

ROUND TABLE: CLINICAL ACCOUNTS

Controversias at APdeBA's 23rd Annual Symposium
November 4, 2011

José E. Fischbein: Good afternoon. We're going to begin this round table on Clinical Accounts organized by the journal *Controversias*.

The members of this round table are Cristina Marrone, a member of the Buenos Aires Escuela Freudiana (Freudian School of Buenos Aires), co-director of Convocatoria Clínica and author of the book *Juego, una deuda del psicoanálisis*; Oscar Sotolano from the Colegio de Psicoanalistas (College of Psychoanalysts), associate professor of graduate Psychotherapy at the Escuela Argentina (Argentine School) and author of several books, including *Bitácora de un psicoanalista*; and Miguel Leivi, whom you all know as the president of this institution.

Miguel Leivi: The idea, in my understanding, is to focus on the clinical material contained in the article. I'm going to assume that you've all read it.

José E. Fischbein: The clinical material is in *Controversias*, number 4, from 2009, by Sesto Marcello Passone, entitled "Listening and Interpretation (in Child and Adolescent Psychoanalysis)."

I will read part of the clinical history:

Bruno is nine, the youngest of two siblings. His parents, still quite young, have had to take their eldest daughter to a psychoanalyst, due to recurrent acting out during her adolescence. The parents say they are satisfied with the results of their daughter's work with the psychoanalyst. And their daughter is continuing her studies at a boarding school.

Bruno, a lively little boy, starts to cause trouble, especially in class (he is irritable, distracted, and has low grades in all his classes). His parents, surprised by this sudden change, want to discuss this with someone since Bruno has become somewhat reserved, and is avoiding them.

"It's almost impossible to connect with him" says his father. "I've even tried to play video games with him to see if we could talk a little."

Bruno's mother, a pretty woman who works in a big bookstore, tells the analyst that she has been thinking about the various periods of mourning that the family has gone through in the last two years, which "may have affected Bruno as well." The father, a professional, has no explanation for the changes in his son's attitude. He thinks it might be advisable to restrict Bruno's frequent visits to his maternal grandmother's house. "He's all she has now, especially after the death of her son from AIDS," he says. That was Bruno's mother's younger brother, to whom she had devoted a great deal of time during his illness. The analyst also learns that for some time now, Bruno has been bumping into things left and right. "It's nothing serious," the parents say. Bruno began walking on his own at an early age. They also point out that Bruno has always been very independent, except with regards to his older sister, apparently a rather masculine girl.

The analyst is left with the impression that the parents are very focused on their children's education. However, their children have taken them by surprise, causing a kind of solidarity against adversity. The parents clearly feel overwhelmed and are worried.

In describing Bruno, they give the impression that he has somehow betrayed their confidence. "He does whatever he wants. He's distracted. We didn't need

this (referring to Bruno's problems at school), especially not right now," the father comments, looking at his wife. "My wife has just accepted a position as the head of the bookstore and she is very occupied. As for me, says the father, I'm looking for another partner for my office. As you know, these are hard times for consultants. We must fight to avoid being overtaken by the competition." The analyst sees this couple, their concerns and their behavior, as promising indications of a potentially good alliance for the analysis of their child, described as evasive, entrenched in concerns corresponding to the end of latency.

I would like to go on to read part of the therapist's description of the beginning of Bruno's analysis.

Bruno attends his sessions on a regular basis, although he doesn't hide his annoyance at having to take time away from other after-school activities he is involved in, such as swimming and, notably, introductory Japanese. Two weekly sessions have been negotiated between him and his parents, according to the framework the analyst proposed after the initial interview with Bruno.

As soon as the first session begins, Bruno starts asking questions like, "What can I do here? What are we going to do now? How long will this take?" And, "How old are you? Do you live here?" He poses these questions without looking at the analyst, standing close to the window, while at the same time, out of the corner of his eye, exploring the office of this man who is older than his parents.

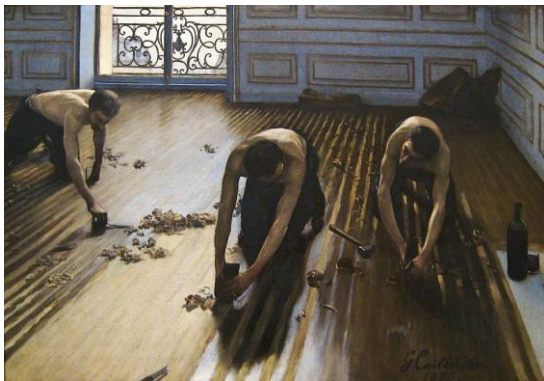
"By coming here, Bruno is letting me know that he has a ton of questions on his mind today," the analyst remarks in a low voice, without looking directly at him. Irritated, Bruno answers: "Shut your trap!" Taken by surprise (like Bruno's parents), the analyst remains silent for a long while and then continues in the same tone of voice as before. "It must not be very nice for this boy to hear a stranger talking about him like this... even though everything that is said here, remains here, between us."

Bruno shrugs his shoulders and asks, "Is there at least a bathroom here?" Asking if it is urgent, the analyst points to the door. This response seems to surprise Bruno and, without looking at the analyst, he concentrates on a toy box on a low table. He still has his hands in his pockets and smiles to himself. Then he mutters a few inaudible phrases and, without asking permission, lies down on the couch near the analyst's armchair. The analyst notes that from this position, Bruno can look at him out of the corner of his eye. They haven't lost sight of each other, so to speak. This physical proximity is accompanied by a tense silence. At that moment the analyst, sensing the tension, decides to say, "Like every child who comes to see me, Bruno can say and do whatever he likes here, as long as he doesn't hurt himself or me." After a brief pause, he adds: "That goes for me too."

Bruno sits on the couch, with his head in his hands. He stares at the wood floor. He's doing some kind of "room-inwardness" exploration thinks the analyst, who finds himself staring at the floor as well. He tells himself, "I'm following him. Where is he taking me?"

Then, the analyst observes the slightly irregular layout of the floorboards. Perhaps to get rid of the anxiety-provoking image of the irregular floorboards, the image of a painting comes to mind. It is a painting of workers scraping the floor of an apartment.

It is a well-known painting by Caillebotte, I believe, called *Les raboteurs de parquet*, or The Floor-Scrapers (Gustave Caillebotte, 1875).



The workers sweat. They are hard at work, without talking... There must be a man staring at them from the back of the room, checking to make sure the work is going smoothly. Why this image?, the analyst asks himself. It is a beautiful realist painting evoking the hardships of labor. The workers kneeling on the floor –were there two or three of them—work meticulously, in spite of their rather uncomfortable position.

Leaving these thoughts about the painting aside, the analyst says to Bruno, "The wooden floor isn't regular, is it? There are some small gaps in it." Bruno, looking at it, replies in a disappointed but firm voice, "Shut up!" He stands up and goes to the bathroom.

The analyst then thinks about Bruno's need to avoid eye contact, to distance himself from his words, and to discharge the agitation produced by the mention of the gaps in the floorboards. He then thinks about the bathroom, asking himself if Bruno will be able to reach the light switch and whether there is toilet paper. It is as if, accompanying him from a distance, the analyst were instructing Bruno on the proper use of this separate space (the office-bathroom). The analyst returns from this thoughtful reverie with a small smile on his lips. He thinks of himself as a mother with a slight cleaning phobia, but also as a father who, naming things from a distance, tells little Bruno about his knowledge of the place (which may occur in his body-psyche space).

