The Emergence of the Speaking Subject: Child Therapy and the Subject of Desire

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I often share with my students an image from the website of the late Stanley Greenspan. In this image Dr. Greenspan can be seen on the floor with a mother and child.1 The intersubjectivity of the interaction between therapist and child leaps from the page. In Dr. Greenspan's obituary in the *New York Times*, Serena Wieder, a colleague, was quoted as saying that "Dr. Greenspan's singular gift in dealing with little children 'was to get that connection, that gleam in the eye.'" The obituary continued: "Of the session with the 22-month-old boy, Dr. Wieder said the child 'was watching Stanley as much as Stanley was watching him — the look, the gleam of anticipation, the two-way back and forth.'" (Corcoran, 2010). I often think of that picture as I find myself on the floor seeking to draw a young child into an intersubjective space where feeling is possible and desire can be experienced. It is no accident that Greenspan named his approach to child work *Floortime.*

In this chapter I hope to explore one central concern of my work in *meeting* children, in relation to elements of my own history. We have reasons for what we do, and although most of the great child analysts who have been formative in my understanding of the work do not dwell on their personal lives, their vivacious work with children leaps off the page and leaves the reader in no doubt as to the embodied and located nature of their passion. I have written in more detail elsewhere of some of the elements of my life story and how the threads of that story have helped shape my professional posture toward working *obliquely* with children. I began my professional life as a teacher of young children. I was an accidental teacher really, since I joined the profession largely

because it provided one of the few paths to upward mobility for children who grew up poor in the Ireland of my childhood. Those early encounters provided me with a passion for child work that finds me regularly mimicking Dr. Greenspan, sitting on the floor with children despite the protestations of my aging body. As it happens, I am also an accidental psychoanalyst. It was only when my original full-time academic career soured because of my inability to 'go along to get along' in a very intolerant and oppressive university setting, that I seriously thought about abandoning institutional academic life altogether. At that critical moment, some ten years into my professorial life and some twenty years ago now—a time of intense personal destabilization—I began analytic training and finally activated my psychology license. However, having spent my years as a professor teaching teachers and consulting in schools, I thought it was time I finally grew up. Leaving children behind, I threw myself with relish into working exclusively with adults... except that I found myself indelibly drawn to my adult patients' stories of the origins of psychic experiences, and this soon led me to reading about early experience and eventually to devoting a significant amount of my time to child work—work that is laden in equal parts with unremitting passion and profound difficulty and suffering.

Maud Mannoni reminds us of Freud's conviction, derived from his thoughts about Little Hans, that the "psychoanalysis of children is psychoanalysis in its purest form" (Mannoni, 1970, p. 3). This is, no doubt, because the transparently primal nature of childhood experience, and the evident perplexity of a child whose experience resists symbolization, or for whom struggles with the enmeshments and silent entanglements that come with particular kinds of unstated familial and societal demands and expectations are debilitating. Childhood suffering calls for an analytic relationship in which a commitment to raw honesty and the naming of pain is required to lift the veil of obfuscation that often produces a child's symptoms. While an attitude of respectful frankness should underlie all analytic work, there seems to be a lot more room for shadow-boxing and rhetorical maneuvers such as intellectualization in adult work. In child work honesty and directness are vital. Children are often only too willing to return the favor, as one of my

young adolescent patients repeatedly reminded me. In my inexperience I sometimes proffered spurious interpretations about the consequences of the early loss of this child's mother, to which, unfailingly, he responded with a salutary "No shit, Sherlock," accompanied by a sly smile.

