

Cultural Centre for Freudian Studies and Research

23 Primrose Gardens, London NW3. Tel: 586 0992

NEWSLETTER NO. 5

MAY/JUNE 1987

EDITORIAL MESSAGE

Starting with this issue, the Newsletter is boasting a new format. It is intended that, apart from general issues and events concerning the activities of the CCFSR, each issue bear on a specific topic. Such a topic would be maintained across issues for as long as contributions received keep the discussion of it alive. In other words, the introduction of new topics as well as contributions to the existing one are entirely the responsibility of the Newsletter's readership. It is, therefore, with the appropriate sense of urgency that we take this opportunity to solicit your responses.

Remember that these can be as short as a sentence and as long as an article, and should ideally arrive at the CCFSR by the 20th of the second month covered by the issue in question, in the present case by the 20th of August 1987. This would go a long way towards preventing the kind of delay which this issue has been subjected to and for which we duly offer our apologies.

This issue is devoted entirely to CHILD ANALYSIS and the two main articles received are from those responsible for the running of the Child Analysis Working Group, B Benvenuto and D. Machado.

Please note that the views expressed in this Newsletter do not necessarily reflect those held by the editors.

INTRODUCTORY PAPER TO THE 'CHILD ANALYSIS WORKING GROUP'.

Most of the people to whom this paper is addressed may not share a common interest in child-analysis, though they may share one in psychoanalysis at large. But even when the issue of the child appears as secondary in relation to this common interest, one should be reminded that it is intrinsic to psychoanalysis to come up against the child. Freud's instauration of a dialogue with the 'adult' unconscious of his patients led him into the dark area of childhood sexuality. And it was in this dark area that he saw the 'cradle' of later adult neurosis.

With little Hans's phobia, Freud came to the further realisation that children can fall ill of their own sexuality, that the Oedipus complex in childhood indicates their struggle with it, a struggle which can be extremely painful for some children. This pain is not an illness, like an adult neurosis, but rather an expression of the difficulty that every human being goes through when trying to make sense of his own sexuality. And this difficulty which is peculiar to man, - we do not as yet know whether animals have their own one, - arises from his specific relation to his own language.

Oedipus is the milestone of this conflict between language and sexuality as well as the pathway to its resolution. It is, then, this more or less painful attempt to achieve the development of Oedipus that Freud called 'infantile neurosis', and which is not, as one might believe, an obstacle to its development. The effects of not having developed and overcome the Oedipus stage already imply an adult neurosis. When an adult is said to regress to previous infantile stages this does not mean that he has not moved from the Oedipus and is still like a four year old, but it certainly indicates where a false step was made. He has moved, but without resolving the puzzle of Oedipus; he has moved by leaving a question unanswered in the unconscious. It is up to the analyst to recognise this open question and throw it back into the game of language.

From these premisses we can see how the psychoanalytical 'game' moves away from the psychiatric method and its tradition. This latter cannot get away from the presupposition that the 'mental' can be cured with methods running parallel to the 'physical'. Medicine is still struggling to find the pill which would remove the mental illness, while at the same time the use of drugs which temporarily remove the symptoms diverts attention away from the fact that we are a long way away from such a pill.

In the meantime, various psychiatric therapies and movements have arisen in reaction to the medical model, all of which are more or less influenced by psychoanalytical theory and its treatment of mental illness. Anti-psychiatry was the movement which put these issues on the agenda by reacting to traditional psychiatry with the task of creating new, or rather anti-hospitals.

Therapeutic communities and the post-psychiatric movement in general are based less and less on medical cure and more and more on human care. I would consider these new principles offered to therapeutic instruments as a major step in the history of psychotherapy.

It was psychoanalysis which, with Freud, constituted, and emerged as, a radical and determining breakaway from that medical tradition: the concepts of care and removal of symptoms stop being the leit-motiv of the treatment, and instead we have the effects of a personal choice, that of coming to terms with oneself. Although the symptom, the pain, as it were, is still involved in this choice, unlike the medical aim of getting rid of it as an extraneous body, in psychoanalysis, one realises that pain, like Oedipus, is part of one's own becoming-human, that pathological pain is only a pain which is stuck, a pain which we tried to get rid of, the way medicine tries to do it, by some life anaesthetic. It is because of this attempt to anaesthetise the suffering that pertains to life that the pain persists, becomes pathological, cancerous.

