Françoise Dolto & Juan-David Nasio

The Mirror's Child: A Conversation

Summary:

This conversation, which took place during a seminar held by Nasio in Paris on January 25, 1985, was originally part of a longer discussion published in a book by Nasio and Dolto titled *L'Enfant du miroir* (Paris: Editions Rivages, 1987; Editions Payot & Rivages 1992, 2002). It first appeared in English in the *Journal of European Psychoanalysis* n. 1 (1995) under the title "The Mirror's Child", and was reprinted in S. Benvenuto & Anthony Molino, *In Freud's Tracks* (Aronson, New York) courtesy of Editions Payot & Rivages, in conjunction with Dr. Nasio and the heirs of Françoise Dolto.

Juan-David Nasio: *Françoise Dolto, your concept of castration is not of a mutilation of the code of the body's unconscious image but, on the contrary, an* épreuve *[ordeal] to be experienced and overcome…*

Françoise Dolto: That is correct. Castrations are mutating *épreuves* – sometimes successful, sometimes not – having either promotional symbolic or pathogenic effects.

In this regard, one of the most stimulating ideas in your book, L'image inconsciente du corps(The Unconscious Body Image) *is the elevation of castration to the rank of an operation generating positive and socially humanizing effects on the child's body. Of course, all this depends on the manner in which the subject overcomes this ordeal of castration …*

Yes, but it also depends on who the castrating agent is, and above all on how the child is helped throughout his ordeal, because this passage entails a decisive factor: the "Ideal Ego" (*moi?idéal*) represented by the person assisting the child. It is clear that any adult, any "other," who accompanies the child during his ordeal, must himself have undergone and overcome the same ordeal. The adult will thus gain the child's trust, and will represent for the child someone who has succeeded in overcoming the hardships of the ordeal. Nevertheless, it will still be necessary that the adult know how to assist the child during the ordeal, situating himself on the same level as the child. How is it possible, being an adult, to enter into the painful experience of the child?

When the infant is recognized as a subject overcoming castration, you use the expression "accompanied by an ideal," by a moi?idéal (Ideal Ego)…

The *moi?idéal* can be a person or an animal, but not always the same one. For example, it can be a dog or any other domestic animal–or sometimes even a wild one–before which the child recognizes himself as a person. It is necessary that the *moi?idéal* be represented by someone or something real, whose experience the child admires. These can also be fictional images–why not?–such as Ninja Turtles, etc., which take on

the value of real people. These are all very counter?phobic *moi?idéals*. While for adults these characters might appear phobogenic, for the child they constitute formidable, permanent and indestructible objects which are, as a consequence, very counter?phobic and protective; plastic or metal figurines, having never been born, are neither sensitive nor mortal, and in identifying himself with them, the child will not easily succumb to phobia. You see, the *moi?idéals* are the real sustainers and guarantors of basic security.

Discussing the nature of the psychoanalyst's intervention, you once stressed the importance of telling the child his sexual identity, and even of spelling out a prohibition–not in the sense of an authoritarian prohibition, but more along the lines of a reminder of Oedipal law. Would an intervention of this type mean a symbologenic castration inherent in the transferential experience?

Exactly; that is castration. But on the condition that the child feels that the adult telling him his sexual identity by spelling out "You may not desire me," is someone who loves him. What is love, if not a sublimation of desire and not its satisfaction? It is not necessary to embrace the child to make him feel loved; the "right word" suffices. It is love mediated by speech which will permit the child to blossom and become a source of desire for others. This is a general principle for all our patients, because we would not know how to listen to an analysand if we were not also capable of loving him. But I repeat, it is loving through speech–speech which remains with the patient throughout the ordeal. That is Freud's great discovery: castration is given, accomplished and overcome through the right speech.

In your book there is a very important chapter on the mirror, where you develop an extremely original concept regarding the mirror's function in constituting the unconscious body image. In 1949, one of your earliest works, an article published that same year in the Revue française de psychanalyse *titled "Cure psychanalytique à I 'aide de la poupée fleur" [*A psychoanalytic treatment by means of a flower doll*], was the focus of a lively debate with analysts such as Lacan, Nacht, Lebovici, and yourself among others. From the transcript of that debate, here is a summary of what Lacan had to say: "Dr. Lacan has the strong impression that Mrs. Dolto's flower doll fits in with his own research on the mirror stage, the body image and the fragmented body. He considers it significant that the flower doll has no mouth and, after having noted that it is a sexual symbol and that it hides the human face, concludes by saying that he hopes one day to come up with a theoretical. commentary on Mrs. Dolto's contribution." You responded to Lacan, "Yes, the flower doll relates to the mirror stage, if one understands the concept of the mirror as an object reflecting not only the visible, but also the audible, sensitive and intentional worlds. The doll has no face, hands or feet, no front, back, joints or neck."*