Return to Mother

I have written elsewhere (e.g., O'Loughlin 2007, 2009, 2010) about the psychic effects of the lengthy hospitalizations that dominated my earliest years. I have long ruminated about the undoubted connection between those recurrent early hospitalizations and lifelong feelings of anxiety and narcissistic vulnerability of the kind that Bion (1961) characterized as *nameless dread*, and that Kristeva (1982) refers to as *inaugural losses*. I was born with a severe gastric condition that required multiple hospitalizations. The periods between hospital stays were characterized by regular bouts of projectile vomiting. This placed me in obvious distress, but also caused tremendous stress for my mother. We had no extra sets of linens, and there was no running water, washer or dryer for laundering soiled linens and clothing. While visiting the local hospital, my parents were often advised to gaze at me through the window in the door of the hospital bedroom as the staff said that I got "too upset" if my parents came in and held me. A saving grace for me was one nurse O'Halloran. She 'adopted' me in the hospital. She dressed me in other children's finery, loved me, and obviously provided a critical mirroring function in the absence of my mother. I experienced arrested development, and ceased to grow. My developmental progression stalled. This, and a distended belly, brought on by starvation, led me to the brink of death. When my father was advised to purchase a coffin, he took matters into his own hands, and moved me to the only other hospital in town, where, in due course, I responded to treatment My mother told me that when she came in to the hospital to pick me up at age two, the taxi driver accompanying her was aghast: He said I looked more like a newborn than a two- year-old.

There is much grist for analysis here. There was my own ongoing struggle to live, bolstered at a critical moment by decisive action on my

father's part to insist on more effective medical intervention. There was the persistent worry of my parents about the uncertainty of my life chances, compounded by severe financial austerity, and the need to simultaneously keep in mind and create containing environments for my two toddler siblings. One effect of this parental worry is that I developed a somewhat fragilized posture toward life. In a sense, you might say, I *lived*, but I lacked the robust vitality of my peers. Like the invalid Colin, the tyrannical wheelchair-bound boy with a crippled personality in Frances Hodgson Burnett's *The secret garden* (1909), I was closed off from the world by my fragility. My investment in that same fragility, however, also effectively hemmed me in. In the parlance of the day, I was described as a *delicate* child—one that needed a special diet and special treatment, and from whom wholehearted participation in life could not be expected. The one exception to that was in matters intellectual. Having leapfrogged some developmental stages, I was able to read the local newspaper by age four. The intellectual realm gave me pleasure, and while this was salutary it also served to separate me further from my rough and tumble peers and siblings. Anxiety became my constant companion and no doubt my capacity to lose myself in a book served as a buffer against breakdown of the kind I discuss below. Developing a sympathetic identification with the suffering of the characters in Charles Dickens' novels, particularly those who experienced abject suffering and loss, caused me to develop a lifelong identification with oppression and suffering. To this day, the sight or sound of an ambulance causes feelings of fleeting panic.

I marvel now at the ways in which my mother and I managed to fill the gaps in a relationship where symbiosis was often not possible, and sometimes mirroring, containment and recognition were more than I could expect. My mother had lost her own mother at age six, and she had been raised by an unfeeling and willfully misrecognizing father. What effects could such losses have on her capacity to experience herself as a mother? What possible effects could the potential loss of me, her third child, have on her capacity for mothering me? What effects did her fear of my potential death have on my emerging subjectivity? And what of the sociohistorical circumstances that shaped the psyches of both my

parents? For example, what were the effects of Ireland's Great Hunger (cf., O'Loughlin, 2012), that unremitting catastrophe in which over a million famished souls died of starvation or disease, and the survivors—including my parents' grandparents—not only suffered severe privation, but also bore witness to unimaginable suffering? What residue of this intergenerationally transmitted trauma and suffering did my parents inherit and in what way was their worry about me amplified by and suffused in such unspeakable archaic losses? The literature on intergenerational transmission of familial and historical trauma (e.g., Abraham & Torok, 1994; Davoine & Gaudillière, 2004; Emery, 2002; Faimberg, 2005; Fraiberg, Adelson & Shapiro, 1975; Frosh, 2013; Garon, 2004: O'Loughlin, 2013c, 2015; O'Loughlin & Charles, 2015; Pisano, 2012; Schützenberger,1998) leaves me in no doubt as to the psychic significance of such genealogical trauma narratives which persist as archaic embodied remnants or unmetabolized, residue in my own subjective experience.

