

# PSYCHOANALYSIS WITH CHILDREN

## Some issues of general interest

### What is psychoanalysis?

Psychoanalysis is a praxis in which the particularity of each speaking being, his symptom, is welcomed and is also a method of investigation. Its application in the field of childhood started with Sigmund Freud at the beginning of twentieth century and it has had a decisive influence on the constitution of child psychiatry as a differentiated field within psychiatry. Its influence has also been noticeable in the development of child psychology, pediatrics and in the theory of education.

### What did psychoanalysis discover?

Psychoanalysis discovered that there are symptoms which are not the result of a brain disorder, but that respond to another logic.

When these symptoms are approached by appropriate means, they reveal an unconscious meaning which fulfills a certain function for those who bear them. In other words, a symptom of this kind "means something" even though the subject might not be conscious of it and may experience it as a "foreign body" which causes him suffering. Therefore if effects are to be obtained, it is essential that the unconscious meaning, this particular truth that makes its way



through the symptom, be deciphered by the subject. Otherwise a chronicity of the symptomatic suffering or a displacement to other areas of his life may occur. In any case, the subject would be confronted with an endless struggle against "this truth" which tries to make itself heard.

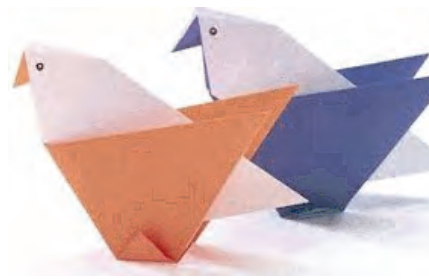
### How to define these symptoms?

Every symptom has two aspects. Consciously it is experienced as a "suffering" and in this sense he who suffers wants its disappearance as soon as possible. However, unconsciously it represents an assertion that has not been accepted by the

subject and that finds other ways to make its presence felt in life. From this we can deduce that a symptom of this kind cannot be treated simply as an “illness” that has nothing to do with the responsibility of the patient and has to be eliminated by any means. If we do so, the symptom might disappear, but that which caused it would continue searching for other ways to manifest itself, like an underground river. Moreover this is generally achieved by means of other symptoms, sometimes more severe or disguised from their original meaning, and therefore more difficult to resolve.

### So what is a psychoanalytical treatment with a child?

It is fundamentally a setting created to receive what the child says, whether directly through speech addressed to the psychoanalyst or indirectly through games, drawings, school activities, etc. Initially the analyst does not give a specific meaning to this speech; he waits for the child who, in different ways, highlights the elements that are representative of the problem which he is trying to face. Trying not to bring into play his own ideals or prejudices, the psychoanalyst highlights and takes note of the child's privileged sayings that represent him as a subject, while concurrently becoming the depository of the knowledge that the child is producing, through successive interpretations and sometimes without noticing it. In this way, the young patient continues to decipher the meaning that his symptom holds until it serves no further purpose and therefore becomes useless. When this process sufficiently occurs, the pathological suffering is diluted while simultaneously a gain in knowledge is produced which results in freedom for the patient. Another



point worth noting is that it is not the psychoanalyst but the child who provides both the clues about the meaning that his suffering holds and those of its solution.



### What do we mean when we speak about “particularity” in each case?

A child is named and “spoken off” in the broadest sense of the word since before his birth. This family discourse in which he is born and raised situates him in relation to the desire that brought him into the world, that is to say, the parent's desire. Meanwhile the child interprets the family sayings from early life, attributing a particular meaning to them which is related to his own emotional life. Therefore, the child's response to the events that he experiences in his family specifies his

singularity and what makes him human. In a psychoanalytical treatment one works in a privileged way with those events that have been assigned a particular meaning and which have marked the life of the subject, making of him a unique being. Thus, we have to say that even though diagnosis is very important to orient the treatment it is never to label the child, since the psychoanalyst preserves the particularity of the subject and does not prescribe a standard solution to his problem. A standard diagnosis is always an inadequate name to refer to what happens to a particular being who also has to find a particular solution to his suffering. To identify someone with a diagnosis always implies a level of violence which inevitably produces a similar response on the side of the subject, sometimes directed against the professional and sometimes against himself.

### Why a symptom cannot be reduced to a disorder?

The discovery that a symptom represents an unconscious “saying” means that it cannot be considered as the result of a genetically inherited neurological condition or the consequence of a poor upbringing. Therefore, its treatment cannot solely consist of the administration of a drug or any type of re-training. In order for the treatment to be truly effective, for it to modify the cause of suffering, it should allow the child speak up about “that” which the symptom represents for him and which constitutes “his truth”. It is not just the others (parents, teachers, psychologists, doctors) who must respond with their knowledge to what happens to the child, taking him as an object; It is the child who should produce his own response and, where possible, recognise his role as a subject in what happens to him.

Thereby and in accordance with his age the child can then take responsibility for his problems and for what he does to solve them. Freud called this process “education to reality”, because it is what will allow the subject in the future to face the problems that life holds, without having to take refuge in neurosis or psychosis.