I am sure that everyone, and you in particular, will appreciate not only the value of thìs text as a document and the richness of this exchange, but also to the gap between Lacan's mirror stage and your understanding of the mirror; which for you constitutes the unconscious body image. Already in 1949 your singular conception of the mirror as an all?reflective surface of all perceivable forms (and not exclusively of visible shapes or forms), could be distinguished from Lacan's theory of the mirror stage. If I understand you correctly, what was important for you then–and still is today–was neither the specular character of the mirror nor the scopic image therein reflected, but the relational function of a completely different mirror of a completely different nature: the mirror of the subject's being reflected in the other.

In a very schematic distinction, I find three essential differences between Lacan's mirror stage *and what we might call Dolto's "mirror of primary narcissism." The first difference concerns the visual, reflecting character of the* flat surface *in Lacan, as opposed to the* psychic surface *mirror reflecting all perceptible shapes in your theory. Of course, you also refer to the flat mirror, but you quickly relativize it as one instrument among many contributing to individualize the body in general (along, say, with the face, or the difference between sexes). In your theory, the mirror's reflected image is just one stimulus among any*

number of other perceptual stimuli in the shaping of the unconscious body image.

The second, more essential, difference has to do with the relationship of the child's actual body and the reflected image. We know that in Lacan's theory the image of the "mirror stage" anticipates, on an imaginary level, the later unity of the symbolic Je [I], and that this image is above all a mirage of totality and of maturation, when confronted with the dispersed and immature reality of the child's body. Thus Lacan's mirror stage is an introductory and primary experience. In your book, you place the problem in a completely different light. First of all, the child's body which experiences the impact of the mirror is neither a dispersed nor fragmented "real," but cohesive and continuous. Instead of opposing a fragmented body with a totalizing mirror image, as in Lacan's theory, you juxtapose two different but complementary images: the mirror, or scopic*, image and the unconscious image of the body. In other words, you displace the constitutive contradiction of Lacan's mirror stage. For him, confrontation of the real body with the mirror image is the decisive factor; for you, as the real body is already a continuum, the decisive factor is the play between two images: on one side the unconscious image of the body, and on the other the mirror image which contributes to shaping and individualizing this same unconscious image. lf you accept these theoretical distinctions, then Lacan's mirror stage marks a beginning, while Dolto's confirms an original moment of narcissistic individuation dating back to the primary narcissism.*

The third and last difference regards the affective nature of the impact that the mirror image produces on the child. Lacan calls this impact "jubilation," while you recognize in it the painful experience of castration. Lacan conceives of the jubilation as an affective agitation which signals the infant's acceptance of his image. You, on the contrary, find in castration the infant's painful acknowledgment of the gap which separates him from his image. One could summarize this by saying that in your view the primary narcissism is essentially the child's overcoming his ordeal of no longer being the image of him reflected by the mirror.

Thank you for this recollection of my beginnings and for haying succeeded in making so clear a presentation of the numerous questions posed by the difficult problem of the mirror. Paradoxically, the children who taught me the most about mirrors–and about primary narcissism–have actually been those who could not see: children blind from birth who had never experienced the effect of a visible image, but who nevertheless conserved intact a rich unconscious body image. Their faces are usually so movingly authentic as to give the impression that the body image within them shows through.

The reference to blind children is particularly interesting because it raises the problem of the formation of the unconscious body image even in the absence of the mirror ordeal…

This might seem odd, but I am sure that the body image of the blind remains unconscious for a much longer time than for those who can see. Therapists treating personality disturbances in children with congenital blindness frequently hear recounted Oedipal stories full of expressions that refer to sight. Blind children will always say, "I see," which would prompt me to ask them, "How can you see if you are blind?" They'd respond, "I say that 'I see' because everyone around me speaks this way," to which I'd reply, "Everyone says 'I see,' but what they mean is 'I understand." Blind children are gifted with a remarkable sensitivity. When, for example, they shape a piece of sculpture, the hands of the sculpted figure take on an inordinate importance. For instance, they don't make anything like a preliminary drawing on paper, but actually "draw" by etching into the modeling clay itself. And they obtain, with the same mastery as sighted children, real body shapes in their sculpture. Now, in their sculptures, the hands are much larger than in those of sighted children, and the reason is obvious: it is with their hands that they see; it is in their hands that they have their eyes. You can understand why the designs are more etchings than drawings. It is very interesting to analyze a person lacking one sensory register, because to the extent that he is a subject of language, he has had to reorganize the symbolization of the other registers. In this case the psychoanalyst becomes aware that he concentrates his attention on the missing sensory register, while the same register passes unobserved under ordinary analytical circumstances.

