

The Body: Expression and Shaper of the Psyche

Nancy Moreno Dueñas*

The fact of noticing in the body phenomena that occur in session argues that, conveniently articulated within the mind of the analyst, this one can construct a creative link with the analyzed, leading to unprecedented thoughts at a level equivalence to thoughts already brought out, that is, to memories

Jaime Lutemberg (1993)

Luisa is a 4 year old girl with myelomeningocele type II. She comes to the office accompanied by her mother. The girl is in her wheelchair mobilized by her mother. Serious, thin, her feet and legs hanging from the supports of the chair and sitting on a cushion, she seems bothered. Her mother, tightly, moves the chair and puts it into the office. On her legs, the girl has a towel. The mother wipes her face, asks her if she wants something to drink and having a no for an answer, she says she will leave her with the psychologist, at which time the girl cries and slides down the chair crawling by the floor. At that time I noticed she wears diapers, she drools and she hits herself with everything in her path, in search for her mother not to leave her. Meanwhile, the mother ignores her reaction and let in the office the walker that the girl uses in the following therapy: kinesiology.

Mother: She's very capricious, she makes all kinds of tantrums anytime. She struck the teacher at school and she spat the kinesiologist. I've always given everything she asks me for; since she was a little girl everything has been so hard for her that I can hardly say no, that's why I'm always for her.

I look at Luisa and say: Do you want your mom to stay with us?

Luisa: Yes

* nancymorenoduenas@gmail.com

Mother: Well, but get in the chair and don't make such a scene.

Analyst: Maybe it frightens you to stay here without Mom, what will mom do while we are here?

She looks at her mother waiting for an answer and the mother says: I'll wait seated in the waiting room.

Luisa: Lies! I went out and you weren't there

Mom: Well, sometimes I go to the bar or I meet someone

Luisa: I don't want to!

Analyst: Do you fear that your mom let you?

She cries loudly.

Mom: If you cry like that, I'll go away!

Analyst: Sure! Of course, it stands to reason believing that mom will let you, with what she's telling you. Ahhh Mom, I cry because I'm afraid to be alone!

Luisa looks at me, she smiles and says: The other day I came out from the other place and you were gone! And I rushed out looking for you...and nothing!

Mom: The other place is kinesiology and you didn't rush out! I wish it would be...

A girl with myelomeningocele is also a girl, influenced by all factors that usually intervene in every child. Understanding these evolutionary moments, where her body has a foundational role, it's important for her treatment.

A very precise description, of the influence that a body of these characteristics has in everyday life, is described by Bozzo and Freire (2007) who discussed how, from the first moments of life, the aseptic measures around a risk newborn and the multiple surgeries that he has to undergo, in some cases prevent skin to skin contact, important for emotional development, cognitive and social. The disruption of normal feeding mechanisms, drip feed, or digestive or mouth malformations also affect this relationship. The child, often, isn't incorporated into the triangular situation. The mother will continue an eternal pregnancy where it will be difficult for the child to construct himself as a subject, and he becomes a unique object of maternal care.

The active locomotion -in the case of the children that, due to motor disorders, acquire with delay autonomous movement possibilities- becomes an element that may disrupt the attainment of independence, since separation anxiety is more evident, intense, and can even lead to give up to it.

The presence of the boundary -within which every subject discovers that he cannot always get pleasure and that there is another limiting his pleasure- in some children with these body difficulties, fails. Parents try to compensate for their frustration, and facilitate all kinds of gratification, they tolerate invasive behavior, where no parental authority is exercised, or notion of reality is installed. Sphincter control also indicates the internalization of the concept of limits. Often, children with motor deficit acquire this control later than usual.

The physical "disability" in a little child affects parental narcissism, installs distressing ideas, guilt, sorrow for this child and for the frustrated hope of the "healthy" child.

If the child is not accepted as he is, the parents may have attitudes of rejection or of overprotection that are detrimental to the child's development. (Alberto Bozzo, 1994)

The total or partial lack of sensitivity in body parts, as happens in children with myelomeningocele, entails carelessness of these parts of the body. Non sensitive body segments should be incorporated by the child through the look and the actions of his parents facing them. Sometimes parents also deny their cares, they seem to be unaware of their existence.

In front of this scene, how can one accompany Luisa and her family in her development?

The relationship with Luisa was growing on building a sense towards the emotions that maybe previously could not have been received and metabolized. The psychoanalyst works sometimes as a mind container of all that is misunderstood. Being the container of her frustrations, of her body's rejection or hatred, provides the patient a content, which maybe may help her to accept reality, both for Luisa and her mother and her surrounding environment. To think about the limitations of her disability, as well as those that, as every being, must be tolerated, allows building an internal world where the impotence and omnipotence can be developed and transformed.

