THIS PAPER EXPLORES from a Lacanian structural point of view, the relationship of severely disturbed children to their body image or that of the other.

This exploration centers around the report of the treatment of a thirteen month old baby girl, in which her experiences in front of a mirror\(^2\) play an important role. To be of value the audio visual

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\(^1\) N° Unité Inserm, 76-4-0486 (de la condition préable à l'emploi des techniques audiovisuelles chez les enfants déviants). Conducted in collaboration with Robert Lefort, M.D. This research was done under the direction of Drs. Maud Mannoni and Claud Veil. The paper presented here was forwarded by Dr. Mannoni. It was originally translated by Barbara Aptekman and edited by Drs. Bernard Ehrenberg, Arthur Feiner and Stuart Schneiderman, in an attempt to capture the thought, and style, as well as the sense of the clinical experience expressed in the original. Dr. Bernard Ehrenberg generously explained the subtle nuances of French expression making further translations and adding detailed footnotes so that the Lacanian concepts referred to in the text can be grasped more easily.— Ed.

\(^2\) Lacan postulates a "mirror phase" of child development from eight to eighteen months, which he places between autoeroticism and narcissism. Through identification with his reflected image or with a counterpart (another child of the same age), the child anticipates a body unity which he does not possess as yet. In Freudian terms it is the phase of primary identification, the rudiment of what will become the ego (not as an executive of instincts or of adaptation to reality, but in the sense discussed in the paper On Narcissism). Many psychotic formations according to Lacan are related to failures in the mirror phase of development. One sees for instance in psychosis, in dreams and in regressed patients in analysis the fantasy of the fragmented body (le corps morcelé).

This relationship of identification in the mirror phase, also called specular or dual, is characteristic of the Imaginary order of experience. It is the kind of relationship seen between mother and child which if not broken up by the father leads to a diffuse union making it impossible for the child to develop individuality.

The child emerges from this dual relationship by identifying with the father. This brings him into the Symbolic order, the order of language and culture. He then acquires subjectivity. Through symbolization which is a mediate process, the child is able to take distance from objects and the world and relate to them as an individual. In order for symbolization of objects to take place they have to be experienced as absent or lacking (see Freud's description of the child's game of peek-a-boo—Fort-Da—in Beyond the Pleasure Principle as an example of an effort at symbolization of the mother's absence.)

The Symbolic and the Imaginary are corrolatively essential to relate to the Real. If any of these two functions fail psychosis appears.— B.E.
approach must be based on a total grasp of clinical experience and thinking. By articulating the way in which the child is stimulated in the three orders (dimensions) of experience of the Real, the Symbolic and the Imaginary, one avoids the pitfall of focussing on a mere relationship to the specular image (the imagery).

The treatment was conducted in an institution for temporary custody of abandoned children awaiting placement, or more often, as was the case of Nadia, our patient, of children temporarily institutionalized during the mother's illness.

Nadia was admitted in October at the age of thirteen months. She had been separated from her mother at birth and had only known this kind of institution since.

**From the Clinical Notes**

Only the eyes of her emaciated face are alive and very attentive to whatever goes on around her. What is striking is the immobility of her body. She stays for entire days, seated on a pillow, both hands holding on to the edge of the bed. If she's picked up and put on the floor with the other children she rocks violently back and forth. She makes no move to grasp a toy, but if another child takes one that's near her she screams, falls over backwards, then sits up again and begins the rocking movements.

The first time I see her I discern, despite everything, the possibility of establishing contact, but she doesn't show it openly. She is sitting in bed in her usual position, her body totally immobile. The few gestures she makes show a tendency to perseveration, and the rigidity of her posture suggests a catatonic state.

The third time I see her she licks my hand, but as soon as I stretch out my arms to her, her face screws up, she gets an absent look in her eyes and turns her back on me. If another child comes near me, she emits tiny cries. Very soon she puts her thumb in her
mouth but doesn't suck it. This absence of sucking makes me think of the possibility of a psychosis. There is no auto-erotic pleasure. Later we shall see with what violence she persists in rediscovering her oral sexuality by way of my own mouth. If I hold out a toy to her she takes it after hesitating, but drops it immediately, her hand opening automatically as if mechanically.

After this beginning, her behavior goes to pieces; she is withdrawn, pale and sad, swaying continually and refusing to grasp anything at all. The only thing which remains alive in her is the pathetic glance she throws me as I leave.

The following days she seems to ignore my presence and reacts only if another child comes near me. Then she lets out a cry, throws herself backwards against my legs, turns around and holds out an arm to me. This is the first real contact and is in relation to, if not jealousy towards, at least competition with, another child.

This same procedure will come up at the next session where at first she ignores me. Only when another child comes near does she look at me, hesitates but manages to stretch out her arms to me, however in a very ambiguous way, arms straight up in the air, palms down. When I pick her up she gives a slight smile and begins exploring my mouth with her finger.

During these first fifteen days a relationship with me begins to appear structurally which really takes shape only when another child appears in range.