The difficult-to-mourn losses that are at the root of the earliest formation of my subjectivity (cf. O'Loughlin, 2007) are a constant preoccupation. I have parsed these losses in my analysis and in my writings in order to improve my therapeutic receptivity to suffering. It is only now, though, that I see this as a one-sided narrative. I realize that I have given surprisingly little thought to the positive aspects of my subjective formation. Particularly in view of the adversities I experienced, surely there must have been potent countervailing identifications that allowed me to move forward with living? What could be the source of that vitality, libido, or perhaps remnant of *jouissance* that has animated my being? It is as if, in coming to think of myself as fragile, I failed to acknowledge or explore the sources of resilience that have allowed me to weather adversity and pursue desire. Boris Cyrulnik (2009) notes the importance of never underestimating those fleeting but intense existential moments that infuse our lives with purpose and that buttress us with resilience in the face of the trauma of misrecognition and the narcissistic vulnerability created by a lack of secure containment.

Ruminations about vitality and resilience unexpectedly came into sharp relief for me in recent months as I journeyed back and forth to

Ireland to join my siblings in keeping vigil at my mother's bedside as she passed through her final illness to death. What struck me as we sat with my mother over a lengthy period was the intensity of her psychic presence. As her physical presence declined precipitously, I felt she became increasingly alive for each one of us and the intensity of each of our responses to her fading presence seemed to reflect the ways in which she had infused each of us with our own particular form of vitality, resilience, and life purpose. It was an almost mystical experience in which the realization of our mother's imminent passing evoked in each of us archaic experiences of primal love and desire and an attempt to articulate identifications with the maternal imago and to hold onto that desire. It felt like a sacred moment: a moment when the gift of her maternal essence was suddenly rendered manifest. While I had long paid homage to my mother's desire that I live, and I had recognized that my identifications with her deep interest in books had led me to a scholarly career, it was only now that I really began to reflect on the intensity of her desire for my being. I saw this reflected in my siblings, too, most tangibly in my brother, who remarked more than once on his physical resemblance to our mother. While a final leave-taking is a sad and unspeakable process of relinquishment, I felt that this loss was balanced out by an uncanny communication of some basic element of vitality and urgent desire that bonded us together. We have been scattered across the diaspora, and emotional gaps have developed in our family over the last half century, yet we felt willed to come together in harmony and produced a testimony to my mother that bore witness to some fundamental essence or desire in her being that had infused each of us. In collectively composing the eulogy with my siblings, I had proposed saying that our mother had exhibited "ferocious aspiration" for all of us. My siblings gently vetoed the word 'ferocious', fearing that any potential negative connotation of the term might dilute in any way the goodness of the drive emanating from our mother.

The issue that I wish to address in the remainder of this essay, therefore is the animation of childhood subjectivity, and the therapeutic possibilities in working with children who present with emotional constriction, anxiety, or thwarted desire, through an analytic approach

that takes consideration of the maternal contribution and that allows for collateral work with parents—most often with mothers in my experience—to help flesh out the contours of maternal demand and desire, and to explore the possibilities for therapy when the issue of how desire is enacted or communicated is brought explicitly into the room.

The genesis of emotions and the bearer of the word

The ruminations presented above are evidence of my capacity, however rudimentary, to metabolize emotions. This type of narrative retelling is indicative that basic metabolic functions were set in place during my infancy despite the adversities I endured. I will turn now to writers who have done useful archaeological work on the genesis of emotions. While much can be learned about the effects of maternal communication on the development of child emotions from, for example, the writings of Melanie Klein, Daniel Stern and Donald Winnicott, I will focus here on contributions from the French Lacanian tradition—a tradition that in some respects complements those other approaches. Leading theorists in this tradition include Piera Aulagnier (2001), Françoise Dolto (1973, 2013; Hall & Hivernel, 2009), Rosine Lefort (1994), Maude Mannoni, (1970, 1999); and Catherine Mathelin (1999). Aulagnier (2001), for example, offers a theory of early emotional development that illustrates how an infant develops representations of emotions that eventually lead, in good circumstances, to a capacity for metabolization and speakability. Her work is valuable in pointing out how the early foundation of psychosis is laid when mother-infant communication fails and the emotional foundation remains in a primal state, with the child failing to fully enter the symbolic arena. The challenge for the mother is to create a transformative space where the infant can tolerate separateness and the 'I' can come into being, The difficulty, from a Lacanian perspective, is that this requires entry into language, and, in Aulagnier's terminology, this necessitates the infant undergoing the risky business of experiencing through the mother's words the *violence of interpretation*. All maternal speech presents a violent interpretation because as Aulagnier

