be used to think through the unrepresentable. Above all, however, I try to create an intermediate space of contact where we can play together (Figures 3 and 4).

Several months go by during which there are moments of relative "contact," always brief and imprecise, as well as disconcerting moments in which I feel lost. At times I think of Umberto Eco's character, Giambattista Bodoni, gradually emerging from a state of confusion and disorientation caused by a brain seizure, and which he compares to a thick fog, "*Una nebbia spessa, opaca, che avviluppava i rumori, e faceva sorgere fantasmi senza forma...*"¹ It seemed to me that this was related to the violent attack on linking and the projection of the pulverized fragments of parts of the patient (splitting), which I felt were invading me through projective identification, destroying my capacity to think. It is during these disconcerting and anxious moments that the analyst experiences an "urgency" to find "solutions," during a moment of "what to do?." This urgency can give way to *defensive acts* and the *counter-attitudes* that destroy the capacity for containment and *rêverie*. Accepting a state of not understanding and allowing oneself to receive the patient's hate-charged projections, surviving them (Winnicott), on the one hand enables the metabolization of that destructive fragmentation, the recovery of the capacity to think (the alpha function), linking them into fragments of meaning that can then be reintegrated into the play space (signifying acts). On the other hand, it can guard against excitation, functioning as protection from the explosive overflowing of the patient's ego (Kestenberg).

At one point, C. proposes a game. We have to play hide-and-seek and I must hide on the same side of my office as the "monsters' corner." I do so, guided by my young patient, and after the ritual count to ten, C. begins to hurl loud insults at the monsters and witches. I decide to come out of my hiding spot making faces (which I think are

¹ Umberto Eco – La misteriosa fiamma della Regina Loana – Ed. Bompiani – 2004.

funny), saying "I am a monster." C. freezes, paralyzed. His expression changes and he suddenly goes back to being a small, defenseless and profoundly frightened child. The incongruous and exaggerated aspects of his appearance disappear and I only see a small child asking for help. Without thinking, in a completely intuitive manner, I move towards him and give him a hug, saying, "Don't worry. Everything is okay. Nothing is going to happen."

Following this session, there was a change in the analytic process. Sessions became more productive and in them, C. proposed a play scenario and actively participated in developing it. I attempted to follow him in his play-journey, as if accompanying him in a dream. One of the situations that C. proposed time and time again, was that we go together to the "bad corner" and fight the numerous monsters and witches that came from there. These heroic battles in which we confronted the terrifying monsters together in the "bad corner" of my office with our paper "swords," created an atmosphere of confidence in which we could play together and then talk, commenting our "feats." Gradually, this led the way for C. to tell me about his fears and anxieties in the "real world." It was also a period during which C. produced numerous drawings, richer and more structured, in which he could reveal his internal world, populated with bizarre objects, both threatening and terrifying. He gradually found the words to talk about them and to neutralize his fears (Figures 5 to 11). It was at this time that C. began to accept solid foods. At the same time, and with the help of interviews with his parents, C. began to progressively take distance from the possessive and suffocating control of his grandmother.

I would like to end this presentation with the words of Charlotte, a young patient of J. Herzog, who wrote a moving account of his patient's extensive analytic journey:² "What do we speak here? It's a very special language. (...) We only speak of the mind and of play. That is our language."