So, if the blind child has his eyes at the tips of his fingers, the psychoanalyst of this blind child should have his eyes in the depths of his listening. But let us come back to the experience of the mirror, and to your observations on castration. Why must we consider the mirror experience a castration?

Because that experience is certainly an ordeal. Consider a child who suddenly sees his reflected image emerge in a mirror, an image he had not previously noted. Children, you know, are extremely sensitive to sudden impacts. The child joyfully approaches the mirror, and happily exclaims: “Look at baby”. Attempting to play with the “baby”, he ends up bumping his forehead, and no longer understands. If the child is alone in the room, without someone to explain to him that it is only an image, he becomes very confused. This is the turning point in the ordeal. For this ordeal to have a symbologenic effect, the adult present must give a name to what is happening. It is true that many mothers at this moment commit the error of saying to the child, while indicating the mirror, “You see, that’s you”; when instead it would be very simple and correct to say “You see, that’s your image in the mirror, just like what you see next to you is my image in the mirror.” Lacking this essential word for the symbolization, the child will certainly have a “scopic” visual experience–witnessing, for example, that his image disappears when he is no longer in front of the mirror, and that it reappears when he returns–but it will remain, in the absence of a response or of communication, a painful visual experience.

It is a very trying experience for the child if others are not in the same room with him in front of the mirror: not only to speak with him, but in order that the child also observe in the mirror the adult’s image, different from his own, so that he might “discover” that he is a child. A child does not know he is a child and that he has the size and appearance of a child. To know this, it was necessary to look at the mirror and notice the difference between his image and that of the adult. Consider also that when the same child is with a smaller child, he suffers from the feeling that his identity as a child is no longer stable.

Children want neither to be in front of a mirror with a smaller child nor to be in a communion of identities. This is one of the reasons why, as children grow up, they shove around the younger ones. In fact, a child may no longer be content with simply taking a smaller child’s toy, but must knock him down too. One must explain to him that if he has knocked down his playmate, it was to assure himself that he had not become identical to him, for fear of losing his identity. After the adult’s explanation the child is reassured and no longer needs to push around smaller children. You see how these exchanges among children are determined by the mirror which contaminates their entire reality.

You qualify the mirror experience as a wound, a symbolic hole, and define it in your book as follows: “One can call this irreparable wound of the mirror experience the symbolic hole from which derives, for all of us, the impossible fit of the body image to the body pattern.” Thus, this wound determined by the visually reflected image is necessary for the child to be assured, in a way, that his image is well-regulated with regard to his being in relationship to others: in other words, for him to defend his own identity.

Yes. The best illustration is the case of a little girl who could not swallow well because she had lost her “hand’s mouth.” This healthy and wonderful child became schizophrenic at the age of two?and?a-half. I didn’t have the opportunity of observing her for long, as she was in Paris with her American parents for only two months. While her parents toured the city, the child remained in the hotel room, watched over by an unknown person who spoke Cockney rather than American English. Thus, the little girl had no occasion for communication. The walls of the room were lined with mirrors and most of the furniture was glass. In this room of mirrors and without attentive company, she lost herself and fragmented into pieces of her body which she saw everywhere. Furthermore, the presence of a small baby who took most of the nurse’s attention left her even more confused. On her return to the US, she underwent treatment. Later, I receíved a letter from her mother containing some superb photographs of the child taken two months before the crisis

for which they consulted me. It was terrible to see how the mirror experience had dissociated and scattered her being. And to think that the parents had been happily convinced that the mirrors in the room would amuse her… they had not the slightest idea that their little girl was falling into madness.

