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INTERVENTIONS WITH CHILDREN AND TEENS: A COMPLEX CLINICAL WORK

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The clinical work with children and adolescents, in my case also with families and couples, has been, over the years, a privileged position to experience, at the office and at life, how families and subjects were transforming themselves to the breakneck pace of a true civilizing mutation. Thus, different clinical requirements, which correspond to new bonding and subjective modalities, appeared. Epistemological more complex models have been contributing to the necessary updating of the theories; just like bonds and subjects, they are also socio-historical productions. Hence various updating works appeared in different sectors of psychoanalysis during the last decades.

The theme of the interventions is one of the most comple and demanded in current clinical work, when the selective use of the classical approaches of interpretive level is not effective in dissimilar clinical situations, and the ways of intervening -according to the unique problems and the different analytical devices- have been expanded and diversified.

What do I call here the psychoanalytic intervention? Intervening refers to the fact of doing/saying of the analyst that produces effects in the therapeutic process, such as I have previously worked. (Rojas, 2011) So, intervening gives rise to the construction and subjective transformation; the constructive value of the intervention is hierarchized and it particularly exposes itself in the clinical work with children, when the shaping of the psychism goes through its first paths. However, within complex paradigms, we can think the psychism as an open organization that is constructed from experiences, among the others and with the others. This organization flows and it organizes itself, it goes deconstructing/constructing itself from the stimuli and the requeriments that, throughout the life cycle, the own body,

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the others and the world pose to it. Among these others, I include the analytical bond and the analyst intervention.

Through the early days of psychic conformation and during the "second birth" of the adolescence certain anchor points are established, sometimes limits for processing, but they also open new possibilities all the time. Besides, I cannot fail to mention the role of chance and unpredictability, which so often results in the emergence of innovative mental processes, even in the adult subject.

In addition, from the conceptions of Foucault and Guattari, we count, especially, on the idea of social production of subjectivity. That is, the psychism is not built solely within the family, although this is usually the group of privileged membership in the early stages of life. Psychism constitutes itself -it is about a "going to be" - in different and multiple groups of belonging, different social devices of subjectivity production. Thus, the interventions go beyond the Oedipal configuration, unfolding in other dimensions of the singular territory, beyond "the small own family" (Deleuze, Guattari, 2013).

In the other groups of belonging and in the social networks, as in the family, two operations, the support and the interdiction, contribute to child's subjective conformation. They are also characteristic of the role of the analyst and they impregnate his interventions, which operate both in the sense of containment as in that of regulation.

In connection with these conceptions, a clinical work for children and adolescents, framed in bonding and complex perspectives, involves interventions that go beyond the patient designated to include parents, the whole family group, the school and, sometimes, other networks of belonging. And in all these areas we consider, with the transdisciplinary contribution, the understanding and the analysis of the social dimension, the collective framework in which the child is born and becomes human.

ANALYSTS AT STAKE

The emerging production in a clinical scope is not alien to our person, our theoretical affiliation, clinical conceptions, ethical position and ideologies. In a way, we put ourselves at stake in each session and, particularly, in our interventions as professionals, as social beings, as human linked with others.

There are many clinical situations where we are obliged to a deep questioning of our own desires and ideologies, to preserve our practices of ways of saying and doing that instead of constructing could cancel aspects of subjective production, exceeding the intrinsic primary violence of the intervention. (Aulagnier, 1977) In other words, it is essential a reflection that allows us to place our devices and interventions as a facilitative field of singular emergencies linked to the possibilities of each being.

Juan's parents make a consultation: they have achieved their child to be accepted by a dreamy school, which offers the parents a desired social belonging, and also, they suppose, it would ensure the future success of the child in the world of competitive neoliberal market that we inhabit. The school is prestigious, demanding in regard to the study but also in arts, sports and social integration. Juan attends pre-school, and his parents are very anxious because they have been told that the child has to be on trial one more time, but may not meet the requirements to continue elementary school in it.

When I see Juan I find an obedient child, somewhat shy for epochal parameters, a boy that becomes anxious in the face of demands, when they are many and high, particularly the sports ones for which he does not have a great disposition. He has a small but satisfactory group of friends and he does not seem to worry about increasing it, despite the parental expectations. Juan shows embarrassment before the diversity of simultaneous demands and this affects the modes of his school belonging. Moreover, he depreciates himself and he suffers because of feeling he frustrates the parental, school and social expectations.

If suffering is one of the great guides of clinical action and often the interventions are supported in it, both the consultation process and the treatment itself, our practice will consider this particular point. And here our theoretical conceptions come at stake but, at the same time an ideological implication that, sometimes, demands us an intense subjective work, necessary, particularly when we believe we are neutral. I can treat Juan to make him fit to the model expected by the school and parents, to make him try to be what the others expect of him. I can also try an intervention in the following line: "Maybe it is not that Juan is unfit to this school, but the school is not suitable to welcome Juan". And the answer will be different for each Juan, but in both cases the answer is in them, not in us, and we fall to co-construct it with them (with the child, his family, the school).