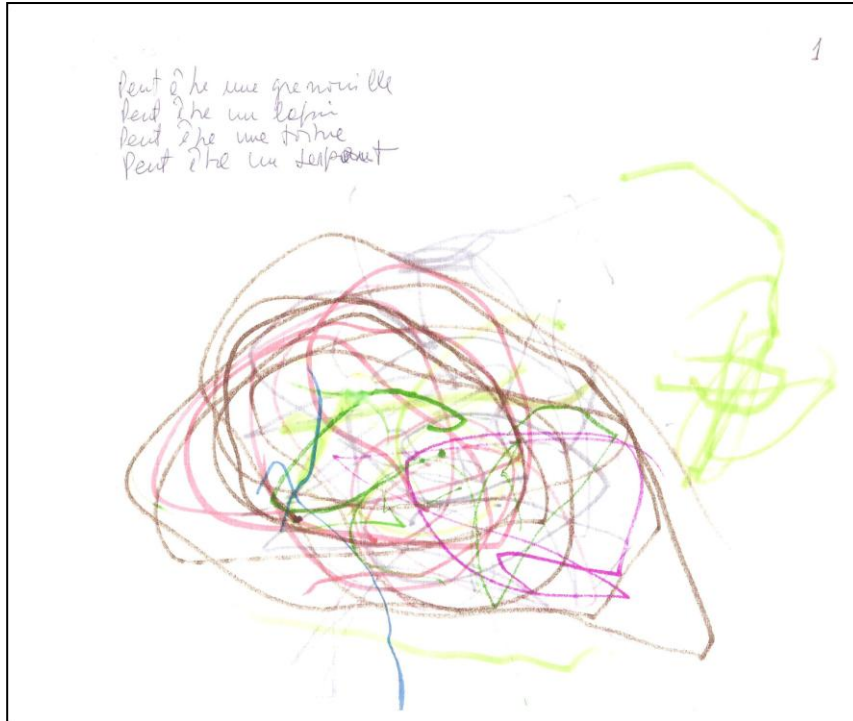
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² J. Herzog – "Los degradados, excluidos, aplastados, muertos" in Psicoanálisis APdeBA, Vol. XXVII N° ½ - 2006



Key words: acts, language, rêverie, countertransference.