To come back to the child, we can compare this suffering pertaining to life to a child's neurotic symptoms as expressions of a struggle in search of resolution. This is not solely a child-analyst's concern; it is what psychoanalysis discovered starting with the adult, it is the discovery proper to psychoanalysis itself. What Freud and any analyst after him found in the adult patient was a pain which was stuck and frozen beyond any attempt at a resolution, the patient carrying his symptom around like a foreign body left to its own decomposition. Psychoanalysis deals with symptoms as speaking symptoms. It makes the physical symptom speak as in hysteria and psychosomatic illnesses. The symptom is given a chance to join in the conversation. By finding an interlocutor the symptom starts to communicate its own meaning, it starts to defrost itself from the ice of repetition.

Let us face, then, the clinical questions and misunderstandings which have risen out of the opposition between the specific fluidity of childhood and adult rigidity. The first misunderstanding consists in turning this opposition into a harsh distinction between two clinics. The problem of their differences and their similarities has, broadly, been faced in two ways: one way carries on the traditional approach to the status of children, that is, a child is an adult still in formation, a status it will reach through upbringing and education. In this perspective a child only needs to be directed, educated and cared for. The child-therapist, whether he be a behaviorist or even an analyst of the object-relation tradition, tends to take the place of the Adult with a capital A. He intends to replace the adult who has previously failed the child.

This approach confirms the commonplace that work with children is based on a parental or pedagogic vocation, spurred by the implicit reward due to the fact that the child is by nature a changing, developing being. Certainly with children one does not have to deal with the stiffness and respect shown to an adult peer. One can make use of the natural authority an adult has over a child in order to put him on the right path as it were. This is a temptation which even the most rigorous child-analysts find it difficult to escape from. The Kleinian approach, for example, wants to complement the missing words of the child with a lot of imaginary assumptions regarding his feelings and sexual curiosity, as if the analyst should speak in the child's place. But what is most striking in this approach is the fact that it applies the same method to the adult patient too.

Does the fact that psychoanalytical work inevitably comes up against the subject's past, that is, encounters the child, mean that psychoanalysis is child-centered? Most object-relation theorists in this country would be positive: the adult patient should be approached by the analyst at the level of his infantile position. But one may wonder whether the patient's position in the place of the child and the analyst in that of the adult, more exactly, that of the mother, is not a simplification of the complexity of the analytical situation. Is the role of the analyst that of playing the adult who has to re-educate the child, even a grown-up child, to a correct relation to the object? If we assume that the subject of the unconscious has no age why should the analyst impose that of childhood or infancy on the analysand? Ageless does not mean infantile or childish, but rather neither infantile nor adult.

Klein's conviction that she had explored and then controlled the world of children made her believe that she could intervene in it. And the adult? For M. Klein he is just like a child. But why not say, then, that a child is just like an adult? The unconscious has no age. But the analysands have, one could retort. Undoubtedly. And we are back to our first assumptions concerning the infantile neurosis as linked to the unconscious. If the unconscious is a questioning, it has less to do with the child's experiences and feelings than with his questioning them. And even if the child questions in the moment what the adult questions in repetition, THE QUESTION DOES NOT CHANGE FOR THE ANALYST. I think this emphasis is important as regards not only the patronising attitude towards children I have been describing, but also for those who, by not wanting to collude with it, turn their backs on the problem.