This moving case brings to mind your insistence on the deadly fascination of the mirror. One sees how the mirror image can both integrate and abolish the unconscious…

Absolutely. From the point of view of the body image, the child is never fragmented; it is others who are fragmented. But he can still fragment himself imaginarily through identification with others or with imaginary representations of others, just as in the case of the little girl who identified with multiple fragmented visual images. Children who suffer from this type of imaginary identification can be observed even in everyday situations. For example, some children are embarrassed at the sight of their parents in bed with only their heads showing from beneath the covers, or even in front of the television screen. The television is very fragmenting because the torso images which move around lead very small children to believe that these people are cut in two. Another trick effect of the visual image is when the child, facing the mirror, believes he is dealing with his double. At this moment—again I emphasize—it is necessary that someone older speak to him to help him distinguish between the warmth of a real relationship with others, and the trick relationship with the image. Yet it is also because of this imaginary trickery that children play at making faces, or at returning faces to the mirror. In this way the child learns to smile and to finally use the lying image to make his link with others less threatening, or by contrast, to separate himself from others.

Is this why in your book you maintain that the reflected visual image is refoulante *[repressive]?*

Exactly. The visual image is *refoulante* of the body image.

It is refoulante *because it distorts…*

Yes. It distorts insofar as the visual reflective image shows only one side of the subject, when actually the child feels complete in his being; as good in his front as in his back. Nevertheless, the influence of the image and of the scopic, visual drives is such that one pays almost exclusive attention to the front of the body. Think of what it's like going down steps in the dark. The caution we take shows that, despite the darkness, we descend with our eyes, and not only with our feet. Our feet are also in our eyes. In other words, in difficult real conditions the visual reflected image takes the place of the unconscious body image. If we could always have eyes in our feet, like children or tightrope?walkers, it would be fantastic! We live so much on the appearances we display, that the deep perception localized in the body image—which is not seen—remains generally negated by the mirror image.

You see, the visual reflected image is nothing compared to feeling. And the wound or, if you prefer, the castration of the mirror experience, is the child's shock at realizing that the mirror image, a purely inanimate reflection, is a very different image from the body image. My book contains an observation on twins, for which I am grateful to their mother—a woman I did not know—for having provided me with the following documentation: "No one, not even their relatives, is able to distinguish between the twins, who are never separated, with the exception of their mother and a baby born after them, who already calls them using distinct phonemes, never failing to distinguish one from the other." It is interesting to note that the baby never fails to recognize his older twin brothers, when even the father fails. This means that the baby is sensitive to the body image and not the visually reflected image.

But to get back to the story… “One day the mother decides to leave one of the twins at home as he has a cough, and takes the other to school (the two were already in nursery school). She returns home and is going about her business when she hears the child playing alone in his room, complaining. The child’s pleas become louder and more anguished, yet he is not calling for his mother. She approaches the door which is ajar, and sees the boy, mounting his wooden toy horse, as he appeals to his image in the wardrobe mirror. The anguish in his voice increases. The mother then enters, shows herself and calls to her son who falls into her arms and says, in a complaining and depressive tone: ‘X [his brother ‘s name] doesn’t want to play horse.”

The mother, troubled, understands that the child has mistaken his mirror image for the actual presence of his brother. She approaches the mirror holding him in her arms, taking the horse with them, and talks about the image the mirror shows, which is their image and not herself, the horse, or the absent brother. She reminds him that he felt a little sick that morning, while his brother did not; that she left him at home and took his brother to school, and that she will go back to pick his brother up. The child listens to her very attentively. In this case of twins who so closely resemble each other, the mirror, though placed on the wardrobe door in their room, had never before presented to that child a question regarding his appearance. When he saw himself there he undoubtedly acknowledged, as his brother had also (they were three years old), that he was looking at his brother, never wondering about his “bi?location,” that is to say, the capacity of his brother to be in two places at the same time. When his twin brother returned from school, the mother repeated this experience with both children, putting one on each side of her before the mirror and helping each one see his image as his own, and the image of the other as the image of the other brother. She explained that they resembled each other because they were twins born on the same day. This explanation, which they listened to attentively, clearly and silently presented a serious problem to her sons.

This observation is extraordinary because this woman, who had neither heard me on the radio nor had anything to do with psychoanalysis, had felt it necessary to relate this experience to me. She concluded her letter by saying that, although everything subsequently went back to normal, it was important for her to tell me this upsetting story. This is an excellent illustration of the gap between the non?living visual image and the absolutely vital unconscious body image. The influence of the mirror, which reflects back to us and makes us continually aware of a person’s face and genitals, is evidenced by the difficulty some people have in bearing the simultaneous view of both the sex and the face of someone. In front of one of his parents, the child has the alternative of seeing either the sex or the face; he ignores the sex if he sees the face, and he ignores the face if he sees the sex.