Fig. 2

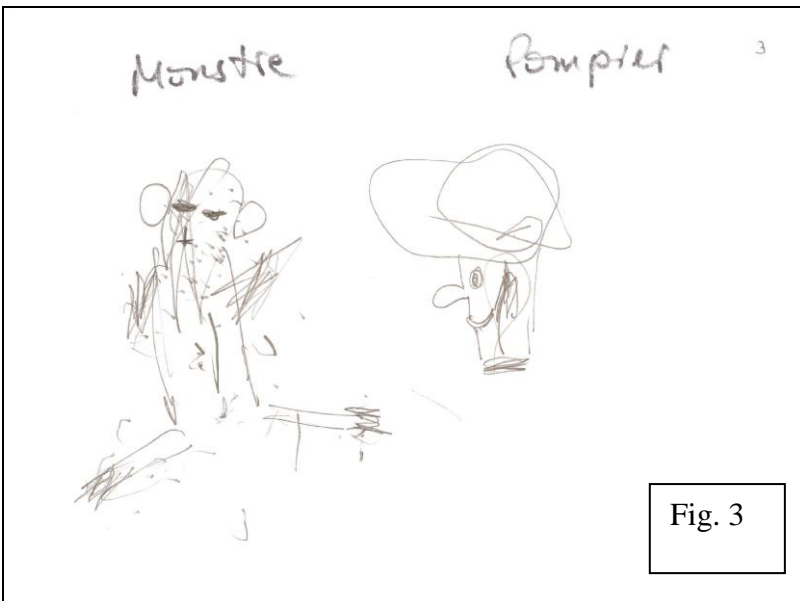
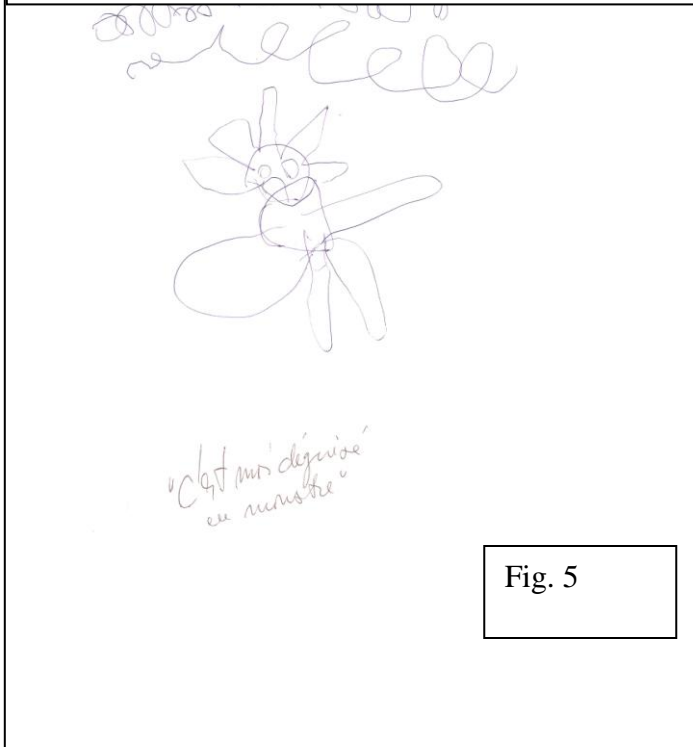