One way of evading it is by way of thinking that children are so vulnerable to an adult's authority that any adult's intervention would be an infringement of children's freedom. The conclusion would be that if children's symptoms are not the effects of mental illness, but part of the vicissitudes that growing up implies, why not leave them alone and let them sort themselves out? Rousseau's pedagogy is suggestive: it has already spawned libertarian educators, yet brings out the practical and theoretical impasse involved in a negative intervention. Whereas it would be interesting to consider the effects of a more general liberalisation in child rearing, an attitude of total 'non-intervention', although apparently opposed to traditional views on the child, would comply with them not only by opting out at a clinical level, but primarily by confirming the dichotomy child-adult and their polarised positions at a theoretical level: the extremely fragile and primary state of childhood against the all-powerful intervention of the adult, 'good enough' for the first, damaging to the latter. In both cases the child is conceived to be at the mercy of the 'big' Other who is, on the occasion, embodied by the child-psychoterapist.

One is alerted, here, to the risk of conceiving psychotherapy, whether for the grown-up or the little one, as based upon the 'good' use of unavoidable power and authority.

It is with this 'alert' sounded that I invite you to question further the status of the child, as it seems to be our own.

BICE BENVENUTO

THE CHILD ABUSED.

'The child is the father of man'.

(J. Lacan Seminaire VII)

In the relation child-adult, the adult always occupies the place of the educator, that is, he is placed as the other who knows, and, I should add, the one who knows at all costs: education seems to correspond to training. Who can deny that, for example, in this country, children are frequently severely punished if they don't do as they are told? But, of course, they get in return everything they are SUPPOSED to need; everything is provided in the name of the welfare of the child.

So why not consider a Child Analysis Working Group as a challenge? A challenge both to think about the place the child occupies in our world and for us to think more specifically about the child in this country. And even more so 'in this country' where the most important centres of child analysis in the world, such as Melanie Klein's and Anna Freud's, have established themselves.

If we start thinking about the child, in psychoanalytical terms, we can only think about psychoanalysis IN EXTENSION, that is, how the child is placed in the midst of our culture, our society, our world. We shall always have to pose ourselves the following question where are the adults placing the child? We know that the child is an invention of the adult world...

In the Child Analysis Working Group we shall be concerned with three main topics:

- I - Sexuality and Infantile Neurosis (the infantile neurosis is structural; every subject has to pass through it).
- II - Psychoanalysis and Psychotherapy (what are their specificities if any?)
- III - Psychoanalysis and Pedagogy (the notion of the child, pedagogy and the relation to the Symbolic).

In order to question how psychoanalysis could intervene to minimise 'la malaise' in our culture, we intend to focus, as a starting point, on the pedagogic process.

Our interest will be focussed on the effects of symbolisation in the child. Our hopefully incisive questioning will centre on what those effects that we believe to be fundamental to the pedagogic process would accomplish. We know already that truth is repressed through the word which, in a gliding movement, makes explicit the vigour of desire, that is, the truth of the subject's desire.

The particular pedagogy which has organised itself in the name of a determined child welfare will inevitably ignore the dimension of desire. It is precisely in the name of this welfare that many psychological statements express themselves in terms of the 'need' of and the 'damage' to the emotional life. For example, sometimes the cure appears as a cognitive reconciliation with a symbolic system or other, where it takes place as a reintegration of the neurotic child with 'normal' teaching and of the psychotic child with a 'technical' one.

Instead of searching for the child's welfare, psychoanalysis searches the desire: 'Not to yield over one's desire' is the ethical commandment brought by psychoanalysis, and this commandment allows us to think the patterns on which social institutions form themselves. The use made by institutions of a dogmatic knowledge ends up disguising the truth of desire, as it intends to produce 'well adapted personalities' with the promise of happiness; that is like saying 'you must yield over your desire'. In this way the institutions bar the word of the subject and eliminate his desire.

Our proposal is to ransom the place of the child as a subject, the subject of the unconscious, in order not keep him prisoner to the ideological concept which looks at him as an object of watchfulness, of possessions and promises. We believe that the child can occupy a different place where he would not be so infantilised and would have the possibility of expressing his desire. This does not mean an absolute liberty but a greater ability to symbolise.

...cont.

Children of 8 on 'brink of suicide'

CHILDREN AS young as eight and nine years of age are being driven to the brink of suicide by the strain of modern life, according to the Samaritans.

The youngsters are not able to cope with pressures in the classroom and at home, it said.