Bruno takes quite a while in the bathroom. The analyst spends this time daydreaming about this restless, somber, evasive little boy... In which gaps-fantasies is he hiding? Which cracks has he fallen through, to feel so anxious and upset at the same time?

The image of the gaps that appeared in the analyst's associations during the first session, along with the reappearance of an image of men working in a room, leaves him with the feeling of having received something concerning this patient. Accompanying Bruno, supporting him, helping him to confront the gaps where his phobias lurk, will therefore be the focus of this boy's cure. In fact, during the following sessions, Bruno will confide his fears and phobias, which at night become nightmares and wake him with fear.

Multiple monsters on paper will mark the beginning of every session, monsters that the analyst must store in a box, according to Bruno's explicit instructions.

Through a series of drawings, episodes describing a battle, Bruno tests his ability (together with the analyst) to protect his space, invaded by enemies that cut, wound and tear up the bodies of the soldiers present. Under these

circumstances, little soldier-Bruno cannot help but entrench himself in underground galleries, but they are dark and frighten him. Fortunately, the only soldiers left have been sent to war by sinister and invisible leaders. This is how, during their sessions, he is able to become a "doctor without borders." They will go heal the wounded of Rwanda. At least the analyst will be assigned a tent. It is next to the tent where Bruno cares for the survivors. In these exciting scenes, Bruno-doctor-without-borders will always be in the middle of an emergency. He must go away on missions to increasingly distant places. In order to find them, one must first be very good in geography, he remarks. This is not always the case with the analyst, a somewhat distracted student. Rescuing, in order to avoid being accused of sadistically attacking the object, thinks the analyst. A great deal of the boy's cure will be focused on the urgency of going on far off missions to treat people wounded in three cruel battles. This intense operation will last a dozen sessions, with subsequent recurrences...

Later in the process, Bruno manages to tell the analyst the story of the apple, the one he secretly hides under his pillow. The apple calms his night terrors when the shadows cross his bedroom walls. He will eventually be able to talk clearly about his anxiety: at night, alone in his bed, in his bedroom next to his sister's, who is now gone/expelled/exiled at boarding school. How can he tell the analyst about the fear he experienced when seeing a drop of blood once, dripping from his penis after peeing at school? How can he hold it together in the face of so many threats, when the moon, which he says he thinks about when he goes to bed, looks so pale and distant, hidden behind the clouds? To carry out his project, he will build a spaceship to reach the moon. And relieved by his success as an engineer, he will offer the analyst a reasonably priced seat on a flight, "Just one!"

Then will come another big project: building a sword out of Lego, that won't break at the entrance of the tunnel. Bruno has dug a tunnel out of a play dough "rock," which, according to him, is "poo brown." But the "damn sword" breaks easily and this annoys him. Bruno then rushes to the bathroom. And there is this analyst, who does nothing but watch him carry out, and fail, at his project. Bruno gets angry. He turns his back on the analyst to continue working on his own, until he makes sure that the "bad sword" will no longer break at the entrance of the tunnel. That takes some time. Then he decides that he would rather return to his project, now a battle between Japanese-made tanks. Japanese? "The writing on the cannon is in Japanese," he points out. The analyst must trust him since he cannot read Japanese. "You're pretty hopeless, aren't you?" Bruno mutters. Once again, the battle between tanks becomes intense. But what seems to bother Bruno even more than the explosive flatulence over the city of Hiroshima, is when his sword comes out unscathed from the tunnel. He blushes and looks at the analyst.

"These comings and goings here will make you feel safer about going there... and coming back with your sword intact," the analyst tells him.

Bruno remains silent for a moment, thinking. With a loud sigh, he dares to ask the analyst, "Why do you talk like that?"

Suddenly, the analyst is reminded of someone Bruno mentioned at the beginning of his cure, the new housekeeper who had recently begun working at Bruno's house. He replaced the previous housekeeper who had gone, though Bruno didn't know where —perhaps to the same boarding school as his sister.

The new housekeeper was an "idiot" who "didn't even understand French." At the time, this concerned and annoyed Bruno. The analyst, returning to

something that had formed part of Bruno's transference, ties it to what Bruno has just asked and replies, "Why do I talk like this? You could say it's a dialect, something we've created here, between us, to try to talk about what's deep inside of you, what is sometimes a frightening thought-shadow."

For our last session, Bruno had to bring along all the projects he had produced in his four years of analysis. He had been able to share only a series of monsters on paper with the analyst.

While during their first session, little Bruno had dared to ask this psychoanalyst man what they would be doing together, during this last session, at the end of this path they had traced together, called a psychoanalytic cure, he asked, "But, why do you talk like that?" In other words, what is discussed and how, during these weekly encounters, these encounters that take place between two people, in a room designated for analysis.

Miguel Leivi: I'd like to begin with some brief remarks about the narrative style. There's an introductory paragraph where the analyst justifies his style and explains that it is modeled after a Japanese literary genre called *Shosetsu*. I don't know much about this, but the style seems to call for first-person narration. He also says that it gives the author license to take certain liberties with the facts.

This statement leads us to a whole series of questions. What facts? What truth? What does taking liberties with the truth mean? I have in mind, for instance, Freud's remarks in *Moses*, on the differences between historical-material truth and historical-experiential truth. What is at play here?

He is, of course, wondering how to evoke and effectively communicate the essence of a clinical experience. I believe that that's what this is about. He is giving himself license to use this style.

A narrative is structured like fiction. His reference to literary figures is not a mere coincidence. Passone also tells us that this style is always autobiographical, which is true, not only because it's written in the first person, but also because the narrator is responsible for selecting, editing and shaping the story. So this is always in play and it's always partial.

The story has some idiosyncrasies. It covers a four-year treatment, from age 9 to 13. However, it goes into lengthy detail on the initial interview with the parents and Bruno's first session. At least, he calls it a session. I'm not so sure. You'd have to look at whether it's a session or an interview.

Then, as we heard, this is followed by brief accounts of some of the main themes that appeared at different points of the analysis (the episodic battle; Doctors Without Borders; the construction of a spaceship and of the sword that doesn't break), as well as some of Bruno's more obvious symptoms (night terrors; nightmares; anxiety; hypochondriac fears). The latter are not recounted with much detail. And then there is a rough outline of the end of the analysis.

Another strange thing about the narration is that the first interview, or session, with Bruno is narrated twice. It is told once and then, after a long theoretical interlude, the analyst narrates the same session from a different point of view. The first time, the focus is on the analyst's experiences, while the second version narrates what Bruno is supposed to have felt during this same situation.

I'm going to center on what I found to be the most interesting aspects, which are these two initial interviews, because they are the most detailed.

First, the interview with the parents. One thing I noted, is that there are very interesting facts and comments recorded in the analyst's transcription, although he doesn't seem to arrange them in any particular order of importance. That is, he

narrates a series of things that occur in the interview with the parents, and then in the session with Bruno, but doesn't take these things into account in his narrative. What stood out for me most clearly is the family dimension of Bruno's problems. That aspect seems obvious because the consultation is about Bruno, but they begin by talking about what happened to his older sister. According to the parents, Bruno is repeating the same thing his sister did. They reach adolescence and the problems begin. In the sister's case, acting out, and in Bruno's case, problems at school. The parents describe a loss of contact with each of their children. In both cases, they seem surprised and impotent. The analyst confirms that the parents feel overwhelmed, which has led them to seek help. But they took the sister to a psychoanalyst and then sent her to a boarding school. Now they've brought Bruno to see a psychoanalyst. What will happen to him next? In other words, it looks like a type of late neurosis, the same story repeating itself with both children. The feeling is that the same thing will happen once again.