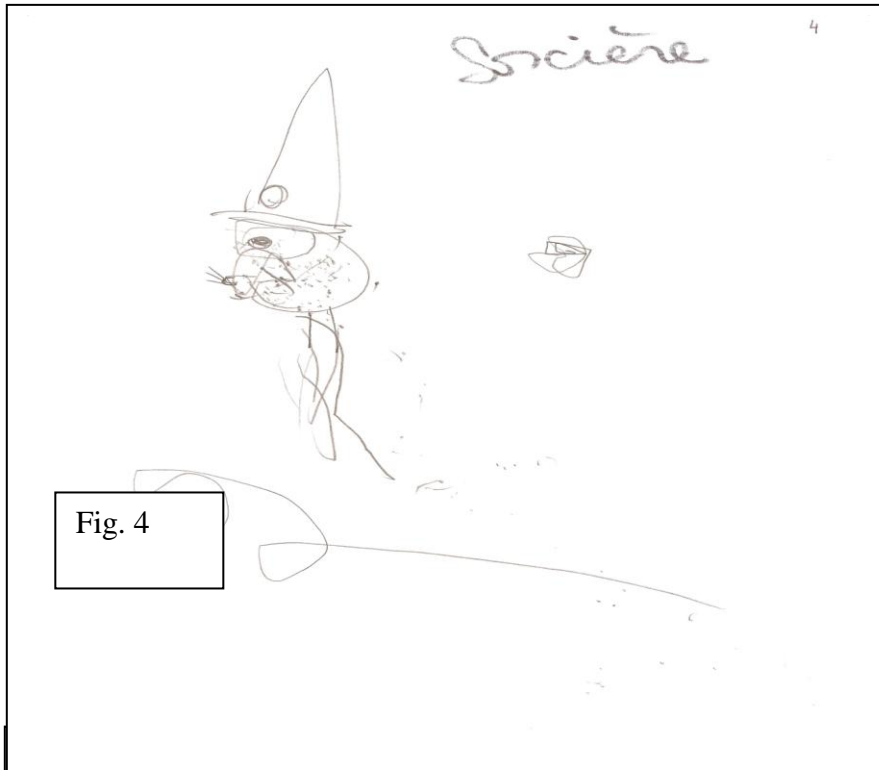
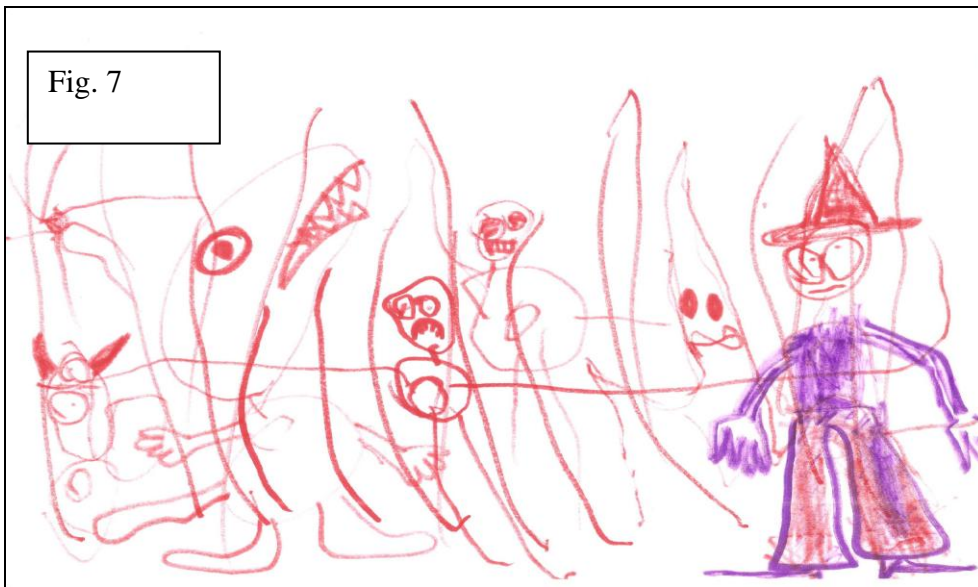