In this regard, you stress the importance of the first human face seen by the baby…

Yes. I have observed certain cases where a facial feature of the person present at the first moments of life remains forever present. For example, an infant cared for during his first days by a blue?eyed woman was troubled each time he saw a face with blue eyes. This case reminds me of the surprise displayed by the Vietnamese when first seeing Europeans with blue eyes. It was so anguishing for them to see blue eyes that the women hid their faces by putting their skirts over their heads. Why such anguish? Because they had never known anyone with blue eyes in whom to see themselves reflected. Because, as we have seen, there is not only the flat mirror but, more importantly, the mirror that the Other is for us. And, more particularly, the first person seen at birth; sometimes even the words heard during the first hours of life are like echoes of a sound mirror. I followed the treatment of a 13?year?old schizophrenic, who one day shared with me a dramatic event which occurred during the first hours of his life. No one knew about this except his adoptive mother, who had not even mentioned it to her husband, such was the shocking nature of the event. What cured the child was his recounting to me what had happened. I later learned by chance that he was definitively cured, had married and had a child.

A participant: *It seems that the question you pose concerns the articulation between trauma and fantasy. From what you have just said, the value of reconstruction can be questioned, as in the anamnesis of a "first event". How should a psychoanalyst approach a supposedly traumatic first event? Must he try to know it?*

No one other than he who has experienced the trauma can *know* it; but one needs an analyst let the original event emerge. Let us consider the remarkable story of a seriously phobic and schizophrenic adolescent suffering terribly from insomnia.

The boy in question feared all pointed objects, even pencils, which he considered a weapon capable of pricking and destroying. I was initially unaware of the fact that he was adopted. I later learned that his phobia of being pricked went back to something he heard someone say about wanting an abortion. I recall clearly one session where I convinced him to take a pencil and prick my hand to show him that I would not die. The session which followed was so important for the cure of this child, and such a trying moment for myself that it was as if all preceding sessions were nothing but a preparation for this crucial moment. That day, he was unable to sit down, he shifted from one foot to the other, and then suddenly began reciting a melodrama in two voices: one sharp and plaintive, the other aggressive. The first said "mummy, I want to keep it, yes, I want to keep it," and the other responded. "No, you bitch! You dirty whore! You won't! 1f you keep it, I'll strangle it with my own hands." I was shocked to hear these words coming out of a 13?year?old boy who appeared to be unaware of what he was saying. And swaying like a tree in an earthquake, I heard one insistent question: "But how could this child live?" A few days later, I received a telephone call from the adoptive mother: "Madame Dolto, it is urgent that I see you, because something quite extraordinary has happened. After my child returned from his session, he ate very rapidly and then slept uninterruptedly for 36 hours. I called the doctor thinking that he was sick or that he had taken some pills, but the doctor reassured me, explaining to me that there was nothing to worry about as long as he was sleeping." She also told me that when the boy awoke, he was very surprised to have missed school, it was as though he had awakened from a timeless sleep.

I asked the mother to come and see me, and told her she had neglected to tell me something essential about her child. Gradually, she understood that the words exchanged during the last session were the source of this long sleep. I then repeated her son's words during the session. It was dreadful. Through her tears, she shouted: "Don't tell me that, Madame! Yes, I lied to you, because if I had told you the truth, my whole life would have been ruined. Now I'll tell you: all our children are adopted, because I am sterile." She then explained the circumstances under which she had adopted this boy, who was her oldest son. "What I heard that day," she told me, "no one in the world knows, not even my husband. How is it possible that my son, who was so little, understood these words?" When she had gone to the clinic to adopt the child, she had overheard from behind a screen a dispute between the child's biological mother and maternal grandmother. The child was only 48 hours old at the time.

You understand that it is necessary to have lived through such an experience to understand how the spoken word could have etched itself into the child –words with no meaning for him other than the *jouissance* of the death wish on his being. On the level of his body scheme he took *jouissance* from the prohibition of living, from the prohibition of developing the image of his fetal body in the outside world after his birth. These deathly words inscribed into his body scheme could only be displaced under conditions of transference, that is, through the words spoken by him and the emotion felt by me.