On the other hand, the mother mentions the multiple periods of mourning that the family has gone through in the last two years. I take this as a reference to Bruno's uncle who died of AIDS and to the daughter's departure for boarding school. The mother points out that they "may have affected Bruno as well." However, beyond noting that part of Bruno's problem comes from a fear of ending up like his sister, the analyst does not seem to take this into account either.

As for the father, he claims he "has no explanation for the changes in his son's attitude." But this is immediately contradicted when he says that Bruno shouldn't go to his maternal grandmother's house so often because Bruno is all she's got, "especially after the death of her son, from AIDS." In other words, it's not true that he has no explanation. He has a whole theory.

This is where I asked myself, what about this uncle? What role does he play in all of this, having died, apparently recently, from AIDS? What is the role of this uncle's illness and death?

The analyst reveals his sympathies several times, his frankly positive countertransference towards Bruno's parents. He calls them "still quite young." What does this mean? What is the scale for "still quite young"? He describes the mother as "a pretty woman," commenting that she pays a lot of attention to her children's education, and in the end, states that the parents' concerns and behavior are "promising indications of a potentially good alliance."

In other words, the analyst is clearly sympathetic to the parents, and vice versa.

I don't think that this, in itself, is a problem, nor should it be. However, it seems that this does prevent him from really paying attention to other things, despite the fact that he notices them. I couldn't help thinking of a definition Lacan gives of countertransference as the sum total of the analyst's biases. Here, it seems to me, this is a clear example of how the analyst's biases kept him from really paying attention to what he noticed, —at least in the narrative, since we don't know what really happened.

The parents don't seem to have much time or space for their children. The father says, "We didn't need this, especially not right now," as if the determining factor were their needs. He emphasizes the mother's important position at the bookstore and that he's looking for a business partner. In reality though, it is not only this particular moment. The parents seem like two very busy people. The mother dedicated "a great deal of time" to her brother's long illness while the father was very busy "fighting to avoid being overtaken by the competition" as a consultant. They are surprised, disappointed, betrayed by the trust they placed in their children, because I believe they have other plans for themselves and their children, and their children have spoiled things.

The father says something which seems quite funny, "I've even tried to play video games with him to see if we could talk a little." In other words, if it weren't for that, they wouldn't talk or play. This is a rather instrumental use of talking and playing since Bruno began causing problems.

Their children take them by surprise. It seems to me that this surprise is not due so much to their children's disruptions, but more because they were hoping for something else. I wonder, did these children begin to make waves to get their parents' attention? Particularly with respect to education, which the parents value so highly, as the analyst observes. As a result, the parents are looking for someone to take charge of their children, someone they can entrust with their care. This already happened with the sister, and the parents stated they were satisfied with the psychoanalyst's work. What does this satisfaction consist of? What were their expectations and what does satisfaction mean in this case? They then sent Bruno's sister to a boarding school. It seems possible that they are seeking the same for Bruno and that is why they are so inclined towards finding an analyst they can entrust him to. This explains the analyst's positive countertransference. At the same time, it seems to produce an imaginary surplus, which can be seen in the session with Bruno where the analyst feels persecuted and where the fantasy appears, which apparently allows him to put everything in its place. In reality though, it seems to me to reveal the discomfort of his situation, his hard work, hinting at someone who is watching, supervising him to see whether he is doing a good job.

This is why the analyst's conclusion at the end of the interview seems a bit trivial to me. He says "this child, described as evasive, entrenched in concerns corresponding to the end of latency," which is almost obvious. He is at the end of latency, but the problem is how this is experienced by the boy and how his personal circumstances enter into play. It seems to me that this isn't taken into account.

After that, comes the session or interview with Bruno, where rather than evasive, he appears to be dismissive, negative, distrustful and annoyed. The analyst's problem is the same as that of the parents. He doesn't know how to connect. He completely identifies with them and makes an effort to differentiate himself from them, "everything that is said here, remains here, between us," fairly common in the first contact with an adolescent. But the analyst becomes phobic and evasive. He speaks to him in the third person. I'm not saying that this wasn't effective, but he doesn't look at him. He speaks to him in a low voice. And what he gets in return is, rather than evasion, repeated rejection, although he does manage to explain the guidelines for their work together to Bruno.

He succeeds in surprising Bruno by asking him whether his need to go to the bathroom is urgent, this same urgent signifier that will later appear several times in the clinical material. I think that at this point, something changed.

Afterwards the analyst writes "without asking permission, he lies down on the couch near the analyst's armchair." Why should Bruno have to ask permission? The physical proximity does not seem to bother Bruno much because he lies next to the analyst. It seems that it bothers the analyst who records his ongoing discomfort. Taken by surprise, like the parents, he remains quiet for a long time. They keep an eye on each other, tense silence, physical proximity, anxiety, and so on. As opposed to the encounter with the parents, where the countertransference was, in Racker's terms, concordant, here the analyst is anxious and notes the countertransference. It begins to generate problems for him.

And that's where the fantasy of the irregular floorboards comes in, which seems to me to belong to the analyst. The thing is, and this is backed up by the theoretical discussion, that he considers this something that Bruno transmitted to him. He feels he received something, that this is a shared fantasy and that that's what

allowed him to dream it. I imagine that Bion's concept of "reverie" is at play here. After all, he is a Bionist.

Here too, there are things that escape the analyst. The first thing he points out is that Bruno has a ton of questions on his mind. Bruno rejects that. But after the two interventions where he gives instructions, Bruno asks for the bathroom, then lies down on the couch and then sits on the couch with his head in his hands. And the analyst talks about the floorboards. Why not talk about his head? If he told the analyst at the beginning that he had a lot of questions on his mind and he puts his head in his hands, why not make some reference to it? Why doesn't he look at Bruno instead of at the floor? And once again, Bruno takes distance, rejects the analyst and goes to the bathroom.

Cristina Marrone: I was pleased to hear what my colleague had to say because there's no doubt that this is about controversies, and that those of us here today have different theoretical-clinical points of view on the matter. I was pleased with what I heard, because I think that, looking at things from a clinical perspective, we can be frank and open, and not avoid the fact that we are working with different concepts. We shouldn't try to avoid this at all, although it's true we do agree on some things. It makes me happy, after so many years as an analyst, that we can observe, read, and listen to clinical accounts, and —using the terms from my own professional background— in this way, locate the "real" of the clinical material.

I am going to focus my commentary on two main points; one is related to play and the other to language.

Essentially, psychoanalysis with children —and in this I agree with Sesto Passone— is a subject of debate, in which the concepts, in some way, must be put to the test. But the question I ask myself is regarding the status we give to language, the subject, and to the concept of the unconscious in psychoanalysis with children.

The moderator of this round table read the clinical section of the account, but there is a whole theoretical explanation as well which I, for one, would like to emphasize. The author states that all psychoanalysis is essentially the same, and that clinical interpretation and listening are important and inevitable components of this, just as in psychoanalysis with adults. I believe that this theoretical and clinical position is, in some ways, coherent with what my colleague just said.

It is coherent in that it sees the cure as a search for secondary symbolization, as the transformation of the pre-verbal into the verbal—according to the author—with the understanding that there may even be an unconscious temporality available to children, as well as a possible reconstruction of history.

If we look at the encounters between this child and his analyst, I think we can appreciate a rather significant difference between what would be called a play space, which is described very briefly yet which must be considered nonetheless, and the way in which language is used in this analysis, if indeed it can be called that. I would say that there are two very different spaces here.