Fig. 3





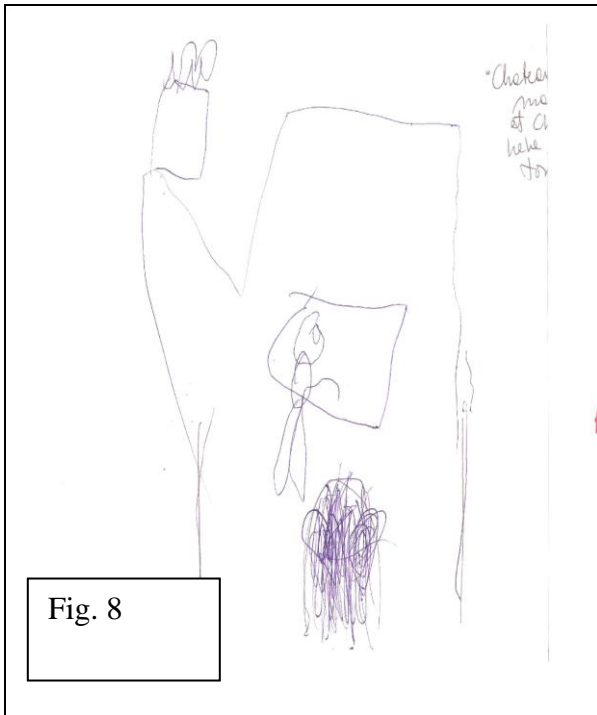


Fig. 8

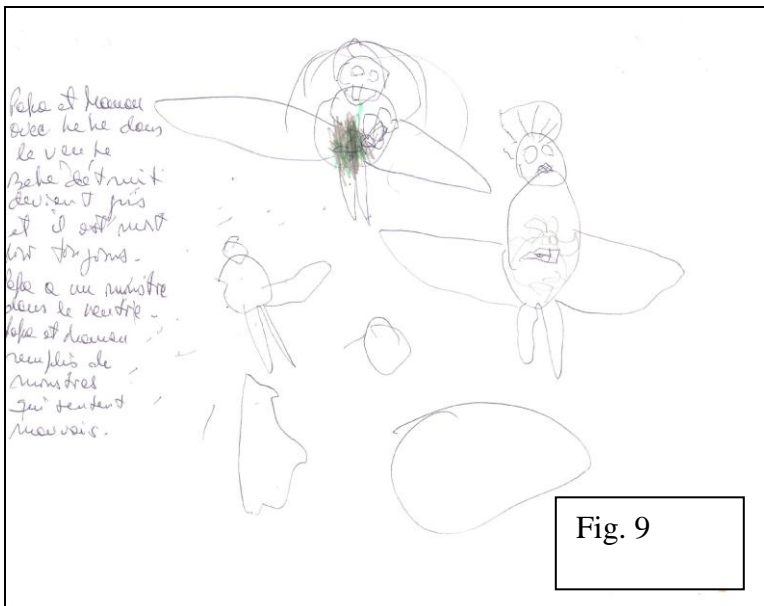
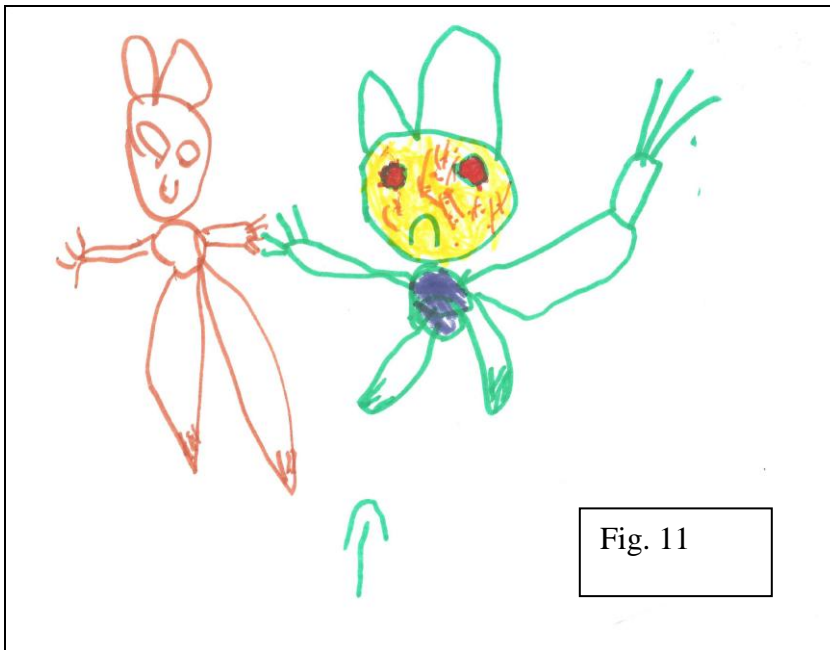
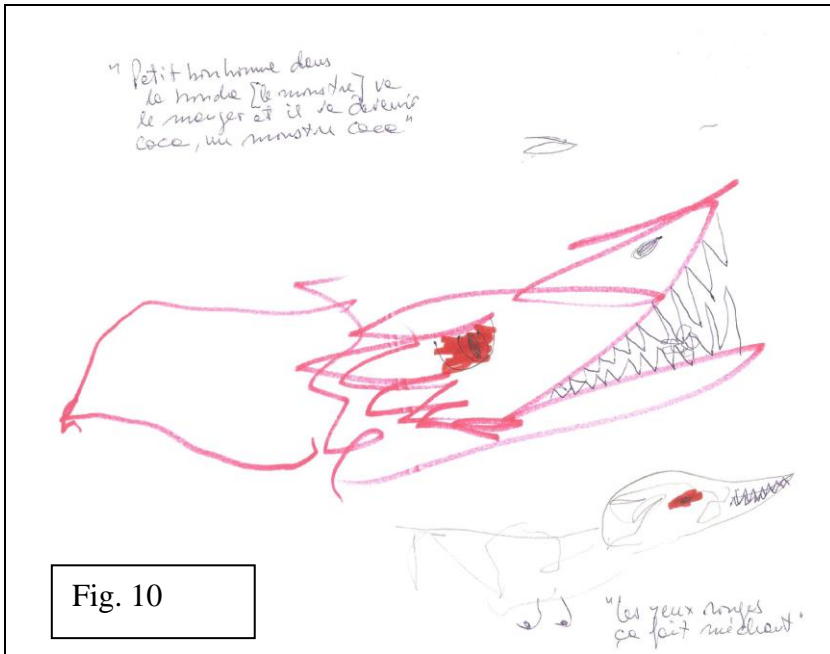


