

Introduction

JOHN BRENKMAN

Before Prozac arrived to alter the moods of millions, Maud Mannoni thought to delve with her emotionally disturbed and learning-impaired young patients into the meaning of the sadness and terror in their existence. The play, art, and talk of therapy were a means for these children to express themselves from the place of their distress and fear. Before schools started dispensing Ritalin daily so that children, many of whom live in households beleaguered by poverty, emotional chaos, violence, or alcohol, will pay attention to the teacher, Mannoni dared to undertake psychoanalysis with backward children and their parents, exploring the links between learning disorders and the child's history within his or her family. How, she asked, does the child's speech disorder, reading and math problems, or disorientation in space and time connect to his

or her inner psychic-body reality? And, conversely, what role does the child's "illness" or "deficiency" play for his or her parents and siblings, and how does that meaning rebound back on the child as the distorting mirror in which he or she struggles to sense who he or she is?

Reading *Separation and Creativity: Refinding the Lost Language of Childhood* stirs up a disturbing nostalgia. The boldness of Mannoni's therapeutic experiments, especially at Bonneuil, where she founded a residential treatment institution for emotionally disturbed children, replete with theater experiments guided by the avant-garde director Jerzy Grotowski and storytelling by an African griot, might seem a mere throwback to 1968. Until one asks: *Why* does it seem a throwback?

Over the past thirty years, psychiatry has steadily narrowed its scope, replacing psychotherapy with pharmacy prescriptions. Meanwhile, hundreds of therapies have bloomed within American culture, most of them guided by self-help prescriptions. Common wisdom has it that psychoanalysis has been rendered obsolete. I do not have the expertise to evaluate the validity or dangers of today's most widely used psycho-pharmaceutical treatments, and certainly do not question the reality of clinical depression, but it is startlingly clear that the medical faith in benign smack and the social worker pill simply sets aside the notion that human beings have something to learn from the meaning of their terror or distraction, and that the transformation of their relation to themselves and others might require giving expres-

sion to that meaning. Can genetics, neurophysiology, and pharmacology really explain the psychosomatic complexity of human beings by bypassing the kind of self-questioning and dialogue that are the hallmark of Manoni's psychoanalytic procedure?

That is the question one hopes the publication, in English, of *Separation and Creativity* might prompt American psychoanalysts, psychiatrists, and psychologists to seriously entertain. At issue is not how psychoanalysis might duel for prestige with popular treatments, but rather how it might rethink and actively pursue its relation to them.

I recently heard the French psychoanalyst Michel Tort make a penetrating, thoughtful criticism of the efforts that a young Lacanian analyst in the United States is making in treating children diagnosed with hyperactivity and attention deficit disorder (ADD). The analyst is genuinely alarmed at the tendency to treat these children with Ritalin instead of psychotherapy; she sees in this an externalization of the children's disorders at the expense of fostering their capacity to articulate their distress and desire. Her presentation brought to light many common motifs she has discovered in her patients' lives within their families and the bearing of that experience on their learning and behavioral problems. Tort, with great sympathy for the position she finds herself in, argued that it was a mistake to put the medical (or medicalized) approach to ADD and the psychoanalytic approach on the same plane, as though the analyst's task

were to make psychotherapy replace Ritalin or provide an analytic interpretation of ADD to rival the medical interpretation.

Such an approach, Tort suggested, runs two risks. On the one hand, it unrealistically flies in the face of the simple fact that doctors and teachers will inevitably treat ADD with drugs and specialized education; on the other hand, and more significantly, in looking to replace the medical and educational approach, whether conceptually or in practice, the analyst in effect accepts the medical definition of what the disorder is. Tort suggested that, instead, the analyst must first preserve the specificity of psychoanalysis and recognize that its work must proceed at an oblique angle to the medical approach. Each case has to be analyzed on whatever terms the analyst can find, pulling on whatever threads of the child's history and unconscious the analysis discloses. And, second, the analyst needs to make the medicalization of the child's problems itself an object of analysis: what can the child discover in the analytic dialogue about what it means, within his or her own psychic reality, to be in the eyes of others the bearer of a "symptom," "illness," or "deficiency" and to be "treated" with a mood-altering drug? The power of psychoanalysis lies in its specificity and even its limits. Its task is to expand the area of experience that can be articulated in the individual's own terms and own name, and therefore must leave open, case by case, how that project will mesh or not with the medical and educational goal of normalizing the child's behavior.