David Evans, the Samaritans' national secretary, said yesterday that the youngsters were "little adults", suffering the same problems as older counterparts.

"It all boils down to relationships, whether at home with their parents, or at school with teachers and friends. If they feel they are having a bad time, they will become extremely depressed," he said.

Danger periods are at the end of the school summer term, when many youngsters face examina-

tions. "Most young callers are teenagers, but a growing number are in a lower age bracket. Of all the young callers, between eight and 10 per cent are very much at risk of committing suicide", Mr Evans said.

The organisation has produced a video, called *Time to Talk*, made with the Children's Film Unit, which will be shown at secondary schools around the country. Its aim was to "encourage children to share their problems and adults and teachers to listen to them", he said.

A spokesman for the Merseyside branch of the Samaritans, which yesterday published figures showing that last year it received 29,000 calls, said some of the calls had been from children as young as eight.

THE INDEPENDENT - 5th JUNE 1987

Doctor critical of child care orders

By Nicholas Timmins
Health Services
Correspondent

SOCIAL WORKERS should not be too quick to take children into care when there is evidence of sexual abuse, a leading paediatrician said yesterday.

Unlike cases of physical abuse, many sexually abused children are not in immediate danger of death or severe injury, Dr James Appleyard, vice president of the British Paediatric Association, told *The Independent*.

The long-term damage from sexual abuse was usually the psychological and behavioural scars left once the children had grown up. Such damage could often be minimised by resolving the problems in the family rather than by taking the child into care, he said.

Many of the symptoms of sexual abuse were not clear-cut. Paediatricians could often only tell social workers that signs were consistent with sexual abuse: the social workers had to decide what action to take.

"Except in particular cases they should not be too quick to act," Dr Appleyard, a paediatrician at the Kent and Canterbury Hospital, said as the furor over the decision by Cleveland social services to take more than 200 children into care over the past 12 weeks continued. "Obviously there are

cases where urgent action is required ... but in cases where there is only a suspicion — where for example a child has talked to a teacher, where there are behavioural problems which may be consistent with sexual abuse, or where a GP or other health worker suspects for whatever reason that it is occurring — then it is often far better to go slowly."

Dr Appleyard said sexual abuse was usually the expression of a problem within the family, and not the cause of it.

"Tackling that in the best way can be frustrated by over-zealous social workers bringing the problem to the confrontation too quickly when the way to resolve it is not necessarily to immediately confront the parents and remove the children."

He added that when there was evidence that one child had been abused, it was difficult to know whether other children should also be removed, as happened in Cleveland. "It depends on the circumstances of the case. But it should not be routine."

THE INDEPENDENT - 29th JUNE 1987

Police win right to examine children

POLICE SURGEONS were yesterday given an immediate automatic right to be present at any medical examination of children suspected of being sexually abused in Cleveland if they wished to be there.

The decision was announced by Bryan Hanson, leader of Cleveland County Council, in making public new guidelines for dealing with child abuse in the county.

A joint child abuse consultative committee set up a working party last week to resolve the question of the involvement of police surgeons in child abuse examinations. Police surgeons and then the Chief Constable of Cleveland, Christopher Payne, had complained publicly that they were being denied access to the examinations by Dr Marietta Higgs, the consultant paediatrician at Middlesbrough General Hospital who is at the centre of the controversy.

The council also released seven case histories of child abuse in the county to journalists yesterday. The council has compiled its own dossier on child abuse cases over the past year; Mr Hanson referred to it as the missing part of

By Malcolm Pithers
Northern Correspondent

the document presented to journalists on Monday by Stuart Bell, Labour MP for Middlesbrough.

■ Tony Newton, the Health Minister, is expected to make a Commons statement on the Cleveland affair soon, Mr Bell said after a 45-minute meeting with Mr Newton yesterday.

Mr Newton's mind was "probably working in the direction" of a government inquiry, he added.

But Mr Bell, who arrived at Department of Health and Social Security headquarters in south London clutching files he claimed showed there should be a full inquiry, said legal cases pending would have to be considered before any final decision.