Fig. 9



SUMMARY

The shift from acts to words implies an elaboration of the feelings that are elicited in the effort to translate experience into language. J. Gennaro presents the clinical account of a child who, in an attempt to elaborate terror, produces ideograms. The author proposes that the meaning integrated into the play space, becomes a signifying act, impelled by the analyst's capacity to think when he recovers from the *splitting* and projection of the patient. This signifying act functions as a protective barrier against the explosive overflowing of the patient's ego.

Audience Comment:

There are differences between play and "non-play." My understanding is that "non-play" is an act that cannot be expressed through play, an act that is not "playable." The play-act, on the other hand, becomes a part of the analytic process. My question is, how is it that the analyst decides to hug the child, containing and calming him, instead of interpreting, putting into words what is being "played out" in the analytic situation.

Audience Comment:

I would like to congratulate Aida Dinerstein on her work, particularly on her original version of *fort-da*. The same goes for Ana Rozenbaum for her excellent presentation. With respect to Juan Gennaro, I agree with almost everything he said. I just wanted to ask why he thinks that a hug was more effective than interpretation. It seems to me that it is closer to an *enactment*.

Audience Comment:

A. Dinerstein points out that the analyst's presence enables the activation of a chain of metonymic displacements (with reference to *Fort-da*). A. Rozenbaum refers to the transference of meanings between father and son, proposing the analyst as a "subject-supposed-to-know." The analyst's presence can keep transference open, unblocking transgenerational transmission.

Ana Rozenbaum:

That is why I also worked with the father.

Audience Comment:

The case that Juan presented was interesting given that the reason for the consultation was that the child had difficulty expressing discontinuity. The fact that he was not able to eat solid foods revealed a rejection of the discontinuity of food which requires swallowing in a discontinuous way. The work carried out in the initial sessions shows the difficulties of expressing the continuity of spaces and of the integration, through the drawings, of the differences that the analyst gradually introduces. We could consider this whole process as the introduction to what concludes with the drawing of the shark where, for the first time, the patient incorporates his real conflict with chewing. This case reminds me of M. Klein's patient, Dick, and Lacan's comments regarding the difficulties that the child experienced in expressing words, despite having language. Could it be that during this first period of treatment this difficulty of enunciating words unfolds in the discontinuity of the relationship with the other? In this sense, Aida's point is very interesting, in that while play is a necessary part of analysis with children, the effects of separation are also essential. I would like to ask her how she would express it in this case. Lastly, although the role of writing in Martin's work wasn't very clear to me, it is true that the analyst's writing registers elements of that work in wondering about the "beyond." Beyond Flores, Bajo Flores and Ciudad Oculta, beyond the consequences of what the patient did, the question remains why he did it. "I'm not a fag," he affirms. What caused this? Could it be that beyond what's written, it is this question which he awaits in the inscription of his filiation, while "because of what happened," he does not find a clear response that the law of the father can be grounded in?

Juan C. Gennaro:

I think it's problematic to speak of a "moment of decision" when I choose to contain the patient with an act instead of interpreting what is going on. It is only after the fact, that the sequence can be thought of in terms of the bifurcation that the decision implies. Undoubtedly there are internal unconscious moves that lead us to adopt one particular attitude versus another, an attitude or a defensive "counter-attitude," in E. Kestenberg's terms. But this is not about a decision. In any case it is a consciously

thought-out option. It is afterwards, on remembering what took place, that one can consider whether it is an attitude which enables the unfolding of the therapeutic process, of an element that forms a part of the game's development, or a defensive "counter-attitude," which can also theoretically be referred to as an *enactment*. I think that it was part of a sequence that was useful in the development of the analytical process and which constituted a significant turning point in this process, a shift that clearly marks a "before" and an "after."