The meaning of this relationship to the other is revealed in a typical scene which took place a month later: When I arrive on that particular day I find her completely fascinated by the sight of a nurse bouncing another child on her knees. This fascination is accompanied by loud sucking noises. I sit down behind her and call her by her name several times before she turns around. She smiles briefly, but when I hold out my arms to her she throws herself backwards violently, arms shot up in the air and hands tightly closed. She is so filled with anxiety that I am unable to take her to her session.

This scene is pivotal in the inner debate that goes on in Nadia in her relation to the nursing bottle and to my body.

I had included the bottle in the material used during the sessions because Nadia had asked for it herself in her everyday life. All along during her session she had given a clear indication of the
fundamentally ambivalent character of her object relations. Indeed, her approach to the nursing bottle was fraught with aggressiveness and she had shown that an object so central to the problem of orality can not become a satisfying object if it has not been preliminarily marked by destruction, by annihilation.

Her object relation is demonstrated in the visual field and this scene forms a link between the very beginning of the treatment, when only her pathetic staring eyes showed some life in her deathlike face, and what she is going to discover in the mirror. Her eyes are literally fascinated by the sight of the nurse with the baby on her knees, the two forming a totality, as if glued together. This fascination cuts off and rejects all other sensorial and tactile reactions. She is not only "all eyes", as she was at the beginning, of treatment but the scene is highly "eroticized" for her, judging by the noisy sucking movements she makes while watching it.

We reject from the outset the idea that Nadia would like to be in the other child's place on the nurse's knees because on several occasions I found her in this very position and she showed no contentedness, even letting her body go to the point of resembling a parcel.

This is confirmed also by the fact that she doesn't ask to come on to my knees either. Moreover, when she did sit on my knees occasionally since the beginning of the treatment, she felt tense there and wanted to get down immediately (which is not at odds with her progress in motor learning).

It is thus the sight itself which captivates Nadia. She is not only all eyes but also a "mouth" where her sucking indicates the place of an object, apparently absent from the scene, and for which she is on the watch, and whose satisfying presence she hallucinates. This explains her violent and anguished rejection of what she experiences as my intrusive interruption of her hallucinatory satisfaction. (c.f. Freud's "Interpretation of Dreams," Chapter VII)

On the other hand, on December 12th when I come to fetch her and pick her up, she places her arms normally, for the first time, like any child who expects to be picked up, and not backwards as she'd done up until now.

During the session she puts a cookie on my chair and plays at making it fall off while pretending to hit me with her other hand, hitting only out into space, chattering in a guttural way and making
negative movements with her head. From time to time she looks at me intensely but without any evident anxiety. Something new happens—she grabs on to my smock in order to climb up on to my knees. There, she looks at the play things all around her—as in a suspended moment—before turning towards me and manipulating the buttons on my garment. She wants to get down to fetch a toy and, doing this, notices the nursing bottle towards which she goes in her habitual hesitating gait. Finally she takes it, gives it to me, comes back up on my knees and, for the first time, drinks it all up while lying in my arms, her body completely relaxed, her eyes in mine. At this moment she experiences real enjoyment from this contact she herself has asked for. After having finished the bottle, she remains in my arms and sucks her thumb, with a grave and relaxed look in her eyes.

Through the power of transference, Nadia reintroduces into reality, during this session the scene's absent object, the phallic object of the mother, lost and sought after in the form of a nursing bottle.

Contrary to appearance this is not an expression of object satisfaction but rather of auto-eroticism. This is why this sequence will not be repeated but will give way to the destruction of the nursing bottle, as if by being revealed it had become unwelcome and had to remain elided (suppressed, absent, negated). It is as if we were in the presence of a short circuit which could act as a block for Nadia making it impossible for her to attain her desire through the experience of the other.

This last scene gives us some insight into the place of the other for Nadia. In the beginning of treatment another child alone could not have repesented a counterpart of herself. Of the triad of elements necessary to maintain a viable relationship to the other, the other child was the only one available to her; the other two, the woman and the phallic object being elided (suppressed, absent, — B.E.

3 The child wants to reunite his mother. He wants to be "everything" for her. He wants to be the object of her desire symbolized by the Phallus.— B.E.

4 Lacan distinguishes between need, a biological concept, and desire, a psychological one. Only desire sets the psychic apparatus in motion. Access to desire is made possible by the symbolization of the object which the child has to experience as absent or lacking. Nadia will have to nullify the therapist in her Real dimension before she will be able to relate to her through identification and symbolization. The same process will have to occur with the nursing bottle an an object of relationship.— B.E.

5 The other child could only be persecutor because the other elements of the triad had been elided. With the collapse of the dimensions of the Symbolic (represented by the woman as Other) and the Imaginary (representaed by the imaginary phallus), everything was Real.— S.S.

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negated). This left her in the presence of a single element (her counterpart) with its quality of Real persecutor.5

There is a dialectical process in Nadia's rediscovery and introduction of a ternary structure, characteristic of the Symbolic, in opposition to the persecutory Real. We cannot yet speak of an ego or a non-ego, which will appear later in the dialectical process, beginning with her experience in the mirror. That is what permits us to say that the absent object, in relation to auto-eroticism, is not an object of desire, but something which has to do with Lacan's small "a"6 object, the cause of desire, desire which will come about later.