When Dolto (2005) talks about the body image with regard to its body schema gives a meaning to what aroused in the analytic work with Luisa where the relational body has taken its place:

The body image is the one that is linked to the subject and his history, being the synthesis and unconscious memory of emotional experiences, where the narcissistic and

relational experiences of the need and of the desire, appreciating and/or depreciating are inscribed... The existence of organic diseases can cause disorders of body schema and these, due to lack or interruption of relationships of language, may result in temporary or permanent changes in body image. However, in a same subject can coexist an invalidated body schema and a healthy body image; for it it's necessary that her relationship with the mother and the environment have been flexible, satisfactory and without excessive anxiety by the parents (p 33).

Recognizing, reliving the emotions transmitted by her, thinking in them from the relationship in construction, allowed, throughout the time, that my words gave an order into her psyche, which not only led her to think as has been raised by Bion, but also to feel herself as a part of a space where her body was not the one which imposed her living.

Her emotions were taking place and were legitimized. In that way, she was built as a complete being and not as a mere representation of a physical difficulty.

In the office, Luisa climbs into the chair's arms, she empties out the content of her toy box, she lets fall everything down to the floor. Many toys are destroyed in whole or in part. With the scissors or with her hands breaks into very small pieces the pencils, the sheets of paper and other elements that remain above the table. Having done that, she throws them to the floor. During the time when she breaks everything, she neither looks at me, nor includes me; if I try to intervene in some way, she screams, so I start describing each thing she does: "The car went down, bumping into Luisa's legs, another sheet of paper that came in pieces". For these descriptions Luisa throws strongly the broken toys or she rips, faster and in a larger number, the sheets of paper.

Right away, she gets off her chair and once on the floor she starts to crawl, she spits at the pieces of the toys and the sheets of papers and she scatters them all over the office. Analyst: What a lot of broken little pieces and how separate are all they, and so distant! No, we don't like it at all; we need to spit at them! What had happened?!

Luisa looks at me and says: Shhh, shut up!

I try to say something; she looks at me pretending to be a mad dog that will bite me.

Playing her game, I tell her: Oh the dog is brave; it will bite me for saying something it doesn't like!

She comes even closer, and almost touching my face, stares at me and laughs.

Luisa: My Mom, where's my mom? I want to leave! She gets into her chair and she tries to open the door: I'll rush out!

The explanations I gave her to make her understand that her mom was waiting outside were not enough because she lived and felt a situation of anguish. So I decided to help her opening the door.

Analyst: We will rush out to look for your mom

Luisa looks at me and smiles. Seeing the mother she calms down and she refuses to return to the office. I propose her to return with her mother in order to finish the session and to put her toys into the box. She agrees and when we were into the office she refuses to gather the stuff. I suggest to the mother that we gather all the pieces and we put them into their box. Luisa watches us doing it: I describe it to her, as a game, this little bit meets this other bit and they go home, etc.

She needs to express her emotions playing. The analyst must put her actions into words. This allows Luisa to explore her desires, fears and hatreds, with who tolerates and allows this action. She can expose, with less fear, her fantasies in the creative task of playing, important in every child and especially in Luisa, as projective means of her body image's phantom, validating the ludic need with phrases such as running, action that she knows she will never carry out. The possibility of projecting a healthy body image appears, symbolized by the word. To discuss her desires with someone who accepts to perform this task with her, allows the subject to integrate them into the language, despite the reality of her body's disability. (Dolto, 2005)

Every child must adjust, continuously, the phantom that derives from his past relationships to the unpredictable experience of the current reality. To break, destroy and expect to be put together, to be cared and repaired, allows him to process, in part, the phantom. This permanent adjustment accompanies the continued growth of acceptance of Luisa's actual body scheme in front of the desired body image, product of the constructed relationship based on the analytic reverie.

Sometimes, Luisa, not being yet able to receive the reality as it's presented, expresses, in the act, those emotions unprocessed into words, because to think them is intolerable for her. Hence the fact that in the transferential situation, recognizing the emotional times of Luisa involves lending the body and the psyche to be able to work analytically with her. The emotions of anxiety and anger that she expresses when breaking and spitting the toys are transformed in my mind, as if I were a maltreated and broken object, which allows me to feel and to think her anger and, thus, being able to name it.

Mom: She doesn't want to go to kinesiology. I don't know what's the matter with her, but in the therapy she isn't doing the exercises; she keeps still, stiff, and it's impossible to move her. It's important for her to do what have been said to her but she doesn't; the kinesiologist is upset and, at home, she doesn't use the necessary devices.

Luisa: Enough! Shut up!

Mom: I have to tell you because you're not doing what you are asked for and it's for your sake!

Luisa cries

Analyst: Luisa, please, explain me what your mom is talking about?

Luisa passes from crying to laugh: I don't want to talk about it

Analyst: Okay, but I'm curious, what are you doing in kinesiology? Are these the devices that you have to use? I point to the walker and to the orthopedic brace that the mother leaves at the office.

Luisa: Help me; I want to sit on the table.

I lift her up and sit her on the table. We both watch, from the same place, all the

devices she uses every day. She moves on the table and her legs are crooked in a way that hurts her.