In this connection, when we talk about constructive interventions of uniqueness, another question opens: what subject we contribute to build with our interventions? How many Juanes and Marias come to consultation today to become

more popular, "winners", sociable, successful, beautiful, adjusted to the paradigms of the society we inhabit? Let us say that if for that school and for those parents there is only one valuable model of child, if to be different of it implies deviation, disturbance, sickness, this corresponds to a logical basis of unique parameters and binary oppositions. There are two possible terms: you must to be like that, or you'll be sick; i.e., it involves a logical basis where the difference implies hierarchy, exclusion, and in this case, risk of pathologizing.

Nancy (monitoring material) is an 8-year-old girl that attends the same school as Juan, but she is adapted, she is a leader, very successful, at the school they say she is "charming". When he gets home she becomes violent, irritable, moody, she upsets the family atmosphere. She has began an analysis, while, laboriously, the therapist tries to approach her parents that are hardly accessible.

Here's a scene from her treatment. Nancy in one session plays to be the teacher and she embodies a very severe and strict teacher; the analyst mentions it and Nancy says: "As my drawing teacher, he puts a vase and you have to copy it the same, the same, the same; if this does not come out well, the kids have to start all over again."[1]

An equal vase or start all over again: only one possible model, you will be like that, or....?

It is clear that this scene can be interpreted to Nancy according to the vicissitudes of her singular psychic world, and surely it was worked in that way. For my part, at this time, I choose her in another context, where I analyze the contrast between binary and diversity models, models that produce unavoidable and differential effects on the construction of child subjectivity.

I think, and I also orient in it my clinical approaches because analyzing involves creating a field of possibilities where it can be deployed what is specific to each subject: his singular potentialities.This field may enabled a social growth according to the desire and the power; a space-time that leads to the constructive experience.

Our interventions, whether we realize it or not, do not start at the first formal session with the child; they begin from the first meeting with the child, his parents and his siblings, who come to the consultation. When the encounter between analyst and patient is produced and it's being born a particular, differentiated and specific connection, which will also result in peculiar transferential unfoldings. We intervene from the first meeting: with the look and the listening, with the support of the rules of the analytical device; and we intervene

contextualizing, i.e., co-constructing the clinical situation with the patient, the therapeutic context.

In turn, diagnosis and indication -names many times polemical and discussed- are specific modes of intervention, are effect producers.

A common and known example of excesses in the intervention is given by the abuses linked to stigmatizing diagnoses derived from the DSM. A diagnosis affects the uniqueness when it is stated as: "this child *is*," and even more: "this child *will be*"; in contrast to a situational diagnosis: "this child *is* like this here and now", or better yet, "this child *is being* like this, let us accompany him in his possible flow."

Absolute diagnoses are opposed to the logical basis of diversity, which I think it must be one of the foundations of interventions, while these turn out to be constructive of a singularity, consonant in some features, and resistant in others, to pregnant epochal guidelines. Outside this logical basis, governed by binarisms and by the establishment of rules of each time, we can contribute to making children /products appropriate to strict and demanding mold, which qualify as pathology any dissonance regarding naturalized and unquestionable standards. Moreover, this is one of the most difficult and intense matches that Psychoanalysis of children and adolescents must play today, opposing the pathologizing approaches and processes linked to medicalization, harmful to subjectivity of children and youth.

Diversity is another logical basis, far from unique models since it establishes the validity of *n* possible models; therefore, it requires, and at the same time, it produces subjective transformations, which give room in us, analysts, to a real ethical repositioning. The families that today come to our consultation with their children and adolescents are diverse, both in their composition and in their subjective and bonding modalities. Therefore, intervening from unified models and modern paradigms outdated that do not take into account such diversity can lead to suffering and exclusion. (Rojas, 2011)

Intervening from diversity reduces the risk of favoring the subject´s non-creative adaptation or overadaptation to prevailing commercial rules. They expect, among other things, competitive, individualistic, somewhat paranoid subjects; they

are unfit for the psychic work that requires the bond with others, but they are successful according to the parameters of today.

As I mentioned in the first lines, we know that multiple conceptualizations of Psychoanalysis are not enough to give ground to the interventions that require current children and adolescents, born in a transformed world. This poses us an arduous and exciting task: to understand who are those with whom we operate, in order to direct our interventions to the present subject, not to the modern subject, in relation to whom Psychoanalysis was born and has been modified.

I would also like to point out that, we analysts are subjects marked by the world we inhabit, and thus our clinical work and the consequent interventions carry its unavoidable marks.

FAMILIES: SOME CURRENT ISSUES

In the clinical work with the bourgeois family -the family of His majesty the baby-(Freud, 1973), the interventions often have revealed indiscrimination of bonds, given a certain tendency to close down and inbreeding, that in each family group was particularized.

