

# From Fragmented Bodies to Integrated Thoughts

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Many of our young patients cannot access their internal life or representations. Their body, sensory, postural and motoric remains at the front of the stage. But the psychic emergence takes place on a continuum from body to symbolism. The therapist, faced with such impediments to symbolic inscription, will have to adjust his practice and go through a direct interaction that engages him in an operation with a child, seeking to share the affects in the shared experience. These experiences of waiting for meaning will not be interpreted until they have been linked together.

One of the particular features of the body is that its existence only makes sense in relation to the other. A person has a dual life, that of the biological and that linked to the relationships maintained with the objects that have surrounded him and "treated" him since his appearance on Earth. It is the relational life that will change the relationship that everyone has with one's body throughout life. The body belongs to its objects, and the work of children's' psychoanalysts insisted of the importance for the body's representations as it is linked to the maternal body.

It is up to the body and the body imposes that reality by the experience of satisfaction-dissatisfaction, which presides over mentalization. Body movement is involved in the development of new psychic formations during gestation. If it is recognized that the integrated body functions ensure the maintenance of certain psychic and biological functions, it is less obvious that the body movement and the action in which it fits is the substrate of a generative capacity of a new emerging psychic activity.

The subject of a consultation is often a dysregulation of emotions. Is it excess on the part of the child or a difficulty for the parents to contain normal emotional overflows?

The precariousness and deinstitutionalization of parenthood accentuates the disappearance of the internalization of stable landmarks based on the prohibitions and the differences between the generations. These are replaced by a consensual system where conflict resolution passes through a power relationship instituted through the mirroring of the relationship between the child and the adult. The absence of ideal models of reference may lead the child to rely on discharge due to the child's great intolerance for frustration, an inability to bear parental expectations, a great dependence on the environment and a low investment in language as an aid in developing operative thinking.

Hence, many children, kept out of a mastery of language, become agitated, uncontrollable or weakened in supportive identifications, are left at the mercy of their uncontained aggressive impulses. Often, they present with great difficulties in concentration. The young child naturally lends himself to bear the anguish of separation or the deficiency in experiences that his parents offer him. The disturbance arises when the projection of the representations of a fragile child, needing protection from frustration takes on a too massive character, injecting in the infantile psyche an experience of narcissistic vulnerability that complicates the development of primary narcissism and autonomy.

Other situations arise less frequently. Although less disturbing behaviorally they are just as serious, if not more, at the psychopathological level.

The first question is, "How do we treat our patients and how do we think of the appropriate framework to mobilize and diffuse the psychic mechanisms that cause their suffering?" The passage from the bodily sensations to the lived mentalisation postulates that psychic life must be envisaged in the dimension of integration of the body, including motor systems, the sensory and emotional experiences.

Emotions support our feeling of being inhabited by internal and emotional movements that inaugurate our most authentic thoughts. It makes everyone a subject capable of supporting the unexpected, the surprise, the joy; the sadness, the anger or doubt and this enriches the learning of life. The ability to integrate these emotions depends on the quality of the mind that is thinking thoughts. The latter is built throughout the existence and ensures a sense of continuity of being.

Paradoxically it allows to think and to represent the gap between the internal world and the external reality and between oneself and the other.

The recognition of otherness requires that reciprocity has been sufficiently experienced. Then the differences in emotional attunement will threaten the illusion maintained until then. Signs of the inevitable separation and differentiation, they will cause distress and rage related to the child's experience of proven failure. However, babies should not be left alone in the face of this destructiveness. Mothers must survive this aggression while maintaining the gap that they have begun to establish. Far from reprisals, they will maintain a contact that the babies will accept despite their grudge.

Parents will then orient children's interest in the world of symbolizing objects, without cutting them from the emotional roots of the experience. Thus protected from the suffering produced by immaturity and dependence, children will develop access to the conceptual world by integrating their archaic emotions into a full and sensitive intelligence. They will renounce the immediate satisfaction of their desires, maintain the constancy of their attention and support the pleasure of curiosity to enter into learning.

Different factors influence the baby's ability to treat thoughts and protect his psyche from the excess of stimulations he is confronted with from birth. Being able to rely on past experiences where the environment has been sufficiently adapted will enable it to set up an excitation barrier system. The mother and the child doubly provide this system.

If the circumstances are sufficiently favorable, the child becomes able to appreciate the otherness when his sense of existence is consolidated by the positive experiences of sharing and intersubjectivity. If the circumstances are not sufficiently favorable, the agitation of a child can take the form of a defensive driving envelope in the face of a defect of primordial acceptance.