notes, "[b]y linking the register of the desire of the one to the register of the other's need, the aim of violence is assured of victory... to make of the fulfilment of the desire of him [sic] who exerts it what will become the object *demanded* by him [sic] who undergoes it" (p. 13). While entry into the symbolic is violent for all primal infants, Aulagnier points out that if the words offered by the word-bearer are ummetabolizable, as discussed below, that poses a grave risk of the child failing to enter the symbolic and falling into psychosis. Is it possible to create a tone in maternal emotional communication that invites the child to experience separateness and being in ways that are not potentially annihilatory and that do not foreclose symbolization?

Aulagnier proposes that the earliest learning encounters of the infant, occurring in the pre-verbal period, are pictographic. The challenge, Aulagnier suggests, for the child receiving maternal verbal productions, is to construct "a representation of self from the encounter" (p. 11). The mother, through her presence invites an infant into a performative or "speaking space" (p. 71) and invites the child to take up his or her place in a "genealogical destiny" (p. 29) delimited by the discursive and socio-historical expectations inherent in the mother's words. The infant's first representation of self, therefore, is constructed from the mother's discursive representation of the child—a process that began way before the infant's birth, or even conception. The discursive demand is "that the child conform to an image of the child that occupied the cradle long before this body was placed in it" (p. 53). The child's initial introjection of reality, therefore, is of a reality already metabolized and imagined by the mother. Aulagnier refers to this as the prosthetic function of maternal speech (p. 72).

For Aulagnier the phenomenon of specularization, described by Lacan as occurring in the mirror stage of toddlerhood, has a primal precursor in the early pictographic introjections that enable the child to begin a process of self-representation—the construction of the earliest relational schemas (p. 25). Crucially, even at this early stage, Aulagnier claims that the infant is capable of experiencing pleasure from the kind of merger feelings produced by an absorption of the mother's discourse, and conversely, if the mother's words are discordant and cannot be

absorbed, feelings of extreme unpleasure are produced. If the process of pictographic representation proceeds fluidly, the stage is set for a transition to thinkable and eventually sayable emotions, and to metabolic processes of the kind referred to by Fonagy et al. (2010) as *mentalization* functions. Aulagnier points out that throughout life humans are likely to experience moments of the "fading of the I" (p. 38) which produce the kinds of catastrophic anxiety or nameless dread that I alluded to in my autobiographical note. What distinguishes the non-psychotic person, Aulagnier notes, is "the possibility that the I retains of retaking possession of one's space and mode of functioning, of forgetting those moments of tribulation, *but only in their deferred action,* treating them as 'foreign bodies', 'passing symptoms', whose cause one will impute to this or that external event" (p. 38). Lacking the requisite foundational capacities, and confronted with a tsunami of anxiety, any person is vulnerable to falling into psychosis.

A significant challenge arises for the young child when the oedipal transition requires the child to shift from the symbiotic of a desire co-constructed with the mother, to a realization that the mother possesses desires for a different Other than the child him- or herself. The child then has to abandon the fantasy of merger "as soon as he [sic] gleans the possibility of the mother's desire for an elsewhere that dislodges him [sic]from his [sic] position as her exclusive object of pleasure" (p. 48). She captures the existential crisis this produces:

> Near the mother there is usually that other subject, to whom she is linked by a privileged relation, whatever it may be, who is usually responsible for the breakdown in mother- child communication, who has something to say and often to shout, about the tears by which the child conveys his [sic] refusal to remain alone, who may give him, though less frequently a *bodily pleasure*, caressing him [sic], whispering in his [sic] ears a series of sounds whose tone transforms into the equivalent of a cradle song, which comes no longer solely from the mother's voice (p. 49).