During the following session, the boy was completely calm. After he had told me that he was well rested, I asked him if he remembered what he had said during our last encounter. He responded: "Madame, I dìdn't tell you anything." Realizing that he recalled nothing, I decided to tell him—trying to imitate him—the quarrel between the two female voices. When the session was over, I had the impression, indeed the certainty, that he had let go of the entirety of his superego [*tout surmoi*]. Later he married, had a closely?knit family, and established himself professionally. Wouldn't you know, he who had been so afraid of needles and scissors later apprenticed as a tailor. Here we have an experience which demonstrates how an early event can only be revealed through analysis. So, as to your question concerning the function of an anamne-

sis, this story shows how a very old event can emerge thanks to the conditions of transference.

A participant: *Yes, but weren't you still forced to form a reconstruction which remained hypothetical?*

Actually, I reconstructed because I didn't understand why the session of the "two voices" had produced such a strong effect of sleep on the child. During this deep sleep, the boy had found once more the peace of his death drive and could be secure. Until that moment, I could say that the words he had heard and registered when he was only a few hours old had so greatly marked his unconscious body image that he had remained fixed in a state of permanent phobia. Phobia of what? Precisely the phobia of the death drive. After having said what he had to say, there was nothing left to threaten him. In the end, this child had four women who had suffered for him instead of ignoring him: the two women in the initial scene, his adoptive mother and then myself. Perhaps this is what it means to psychoanalytically treat a child: just as we support him in his speech and accompany him in overcoming himself and the ordeal impeded by resistance, so we pass through this ordeal ourselves and experience it within our own bodies. I could say that I experienced the ordeal of his speech condensed into a single moment of his entire existence. He was not the only child who made me feel physical emotions while he was speaking. These moments are always decisive, because they are evidence of the archaic re?living of the body image in a fusional transference.

One could also describe these moments by saying that the body image establishes itself as the transferential body image…

Exactly, it is the moment in which the body image of the two partners installs itself. It is like a fetal image where the child and mother simultaneously perceive an emotional drama. That is transference: a transference which is only possible if the analyst is counter?transferentially available for the patient. But it is never through anamnesis that the earliest event reveals itself. It is in the *après coup* [*post factum*, literally, *afterblow*] of a transferential dialogue. Children in analysis are often cured without our knowing exactly why. We go over our notes, try to understand, but the important thing is that they come out of it; that they have had the chance to speak the unsaid that until then was perturbing the good intersection of the body image and the body scheme.

A participant: *Do you think that articulating true speech suffices to produce an immediate effect on the subject?*

When one calls a child by his name, this is already true speech. For example, in treatment, calling a child "Mr. So?and?So" or "Miss So?and?So" always produces unusual effects. You will see a smile appear in a profoundly depressive baby after you have called him by his name. You see, true speech, in the end, is respecting the other as much as oneself; respecting the child who does not want to speak or who is sad; respecting him while, at the same time, looking for the sense of his silence and asking, for example, "Perhaps you want to die?" I once encountered in a hospital a 14?month?old depressive child who was apparently autistic. I asked him, "Could it be you want to die?" He responded by nodding his head twice. "You know, I myself would not prevent you from dying, but you know very well that in the children's ward you can't do such a thing." While I was speaking, the child was constantly looking at the window. "You're looking at the window because you would like to escape through it. But you can't because there are bars on the windows. lf you want to die, you will have to get out of this children's ward. They have brought you to the hospital because they later want to put you in a psychiatric hospital, where there will be even more bars. I don't want this; I prefer that you explain to me why you wish to die. Once you've told me why, maybe you'll be able to live." Here is an example of true speech addressed to a 14?month?old child who had already seen me in many sessions without apparently ever making contact.

I am deeply convinced that one cannot treat a child without speaking truly of what we feel and think in being with him. To “speak truly” means considering the child before us as someone in the process of becoming a man or woman, who is completely language in his being, having the body of a child, but understanding everything we say. Whether we tell him of his desire for living in this particular body, or we tell him that there is no more room for living in this particular body, be certain that from the moment we say that he no longer has the desire to live, it will already constitute a beginning of desire. This is the function of language for all human beings, be they adults or children. Everyone has thoughts about suicide, but it suffices to put them into words in order not to be alone. Suicide is the call to solitude in order to rediscover an old body image, or the return to the freedom that the lack of a body can signify for the subject.

The question of the analyst’s body in treatment is a path you’ve opened for clinicians, and which attracts people to your work. But what exactly do you mean by the “analyst’s body?”