Touch in the body raises the question of "the forbidden to touch". It helps to establish an interface between the 'me' and the 'that'. The maintenance of touch is at the service of the attachment impulse. The child must keep in touch with what he or she is used to as an alternative excitation when the self is lacking. The learning of his autonomy is played out between two obligations: to keep the contacts required for the preservation of his physical and psychic life, and to renounce those who keep him in a regressive position. The prohibition makes no sense if the distinction between the outside and the

inside is not established. Too early, too violent, too systematic, it leads to an insufficient investment in seeing, hearing and gesture as instruments of communication.

The primary touch, body against body, is important for communication and provides the sensory basis of the fantasy of a common skin. This fantasy is necessary for the psychic apparatus to represent its nascent self as me-skin and to develop the functions of the self by shoring up the functions of the skin. The close bodily contact underlies primary identification with a tangible object, which the child is hugging and holding. The success of this identification anchors the primary feeling of security of the self.

What place do the real body, the motor, the tested, and the passage need "by" the body in relation to the other and the act in the therapeutic accompaniment of the pathologies of childhood? It is important to give meaning to this type of body language which refers to archaic experiences that could not have translated into spoken and thought language.

Some patients give the feeling of not being endowed with capacities for thought. They use a form of movement that appears to be their main activity. It is a movement that is used to move closer or farther away from others and that would hold the sole role of communication. Movement replaces the words and indicates what constitutes the encounter.

The advent of a higher level of symbolization is in some cases based on the proven sensory stress in a meaningful object relationship.

It is up to the therapist to dose the "right distance" to regulate physical contact with the child, knowing that for some, it is experienced as an intolerable intrusion because persecuting (just like the lyrics.) In these children who are in a position to break a barrier, the anguish generated by physical contact is responsible for a profound disorganization that can only be contained in a barrier-stimulating relationship. In others, better organized on the psychic plane, the insistent research of physical contact with the therapist is intended to satisfy their aggressive and libidinal urges in an act aimed at managing their driving life by acting-out rather than by the way of mentalization.

The clinic and daily life also reveal acts of a true language to the extent that they are carriers of meaning that can be deciphered and verbalized. Words, and sounds will be chosen to be as close to the thing as they evoke.

Among the conceptual axes that would explain the concept of act, one can postulate an axis of which one of the poles would be the expulsion of a voltage overload that could over time be mentally shaped. The other axis would be the behavioral expression of an elaborate system of representations. The different acts would be placed at different levels of this axis.

Winnicott writes: "You have to be able to touch, to see, to hear yourself before you can listen and appreciate yourself listening to each other, that is, thinking thinking." The child's actions are vectors of communication in relation to the maternal psyche (or that of the therapist) as a receptor for communication.

Acting is the first means of communication in the primary relationship to the mother. The therapist receives messages from the patient's body and dreams. That is, the child passes these messages via the filter of his own unconscious psyche and then returns them mentally metabolized by the same bodily transformations.

Our goal is to allow the passage of a register of action, to register thought by not forgetting that acting can be used defensively against the suffering and anguish associated with the activity of thinking.

The psychotherapeutic work with such children confronts us with massive transference experiences whose complexity and intensity seem to us to be specific to this type of clinical experience.

For F. Guignard and D. Houzel, the transference movements in psychoanalysis and early childhood therapy are amplified because they have to take into account a multiplicity of elements: the immaturity of the infant's psychic functioning, the special relationships with their significant others, and what we can feel about the parenting issues to which the child is subject. The analyst-the therapist-must take into account the identifying movements in which he is taken in relation to all the protagonists and all the positions in the family. The primary nature of the expression of the very young child, the place of the body and the sometimes very noisy expressions of it require a thorough understanding of the primitive mental functioning and a regression capacity at the archaic levels.

Finally, our work of elaboration of the transference must be supported by a putting in words, which is sometimes possible late in treatment, even at its conclusion. The indispensable theoretical articulation must not come to reify the dynamics of the meeting in session.

In conclusion, the dynamic integration of the various sensory modalities that gives a harmonious quality to bodily functioning offers the psyche a receptive and structuring cockpit. The therapeutic work with some children, whose disturbance begins very early in life, is defined by the need to give bodily sensations a prerequisite existential status indispensable to any libidinalisation of the body. We are here in a problematic where sensations, integration of sensations, and awareness of sensations are not given, but well need to be built.

The bodily involvement of the patient and the therapist in an act may, in some cases, operate in synergy with mental development, rather than short-circuiting it, and offer itself as living and active data to the underpinning of a more secondary stage of representations, which, as a result, take on an integrative value.