One final consideration that I will address from Aulagnier's complex theory has to do with the consequences of the nature of the mother's speech. It is important, Aulagnier says, for the mother to possess metabolic capacity and that her speech embody properties of signification. However, in the earliest stage, she notes, while the infant take into itself "an object marked by the reality principle" the child absorbs the object, at this stage, purely as a sense of pleasure (p. 73). Leaving aside the obvious risks in families with pathognomonic characteristics, where, for example boundaries are poor, or where a mother projects excess desire on the infant, there are risks even in more conventional situations. Aulagnier employs the term "shadow side" to describe unconscious desires in the mother, and how mother and infant must collude to maintain barriers of repression around these desires. Aulagnier captures an aspect of the shadow side this way:

> It is the discourse of the shadow that allows the mother to ignore the sexual component inherent in her love for her child; it is this discourse therefore that sees to it that what must remain in the repressed does not return. Hence the functional attributes attached to everything in bodily contact that participates in a pleasure whose cause must remain unknown: one rocks a baby because that makes him [sic] go to sleep, and sleep is good; one washes a baby because it is hygienic, and because the law prescribes it; one feeds a baby according to a model of good health etc. Fortunately this does not prevent the presence of fault lines: the kiss given is surplus to requirements or the infant's sex may be touched with pleasure.... What I call the shadow is constituted therefore by a series of statements that testify to the *mother's wishes* for the child. (p. 78).

Aulagnier describes, therefore, a "functional reciprocity" (p. 82) between mother and infant where each serves "as agent of repression for the other" (p. 82) where dangerous desires are neither spoken nor enacted.

Finally, Aulagnier notes that while the violence of interpretation is

necessary to induct the child into the symbolic, an excess of violence will lead to a collapse in representational capacity in the child and lead to a refusal of meaning-making, thereby forming the basis of psychosis: "Insanity is the extreme form of the only refusal accessible to the I" (p. 91). This might be illustrated, for example, by a mother who repeatedly says things that are ostensibly positive but uses an angry, depressed, or critical emotional tone which results in a collision between the linguistic and libidinal messages and causes a child to refuse impossible meaning. Similarly, a mother who consciously or unconsciously communicates ambivalent or obfuscating messages about lovableness, and who fails to speak a truth to the child, also risks engendering foreclosure of meaning.

In the introduction to Rosine Lefort's *Birth of the other,* Russell Grigg (1994) notes that, from a Lacanian perspective, infant and child analysis is all about "the subject's emergence, as what Lacan calls a *parlẽtre*, speaking being" (1994, p. x). Lefort documents her work over a long period with Nadia, a child of thirteen months, who had experienced nothing but institutional life.

The case study illustrates the complexity for a young child who had lost the expectation of mirroring, and who handled the specular experience Lefort offered with a mixture of apprehension and a gradually increasing receptivity toward a state of experiencing selfhood and accepting being seen. Lefort articulated the goal and tenor of the work thus: "I had to allow her to totter toward me as if toward an arena where her drama could be spoken and heard" (1994, p. 8). This case study offers a carefully observed clinical illustration of the application of the clinical underpinnings of Lacanian child analysis and is quite consistent with the principles articulated by Aulagnier. Nadia had been institutionalized for her entire life and she appeared depressed and withdrawn when Lefort first met her. At the outset, Nadia was functioning in what Lacan refers to as *invidia*. That is to say she could only covet the emotional expression of others whom she observed, but she showed no capacity to desire the breast for herself. As Lefort notes, having failed to inscribe the Real in the Other, through processes such as the pictogram discussed by Aulagnier, Nadia was "reduced by it to completely with-

drawing her demand and not being able to maintain her desire except in the gap of the object she had not let go of, or *invidia*" (1994, p. 10). In clinical work that echoes Winnicott's writings, Lefort documents Nadia's very subtly developing capacity to employ transitional objects as a way of mediating contact with the analyst. Lefort describes the transition from *invidia* to the scopic drive, when Nadia could finally experience allowing herself to be the subject of another's gaze. Naturally, her forward progress was impeded by frequent regressions as she became invaded from time to time by the unmodulated anxiety that being in relation with an Other produced. Lefort documented Nadia's first embrace of the Other, and thereby her acknowledgement of her own separateness when she first uttered the signifier "mama":

> First it was the buttons on my white coat; on 4 December she rubbed my breast with her hand—not without anxiety; finally, on 5 December, again leaning against my breast, she grasped my white coat with her hands. At that moment the signifier "mama" emerged from her mouth, putting the seal on the difference between her and me. (p. 38).