Throughout the encounters, it seems that Bruno complains. The text tells us "he complains" in the end, he is annoyed and tells the analyst to shut up. We hear how he doesn't talk. At the end, when spoken to in the third person, he asks the analyst why he talks in that indirect way.

It seems that some aspect of language persists in this cure, but as the remains of something which I suspect is not processed or transformed. It is as if something language-related lingered, untransformed, offered as testimony. So we should accept it.

The difference between this and what I call the play space is notable. In the latter, the child does not seem bothered or dismissive. Nor does he complain. On the contrary, he appeals to playful invention.

Additionally, there is something else that was recently pointed out and which I completely agree with and would express in the following way: Bruno's parents are very occupied. I emphasize "occupied" and stress that I'm reading the text to the letter, because the analyst mentions this three times. In other words, I'm picking up on the insistence of the wording of the text: the parents are very occupied and the mother is affected by mourning, preoccupied with the death of her brother. These are very occupied parents who are annoyed because Bruno is no longer their obedient, coherent and cooperative child.

Bruno suffers from nightmares and night terrors. His drawings show his enemies hurting him. We shouldn't forget that the analyst tells us the parents are overwhelmed and Bruno's sister, after prior consultation, was sent to a boarding school because of her acting out. Bruno's grandmother appears to want to use Bruno to fill the emptiness left by her son's death to AIDS. However, Bruno invents a Doctors Without Borders group that helps survivors.

Helplessness or *Hilflosigkeit*, a Freudian term quite dear to us all, is apparent in the night terrors, as the emergence of a primal anxiety that surfaces precisely when the familiar and protective face is absent. I am reminded of the fear of the dark, a highly valuable Freudian notion used in work with children as well as adults.

So in my opinion, the terrors and nightmares are the clinical manifestation of a real that signals this child's lack of a supportive environment. Familiarity was recently mentioned. Freud highlighted the value of the familiar in 1919, when he spoke of the uncanny. The familiar is the environment that shelters the subject. When it breaks down, the uncanny surfaces and helplessness reaches an extreme.

I believe that this indicates the relevance that this "other," these parents —I'll phrase it that way— these very occupied parents, have to the child. This marks the degree of *Hilflosigkeit* that Bruno experiences.

His sister is far away. She is no longer in the room next to his, where she was before. I'm not sure what her acting out means, but it's clear that it is related to the relationship between the parents and the sister. The sister is no longer in the next room over and then there is a moonlit night without nightmarish monsters, simply a far off Moon and a spaceship Bruno will use to go get the Moon.

What am I trying to show in my brief commentary of this clinical account? I'm saying that play, from my clinical and theoretical perspective, is not a technique. Play is a concept that enables the child to transform the malaise of the disturbing *jouissance* affecting him, into a pleasant circuit of satisfaction.

Play unfolds within the field of language, but it is also focused on the object, as Freud proposed in his description of *Fort-da*. It establishes a link to the beyond. I'm referring to the "beyond" of the pleasure principle, of experiences which were never satisfying and a certain circuit of satisfaction that we attribute to the drive.

Therefore, play is repetition that inscribes loss, the loss of *jouissance* as difference. It produces an emptiness, a loss of *jouissance*, in which this Moon that Bruno invented, and which he invented after some thought, is no longer the same Moon as the one which led to the play scenario. This means that through play, repetition is associated with sublimation.

This is my reading of what I see as the transformation of little Bruno's malaise.

So the cure, in the case of a child, is focused on play and the language associated with this play. This implies that language has a certain value that should be taken into account, not to be confused with the language an adult may use in a transference neurosis. It is not the same language.

Clinical work with children teaches us to locate the subject's perspective of language, a perspective which reveals not only the language itself, but the drive as well. From this standpoint, a child (like Bruno) demonstrates that he does not free-associate, which is why language does not have the same value. Through play,

through gestures accompanied by words, he informs us of the language he is engaging.

What can we say, even minimally, about this subject of language? I use the phrase "subject of language" to avoid using "subject of the unconscious," which in my opinion are two different things. First of all, this subject of language refers us to the relationship with the mirror, with the imaginary, and that the subject, as such, will also be defined on the verge of the drive. Therefore, mirror and the drive.

But the issue is that this subject of language appears in sessions with children through what we would call everyday language, everyday speech. I think that this is important. I say everyday language because we are engaging in dialogue with a child. This is why, when the analyst speaks in the third person, the boy asks him, "Why do you talk like that?" Because the boy is expecting to be spoken to in everyday speech. We use everyday language with adolescents in sessions, and not only that, we also often use it when an adult cannot free-associate, because they aren't always able to.

The structure of this everyday language, this everyday speech, reveals the initial effects of metonymy on meaning, wording and the object. In other words, if language, as a field, fundamentally offers two chains, the syntagmatic and paradigmatic, metaphor and metonymy—. I am referring to the field of language with metonymy as the initial value, a syntagmatic chain, in other words. What I want to say is that it hasn't yet been crossed with metaphor. And what I'm saying is that if metonymy and metaphor aren't crossed, we do not have unconscious formations, we do not have the unconscious as the return of the repressed.

From that standpoint, we cannot argue that interpretation is valid in clinical sessions with children. Why this perspective? Because in the development of speech, it is feasible that we find a kind of speech in which the unconscious appears as an unknown knowledge and surprises us. I am talking about work with adults, although in these same adults, another kind of speech sometimes emerges which, like pure language, slips almost imperceptibly into everyday speech. So this is where I believe the speech of children and adolescents should be located, as well as analysands of actual neurosis. I am referring to those who, though they are capable of transference neurosis, end up in the noise of language, or that type of speech that evokes the simplicity of childhood dreams, which of course, adults may also present with.

Children essentially play and the analyst becomes the playmate because they play with them. In this way they establish the support they need as subjects at the outset of their freedom, facing the dark gods. The dark gods are those absolutes, or supposed absolutes, those occupied parents, so occupied that they can't make time for their children to emerge as subjects.

Oscar Sotolano: It is a pleasure to be here and to see friends here. I don't often come to something like this. It's quite encouraging to meet people at an event like this from different theoretical backgrounds, because I believe that in psychoanalysis, if we don't have some type of exchange—in a critical sense rather than a social one—it closes in on itself. I would also like to thank the panelists, especially Miguel Leivi. I completely support what they've said.

The proposal behind this round table was to debate clinical material, although in reality we are debating a text, a text at a conference on issues with clinical accounts.

So my first question is, what is the relationship between a textual account and the experience it describes, or from another perspective, constructs?

Secondly, what is the experience contained in the clinical account?

Thirdly, what is unusual about it that attracts our attention?

Based on the unusual characteristics referred to in the last question, I will try to comment on the first two.

To begin with, the author establishes his subject matter as early as the title: *Listening and Interpretation (in Child and Adolescent Psychoanalysis)*. However in my opinion, this designation is merely descriptive. Although it does refer to questions I at least partially share such as play, the most direct and multiple forms of expression in children and the presence of the body. When it comes to psychoanalytically defining this field, Passone comments, "especially in young patients, their psychic growth is the focus of the psychoanalytic cure." Which leads me to the following question: from a non-evolutionary psychoanalytic perspective, isn't this "psychic growth" an important factor for adults as well?