The DHSS later confirmed that Mr Newton would make a Commons statement. It is understood that it could be this week. But a spokesman said it was too early to talk about a possible inquiry. Mr Newton was reading the documents and nothing more could be said until he had briefed himself.

THE INDEPENDENT - 8th JULY 1987

DANUZA MACHADO

JULY 87

THE PSYCHO-ANALYST'S ENTERTAINMENT NO II.

SET BY LE CANULAR DECHAINED.

NOTE: Most clues are neither quick nor cryptic, but rather a set of more or less particularised definitions of Freudian/Lacanian concepts.

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DOWN

1. What Christ is to some. (7)
2. It never leaves its place. (4)
(cryptic : Lear tried the impossible.)
3. Link in a chain which can wear like a millstone. (9)
5. Adverb describes the subject's relation to sexuality. (4)
7. Dr. Lacan's graduation patient.(3)
11. The preverbal which is open to (mis-) interpretation. (3)

ACROSS

4. Speaking ailment. (8)
6. Coterminous with 10 across. (3)
8. All-embracing title. (1.1.1)
10. Order which allows truth to be heard. (8)
12. Interjection marks moment of resistance. (2)
13. Order which allows truth to be hidden. (9)

SOLUTION TO PUZZLE NO I.

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EVENTS

- IVY HOUSE SEMINARS

Held fortnightly on wednesdays starting 14 October 1987 and ending on 9 December 1987.

Fees remain at £1- per seminar.

- QUEEN SQUARE SEMINARS

Each seminar held fortnightly on Mondays for four sessions.

1. Richard Klein on 'THE NAME-OF-THE-FATHER' from 19 October 1987.
2. Bernard Burgoyne will continue his series of seminars on 'THE RELATION OF PSYCHOANALYSIS TO MATHEMATICS, LOGIC AND SCIENCE' from 26 October 1987.

Fees are £2- for each seminar
£1- for Middlesex Poly and Philadelphia Association students

Season tickets: £5- for all 4 seminars.
£3- for the above-mentioned students.

- ATELIER ON PSYCHOSIS

Starting in November 1987 for a duration of five meetings, the aim is to produce a paper by March to be published in Paris as part of the book to go with the 'Champ Freudien' meeting in Argentina next year. The theme will be the particular way that psychosis has been treated in the Anglo-Saxon tradition.

Interested parties should contact any founder-member of the CCFSR.

- PSYCHOANALYSIS AND THE PUBLIC SPHERE

A conference to be held on Fri/Sat, 16-17 October 1987 at the North East London Polytechnic Conference Centre,
Duncan House
High Street
Stratford
London E15.

The themes will include Feminism and Gender; Theories of Need; War; Psychotherapy in Racial Context; Individualism and Socialism; Welfare, Health and Dependency; Racism and Ethnicity.

Registration is £35- (£17-50 for students/unwaged) including lunch on both days and a party on Friday night.
Bookings should be sent to:

Barry Richards
Dept of Sociology
North East London Poly
Livingstone road
London E15 2LL

EVENTS (continued)

We would like to remind Newsletter readers that:

1. The 'INTRODUCTORY SEMINARS TO THE WORK OF LACAN' will start on Monday 11 January 1988 and run weekly until 28 March at the Queen Square address.

The standard fee is £60-

The reduced fee (registration before 30 September 1987) is £50

2. The 'CHILD ANALYSIS WORKING GROUP' is starting the next year's meetings on 22 October, 8.30 pm, at the following address:
14 Eton Hall
Eton College road
London NW3

Subscription for one term - £10 (£5 for CCFSR subscribers)

Subscription for whole year - £25 (£12 for CCFSR subscribers)

Coordinators :

Bice Benvenuto (Tel 01-586-0992) and Danuza Machado (Tel 01-722-7383)

3. People who desire to take part in 'CARTESIAN PRODUCT' study groups should send their names and topics of interest to the CCFSR.

4. People who want to continue receiving the Newsletter after issue no 6 should renew their subscription to the CCFSR.

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