After this unique satisfaction, Nadia is to say, in what follows, that her desire lies beyond and takes other paths. Indeed, progressively my body is to become the place where Nadia's struggle will play itself out, in the transference, where I am to represent the maternal body.

What is in question is a difficult struggle, full of anxiety for the child, in which the classic desires to devour and the fear of being devoured are inextricably interwoven. We must emphasize here the particularly rich and varied articulation of the expression of the extreme contradiction that Nadia faces. She energetically refuses oral objects which had been regularly supplied to her since her arrival at the institution, they satisfy only her need. What Nadia is looking for is the object of her desire in the form of my body, or my own desire with regard to my mouth.

She is taking a path opposite to the very young child, who, according to Winnicott, uses a transitional object to mediate his relationship to the maternal body. Nadia, who had been saturated with objects, emptied of their sense of relationship to the mother's body,

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6 Author's note (from the original French): What is meant in this Lacanian term of small "a" is the relation of the child to a part object prior to the constitution of the other in his world. His desire of union with the object (the mother's breast) is at a different level than his desire for union with the other later in life. The function of object relationships remain the same as seen from a genetic or from a structural point of view. The Freudian concept of Nachträglichkeit makes us understand how a premature relationship can be interpreted by the subject at a different level than its primitive level, as specific objects playing their part in the relation of a subject to objects.

7 The object is not one that she desires, but a representative of a forever lost object, an object for which all other desired objects will be more or less inadequate substitutes.— S.S.
rejects them now so as to return to that body, but not without a lot of anxiety. The aggressiveness she expresses towards my body leads her to something so destructive that she turns this aggression against herself. She not only has diarrhea, but she smears her feces all over herself, even eating some.

It is now January 16th. Nothing is left in the situation she has created progressively and dramatically but herself and me in each other's presence. And everything is about to happen as if she were compelled to annul the distance covered and return to the starting point where she had been a nothing. Thus on January 16th she reverts back to the behavior and symptoms of the beginning of the treatment. If she lets herself go so far as to have even some small contact with me she immediately rejects me violently. She no longer babbles. Her gestures become awkward again and she reverts to the automatic trigger movement of opening her hand as soon as she grasps a toy. When she lets it drop she remains inert while looking at it, keeping her hand open and contracted above it. Her hands are contracted also when she twice presses herself against my chest and then directly pushes me away. She chooses to walk and push a small armchair but it jams; she has been impeded in her movement and begins to cry. Crying, she takes refuge in my arms, then asks to be put back down and looks at the nursing bottle while making sucking noises as she had done at the beginning. She then comes close to my face and bites my chin for the first time. Then, she lies down on the floor at my feet, smiling and playing with her feet like a much younger baby. This lasts five minutes and then she tensely asks my help in picking herself up, as if she didn't want to do it herself.

This is indeed the place of a part of my body and it's in this form that she will re-introduce the absent object into the picture; but she herself will take its place. With her body she enacts the scene in which she wasn't able to tear off my finger, and she becomes like an infant fallen to the ground at its mother's feet. She falls down, the personification of the finger she had tried to pull off my hand. She arises no longer a finger, but a baby.8

8 See Footnote 3.
Back in the dormitory, she catches a glimpse of herself in a mirror while in my arms. (We had passed in front of this mirror every day on our way to her sessions.) It is a big mirror, above a fireplace with a small table in front of the hearth. When she saw herself she wanted me to stand her up on the table in front of the mirror. But she immediately takes on an anguished expression and violently turns her head aside. When I put her back in bed she starts to cry silently and painfully, as I'd never seen her do before.

This is Nadia's first encounter with the mirror since the beginning of her treatment. It is the first of a series of seventeen encounters which we are going to live along with her.

Indeed, this mirror is going to introduce the Imaginary dimension into her journey. The image is going to permit her to establish herself as a subject and to move towards her desire, which the Symbolic alone would have short circuited. But there is something terribly upsetting in this first encounter with the appearance of her body in the mirror. She had asked to be stood up in front of the mirror and this conflicts sharply with her demand to be gathered up like a fallen object. Although she had failed to achieve unity she still had at her disposal the love which had lifted her up.

For a few days after that she is not interested in the mirror. Was it because this first meeting had been painful and problematical for her? Was it because of my ignorance of what was at stake in front of the mirror, and which Nadia was to play out in a totally spontaneous fashion in the next phase of treatment, a phase which will turn out to be crucial and restitutive.

During these few following days it is difficult to say whether she was marked by this first experience with the mirror. What I can say is that ever since that day everyone noticed that Nadia's appearance had changed. She had lost her old-lady look, her face became child-like. She had indeed, the face of a child of her age.

During the next five sessions her activities are centered around a game of hide and seek with her toys. She will take, for example, a little cup and hide it behind her, or she will throw it behind the toy chest and make it re-appear or ask me for it. All this while babbling "a-pas, a-pas" (has-not, has-not) and turning towards me with a triumphant look.