Secondly, Passone refers to a literary theory called *Shosetsu*, which Miguel commented on, and which he defines as follows:

It is a type of autobiographical narrative that allows the author to take distance from the facts from time to time. [...] it permits us to evoke and transmit something essential about our clinical experiences, protecting the confidentiality inherent in all cures.

While on the one hand, he proposes it as a way of guaranteeing confidentiality, on the other —and perhaps more importantly— in doing so, he locates the clinical account within the genre of autobiography. The focus is more on the narrator than on what is being narrated. It shifts from the enunciated to the subject of the enunciation.

In my opinion, this is the crux of the debate surrounding this clinical account. What is the relationship between the supposed "thing-in-itself," which he calls the facts, the material describing the experience of analysis, and the perspective the narrator imposes on it, when what he narrates is his own autobiographical experience as an analyst in various situations?

Does the account of an analysis imply considering the analyst directing the cure as a "thing-in-itself"?

After presenting it to us, Passone begins his *Shosetsu*. And while autobiography requires first-person narration—which is what makes it autobiographical—this form is rather strange. The autobiographical analyst speaks about himself in the third person. For instance, "Bruno's mother, a pretty woman who works in a big bookstore, tells the analyst that she has been thinking about the various periods of mourning that the family has gone through in the last two years." This is quite unusual because the autobiographer narrates himself as an "other," the analyst, a third person.

This figure is repeated. In reality, it extends over the four pages which condense four years of analysis, diagnosis, process and conclusion. Except for one instance on the last page.

The information provided does not allow me to come to any conclusion about this process. That is why I agree with your opinions, but at the same time, it seems to me that there are some elements missing from the account. The clinical history that emerges is too delineated and distorted.

The tendency would be to defer to the analyst who carried out the analysis, but nothing in the text convinces me of this. In fact, I'm even inclined to question him. In any case, a strict question of faith and a vaguely familiar tone. And though faith and music are necessary, they can also lead us to a liturgy too heavily dominated by the choir.

What we can address, is the text itself.

An infinite number of unanswerable questions emerge from these four compact years. To answer them, we would need the author.

With respect to the page where he presents the case, why does the analyst say that the child is described as "evasive, entrenched in concerns corresponding to the end of latency"? In what he cites, this evasiveness is explicit yet also accompanied by other characteristics (reserve, aggression, self-aggression, distance), a touch more paranoid than phobic. Additionally, the anxiety due to "mourning" seems to be shared by both parents, although the analyst states otherwise, as you rightly pointed out. At the same time, he gives us hints that this can be seen in another light. At no point are there explicit references to an evolutionary question, such as might be implied by "concerns corresponding to the end of latency."

Isn't it necessary in any clinical account, even if it's written in the first person, and more so in this peculiar first/third person, to differentiate what the analyst thinks, fantasizes or feels from statements made by the parents or the patients?

Without getting into the more complex aspects of the relationship between the subject and the "thing-in-itself," whatever its status, it is important—in my opinion—to differentiate the subjective perspectives of those involved in the account. If not, account, experience, subject, enunciation and enunciation end up combined in such a way that they lose the possibility of being considered signs of the conflicts that could be at play. Instead, they become a product of our own limitations in differentiating fields.

In this sense, the autobiographical aspects of the analyst require that some distance be taken from what he tells us. If it is true that clinical accounts always have an autobiographical aspect—something that many of us would agree with—that does not imply confusing the psychic life of the author with that of the participants.

This is a particular reading of countertransference, which we do not share. I could say, for instance, that the Japanese series in the text evoked images of the film *The Elegance of the Hedgehog* for me, but this does not enable me to isomorphically attribute these events to the account, in a derivation that could become an obsessively peculiar transition through infinite countertransferences.

Then the author moves on to the treatment process. Here we have a couple of anecdotes, with no reference to time, which begin in a climate of distrust and disqualification, where the request for the bathroom indicates the location of the symptom. The child asks for the bathroom, but not to go to the bathroom. This is an anal reference which can perhaps be tied to the fecal mass at the end, although we don't have the necessary details, beyond the Hiroshima flatulence, to follow a potential trajectory.

Two questions stand out in terms of this transition. The first is with respect to the analyst's way of talking to the child in the third person, which the author explains as a deliberate choice to deal with the extreme tension with Bruno. By using a self-reflexive tone, in his words, he is attempting to let Bruno know that he understands his fears. It should be pointed out that he is not referring to the subject-analyst, but rather seems to be referring to his own unconscious. Secondly, the use of the analyst's own associations as an important factor for comprehension where countertransference, as defined by Racker, becomes the necessary logic. The analyst thinks of himself as an eye that constructs, that what he sees is what the child has in mind, while the analyst contains it in his. The description of the gaps in the floorboards is a clear indication of this.

Up to this point, we're dealing with the clinical account.

Then the author says,

After this *Shosetsu*, this evocation of an ordinary cure, I would like to move on to the *après coups* of theorizing and the inevitable safeguards it implies with respect to the clinical account.

And here I see another point for discussion. According to the concept of *après coup*, a meaning or an enigma is converted into something else, *a posteriori*. The analyst's initial theory must have undergone some type of transformation during the sessions. The present revises the past.

The problem that I see with this situation is that the theory is not *a posteriori* to the experience. This is not a case of theory *A* becoming *A'* after the account. Quite the opposite. What I find, is an account of theory *A* which was present throughout the process, and which can only legitimately be expressed through the experience of having realized mediations. In one sense, the theory was already identical to itself at the beginning of the analysis, only to return to itself at the end. There are no indications that anything new intervened. There is a surprising sentence in the text which explains that the analyst "does not yet know Bruno, but already knows."

The theory that the author develops—whether one agrees with it or not—is the same used to explain the analyst's actions. There is no theoretical *après coup*, although it should be pointed out that what stands out in the account is the amount of times the boy speaks in a disqualifying way. The text does not address this. This is where Freud proposed resolving the trick "Heads I win, tails you lose."

From this perspective, the clinical account in question can be defined as an illustrative story, a specific type of story that exemplifies how a theory—whatever theory—shapes the thinking about a textual experience. In this regard, the clinical account loses its dimension of surprise. It is a non-enigmatic self-sufficient theory which reveals a poetics of the unfathomable.

The illustrative clinical account is very common and is useful for accompanying a theory, similar to the way PowerPoint might be used for a presentation. The theory is already established. It is applied and remains unaffected. The account encourages a sense of affirmation among those who support it.

In my opinion, which may differ from how others see it, the richest clinical account, which we could call a supporting account, is one that takes into account the "opaque" experience of an analysis and does not meld with the patient during sessions. This is a type of thinking that sustains the opacity of the unconscious, but with a degree of discrimination. In this sense it is autobiographical, but not because the analyst's so-called countertransference occurrences indicate the patient's psychic life, but because the analyst is there with all his opacity elaborated. His attentive listening to his own interpretation becomes his listening to the patient. In one sense, it could be said that the autobiographical analyst is a third person in his own biographical account.

It is perhaps here that we find the most productive dimension of the rhetorical device used by Passone. The "he" who narrates his psychic life can be understood as a creative way of indicating that the autobiographical "I" is different from the grammatical one.

So we return to our initial questions. First, what is the relationship between an account and the experience it narrates or constructs? Secondly, what is the experience contained in the clinical account? Thirdly, what is unusual about it that attracts our attention?

We will begin with the last. If the text presented here is indeed an illustrative account, I would answer the second and third questions by saying that through the text of the clinical account as a "thing-in-itself," Passone constructs a "thing-in-itself" subsumed in theory. Of course, this is not my perspective. I believe that since the clinical account is the "thing-in-itself" in which an experience is

constructed, that “thing-in-itself” remits to another experience which, though lost, has a logic that must be heeded in order to avoid becoming a circular, self-referential, non-autobiographical discourse.