Lefort summarized Nadia's core task this way:

> ...she had moved in an instant from the fear of being taken up again by the Other in a relation she has always known in hospital institutions and that would inevitably have returned her again to putting forward her protecting image, to her demand to the Other in the field of the signifier, the very coming into being of the subject. (p. 49)

It is notable that Lefort wrote her clinical notes as an observer at a French clinical facility in 1950, and it was only in the late 1970s, having undergone Lacanian training, that she applied the post-hoc Lacanian commentary discussed in the book. In her initial foray, much like nurse O'Halloran who 'adopted' me, Lefort worked by instinct, and she was driven by a confidence that somehow the animation of Nadine's subjectivity

lay in the provision of a relation with a present, persistent, and willfully recognizing Other.

Clinical Practice

My first introduction to French Lacanian child practice was clinical rather than theoretical. I began with the work of Maude Mannoni, and then I read the works of Danon- Boileau (2001), Dolto, and Mathelin. In the preface to *The child, his 'illness', and the others*, Mannoni (1970) notes that the difficulty that is produced in a child originates in some kind of half-truth or falsehood, which takes the form of a symptom (p. viii). Drawing on Erikson's work on the importance of social context in the production of symptoms, she states that those social and cultural norms and expectations that are left *unsaid* play a critical role in producing a symptom. Echoing Lacan's (1988) distinction between full speech (*parole pleine*) and empty speech (*parole vide*), Mannoni suggests that it is vital to pay attention to who is speaking: Is the child speaking from a place of desire or merely ventriloquating parental and societal demand and expectation? (p. 20). Attention to the symptom, therefore, is key, "It is not the myths about storks or cabbages that trouble children but the deception of adults who put on an air of *speaking truthfully*" (p. 32). The symptom, Mannoni notes, necessarily constitutes the locus of the mother's anxiety—an anxiety that may have intrapsychic and/or archaic ancestral components. The anxiety and withdrawal that are manifest means that such a child will likely display "echoes of the parents' communication" (p. 103), which, of course, may be a communication spoken loudly only through silence (cf. O'Loughlin, 2010). Mannoni summed up her clinical orientation thus:

> Whatever the child's real state of deficiency or disturbance may be, the analyst endeavors to understand the words that remain petrified in an anxiety encased in a physical disorder. In treatment, the subject's question will replace the demand or anxiety of parents and child, a question that is his [sic] deepest wish, concealed hitherto in a symptom or in a particular type of

> relationship with his [sic] surroundings. What will become clear is the manner in which the child bears the imprint not only of the way his birth was awaited but also of what he is going to represent for each parent as a function of their respective past histories... If the child gets the impression that every access is barred to a true word, he [sic] can in some cases search for a possibility of expressing himself in illness. (p. 61)

In the Introduction to Mannoni's *Separation and creativity,* Brenkman, points out how Mannoni's work "foregrounds the ways in which the mother's fantasy and history are inscribed in the emotionally troubled child's symptoms" (Brenkman, 1999, p. xxvii). The challenge, Brenkman states, is to understand a child's struggle "to articulate his or her desire or fear in a language freed from the saturating symbols of the parents' fears and desires" (p. xxvii) and thus to enable the child to achieve full speech. Lacking this capacity, which Mannoni sees as foundational to creativity, the child is in danger of developing a form of speech that serves merely as a hollow echo of the mother's false self (Mannoni, 1999, p. 4). Such a child will be suffused in anxiety. Addressing the issue of serious maternal deficiency, Mannoni notes that in such a blank or dead space there can be no room for imagination and such a child will seek security "by filling in a hole at the fantasmic level, taking on obligations and restrictions that leave him no time to think" (p. 80). In many respects, I became that dutiful and studious child, staving off what Winnicott (1974) called *fear of breakdown* through intellectual activity, and sometimes simply by reordering the items in my mother's food pantry. In an approach complementary to Winnicott's, Mannoni argues against didactic or heavily interpretive work with children, arguing instead for approaching the child "obliquely" (Brenkman, 1999, p, xx ; see also O'Loughlin & Merchant, 2012) or "in a different register" (Mannoni, 1999, p. 138); listening to "the nonsense of desire" (p. 99); and refinding a play space (p. 94) in which the child can begin to claim a space as a thinking, imagining, and speaking subject:

> The more painful reality is for the child, the more important is the ability of the parents to dream along with him [sic] of a dif-

> ferent world in which the wondrous has its rightful place, its place as the inspiration for the poet and the storyteller in search of the lost language of childhood. (p. 156)

In *The broken piano*, Catherine Mathelin critiques Kleinian infant and child analysis for its exclusively intrapsychic focus, and she contrasts this to the Lacanian position practiced by Dolto and Mannoni in which what is stopped up in the mother is necessarily expressed through the child (1999, p. 2). Mathelin presents a series of case studies that deftly illustrate how a child, caught in a nexus of multiple transferences and interventions may feel overwhelmed and will withdraw. She therefore poses the question of child analysis thus: "Who is demanding what? How, in this labyrinth, can we find the red thread that will finally enable the child to come to occupy the position of subject?" (p. 28). Working with a child named Xénophon, Mathelin describes—and this is reminiscent of the picture of Dr. Greenspan with which I opened this chapter—seeking fleeting moments of contact with the child, and doing as little as possible so as to allow the unconscious to speak through the symptom (p. 87). Elsewhere (O'Loughlin & Merchant, 2012), I have explored Laurent Danon-Boileau's (2001) image of the analyst as a drowsy nanny—or as I prefer, a limp puppet—that can only become aroused or animated by the child's unconscious and who thereby provides the conditions in which the child may be invited to risk entering speech and claiming a space for the I. Mathelin makes liberal use of children's drawings and reminds us to stay close to the child's associations: "It is always the child who instructs" (p. 96). I find this feature of Lacanian work—one that substitutes patient observation of the child; an emphasis on the question; and restrained interpretation—as opposed to the more frequent and insistent depth interpretations that are characteristic of Kleinian work— a good fit with my therapeutic style. The following description of her work with a child called Jeremy summarizes the potential of a Lacanian approach:

> Each advance in this child's treatment seemed to be connected, not to interpretations, which were apparently useless, but instead

> to the staging of what was going on in his interior theater, his extraordinary fantasy life. The same play, each time it was repeated in every session, was no doubt what finally enabled his story to be inscribed and to take on meaning... He staged his story (for it is not the analyst who is the producer of the drama), anchoring himself in the transference session after session so as to be able to write his theory, his own myth. (pp. 140-41)

Clinical illustration: The dynamics of disappointment

Neil came into my office screaming. This five-year-old boy's mom explained that he was having difficulty separating, experienced difficulty in being around his peers, was extremely fearful of leaving her to go to kindergarten, and often spoke in baby talk. When mom left the room Neil crawled behind my chair and screamed loudly. After he quieted down I made some brief commentary about his feeling state which produced more screaming. He occasionally peeked out from behind the chair but the moment he experienced my gaze he resumed screaming. He could not tolerate any words whatsoever. He screamed if I made the briefest remarks about his feelings or invited him to join me in play. This pattern persisted for weeks, and in the ensuing years this regression to an infantile state recurred whenever he was stressed. The only posture left to me was that of the limp puppet: I waited for some animation so that I might reciprocate. As the weeks progressed, Neil continued to hide behind my chair, but gradually he began to peer around the corners of the chair. Seated opposite him on the couch or on the floor, I began to make some free association comments about his state and his presence with me and this yielded his first dialogical response. This response took the form of growling. Sometimes these growls were delivered with an angry snarl that shut down my speech. Other times, much like the delicate interplay of *fort-da*, in response to me growling back playfully he began to smile and laugh at his own growling. Slowly he came out from behind the chair, and after a number of months he could sit on the floor and engage in solitary play with some toys. He made humming

noises as he played, and he occasionally asked for my assistance, but he resolutely resisted the kind of dialectical play required, for example, to participate in a two-person board game or a squiggle game. He resisted revealing himself through drawing or painting. However, over time he allowed more contact, and at school he began to achieve social and academic milestones. His confidence developed sufficiently that, at age 6, he began raising his hand in class and volunteering information. Word play, jokes, or anything that challenged the boundaries of conventional language still caused him to flee. He needed clearly delineated borders to address his engulfment anxieties. He also continued to react unpredictably in new social situations, sometimes handling the social demands gracefully, sometimes losing his words and regressing to growls or screams.