What is dominant in her attitude towards me is no longer violence but tenderness. She flattens herself against me and tries gently to eat my face, murmuring "ma-ma-ma". However, her violence
is near at hand. She does not accept that I put limits on her behavior. For example, when I prevent her from continuing to hit other children with a wooden doll her violence is directed against me; and she strikes me.

She wants to walk back to the dormitory at the end of her session, and she is joyful when I put her on to her bed.

The second mirror incident takes place on January 22nd. The nurse puts her shoes on while she's on the table in front of the mirror. She takes an interest in her reflection and almost immediately in mine, her glance going from her reflection to mine and from there, to me. During her session, tenderness to me prevails. Stretched out on the little couch, she is all smiles, has me bring my face close in order to caress it with both hands while gurgling slightly. Then she holds up her arms to be picked up and flattens her body, appendage-like, against mine, her arms around my neck her mouth open on my cheek, drooling a lot but neither biting nor sucking. She emits tiny cries and looks radiant as she pulls back her head to look deep into my eyes.

After this immense tenderness which makes me think she's being re-born (and I tell her so) she walks gravely and slowly around the session room, finding interest again in the things around her. Back in the dormitory and after yet more expressions of tenderness she wants to walk about and goes to a corner of the room to find a piece of bread that she sucks and hold out to another child. The nurse comes in and is struck by her radiant look. The idyll is short lived and disappears during the next two sessions.

On January 23rd an incident occurs: While in the process of caressing my face she suddenly gets diarrhea. She makes me understand that she wants to be changed by picking up her smock and resting her hand on her dirty diaper, while looking at me anxiously. I let the nurse do it so as not to attend to her body cares myself. She is to ask me explicitly for them later, when, during the treatment, we come to grips with their meaning.

The caressing stops abruptly and what she had expressed by getting diarrhea she now communicates clearly by becoming aggressive with me, biting my chin. On January 24th she rips off my glasses and throws them down on the floor so hard that a side breaks off. She picks it up and sucks it. This same day she spills the nursing bottle, which she'd first covered with a rag, and which had been the subject of her interest for several sessions. On the 25th her
aggressive behavior continues, she bites me and continues sucking the side of my glasses. In the dormitory that day the children's dinner had already been served and without waiting for her to ask me to, I begin to feed her. At first she's slightly intrigued but then asks to come up onto my knees and begins by eating a little with her finger. She then notices a spoon, an object which will become very important in the next few weeks. She wants to grab it but will make three attempts before she's able to hold on to it. She turns her dish and her cup upside down, bangs the dish with the spoon and marches away, holding her spoon victoriously. She runs into Dr. Robert Lefort, hits him with her spoon and then goes into all the adjoining rooms, touching everything with her spoon. Her spoon, like a scepter with which she baptises the world, touches all objects as if to derealize them.

On January 27th I decide to introduce a plate of porridge and a spoon into our sessions. She licks her hand after having dipped it into the porridge, overturns the dish and goes to fetch the spoon. Then she picks up a doll and no sooner had she put the spoon to its mouth than she hit it violently. The game with the doll and the spoon continues in an articulated way: after having beaten the doll, she puts it in its place on my lap then asks to be set up next to it, holding the spoon all the while. Once on my knees she hits the doll, immediately throws the spoon down and tramples it, throws it from her, takes it back. She calms down and finally puts the spoon in my mouth, which revives her aggressiveness.

I talk to her of her ambivalent desire: on the one hand, desire for me to feed her, on the other, her impossibility to bear this. She looks at me, hits me with the spoon, bites my shoulder and jabbers.

Deadlocks about feeding continue as they seem to have from the very beginning. It is as if there is an impossibility to establish nourishment not as the object of a need—that is what she has always known and has often refused—but as an object of desire between her and me. Attainment of pleasure is barred to her by the impossibility of going from the "maternal body" object, and in the transference, my body, to a "nourishment" object, as metonymy of this body.  

9 In Lacan's conception "the unconscious is structured like a language" metaphor and metonymy are the main linguistic mechanisms, related to Freud's concepts of condensation and displacement. See Wilden, A. (1968) The Language of the Self, Baltimore: The Johns Hopkins Press, p. 246. Lacan goes much further toward systematizing Freud when he assimilates the dream mechanism of displacement ("metonymy") to desire and that of condensation ("metaphor") to the symptom or substitute. And on page 113: Metonymy represents the connection of "word to word" (not a not) in the signifying chain, or the combination of signifier to signifier (S … S') and represents the subject's desire; metaphor—the substitution of "one word for another one" in which the first signifier is occulted and falls to the level of the signified while retaining its metonymic connection with the rest of the chain—represents the symptomatic passage across the bar of the Lacanian algorithm (S'/S).—B.E.
There is a contradiction to be theoretically defined concerning the position of the maternal body. The mother's body is primordially an object of consumption for the new-born infant. The nourishment he gets from it represents the body itself, which remains consumable metaphorically, that is by substituting nourishment for the maternal body, until such time as the baby is confronted with the image of the other as distinct from himself.