Therefore, *Shosetsu* only serves to protect confidentiality, and not as a creative and novel approach to experience. It loses the suggestive value the author proposes it has, that dimension that could be useful for constructing what I call supporting accounts.

José E. Fischbein: I would like to thank the panelists for their presentations. Now if you would like to ask a question or comment on something, please go ahead.

Carlos Mogueillansky: I found Oscar Sotolano’s commentary, much of which I share, very interesting. I think that essentially there is a huge difference between narrative fiction, which we could propose as a model for the psychoanalytic account, and an illustrative reading—as Oscar called it—in which the observed events become an example that validates a previously developed omniscient theory.

It seems that perhaps that is one of the greatest dangers with regards to the question of fiction. If indeed we believe that the psychoanalytic account is structured like a fiction, that does not give license to an omniscient version in which the narrator, either in his thinking or theoretical approach, is not at all affected by what he observes.

Psychoanalysis is not literature, and I believe there is a huge difference between these two positions regarding fiction. It seems that psychoanalysis, as a discipline and a device, limits itself to observing repetitions. The insistence of repetitions in the material dismantles any assumption of omniscience the observer may have. Otherwise, it seems that the referential framework would completely overshadow the observable clinical material.

I see several similarities between the discussion that could be held on this account, and the issue that several panelists pointed out with respect to the analyst and the parents’ issues with Bruno. It seems that on all three levels there is a risk that Bruno go unnoticed. He ends up left out of the very occupied theory of a very occupied analyst, of the very occupied referential framework of very occupied parents. And I would say that not only are the parents occupied, but there is also a neurosis of theoretical countertransference at play. One of the countertransference neuroses that most concerns me, because it seems that this activity, in which the full consistency of the observer eclipses and distances itself so much from the child, that when the child moves closer—as Miguel rightly pointed out—it produces a phobia, a phobia that the consistency of his own theory will fall through. I fervently hope that that doesn’t happen to us.

Female Participant (Elsa): The truth is that this type of discussion represents a very interesting opportunity to exchange ideas. I would like to emphasize something which I think is fundamental, and which I believe we all agree on: the impossibility of transmission. There is something impossible in transmission which can only be approached through the construction of a story or fiction.

However, that’s not what I wanted to mention specifically. I found Cristina’s interpretation interesting and I have a question related to it, a question to see whether or not we agree. I make a clear differentiation, in analysis with children, between what is involved in play in transference and what is implied by play as the fourth knot, as a place where the symbolic, the real and the imaginary are tied together. Play in transference is different. It puts repetition into play and opens up the possibility for the analyst to read the game.

With respect to this patient, a nine-year old boy, based on the characteristics he presents with, I believe he has been expelled from the family structure. He is considered a remainder, not a remainder-cause, but something to be discarded, something that came away from this structure.

In any case, up to the moment of the consultation, he was coping. We can assume that he went through the Oedipal situation, that there was play, the construction of a game in childhood that was possibly situated in the place of the name-of-the-father and has the role of binding together this structure. But for some reason, the fantasy was split; phobias and nightmares appeared. The fantasy was disrupted by *acting out*, by the beginning of the first session or interview, by trips to the bathroom... In other words, he was unable to construct a game. At some point, the game is constructed. I don't want to go by what the analyst says. I'd rather go straight to the dynamics of the session. He was able to construct a game and do so in transference, regardless of the analyst's position on the matter. I believe that this took place when he began to play soldier, play war games... I imagine—although this is completely speculation—that when faced with the void, with castration, with the patient's gaze lost in the floorboards, the analyst needed to defend himself with a fantasmatic, due to his own fear of castration, and came up with that as a way to continue the game in some way. I think that this is what happened. In any case, he came up with the gaps, or rather, he attempted to draw a void.

Cristina Marrone: Thank you for your question, your contribution, for listening attentively. Elsa, I believe you made several good points. I am going to try to get straight to the heart of this. You said that you wanted to know if we agree on the differentiation you make between play in transference and play as a knot. I call it a knot and, for me, play is *RSI*, both in and out of transference. Although a child can play outside of transference, playing is a functional aspect of the transformation of the *jouissance* affecting him. Play is effective in coming into contact with the real in an other's life, as well as the imaginary and the symbolic, to mention all three dimensions.

I always say that we should worry when a child does not play. That's when we really need to worry. But play in transference, I agree with you, has a frame, the framework of the setting provided by psychoanalysis. On this point, we completely agree, and in this sense, it is not just about play, but also about the analyst who reads the repetition in it. Once again we agree, Elsa. It is essentially about reading that repetition.

I believe that this child played. That is why I said that there were two areas I wanted to address, one of which I called language, in order to point out the difference between clinical analysis with children and analysis with adults. Because otherwise, to justify our reasoning as analysts, from our position as analysts, we end up "adultizing" analysis with children. And that is a huge danger because psychoanalysis with children is psychoanalysis. We don't need to justify it. We have years of experience with this. However, I do believe that we can't simply "adultize" it to justify our *raison d'être* as analysts. It seems to me that that's a huge risk.

I do believe that clinical work with adults has can learn something from work with children. For instance, it may help us when we have an adult analysand who cannot free-associate. Children have taught me quite a lot in all of these years of my practice. One of the things they taught me is that the position of the analyst is playful, and not because we play with trains or dolls. It is playful because of the knotting it has access to. Otherwise, I believe we're not maintaining the tools that enable the development of this discourse.

Enrique Alba: Your comment clarifies some of the things that Elsa had brought up and touches on something I was wondering about. According to the clinical material—because I didn't read it, I just heard it—there is a last session. I mean there is someone—I'm not sure whether it is the parents, the boy or the analyst—who decides that things have come to an end and that there has been, supposedly, some type of cure.

I find this really interesting, because it brings up the question of whether the cure is really a cure, whether it is an analytic cure. In other words, we assume that there was a cure, in the sense that the symptoms disappeared. But I'm not sure it was an analytic cure.

I think it is interesting to look at this in light of the fact that, as Elsa pointed out, the boy was able to play. Perhaps the simple fact that someone can play, in analysis or outside of it, is a cure in and of itself.

So what happened during this process? Something happened... this is what I've been asking myself. What made the cure possible, even if it wasn't analytic?

It seems to me that this question is worth asking because we often find ourselves with patients who are cured and we're unable to say why they were cured. And that puts us in somewhat of a hard spot: what happened?

It is interesting because there is also a kind of transformation through language. There is an initial questioning which is quickly transformed into an imperative. The boy begins by asking, "What are you going to do? How long does this last? Do you live here?" The analyst begins to answer him right away, and the boy interrupts him with "Shut your trap!" and sustains this for quite a while. "Shut up!" until it seems that the last thing he says is "Why do you talk like that?" He goes back to asking the analyst a question. This reminded me of what you were saying, Oscar, that he takes the analyst as if he were the "thing-in-itself." He is able to ask him a question. Although I get the impression that the analyst doesn't take advantage of this in his work, in order to decipher the game.

I find it interesting in this sense, because I see the very occupied parents as absent and the analyst or therapist, though very preoccupied with himself, as present. It seems that this presence, in itself, changes something. The fundamental change is that the analyst offers Bruno a fantasy right from the beginning, and it is the analyst's fantasy that begins to enable the child's fantasmatic dimension. Once the analyst confesses his fantasy to him, he begins to play. It is as if the boy said, "Ah! Well if you fantasize, I can fantasize too" and launches into the whole production.