Confronting the uneasy relationship between psychoanalysis and the social aims of psychiatric and educational institutions was Maud Mannoni's life work. In the school she founded at Bonneuil in 1969, the aims of psychotherapy were kept significantly separate from the other, no less essential needs of the patients. The art and theater studios were a protected space of creativity, supervised by the analysts and trainees, while the kitchen was the space in which the children could welcome "guests from the outside." The "outside" world was also addressed through exchanges with other schools in letters, paintings, and a school paper, and the children had contact with "a variety of host families, artisans, and peasants in the area of Bonneuil." Most significantly perhaps, the staff did not participate in the children's schooling, which was carried out in correspondence courses: "In this way, the teacher who corrects and annotates their work is 'elsewhere,' and the adults at Bonneuil are there as companions to ease the enormous difficulties some of these children have."

Life in the school revolved around two kinds of activities. On the one hand, the children participated through the morning Chat Time and other meetings in discussing rules and voicing complaints, managing the food budget, and regulating their own life together within the facility. And, on the other, the studios provided a secure space for the children's creative activities: "we had to ensure the existence of a permanent frame within which free creative expression could take place, a frame

that reflects the way human beings deal with aggressivity. If the frame is not maintained, the patient finds himself alone in his fantasy world, and when he suddenly loses the container for his anxiety, he acts out. . . . In each studio, the session opened with a mythic ritual serving to bring the children together. What they did after that was up to them. Speech can arise from a field of language, but not from a cacophony."

The separation of the protected space of creative expression from the disciplined space of schooling, of psychotherapy from dealings with the "outside" world, of the children's provisional life together within the institution from their social responsibilities in the community or at work, reflects Mannoni's attentiveness to the two sides of her patients' painful ordeal. On the one hand, they must find the means of expressing even their most stifled or destructive impulses, their most anti-social urges or most private fears, in an increasingly articulate form, that is, as an expression of themselves that can be shared with others without the risk of destroying the self or the other; and, on the other hand, they must develop their capacity to deal with real-world obligations and dangers without being defeated by the outside world's perception of them as ill or retarded.

The dynamics of this Scylla and Charybdis of children's psychotherapy is evident in Bonneuil's approach to art. Painting "made possible the expression, the projection (on paper placed on the floor or pinned onto the wall), of latent disorder, dormant conflicts, all the vio-

lence and hate held in and unusable in real life but waiting to burst forth on an Other stage, freeing the unconscious. Of course . . . this never proceeds smoothly. For there are many symptoms that have to be integrated into the painting by finding the right words that will enable the child to displace a crisis.”

And with the autistic children, for whom painting was often their only means of expression, the risks of expression could be so extreme they literally could not hold a paint brush in their hands:

One day we said to François, “That’s because your mother puts you in her hands so that you won’t have hands anymore.” He began to shout and to weep, and then he painted the horror that was inside him. These horrors that could not be put into words always seemed to involve unthinkable separation anxiety. When every separation is experienced as annihilation, all the child can do is construct for himself a world in which he tries hard to live without affects in order to keep himself safe from the threat of destruction. When, thanks to analysis, he loses his autistic armor, he still has far to go: having become vulnerable, he remains fascinated by death and runs the risk of suicidal acting out.

One innovation at Bonneuil, apparently tried out without the staff foreseeing the results, was to have the children, after each session, place their paintings on a huge

sheet of paper on the wall called the "tree of life." Then, "at the end of the year, the children selected which pictures they wanted to be shown in the gallery of paintings and which were to be burned 'to feed the earth.'" To the therapists' surprise and enlightenment, the children typically destroyed the paintings that were most interesting and revealing "from the analytical point of view." It was their way of regulating how they themselves would be seen by the world outside the studio of self-expression: "They were hardly concerned with the pictures to be exhibited, but what *had to be* destroyed seemed crucial to them, enabling them to survive as subjects and not be reduced to manipulated objects. This destruction represented the erasure of their shame, their fear, their fear of being labeled, yet again, as crazy."

In this wonderful anecdote Mannoni shows the fraught process through which her patients parried the risky expression of self as they let their unconscious speak in their paintings and the equally risky exposure of themselves to a social world perhaps not ready to hear them without pathologizing them. Between the "Other scene" of the unconscious and the social scene of judgmental others, the children found an intermediary space, the "sacrificial 'ceremony' in which [they] danced and sang around the fire" watching their paintings burn.