This new dimension of experience changes the initial relationship between the infant and the maternal body. The relationship cannot be maintained without there coming into play the anguish of the "devoured-devouring" conflict. It can happen that the mother herself is caught up in such a conflict. Some mothers of psychotic children express horror at the idea of nursing, as if in that act their fears of being devoured become reality. The "devoured-devouring" conflict falls into the realm of the Real, eliminating the mother's narcissistic satisfaction and by the same token of the child, and blocking the child's eventual development towards the metonymic object of desire, which is what we see emerging in Nadia.

The mother's narcissism which was left out in her relationship with her child reappears in the Real in the composition of child psychosis. There are originally non-psychotic mongolian children who become psychotic when the mother learns, through a pediatrician's careless and imprudent comment, that her child is mongolian. The narcissistic investment is stopped and the child enters into psychosis.

Let us return to the emergence of the third element necessary to
maintain a relationship to the body of the other. This third element is the object of desire representing this body and of which it is an appendage. She remains at the stage of the nourishment-maternal body metaphor which leaves her anguished and aggressive, preventing her, despite all her efforts, from finding the object of her desire (food as metonymy). I tell her this in a simple way when she takes the cup and turns it over on my hand, takes the spoon and grabs my shoulders to help hoist herself on to my lap. I tell her that she is still too angry with food for me to be able to give her any. At this point she smiles and licks my chin. During these sessions the spoon appears as a metaphoric-metonymic attempt to master something of her relation to me and to nourishment. At times she dips it into her porridge and licks it contentedly; at other times she uses it to cover me aggressively in porridge, and even to put it inside my open smock while licking my chin.

The game in front of the mirror re-appears on January 31st on our way back to the dormitory. She gets up onto the table in front of the mirror and smiles at herself. But when she looks at my reflection in the mirror she loses her smile, turns away from the mirror and huddles in my arms, not wanting to leave them. This distressing discovery results in her having diarrhea. This really an unacceptable and depressing discovery—the first stage of the Mirror Phase—i.e., the distinction between herself and me. In a child's development, the normal depression of the eight-month old, as described by Spitz, corresponds to this first stage of the Mirror Phase. Nadia, due to the particular conditions of her life, experienced this with a few months delay.

But even more than this depressive phase we see her butting against a massive metaphoric effect of the image of the body of the other, radically distinct and impossible to grasp in its totality except by fragmenting it, in a vain attempt at evolving a metonymy which would bring in the desire. However a dimension is lacking as yet, which will appear in the following stages of the Mirror Phase, i.e., through symbolization, as we shall see, the crossing over from the fragmenting metaphor to the integrative metonymy in the "jubilatory assumption" (a Lacanian term).10 This perception of the body

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10 As Lacan remarks in his article on "the Mirror Phase", the child's encounter with the image in a mirror is greeted by a jubilation which signals the original function of this image in leading the child to conceive of the wholeness of his body, and thus to overcome his sense of corporeal fragmentation.— S.S.

11 Foreclosure is defined in The Language of Psychoanalysis by Laplanche J. and Pontalis, J. B. New York: (1973) W. W. Norton as follows:

"Foreclosure (Repudiation)—Term introduced by Jacques Lacan denoting a specific mechanism held to lie at the origin of the psychotic phenomenon and to consist in a primordial expulsion of a fundamental 'signifier' (e.g. the phallus as signifier of the castration complex) from the subject's symbolic universe. Foreclosure is deemed to be distinct from repression in two senses:

a. Foreclosed signifiers are not integrated into the subject's unconscious.
b. They do not return 'from the inside'—they re-emerge, rather in 'the Real', particularly through the phenomenon of hallucination."— B.E.
of the other can provoke a defensive attitude which makes of the child as someone "turned outwards against the dangerous perception", as Freud said in defining hysteria. This metaphoric neurosis can, in a pregnant moment, transform to a delusional metaphor, i.e., the child can begin to "believe it". This happens when the paternal metaphor is forclosed\(^\text{11}\) for want of symbolization which would allow the subject to feel himself unified at the "I" level, when he ceases to be fascinated in an absolute manner by the image of the other.

The zones of corporeal vulnerability can be foci for the expression of experienced discomfort in the form of illnesses which will be like traces of that which will not have developed beyond the original fragmentation, even though the subject, in other respects, can continue his maturing.

On February 1st we approach a month's period where the second stage of the Mirror Phase will be played out on three planes. First, an involvement and a curiosity about the outside world in which she uses her developing motor ability. Then the transition from rather undifferentiated jargon to a beginning of true speech. Finally, more specifically, the progressive integration of her specular image. These developments form a totality but their evolution is far from being linear and regular. At each session Nadia resumes elements of her struggle to integrate her relationship to nourishment and to my own body. The way she will shift from one plane to another when she meets with difficulty is noteworthy; for example, a problem experienced on the food level can send her off to explore the entire building. What's more, she will never begin a session with the mirror, and the difficulties it represents, but will wait to ask the mirror her questions until just before the session ends. Let us examine the details.

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On February 2nd, for example, she jabbers quite a lot but can do nothing with her porridge but thrust her hand into it, smear it all over herself and turn over the dish. Then she grabs my glasses, throws them down and looks for them in vain. After that, she snuggles against me, leaves me, explores the room even looking out the window, jabbering all the while.