In psychoanalytic terms, there are different ways of "doing" and of thinking through the unrepresentable aspects of sessions. One does whatever possible, not in a superficial or commonplace sense, but rather by problematizing the idea in terms of what constitutes the analyst's personal equation, integrated not only by what, in a slightly reductionist sense, has been referred to as "implicit theories," but also, and in particular, through the complex psychic framework of the analyst working on his own personal analysis, supervisions, exchanges with other colleagues and their transference correlates, the analyst's own history, etc. The psychoanalytic act, in its dual technical and ethical vertices, is an act which requires the analyst to make his own psychic apparatus available to the patient, "without memory or desire" and according to Bion, "without understanding." This act entails a particular benevolence related to converting oneself into a "container" to receive the psychic content of the patient within. It is also connected to tolerance, to supporting the process which is taking place and, as Winnicott explained, survival with respect to the analyst's role and his responsibility in the analytical process.

Audience Comment:

I'm wondering if it's possible to clarify if the rape in this analysis really took place or not. The patient mentions Flores, Bajo Flores and Ciudad Oculta. Perhaps he is unconsciously referring to areas of the body.

Ana Rozenbaum:

With regards to the question about whether the rape actually took place or whether it was simply an attempted rape, play or fondling between brothers, I can affirm that finally it was revealed to be the latter.

Faced with the uncertainty of Martin's identity, this became evident in the analytical process, transference included, through the narration of his fantasies and his dreams which, by his own initiative, were often brought to sessions in written form.

It is interesting to note the play of repetitions between Martin's father's father and Martin's father, both of whom silence the facts and act "passively." Both are incapable of protecting their children and of reducing the impact of an alienating issue.

It was Martin's brother who told the housekeeper, who then told the father. However, it is only when the child's mother learned about it that Martin was brought to my office. They had previously gone to see a colleague about Martin's brother.

Audience Comment:

The members of the round table all seem to agree on the therapeutic effects of "acting," and even more so if the play of analysts who work with children is comparable to the act of interpreting. I wanted to ask you if the child's symptoms play a role in deciding when a treatment should be concluded.

Aida Dinerstein:

The duration of analysis with children is certainly an issue. Often I end treatment if the child manages to exhibit a symptom, which I see as a safeguard with respect to the maternal threat. Despite different theoretical references, I find that the analyst, when intervening, is either an analyst or not, and that in the clinic "isms" are often lost.

AIDA DINERSTEIN:

Aida is a psychoanalyst with a degree in Psychology and a Masters from UNAM (Mexico). She teaches at the University of Buenos Aires, the Universidad Autónoma de Querétaro and at psychoanalytic institutions in Mexico. Aida is a member of the Letra Institución Psicoanalítica (Convergencia), Supervisor of the Children's Team at the Hospital Evita de Lanús and the Psychopathology Team at the Maternidad Sardá. She is the author of the book *¿Qué se juega en psicoanálisis de niños?*, Buenos Aires, Lugar Editorial, 1987.

ANA ROZENBAUM:

Ana is a physician-psychoanalyst, member and instructor of the Psychoanalytical Association of Argentina (APA) and a member of the IPA. She is also a professor at the Psychoanalytic Institute of the APA, an IPA specialist in Child and Adolescent Psychoanalysis, the former coordinator of the APA Department of Children and Adolescents, as well as the former coordinator of the IPA Department of Children and Adolescents. She is currently the director of the APA Institute. Ana is the co-author of

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JUAN J. GENNARO:

Juan is a doctor (UBA), psychiatrist (Paris XII), a specialist in Child and Adolescent Psychiatry and a psychoanalyst, member of the Psychoanalytical Association of Buenos Aires and of the Société Psychanalytique of Paris (SPP). He has published numerous articles on psychoanalysis.