Reading these essays by Mannoni left me flush with a nostalgia of my own. I first came across her work in 1977 when I happened on a copy of *The Backward Child and His Mother* while visiting New York City; it was being

remained at the Barnes and Noble Annex on 18th Street for a dollar. Reading it on the plane home was an intellectual epiphany. She created a bridge between the two developments in post-Freudian theory that I found most compelling and yet irreconcilable: the work of Jacques Lacan and of the British anti-psychiatrists R. D. Laing and David Cooper. A further dimension of Mannoni's dialogue with British psychoanalysis is evident in the essays collected in *Separation and Creativity*, where she fruitfully connects many of the insights and perspectives of D. W. Winnicott to Lacanian theory.

Mannoni took psychoanalysis into the psychiatric setting of mental institutions, entering and challenging the very space in which society isolates and labels the mad and the retarded. At the same time, she used the Lacanian emphasis on the role of language and speaking in the formation of the "subject" and in the dynamics of the therapeutic dialogue to shed new light on the Laingian themes of the politics of the family and the role of others in shaping, thwarting, and distorting the "self."

Along with her husband Octave Mannoni and Façoise Dolto, Maud Mannoni belonged to the first generation of Lacan's disciples, already trained and practicing analysis long before Lacan's seminars went public in 1964 when he delivered *Seminar XI: The Four Fundamental Concepts of Psychoanalysis* to a burgeoning audience of students at the École normale supérieure. For anyone outside the Parisian psychoanalytic scene, the therapy subculture of Lacanianism of the late 60s and early 70s,

trying to picture what Lacanian analysis was all about as a therapeutic technique took a strange labor of conjecture and surmise, since Lacan himself presented no case histories in his *Écrits* or in the Seminars that dribbled to America in mimeographed summaries and eventually in published form. The precise nature of what he repeatedly alludes to as the "analytic experience" had to be guessed at, essentially by trying to reimagine Freud's five case histories in Lacan's theoretical terms.

The Backward Child and His Mother provided the missing link. The defining feature of Lacanian therapy lies in its attention to the formative role of the desires and demands of "the Other"—principally, the mother and father—in shaping the desire, identity, and symptoms of the "subject." According to Lacanian theory, this intersubjective formation of the "subject" ultimately stems from language, since language is the structuring medium of human intersubjectivity in general. Even the "preverbal" interactions of mother and child are viewed by Lacan as linguistically mediated interactions: the baby's needs are answered by the mother as a "request for love" (*demande d'amour*), so that even the child's most inarticulate cries come back to it from the mother as a discursively significant utterance; the infant (*in-fans* = speechless) has conveyed to him or her the "symbolic" markers of filiation and gender, that is, the names and codes of family and sexual identity; and the primary processes of the unconscious (displacement and condensation in Freud's idiom, metonymy and metaphor in Lacan's) work accord-

ing to the rules of linguistic articulation. In turn, Lacanians view the analytic dialogue or “talking cure” not merely as the occasion for verbalization but as a site of intersubjectivity that arises from, and is inextricably bound to, the linguistically mediated history and unconscious of the subject.

Mannoni’s work foregrounds the ways in which the mother’s fantasy and history are inscribed in the emotionally troubled child’s symptoms, body image, and capacities for verbal and artistic expression. Her clinical attentiveness to the child’s struggle to articulate his or her desire and fear in a language freed from the saturating symbols of the parents’ fears and desires shows how empty talk (*parole vide*) becomes full speaking (*parole pleine*) in a way one could only faintly deduce from Lacan’s tantalizing theorems about the dialectic of the “analytic experience.” The vital heritage of Mannoni’s clinical innovations has come to fruition most recently in, for example, the startling and bold work of Catherine Mathelin, whose *Lacanian Psychotherapy with Children: The Broken Piano* (Other Press, 1999) has recently appeared in English.

But Mannoni’s work had little or no impact among the literary critics and cultural theorists who created the American context for discussions of Lacanian theory. The barrier perhaps to an adequate reception of Mannoni in the poststructuralist moment lay in the most striking feature of her work: its humanism. The French philosophical scene dominated by Althusser, Derrida, and Foucault used a rhetoric of anti-humanism to attack the notion of

upper-case Man, whether as the universal subject of history, image of God, or vessel of a promised overcoming of alienation. Lacan's own very Cartesian anti-Cartesian idiom resonated with this anti-humanism; he reveled in the slogan that Freud's discovery of the unconscious was a second Copernican revolution, displacing Man's ego from the center of the universe. But the early Lacanian analysts like Mannoni and Dolto hewed to a lower-case humanism in their innovative therapeutic experiments.