On the way back she demands the mirror: she looks at herself, then at my reflection, then turns towards me and looks again at her own reflection, touching it while stamping her feet and shaking the mirror. Then she stops and gestures as if to touch my reflection with utmost precaution. Then she "brutally" turns around and throws herself into my arms, holding on to me very tightly, while at the same time casting a rapid glance at our reflection in the mirror.

As she did after the failure with her food, Nadia takes off again to explore the entire building and is interested in all sorts of objects. But once back in the dormitory she wants to return to the mirror. There she repeats the same activity as earlier, but she is less tense, even showing slight smiles. The next day, the same difficulty with the food, but in front of the mirror she goes farther than the day before. After having looked at our reflections she comes close to me tenderly, keeps looking at both of us as if to appreciate the effect we make. She smiles then taps the mirror with a building block, slightly excited. The next day her relation to food is still difficult. She prattles a lot, explores the whole floor of the pavilion, then demands the mirror and is very attentive and smiling on seeing in it the reflection of her tender gestures toward me.

For three or four days the mirror seems not to interest her anymore. It is true that she had taken a decisive step, while her relation to food and to my own body was, in all evidence, still a problem.

Two new elements towards mastery are soon to appear in our sessions. The first is a spontaneous appearance of an interchangeability that can be qualified as a signifier. She goes into her bed, asks me to take her out of it, repeating this several times. Then she takes a doll and wants to put it to sleep in a box, just as I had taken care of her while she lay in bed. But the real operational pattern appears immediately after, when not being able to put the doll to sleep in the box, she replaces it with our familiar spoon. The same scene will be reproduced at a following session, but she will put into the box first my glasses, then her spoon, or, one might say "myself" and "herself". Then she clasps the box to herself, takes out glasses and
spoon, feels the bottom of the box and puts them back in again, prattling on all
the time.

Another scene from about this time proves that she's taken some distance
from me: I had her in my arms when we meet the Doctor she knows well, who
speaks to her. Nadia indulges herself in a playful and joyful demonstration of
her possession of me. She hold me tight, bites me, licks me and flutters about
with an eye on the Doctor, for whose benefit all this is evidently intended.

At two different levels, these two behavioral elements appear as signs of
mastery of herself. Something like a direct relation has been mediated
between her and me by a third object be it a "thing" (glasses), or the glance of
the "other" (the doctor). The symbolization is clear. On the one hand the
spoon represents her, Nadia, in the box-bed, and, while she's at it, I'll be
placed there to join her in the form of a pair of glasses. Everything becomes
possible from this point, especially the affirmation that she possesses me for
playing's sake and to captivate the "other". However, this possession sours
slightly when, a little later on, she catches sight of me and I don't immediately
lead her to her session.

Once the symbolization has begun, it builds rapidly: she can now pretend
to drink out of a small empty receptacle.

She is able to come back to the mirror on February 9th. There she shows
the astonishing intensity of her experiencing. She rests her cheek against my
mouth and watches, in the mirror, the kisses I give her. Then she turns her
head around and lays her mouth on my cheek slowly, lengthily, as she had
seen me do in the mirror. She cries when I leave.

The next day she takes the little empty receptacle and holds it out to me. I
make a mistake, thinking she is asking for her porridge. She starts to jabber
rapidly and imperiously, then empties the receptacle on the floor with intense
satisfaction. It is a useful error because it points out that what is in question in
a symbolic exchange is "nothing".

On the way back, she starts the kissing game in front of the mirror again
with the same intensity. She catches a glimpse, in the mirror, of a nurse she
knows, stops dead, turn around without hesitating, smiling at her discovering
the nurse, then takes up again her kissing game with me.

Similar scenes take place in front of the mirror on following days. It
should be noted that even if she watches herself kiss me in the
mirror, she never kisses herself. Sometimes, however, she shows displeasure in front of the mirror. For example, she is displeased if she sees three reflections at a time, too close—herself, myself and a nurse. She then will attack and bite my chin.

At the end of this period she vocalizes several new phonemes, even saying a recognizable word. "spoon"! I wonder if the signifier may have existed before any vocal articulation. This I believe, if only in reference to the scene of the box into which she'd put my glasses and her spoon.

She takes a new interest in a rag, which brings us to the issue of diapers. In hospitals for very young children diapers can occupy the place of a central object; they are a token of the underlying phantasy of the subject-water-pipe system, verging on plumbing.

In any case, for Nadia the little empty receptacle one day is no longer for food. She takes it, turns her index finger around in it, says "ca-ca-ca" ("doo-doo"), and, just as for food, something of my person must appear in it; she puts my glasses into it.

At the end of this session she plays an elaborate game with a student. She holds her arms out to her, then demurs, laughing out loud and shaking her rag. Immediately afterwards, in front of the mirror she accepts without any sign of uneasiness to look at the student's reflection and to turn towards her, at the same time seeing her own reflection and mine. She is, then, accepting a three-sided situation. What's more, she has appropriated space, virtual and real, and we know what symbolic importance this bipartitioning of space has in its "derealizing effect" (Lacan).

The day after this scene it is apparent that a new stage has been attained.