Analyst: Wait, I will help you to sit right.

Luisa: Forget it! It doesn't matter, silly legs!

Analyst: Silly? I touch them and I say, are you really silly?

Luisa looks at them and says: Yes, they are silly

Analyst: Silly one and silly two? I touch each of her legs

Luisa laughs: No, it's playing!

Analyst: Oh, they aren't silly; they pretend to be silly.

Luisa laughs: I don't like to put that.

Analyst: Do you have to put this stuff? I take the orthopedic braces and I look them as if I were discovering something that she is showing to me and...how we use them?

Luisa takes them and she shows me how.

Analyst: Oh and what are they for?

Luisa: I don't know, but I don't like them.

Analyst: Perhaps they serve helping to move your legs, isn't it? Because look at this, you have this that is for bending and for stretching your legs, you see? As Robocop!

Luisa laughs and she looks thoughtful how I show her what they do.

Analyst: So, maybe when you use your legs in the walker they will move as you don't want to?

Luisa: I don't like it at all, shut up!

Analyst: I take a sheet of paper and I make some balls; she looks at me. I throw one of the balls towards the walker and I say: I don't find you sympathetic!

Luisa takes another and she throws it.

We throw balls towards all the devices she uses. Initially, it's me who says the hatred and the discomfort felt: I don't like them, I don't want to use them, they are heavy, and they are ugly!

Meanwhile, she hurls the paper balls.

Analyst: Nothing more occurs to me to say, Help me!

Luisa: I hate them! And I throw towards all of them the paper balls.

Analyst: We hate them!

Luisa laughs and says: They make me doing things that annoy me.

Analyst: Where, in kinesiology?

Luisa: Yes, I have to wear this and walk through some things and it hurts, then they bend me and stretch me all, and I'm tired.

Analyst: Do you know why you have to do these exercises?

Luisa: For them to not be damaged. (Silence) Do you help me to wear them?

Analyst: Okay, and in a fun way I help her to put them.

A child can understand the importance of certain medical facts, but the discomfort, the anxiety and the pain weigh more than the idea of a beneficial treatment. Luisa experiences the rehabilitation plans according to her own psychic reality, in accordance with the affections, the anxieties and the fantasies that they mobilize. The therapeutic interventions can be seen as a hostile act, and she responds with emotional withdrawal and disinterest. For the therapeutic team, the lack of satisfying responses prevents them of understanding and of supporting the emotional messages that Luisa conveys them, and, then, each one stays in a stage of a single track. This imposes the objectified subject his desire and he becomes prisoner of his impotence.

Hence Luisa treatment involves a joint effort with the family and the therapeutic group. The emotions, by which one travels through, don't, correspond only to the patient and her family but also to the members of the care team that should take into account the mental functioning of the child. This is different from the adult mental functioning: it's necessary to transform the relationship, to function as a workgroup,

where, gradually, everyone recognizes the other as someone else's subject.

The sensory and motor data allow each one to recognize and feel that he is him from his body. This feeling, integrator and former of the personal identity, is achieved not only from what each one moves or feels of his body, but also through what the others see or feel. (Alberto Bozzo, 1994).

That's why looking at her, touching her, naming her, and teaching her to do so will allow the integration to a total body scheme. Luisa may adopt, by herself, when she can understand their importance, the attitudes of care and prevention of the physical hurt that others perform for her.

Bion (1967) classifies emotions into two types: those that are able to produce thoughts, linked to the alpha elements, and those that are intended to be evacuated, linked to the beta elements. The actions registered in session correspond to a beta evolution or to an alpha processing thereof. If the analyst doesn't take into account the body expressions, the psychic process is blocked or limited.

With the already mentioned reverie function, the frustrations become thoughts. The alpha elements can be processed by the alpha function, in this case in my mind that has been enlisted to be used at the service of Luisa. (Bion,1967). Winnicott (1979) says that, in the analytic therapy, the link that is generated is experienced as a means of processing and integration for the developing ego, which allows the construction of the apparatus to think about Luisa.

Thus, the transformation of the emotional experience in a symbolic one produces as a result that the subject can use it to think, to evaluate and to decide in order to act. Otherwise, the emotional experiences, not being transformed by the alpha function, are accumulated in the form of stimuli that tend to disrupt the mental apparatus. This psychoanalytic experience doesn't pass through the interpretation of symbolic contents but through the discovering of emotional experience about which it's difficult for Luisa to think and to think by her. The mother/analyst says Winnicott (1979) should actively adapt to the child's needs so he can develop himself successfully.

Finally, I return to what I mentioned, at the beginning, about how the child with myelo is also a child and, progressively, he acquires a better understanding of his body and of the differences with the others. It's necessary to tolerate the anxiety that Luisa's experiences promote. The anger and the pain are normal emotional reactions in everyone and even more in her because of the frustration that entails the physical limitation. The psychoanalytic work is to serve as a means to make her able to express

her feelings about what she can't do, and to accompany her in the recognition of her possibilities.

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