Conversely, we find today, quite frequently, some fragility in parental-filial bonds, with early detachments, sometimes disruptive because of the lack of processing and transitionality. So, when several detachment disorders in children and adolescents get to consultation, I think these should be carefully diagnosed from the perspective of the child and the family. Some children and adolescents that appear extremely dependent, with difficulties to separate themselves from the other significants beyond the expected age, can be thought of as a reflection of adults who can not tolerate that the child is being separating from him. But in other cases, it would be an adult / child bond with little protective function and a tendency to expulsion or to abandonment. This implies, of course, different modes of intervention; in the second case, constructive of the intersubjective propping of the psyche, to state it in terms of R. Kaës. (Kaës, 1992) According to this view, the psyche requires a bonding support base for the construction of autonomy. So it is opposed to the freedom tinged with loneliness and, sometimes, with isolation that the market often proclaims. I think, as the thought of complexity provides us, in an interdependent autonomy, a paradoxical concept: to become autonomous, one must depend. One must be able to be "alone with another". (Winnicott, 1958)

Regarding this, and also connected with an ideal today in force, the one of the very early independence and sociability, often, soon after started the school year, concerned parents come to consultarion because their toddler is not yet adapted to the kindergarten. In this case, the fact of working psychoanalytically with parents, taking into account their insecurities, feelings of helplessness, perhaps their submission to epochal expectations of efficiency and overadaptation, may constitute a mode of intervention that operate on adults and, through them, on toddlers.

Sometimes also adults fear not to be able to satisfy the simultaneous requests of a demanded and complex life. Often, they are short of time to get in touch with themselves and with the others: partners and children included. And sometimes, they are afraid of their own children since, through the media universe, in the social imaginary it is spread the idea that children and adolescents are ungovernable and even violent "grown-ups". Together with this, adults often appear fragile and powerless. These issues, which I consider part of the typical suffering modes of contemporary families with children and adolescents, also give rise to a certain lack of privacy in bonds and even, sometimes, to fear of the family meeting, while children feel helpless and, sometimes, even overwhelmed.

All this that I describe with traits of generality appears in each case on its unique configuration, to which we access through various devices and specific interventions.

We also receive the consultation of parents with high expectations about their children's achievements in various fields, whether they are or not in accordance with the children's wishes and possibilities; many of them expect the children to become group leaders and to exercise some control over the others. Thinking this from a social perspective, I will take into account an idea that Benasayag and M. Schmidt (Benasayag, Schmidt, 2010) expose, pointing out that the health in the neoliberal market is equated with the idea of domination. It would seem then that in commercial links there are two possible destinations: to dominate or to be dominated. So, the fact of making the other to suffer perhaps I protect myself from suffering; I put that question in connection with that current issue known as bullying.

Regarding this, I understand that they may be of a transformative effect the interventions that tend to take apart this binary opposition: dominator / dominated. We have the conception of tenderness in the Freudian corpus (sexual drive restricted in its aim), which according to F. Ulloa (Ulloa, 1995) is the basis of friendship and of the supporting bond. The construction of this bond mode

questions the aforementioned problem of domination and gives rise to other modes of intervention, in this case enabled from the Freudian text itself and its reformulations. In this connection, the construction of the underpinning is also enabled, when it is unsuccessful, ie, the bond´s construction that hold and regulate.

Other frequent problems in families with children give rise to specific interventions, such as those that contribute to install the differentiation adult-child when the generational equalization dominates. Each family will give its unique sign to this differentiation, far from some diminished form of rescue of patriarchal authoritarianism, and with the nuances and ways of our time.

When the objectivation reigns, for example, in the various forms of violence, the interventions will aim to enable bonds where the other will be considered as subject.

Today, families often come to consultation with an urgent demand. In accordance with the times, such demands would call us to take a place of knowing, for example, to provide guidelines so as to they are able to quickly resolve their conflicts without wasting their time for doing other things, which correspond to the accelerated modes of life typical of our time. That is not the function of the analyst; he is never neutral but abstinent. But he neither must assume the aseptic orthodoxy of a solemn and silent analyst, of a distant listening, because this is perhaps the psychoanalytic form of the bourgeois paradigm that today becomes empty word, giving little rise to transformation.

I think, however, in an active analyst, who from the first moment gives support and regulates; in a situational clinical work, in a clinical work of what is possible that rescues the value of singularity, from a listening and a look opened to diversity, which as I pointed out, are the underpinnings of our interventions; an analyst who accepts the challenges of complexity, opening himself at each consultation to the unexpected, and to the configuration of an original analytical bond, which will give support to multiple interventions, co-constructed in the "between" patient-analyst.

In this article, I refer to those families, generally of middle or middle-upper groups, who come to the consultation affected by some peculiar forms that the surplus malaise in the culture assumes nowadays and that are a constant challenge for the analytical function and the unfoldment of the interventions. Of course, even in the midst of changes and uncertainties, many families with children and teenagers are doing other paths, their own paths, in their walk.

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