She gets up on my lap, has me draw the small table near, on which there is a plate of porridge and begins to eat it, first with the spoon, giving me some to taste, then with her hand. The only thing worrying her is the drops of porridge that fall on her and on me (does she already care about cleanliness?). She reverts to one of her old defenses, one might say, an anachronistic one. She turns over her dish, drops it on the floor and tramples on it joyfully. But she climbs back on my knees with the look of someone taking possession of what is rightfully hers. On the way back, in front of the mirror, she is very involved in the exploration of our two reflections, mine and hers. She has me kiss her, and kisses me.

After that, in the room where I usually receive patients, and to
which I can now bring her (her condition and age did not permit this earlier), she makes her first discovery of sand. She plunges her hand into it, saying "ka-da", carries it to her mouth and begins to cry. This session ends with a bowl of porridge which she eats without any problem. She still sometimes explores the building, chattering away at the brink of speech.

Finally on March 1st she has a session centered on the potty. She starts with language, saying, "ca-ca-ca-po-po-po". We go and find a potty and she's happy touching it and holding it against herself. She puts her hands into it, feels the bottom and the edges and puts my glasses in it. Then she goes for a walk in the hall, triumphantly carrying the potty with my glasses in it. She comes back to the session room, walks around while chattering, goes into another room only to come back right away to take possession of her potty. On the way back to the dormitory she's still holding the potty as she sees herself in the mirror. She laughs, presses the potty against the mirror then very tightly against herself. She notices a key on a cupboard door and wants to put it in, too, in the potty. She plays with the key in the pot, chattering away still at the edge of speech.

That was the seventeenth mirror experience and the last explicit reference to it, as if the mirror experience had come full circle. She had begun this circle, in an opening move, with the perfectly effective nature of her encounter with her mirror image. This was seen on the one hand, by transformation of her appearance after the first mirror experience, and, on the other hand, by the incarnation she seems to have received, from it even if it is only the rediscovery of jabbering and of her baby's body which is again at her command, when stretched out at my feet, she picks herself up all by herself.

She had put herself together, in the transference situation, under my watchfulness, around her image as projected in my eye, in the dimension of the Real of my body as a unique and absolute referent.

This referent (my real body) was elided during that first encounter. Everything leads me to believe that she did not "see" my reflection during the first mirror experience. In fact she had asked me to stand her up alone in front of the mirror, not in my arms. My records of the session do not show that I felt engaged with her at my image level as will be the case beginning with the second mirror experience. The first encounter of Nadia alone with her image in the mirror inaugurated a new body relation that is necessary so
that, from my status as real referent, I become the witness of her birth. Indeed, she moved from the image in my eye to her image in the mirror, outside my body which was thus elided, after having first functioned as a "mirror". This elision (negation) that hits my body becomes the symbolic hole, the "nothing" in which she will drop things, as well as attributes of my own body and of her own. But before doing this, she will turn back toward my eyes which she will hit and scratch as if in an attempt at detaching her image of which I am depriving her by the perseverance of my gaze.

All the steps taken here by Nadia appear in the area of the symbolic. These steps prepare the ground for the Imaginary encounter with the second mirror experience, where she allows herself to look at her reflection and at mine, and to go from my reflection to my body, of which she will make herself symbolically, the appendage without experiencing anguish. The entire symbolic process is carried forward from there, and the Real finds itself neutralized, so to speak, when, during the fifth mirror experience she touches her reflection as she had touched my eyes, and shakes the mirror as if to see if her reflection could fall out of it. But touching my reflection, even cautiously, is too much for her and she throws herself back into my arms and presses herself against me, as if to annul the space of an instant the distance established between our two bodies in the Imaginary, by the Symbolic. And she moves still farther along in her symbolic processes in each session, so as to punctuate this process at the end of each session by an imaginary confrontation in the mirror. It is as if the Symbolic were the condition necessary for the advent of the Imaginary, the Imaginary being itself the driving force of symbolization. It's only after having thus symbolically re-united our two bodies, in the form of my glasses and her spoon in her box, and after having drunk "nothing" out of her little empty receptacle that she can eat me up (devour) with tender kisses in front of the mirror and satisfy herself narcissistically. The circle is completed: from the Real to the Imaginary through the Symbolic, in a movement sometimes colored by painful renunciation. Finally in front of the mirror, as soon as she is able to articulate it, the signifier "spoon" comes to embody the symbol, transcending in some way the mirror experience. As far as the problem of our bodies and of food is concerned she has no more need of the mirror. The potty image put an end to this period, giving access to the next struggle. Then her discourse began to center on anal
problems without, however, as we shall see, discontinuing the articulation of oral problems. There was a certain similarity in her approach to both anal and oral problems.

She now asked me to change her dirty diapers and I was surprised to see that she found pleasure in this because before the mirror experience this would have been unthinkable. These few times I had arrived while she was being changed by a nurse she cast anguished eyes in my direction.