The predicaments of the psychotic or neurotic child are, for Mannoni, variations of the predicaments of human existence and all human relations. Like Melanie Klein, Laing, and Winnicott, she sees a genuine experience of madness in the most universal and normal childhood experiences: the terror of abandonment or dread of annihilation, the ecstasy of omnipotence or thrill of dependence, the impulse to murder or fear of destroying a loved one. And, conversely, she sees in children's games, fantasies, and imaginings, even in their symptoms, the origins and patterns of human creativity in general, whether in life or art. Several of the essays collected here reflect on creativity in literature and art. While Mannoni's commentaries on Edith Wharton, Edgar Allan Poe, and Pirandello are largely derivative from other psychoanalytic critics (and, like them, tend to ignore the formal imperatives of literary creation), she does make suggestive links between her own extraordinary exploration of children's artistic creativity and receptivity and the significance of literary creativity in general. The essays are a

reminder that this important link between psychoanalysis and criticism has remained strangely fallow in the last two decades of Lacan's influence on literary criticism and theory.

The vivid sense that the disorders of troubled children and the conditions of the human soul lie on a single continuum informs all of Mannoni's work, whether she is discussing psychotic children, the response to historical trauma by survivors of the Holocaust, or the creative process of writers and artists. At Bonneuil she and her staff continually addressed themselves to the anxieties provoked *within themselves* by working and communicating with the disturbed children they treated.

Mannoni's humanism also shows in the value she gives to autonomy. Lacan's important polemic against American "ego psychology" and its suppositions of an integral, adaptive self's mastery over the unconscious and his stance against Cartesian and Husserlian conceptions of the certitude of the *cogito* inflected his theoretical vocabulary with some of its most charged, productive terms: the division of the subject, the subjection of the subject to the signifier, the unconscious as the discourse of the Other, and so on. Mannoni's work, in bringing to light the therapeutic stakes of the subject's formation in the discourse of the Other, gives these Lacanian concepts a different stress. She encountered children who could not learn to read and write because their deficiency itself satisfied in their mother a need to suffer in caring for a debilitated child; children who could not master their

bodily movements because they were afraid that their mobility, and hence their independence, would cause their mother to die; children who could not recognize their own father in a strange setting because he did not acknowledge their presence at home; children who could not speak in the first person because language for them was clotted by the demands and labels others always articulated for them. For such children, "autonomy" is not an ideologically suspect mystification, it is an ordeal they must go through and a capacity they must acquire.

The Lacanian insight remains intact in Mannoni. Autonomy is not a given or even a settled achievement of the individual. The mastery of the image and movements of one's body (the imaginary dimension of autonomy) and the capacity to participate on a par with others in communication (the symbolic dimension of autonomy) are contradictory processes in which the desires and demands of others are always in play. At one point Mannoni refers to what Winnicott calls "the perpetual human task of keeping inner and outer reality separate yet inter-related." Again the note of humanism: the most elemental ordeals of the disturbed child are at the same time the ongoing challenge of human experience. Just as the differentiation of inside and outside is perpetual, the task of locating oneself in relation to one's "own" hidden desires in order to act upon them or not and the task of separating oneself from the demands or desires of another in order to respond to them or not are the always unfinished ordeal of human autonomy.

The Lacanian “I” is dynamic, divided, enmeshed and active within the intersubjectivity of language and desire, in a way that the Cartesian *cogito* or ego psychology’s “self” is not. From discourse theory, one might also cite Mikhail Bakhtin to get at this dialectical conception of the intersubjective conditions of autonomy: “language, for the individual consciousness, lies on the borderline between oneself and the other. The word in language is half someone else’s. It becomes ‘one’s own’ only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention. Prior to this moment of appropriation, the word does not exist in a neutral and impersonal language (it is not, after all, out of a dictionary that the speaker gets his words!), but rather it exists in other people’s mouths, in other people’s contexts, serving other people’s intentions: it is from there that one must take the word, and make it one’s own.” *And make it one’s own*. Nowhere are the stakes and drama of this discovery of one’s own intentions and accents and desire in the field of the other more vividly in evidence than in the studios of Bonneuil and in the mouths and hands of Mannoni’s psychotic, retarded, and autistic young patients.