Neil's mother came to me with a frank acceptance that she was somewhat enmeshed with her son. She knew it was time to address the issues, and she never missed a session, nor did she ever complain when he screamed for the entire session. She sat with me at the beginning of each session and she and I would engage Neil in dialogue about his week, gradually allowing him to develop some words for his experience, and allowing her to develop a capacity to understand the dynamics of his anxiety. She said that her husband thought child therapy was unnecessary, but she insisted on therapy, recognizing that Neil's actions arose from some primal anxieties, ones that in some measure she shared and co-constructed with him. She knew what Neil needed. She had an intuitive trust in the process, and kept coming through thick and thin until she felt that Neil had completed the necessary separation and until she understood how to reassure him when he regressed. Neil's mother was a gift to the therapy. She was capable of recognizing his lack, and she was intuitively sympathetic to an approach that sought to diminish demand and honor desire. She needed an Other to shift the relationship form a two-person to a three-person dialog, and she used the therapy to accomplish this.

I have had occasion to work with two seven-year old girls who presented at therapy with severe symptoms of oppositionality. Jess was a screamer. When awakened in the morning by her parents she was

already in a bad mood. At the slightest provocation she began to scream, and, when she met with me her voice was noticeably husky due to the prolonged screaming. She fought with her parents and siblings continually, and was so narcissistically vulnerable that at the slightest disappointment she decompensated. In session with me, she was charming and personable, and delighted in displaying her artistic talents and in making cards with sweet sentiments to give to her mother. In the family constellation her father was a benevolent but rather passive man, and her mother was very volatile and reactive. This mother had given up her professional position to become a full-time mom after Jess became symptomatic, but her continual presence in the house only served to increase the frequency and intensity of the conflict. In sessions with children I typically have the parent join the session at the beginning to recap events of the week and to articulate they dynamics of the relationship and to add myself as a third to the dynamics. When her mom was present in the room, Jess became petulant, and screamed uncontrollably. After her mom's departure she was typically subdued, but lacked self-soothing capacities, and also lacked a capacity to receive comfort from another. In parent consultation sessions, the mother expressed her profound disappointment in her daughter, and feared she as a mother, was turning into her own harsh and uncontaining mother. However, she was not interested in a therapy referral for herself and abandoned therapy shortly after, seeking instead to find a therapist who could handle oppositional defiant disorder to help with her 'disordered' daughter.

Tara presented with remarkably similar symptoms. Her mother reported that she was continually oppositional. Waking in the morning she would get into a battle over what clothes she would wear, even though she had assisted her mother in picking out her clothes the night before. In restaurants and other public places she provoked her parents and decompensated into screaming and rage whenever they attempted to set boundaries. Like Jess's mom, Tara's mother, too, was profoundly disappointed. While she admitted to angry reactiveness at times, for the most part she internalized her hurt and became both depressed and anxious. In session, Tara presented as a polite, sweet girl. She loved drawing and enjoyed the dialog of squiggle drawing. In collateral work between mother and daughter, when her mom laid out some

of her grievances, Tara would immediately collapse in tears and cry profusely. At such times her mother held her, but she confided in me she was unsure if her daughter's tears were merely another form of manipulation. She doubted the authenticity of her daughter's speech. In session Tara, too, put a lot of energy into creating reparative drawings for her mom. This mom requested parent consultation sessions and we explored her parenting style both in terms of its effects on Tara, and in terms of her disappointment that she could not reproduce the good mothering she had experienced as a child. She seemed to have an intuitive understanding that, despite the awfulness of her daughter' rage, it also contained some meaning and she and I worked to develop a collaborative process to seek to understand her daughter's struggle with seeking to claim a position as subject.

Both girls could be seen as resisting ventriloquation through their mother's voices. The only sane solution to such a crisis is the creation of a space where desire can emerge and the child can come to claim a place where speaking from the position of a genuine I becomes possible.

Author note: This article is dedicated to the memory of Ann O'Loughlin (1926-2015).

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