In my opinion, this is interesting, once again, with respect to the cure. He was cured, although he didn't go through analysis.

Miguel Leivi: I find these questions very interesting. I'm not very clear on what happened with this boy. Apparently there was an improvement... I think that something must have happened. It seems to me that he plays and transference did take place. In other words, there was a transference development.

It was possibly the fantasy, his own fantasy—I'd like to emphasize this, and I think we all agree—that the analyst offers and which rescues him from his anxiety. From that point on, the analyst feels reassured that he has captured something. Things fall into place and we can see that the boy is hooked by this. The problem, it seems, is that the boy gets a little lost. I found what Oscar was saying very interesting. More than an account of a process, this is an illustration of a theory. I think the comment Carlos made about the neurosis of countertransference is dead on. That is why we don't see the boy. The analyst is presenting the theory—that's what the whole middle section we didn't read here is about. But beyond this, it is his theory on puberty, so Bruno becomes a kind of generic adolescent. The concrete

situations which involve him are not explained in detail, or at least they don't seem to be.

That is why, in the end, I found Cristina's comment about "Why do you talk like that?" very interesting, because the analyst attributes particular value to it, to the dialect they've constructed between the two of them. But the truth is, this analyst does speak strangely. Comparing the last session and the first, in reality, one can echo the boy's question, Why does he talk like that?

José E. Fischbein: You have to ask yourself who the analyst is speaking to. Often, he gives the impression of not talking to the boy, but rather to the character he questions at the beginning of his account when he says, "I don't know if there were two or three people in the painting." There is a third fantasy, a presence the analyst tells, look, I did these things, I'm an analyst... But he's not an analyst for the boy.

Juan José Gennaro: I just want to add a couple of things. First of all, it may seem strange, or maybe not, but I want to thank Sesto Passone...

Miguel Leivi: Sorry for interrupting. I just want to say that it is a very honest account...

Juan José Gennaro: Exactly. I wanted to thank Passone, who unfortunately couldn't be here with us today. He's quite far away. But I wanted to thank him for being here with us today through his work, and for having entrusted us with the clinical material we're working with today. And on behalf of the journal *Controversias*, which I form part of, I'd like to thank our round table panelists who have so brilliantly analyzed Passone's work.

I just wanted to comment briefly on something. Since I had the pleasant and daunting task of translating the work, I wanted to mention a small detail with respect to the word "occupied." I must confess that I am responsible for the word "occupied." *Occupé* does exist in French, but the word Passone actually uses is *affairé*, or "busy." Since many people commented on this, I felt I should clarify it.

Also, with respect to his strange way of talking, I wanted to say that while Passone speaks French very well, he does sound a bit strange, because he is Italian.

And one last thing. I'd like to add something to what Carlos pointed out with respect to the theoretical countertransference neurosis. I liked his comment, but it applies to our listening to the clinical listening of colleagues. In other words, we can also realize theoretical countertransference neurosis when we give preference, *a priori*, to theoretical, at times resistant factors, with the possibility of being transformed by the clinical material.

And one last, brief comment about *Shosetsu*. I have the impression—although I haven't had the opportunity to discuss it with Passone—that when he refers to this technique, when he says that it gives the author freedom to take liberties with the facts, he is referring to something that he later recounts in his clinical account when narrating his own experience. That is, he does not meticulously limit himself to narrating what took place in the sessions or the speech itself, but rather he also narrates what he is experiencing, the fantasies he has at that moment and even his emotional state.

Male Participant: Personally, I would like to say that I am much relieved by this very interesting presentation. I was relieved after hearing the three commentaries because we sometimes tend to attribute value to something *in toto*, solely due to the literary qualities it supposedly has. Sometimes literature becomes a kind of superstructure for testimony or for whatever is being discussed. This generates a

kind of overlap, where it is not clear whether we are evaluating the clinical material or the literary qualities of the explanation itself.

In my opinion, this is more of a novel by the analyst than a testimonial account of an experience. It seems to me that the experience is not well narrated, while on the other hand, the literary and explanatory capacity of the analyst are quite clear. Therefore, what can be said about this presentation? Should we discuss the patient or the account, as if it were a patient? I think that this should be taken into account. I believe we can distinguish one from the other. And in this sense, I would like to congratulate you, because you've managed to extract, from this enthusiastic account, the truth of the clinical issue, despite—shall we say—its textual weakness. I believe that the account, as Carlos said, is a theoretical-conceptual opening linked to a description of the analyst-patient relationship.

Female Participant (Mariana): My impression was similar to Gennaro's. I have the feeling that the analyst ended up trapped by his account, that he wasn't really able to tell us what took place during the analysis. I think it's very likely that he ended up constrained by the rules of his account and doesn't really reveal what actually took place. What took place is probably much more interesting than what we can see.

I see a child playing, a child who begins by saying, "Shut up!" and who ends up playing like this boy plays. That has to have taken place through the encounter with the analyst and not beyond him. It is because of the analyst. Something that this man did enabled this child to go from a position of significant withdrawal and rejection to developing a game and a fantasy like he does. I don't know if he was cured. The clinical material does not allow us to decide either way. I don't think that's due to a lack of literary ability, because the account is really quite beautiful in literary terms. But I think that what the account loses from a clinical perspective, it loses because of what it gains with respect to its literary development. Therefore, it is pure loss.

I think we need to make an effort to differentiate these two things and I suppose that when we set about writing things up... I'm not talking about the fact that something is always lost, and so on. We already know that. But what I think is lost in this account, is that what likely happened to this child is he found someone who was interested in him, very interested in knowing what was going on in his head. And this is always a good thing. He has a father who has no theories. I don't know if he's a father who can't think, but he doesn't have theories. He has a mother who is thinking about something else. And he finds a person who is honestly and sincerely interested in knowing what is going on in his head.

Something is developed there, and I want to evaluate that development, although from a clinical and technical perspective I would probably approach this differently. But I think the honesty of the explanation, the terrible discomfort with which he begins the work and what happens afterwards, I think this should be noted.

José E. Fischbein: I wanted to point out, along the same lines, the transformation of an important element in Passone's account of this experience, the issue of the Moon. There are two completely different Moons in this account. The first one becomes opaque, loses light. It corresponds to a process of disinvestment that can be tied to what Freud calls the end-of-the-world experience due to a withdrawal of libidinal energy. And there is a second Moon that emerges during the therapeutic work with Passone, and appears as a Moon that must be addressed.

Both are obviously expressions of the child about what is happening to him. In the first Moon, we can see this boy acting out, through insomnia, nightmares and

phobias. On the other hand, the other Moon will allow the boy to develop a game with the analyst, a fantasy.

Female Participant (Mariana): I just wanted to add one last thing. I think perhaps we can use this to think not only about what the account cannot convey—which is something I have heard in almost all of the presentations—but also about what the account covers up, despite the analyst. The attempt to show what aspects of the work are covered up the structure of the account.

Female Participant (Elsa): I wanted to stress something that Juan Gennaro mentioned: the effects of translation. We should keep this in mind. We can't carry out a clinical analysis of this material since the clinical material has effectively been lost. Not only are we attempting to analyze a narrative, but we are doing so in translation, which is quite problematic. The other thing, going back to the analyst's position, when the analyst creates his own discourse through his gaze—with the boy's gaze on the floor—I wouldn't call that fantasy. The analyst takes the place of the return of the repressed for the patient. That is where the urgency, as Miguel pointed out, comes from. It unblocked the situation and encouraged the fantasmatic creation.