### **What is the use of medication?**

The importance that language has in the causation of symptoms -in so far as they result from an enunciation not assumed by the subject- as well as the importance that speech acquires in the treatment of that suffering, leads us to think differently about the use of medication. It is clear that medication is necessary for treatment in many cases; not to cure the symptom, since it cannot modify its cause, but as a way for the subject to be able to work on what happens to him. We should not forget that the subject’s distress or anguish can at times be so unbearable that he may feel driven to perform desperate acts which could endanger his safety or that of others, or it may leave him in a state of subjective paralysis preventing him from performing the most basic tasks. In all of these situations medication is necessary, but always as a support to help the child to elaborate a true response to what happens to him through speech or other kinds of subjective production; medication functions at a neurological level on the somatic effects of the symptom and not on its unconscious cause.

### **What responsibilities do parents have in their children’s symptoms?**

The parent’s/carers’ behaviour when raising a child and the kind of education they provide do not explain the child’s symptom. Neither

do genetics. Although nobody can deny the importance the aforementioned factors play in the life of a human being, they do not constitute the specific cause of this kind of symptoms. Children inherit from their parents genetic traits as well as an idiom and a relationship to culture. In this process other elements, more particular ones, come into play: the parent’s desire, the place the child has for them, family myths, parents’ attitudes towards life challenges, their ideals, social and economical situations, etc. In one way or another all these elements leave a mark on the child and impose certain conditions in his psyche throughout his development. Nevertheless, they do not constitute the specific cause of psychopathological symptoms that may arise. A proof of this is that siblings who grow up under the same conditions do not present the same symptoms. The specific cause of these symptoms is something else; it has to do with the way the child has responded to the events that have marked him, with a particular interpretation he has made of them according to a choice that he is no longer conscious of. This is the truth the symptom contains, its “psychic reality”. Psychoanalysis is a way of treating and changing the relationship of the subject with this “truth”, which operates as an unconscious cause.

### **Does a “normal” child not have symptoms?**

There is no subject who does not have symptoms. Besides, there is no clear dividing line between “normality” and “pathology”, even less so in childhood as it is a life stage marked precisely by the appearance of various disturbances (symptoms, inhibitions, anxiety, phobias, sleep disorders, etc.), which should not be considered automatically as pathological signs, but as “signs” of the child’s subjective progress in his confrontation with the real. Sometimes the consultation with a psychoanalyst can help the child work through this, thus avoiding a fall into illness.

### **In which cases is a psychoanalytical treatment indicated for a child?**

We may consider that a treatment is indicated when the symptomatic suffering imposes itself permanently and repeatedly preventing the child from engaging in age appropriate activities, for example: playing, having friends, expressing love, learning, assuming rules, accepting the limitations that life imposes, taking care of himself or satisfying his basic needs in a regulated manner (feeding, sleeping, sphincter control, etc.).



## What relation does the psychoanalyst have with other professionals treating the child?

Although the cause of psychopathological symptoms is not reducible to an organic deficit, poor upbringing or social problems, psychoanalysis does not ignore the importance that these factors can have in the formation and maintenance of a symptom. Therefore, the psychoanalyst works in conjunction not only with the parents and/or carers of the child but also with the professionals involved in his education and care: teachers, educational psychologists, medical doctors, judges, social workers, etc.

## What can be expected from child psychoanalysis?

The main purpose of the psychoanalytical treatment of a child is to help him orientate himself with regard to the real, namely, the unconscious satisfaction implied in his suffering. That is why the analyst's interventions never have a moral or educative purpose, but rather aim to make the unconscious mea-



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## FROM EDITORS

The discovery that a symptom represents an unconscious "saying" it means no longer can it be considered as the product of a brain disorder

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ning of the symptoms appear, that is to say, that the subject produces an interpretation which allows him to assume responsibility for what happens to him and to act accordingly. This does not exclude that the psychoanalyst may give advice, suggest behavioural guidelines, support or constrain certain initiatives whenever the particularities of the case require it.

## What does the "contract" between the psychoanalyst and his young patient consist of?

Basically it consists of the psychoanalyst assuming his ethical responsibility to direct the treatment in accordance with the aims of psychoanalysis, leaving to the subject the responsibility to decide what is "good" for him according to his desire. The main difference with regard to other therapies is precisely that psychoanalysis is not a cure based on the assumption of an ideal but on the assumption of a desire.

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Text produced by the members of the constituent groups of "La Diagonal Hispanohablante de la Nueva Red Cereda" [Spanish speaking diagonal of the New Cereda Network]:

**A CORUÑA:** Almudena Collantes, Eugenia Insua (responsible) and Marta Maside

**BARCELONA:** Carmen Grifoll, Jorge Sosa, Victoria Vicente

**BILBAO:** Begoña Isasi (responsible) and Maria Verdejo

**GRANADA:** Jesús Ambel (responsible)

**MADRID:** Ana Lía Gana, Graciela Kasanetz, Rosa Liguori, Mariam Martín and Mónica Unterberger (responsible)

**MÁLAGA:** Antonia García Lozano (responsible)

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**VALENCIA:** M<sup>a</sup> Dolores Camps (responsible), Miguel Ángel Vázquez (responsible)

**ZARAGOZA:** M<sup>a</sup> José Bajén, Pilar López de la Garma, Maite Romero and Gracia Viscasillas (responsible)