During treatment, the analyst’s body is constantly exposed to the speech of the other and is extremely sensitive to his presence. At the same time, this entity we call the “analyst’s body” —and which, to be more precise, we should call the “image of the analyst’s body” —constitutes one of the consolidating points of transference. Take the experience of working with children and psychotics; their presence often has the effect of making us miss a part of our own body image. We are literally dislodged from ourselves. As a reaction, we defend ourselves by relegating the child or the psychotic to the status of someone mad, denying him the role of a valid interlocutor. Since they do not speak, we assume they have nothing to say and, as a consequence, there is nothing to listen to. This is absolutely wrong: a child who does not speak is entirely language and entirely into language; all of this on the condition, of course. that you speak to him while trying to consider him as valuable a recipient as you can be for yourself. That is what is important. I am convinced that if you respect this condition, very small children understand everything you say to them. They understand not only the maternal language pronounced with a foreign accent, but even foreign phonemes. Now, think not about infants but about the analyst who listens. We were speaking about the psychoanalyst’s body: the unconscious image of the analyst’s body has the same receptive capacity as that of the infant when confronted with a foreign language.

A fascinating story told to me by the late psychoanalyst Muriel Cahen illustrates in an exemplary manner how a very small baby understands and registers the spoken words of an unknown language; how the same words can reappear years later in the child’s now adult body; and how in the end the psychoanalyst of this adult can, in turn, collect these words and allow them to inscribe themselves in his image of his own analyst’s body. Shortly before her death, Cahen asked me to make public the dazzling experience we shared; she as analysand and me as psychoanalyst. Aware that she was seriously ill with Hodgkin’s disease and undergoing a trying cortisone treatment, she consulted me after her previous analyst preferred to discontinue the analysis. I saw her for six months, the last six months of her life. While aware of her illness, she was uninformed as to the fatal prognosis. With admirable strength and courage during this extremely painful period, she continued her activity as a psychoanalyst without respite.

During one session, she recounted a dream wherein some strangely pronounced words detached themselves neatly from the general context of the dream. Rather than words, they were a series of incomprehensible sounds. I recall well the exclamation following the recounting of her dream: “l didn’t know that it was possible to experience the happiness that I felt during this dream, hearing these meaningless words which had such a curious sonority.” I usually write down everything that happens and is said during an analytic session. It is comfortable for me to do so, because while my hand writes, I am completely free to think. On that particular day, I had written down everything Cahen said, including those words having that strange sonority. Before the end of the session, I remembered that Cahen, born in London, had lived in India for the first nine months of her life. Her father, an English civil servant, had hired a young Hindu girl to look after Muriel. Little by little, a strong affective bond developed between the baby?sitter and the baby, to the extent that the father considered taking the Hindu girl with him when they returned to England. This proved

impossible and little Muriel was separated from her beloved first nanny forever. To all appearances, this separation experience had not affected the child.

The memory of these first months of Cahen's life were associated with the words of the dream I had written down. At session's end, as she was about to leave, I gave her the piece of paper on which I'd transcribed these strange phonemes, and said: "Here's the phrase as I understood it. It would be interesting if the sounds heard in your dream were words deriving from the language of the country where you spent your first months". This idea pleased her very much, so much so that she went to a Hindu resident in the Cité Universitaire in Paris, who eventually put her in touch with a co?national of his who spoke the dialect of the region where Cahen's father had worked. Reading the words inscribed on the paper, the Hindu student burst out laughing and explained that they corresponded to a popular phrase used by nannies to cuddle babies: "The eyes of my little girl are more beautiful than the stars." But what was most surprising was what followed this unbelievable discovery. Some days later Cahen's illness worsened with the appearance of a painless paraplegia. Her legs no longer carried her, having become useless like those of a babe in arms. The baby walks by means of her mother's legs, and so we have to conceive the logic of the body image as being an image transplanted onto the body image of another: in order to walk, the upper part of the baby is fused to the lower part of the adult's body. In Cahen's dream, these strange?sounding words were just the representation of the bond linking the baby's body image (unachieved on the level of the body scheme of her legs and pelvis) with the supporting image of the young Hindu woman, the true holding mother of the child before she learned how to walk. So the unspeakable happiness experienced during the dream was nothing other than the return of that fusional tenderness between a holding mother who speaks and an immature baby who knows how to listen…

Translated from the French by Claudia Vaughn