If childhood play is a response to the real, play in transference is a symptom.

Carlos Mogueillansky: I would like to add to what José said. In my opinion, this was psychoanalysis and a psychoanalytic cure. I think it would be useful to distinguish between the repetition that just takes place in a neurosis and the repetition that takes place in children's play.

This boy—I think almost all of us have thought of him this way—as we can see in the account of his analysis, plays, and it is not innocent play. This boy plays that there is a Moon which goes dark, hiding behind some clouds, but which he can reach by inventing a spaceship, in the analyst's presence.

This does not in any way, seem to me to be a simple game. It seems there is a plethora of metaphorical formations, unconscious formations. I do not agree with Ms. Marrone that child psychoanalysis becomes "adultized" if conceived of as approaching a child without unconscious formations. I don't think that's the case. I don't agree with that. It seems that if one loses site of the relationship between the drive and the erogenous body of the object as the base of any interpretative practice—both in the case of the child when he makes the Moon an aspect of the interpretation, as well as the analyst when he makes the game an aspect of the interpretation—it seems that if you don't keep it at this level, you risk intersubjectivism. This may describe the relationships involved, but it loses site of the hypothesis of the unconscious which is an essential element of our method and practice.

Oscar Sotolano: When I arrived, I told Juan that I had been tempted to call him because I knew he had translated the text. I decided not to because, in reality, we have to work with texts as texts. Otherwise, we have the illusion that we're going to find the truth, and then another truth and then another... I have no doubt that in fact there are issues that can be raised. I was telling him that, for me, there is a tension between the reading—and here we have the question of fiction—, between José's reading and my reading the tone is completely different. José's unhurried reading was not in the least related to some of the boy's statements as I read them. I saw a much more defiant boy.

I would like to clarify one thing that we didn't read today. After the question about the dialect, in the following session... because you were asking about who decided to end the sessions.

In the following session, Bruno announced, "we'll give it two or three more shots, and then I won't be coming back."

The boy has been in charge of the process, according to the account, almost from the beginning. The analyst accompanied him.

In this sense, I feel that in terms of the account and the structure of fiction... I like the metaphor that Lacan uses, *—truth has the structure of a fiction*. But I should also point out that fiction must have the structure of a truth, with respect to literature, because if something is completely implausible, it will generate rejection. And the question of plausibility is related to genre. The genre we work with—which perhaps we need to define—is this genre of textual transmission. Because if not, we run the risk of always enabling a kind of interpretation of an interpretation that allows us to come off looking good.

I honestly have no idea, after reading this, if there was a cure or not in this case. Moreover, the truth is that I am becoming more and more skeptical of accounts. Perhaps instead of gaining insight, we gradually lose it... I can't base so many things on speculation. Though it seems important that we can also find ourselves in the analyst's situation, since we are all essentially saturated with theory. The question is how to find a space in that tension, because it is one thing to say that we can never narrate everything, but another to hide behind that, using it as an excuse to not say anything. These are two completely different accounts.

Miguel Leivi: I focused on the clinical aspect of the account, but I would like to say a couple of things specifically about the account itself, leaving aside the clinical aspect for a minute. Because, what Oscar was just saying is true. We have a text. I remember that in one of his first seminars, Lacan said, *commenting on a text is like doing an analysis*. In analyzing the text—I think we all agree—we lose sight of the case. The boy is lost somewhere. There is a more or less obvious structural loss and then there are a series of losses, loss in narration, loss in translation...

It's what there is. We analyze the account, and how do we do it? I think that if the account covers something up—and I completely agree that it does—as often happens, it says less than it intends to, and more than it knows. Because if there is something that is clear about this account—going back to what Juan said, and I agree—, it is that it is honest. It shares something of the "ethics of speaking well" that Lacan mentions, which goes beyond writing well. In other words, something of the unconscious shows through. The author includes things that he doesn't pay attention to, but which nevertheless... It can happen to all of us, and it happens because we are all saturated with theories and theory tends to close us off. Where should we be focusing? On the inconsistencies of theories, or at least the places where theory appears inconsistent.

In this account, it seems that the theory is consistent, except that it doesn't take the boy into account, and that's where we can see its inconsistencies. That, it seems to me, is where we should aim, from an analytical standpoint.

The work in itself is certainly richer than the account. The account doesn't consider this.

Cristina Marrone: I'm going to be very brief, given the time and the dialogues that are emerging. We have shared a great number of questions today. I would like

to thank you for being such an attentive audience, and thank my fellow panelists. We have some differences of opinion, of course, and that's very welcome.

I don't know either if there was a cure. What I do know is that there was play in transference. I would also like to thank Passone. I'm thankful someone brought that up because I intended to mention it, but due to time, ended up leaving it out.

Just as his way of narrating inevitably hides some things, I find the fact that he puts the theory first very important. It's an important issue, whether the theory comes *après coup*, or whether it is anticipated. That aspect is problematic, but I would like to thank Passone because, in any case, he has left us gaps—and I'm not referring to the gaps in the floorboards, which are his own fantasy, theory, or whatever you wish to call it. What is important is that he leaves gaps which allow us to look for the real in the clinical material which is, of course, lost. In some cases, it is quite lost and we must work a bit harder. But I share this gratitude towards Sesto Passone.

There was play, though I'm not sure if there was a cure, there was certainly play and—I'm not sure if I already said this or left this out earlier, so please forgive me if I'm repeating myself—, this brought to mind a sentence from Agamben's *Infancy and History*, a wonderful book, which says that children play to forget the sacred. I think that that is marvelous, and it's what Bruno brought to the play in transference.

The point about a difference—and I'm thankful it was mentioned—between Moon and Moon... I had brought that up. The moderator recently repeated it, but I had brought that issue up. The dark Moon of thought, which expressed the child's profound complaints, on the one hand, and the other Moon, the Moon which leads to the fictional scene, the novel, the fantasy. This is something valuable I attribute to Passone. He complicated things through language—in my opinion, forgive me for insisting on this point—but it allowed him to play. It enabled the boy's play in transference and, on that point, the Moon could be considered a statute of fiction, fiction as play in transference.

For me Moon and Moon are not metaphors. They are metonymy. It is not the ignorance of the unconscious, rather it seems to me that the fantasy is being constructed. I don't want to get into theory right now since we're all quite tired, so I'll try to be brief, but I want to conclude with this. There are phases, according to Freud, two phases of sexuality, and latency is a progressive period of fantasy formation, fantasies that gradually adjust to the drive. So in no way is it a question of not recognizing the unconscious that we, as analysts, work with. But it is not the same unconscious. What's missing is the cross between metaphor and metonymy.

Lacan said—and I'll end with this—Lacan said that there are two ways of thinking about the unconscious, the *Das Unbewusste* of the Freudian unconscious and the *L'une bévue*, which he formulated during the last years of his teaching.

What happens to a child, the way the symptom presents and his play, is related to who he is at the level of drive, primary repression and the body.

In this sense, it is not so much a question of a metaphoric-metonymic cross, but rather one more unconscious at the edge of primary repression. That's one way of thinking about it.

Juan José Gennaro: I'd like to add one last thing about the translation. Wood floor or "parquet" in French also means "police." The "parquet" is the "police."

José E. Fischbein: I would like to thank everyone for their participation and I hope that we will have future dialogues as rich as the one we've had this afternoon. Thank you very much. (*Applause.*)