She began to question what goes into the potty. First she put a piece of me in it (i.e., my glasses). The she put pieces of food in it, like candy, saying "ca-ca", taking them out again to eat them. Next she became very interested in beads, handling them, putting them in and taking them out of her box in an excited game punctuated by energetic cries of "ca-ca". This kept on up to the day at the end of April when she gave me a bead, said "ca-ca", put a small toy car in the potty, turned it over while chattering, pushed it away from her while "making" in her diapers. She asked me to change her and, while I did, played with the beads with her back to me. She neglected the real object in favor of playing with the symbolic object. At the next session having no diaper she "made" in her potty and gave me a bead at the same time with a radiant expression. Although this seemed like a conclusion, this scene repeated itself in a playful way up until the summer holidays. Sometimes she asked to be put on the potty without doing anything there, except laugh.

This is the story of Nadia between thirteen and twenty-two months of age. It was evident that her initial state presented all the signs of child psychosis. I do not mean by that that she was actually psychotic. She was still capable of a minimum of contact which allowed us to reject the diagnosis of primary autism. But the picture she presented at our initial contact was dominated by symptoms which correspond to the most severe diagnostic category.

Once in treatment she almost immediately approached the subject of her desire, a desire which could only remain unknown without the Symbolic order that Nadia, like an over-stuffed anorexic, was able to rediscover in the form of eating nothing". It was by eating nothing that she could express (speak) her desire, which was articulated in two periods.

The first period occurred when she ate nothing, not-to-eat in order not-to-be-eaten. It was the classic pattern of the devouring-devoured.
which she articulated more subtly in her transitiveness where she questioned her own oral desire in such a direct manner, that in order to protect herself, she vomited when I ate a bit of her cooky.

The second period began with the gaze in the mirror which allowed her to go beyond the depression of the first period, beyond the impossibility of expressing her oral desire without danger. She does this by instituting the other (myself to a separate place where she could play out, at the image level, a make believe "devouring". The mirror image reassured her by its permanence and by the distance it introduced. At the same time it had an alienating effect in the Symbolic order, at the place where primary drives can play themselves out without destroying the subject in reality. The contents are the same as those at the beginning. What does change is the order of experience which becomes a viable one.

After the oral stage, the anal stage proceeds through this series of mirrors experiences and the content of the body can now be given symedically in the form of a little bead, a little "nothing". Indeed we see here the fundamental structural aspect of the mediating function of the mirror. Nadia had progressed to that point, which permitted terminating treatment.

Nadia's improvement and growth have provided a way to approach the use of auto-visual techniques. Even if the encounter with an image does not involve the entire scope of the auto-visual approach, it is, nevertheless, central to it. Nadia has shown us the drama it repesents in renunciation before becoming the locus of her encounter with her body image. The condition necessary for this encounter is the possibility for the subject to nullify the Real through Symbolization.

We know that entry into the Symbolic is the stumbling block of the severely disturbed child, especially for the autistic or psychotic child who is incapable of disengaging himself from the Real, and who cannot, therefore, encounter his image and recognize it as such, because he has remained glued to the body of the other. That is, he is incapable of taking his distance from this other. It is as if there were no "other". His encounter with his image either leaves him indifferent, but this is secondary, or it terrorizes him. The subject's indifference or terror before his specular image can be attributed to the failure of the Imaginary in which the subject can
anchor any sense that can be made out of his body in his relationship to the Other. This is not only in the form of his own recognition in the gaze of the Other, but still more in the introduction (as we've seen in Nadia's case) to a complex relationship where the three dimensions are interwoven on a path that goes from the impossible Real to the anguishing Imaginary by way of the Symbolic. The Symbolic appears with Nadia as the first step of the process of reducing the Real to nothingness; this "nothing" that she drinks, is the fundamental step which makes possible her own relationship to food, as one of the primordial objects.

The other primordial object is the other, which must be symbolized like all objects. That is, it must be marked by the nullifying of its Real dimension so that a relation may be established with it. And Nadia does not fail to express all this throughout her struggle, with an aggressiveness towards me which is not based on past experience with me but on structure. Under these conditions we can appreciate the use of audio-visual experiences with the psychotic or autistic child since it is unthinkable that a simple learning experience with the image can precede the issue of the subject's relation to his own image. The articulation of such a relationship through the expedient of audio-visual experiences cannot ignore the law of precedence of the Symbolic over the Imaginary. This would run the risk of radically missing what those techniques can bring in the treatment of child psychosis.

During a first stage of this analytic treatment we witnessed the awakening of a relationship, followed by the struggle of this infant in her relationship to two primordial objects, nourishment and, the "other", that is, the therapist in the transference situation. These two objects, impossible to relate to in their Real dimension, at the beginning of treatment, were progressively nullified, allowing for their access to the Symbolic dimension.

Fascination at the sight of another child on a nurse's knees introduces Nadia progressively to the third dimension, the Imaginary. Her struggle is exemplified during the seventeen episodes in front of the mirror. Progressively, she is able to assume the image of her body united by the gaze of the other. It was shown that she can accomplish this only by preceding this Imaginary recognition with the symbolization of primordial objects, in particular the drinking of "nothing".
This symbolization at the oral level allowed her to transform, in the same way, her relation to an anal object, that is, in a symbolic, non-destructive manner.

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