

THE PSYCHOANALYTICAL PRACTICE OF FRANÇOISE DOLTO AND THE USE OF CHILDREN'S DRAWINGS

LA PRÁCTICA PSICOANALÍTICA DE FRANÇOISE DOLTO Y LA UTILIZACIÓN DE DIBUJOS INFANTILES

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Cómo citar este artículo / Citation: Guedes, D.D. (2024). The psychoanalytical practice of Françoise Dolto and the use of children's drawings. *Revista Científica Arbitrada de la Fundación MenteClara*, Vol. 9 (370).
DOI: <https://doi.org/10.32351/rca.v9.370>

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Recibido: 11/09/2024. Aceptado: 14/09/2024 Publicación online: 18/09/2024

Conflicto de intereses: None to declare.

Abstract

This essay articulates some considerations about Françoise Dolto's analytical practice and her approach to analyzing drawings of child patients. It presents a brief description of some fundamentals describing Françoise Dolto's clinical practice, followed by some theoretical-clinical considerations on children's drawings in the psychoanalytical process. It highlights that Dolto did not use toys or drawings as mediators but made use of pictorial productions to investigate what was repeated in the representation that resonated with the child's symptoms and was figuratively expressed through the unconscious image of her body through its signifiers.

Resumen

Este ensayo articula algunas consideraciones sobre la práctica analítica de Françoise Dolto y su enfoque del análisis de los dibujos de pacientes infantiles. Presenta una breve descripción de algunos fundamentos que describen la práctica clínica de

Françoise Dolto, seguida de algunas consideraciones teórico-clínicas sobre los dibujos infantiles en el proceso psicoanalítico. Destaca que Dolto no utilizaba juguetes o dibujos como mediadores, sino que se servía de las producciones pictóricas para investigar lo que se repetía en la representación que resonaba con los síntomas del niño y se expresaba figurativamente a través de la imagen inconsciente de su cuerpo a través de sus significantes.

Keywords: Psychoanalysis; Françoise Dolto; Drawings

Palabras Claves: Psicoanálisis; Françoise Dolto; Dibujos

Introduction

From her outpatient consultations at the Salpêtrière hospital, then at the Bretonneau and Trousseau hospitals in Paris, Françoise Dolto's singular contribution to the practice of psychoanalysis with children is evident. This paper seeks to articulate the historical background to Françoise Dolto's work and the theoretical concepts that underpinned her clinical practice with children and, above all, the use of her child clients graphic productions.

Dolto's main premise was that, from conception, children are beings of language, subjects, and should be treated with correspondent ethical consideration. At that time she started her practice as a pediatrician, infants were treated as "digestive tubes" and were even subjected to invasive procedures without anesthesia - abominable practices from Dolto's point of view.

It is at this point that another of her ideas – based on the practice of pediatrician Dr. Ribadeau-Dumas, who established that nurses should speak affectionately to infants – such as putting words to experiences, was implemented in the hospital: she requested that nurses talk to the infants, without touching them, quoting the names of parents, siblings, to give meaning to their experience of separation. This intervention resulted in a decrease of the number of newborn deaths in that institution. Dolto illustrated how an individual is constituted as a subject: communicating with the children using words, translating emotions, talking about the child's history and sufferings, would generate a humanizing, symbolic and structuring relationship with her unconscious.

Dolto provided services every Tuesday in that hospital for 38 years, from 1940 to 1978. Her patients were babies, children, adolescents and

their parents. Interestingly, she was never officially part of the hospital staff and, during these years, she did not receive any payment, working almost in an administrative clandestineness. Nevertheless, at the Trousseau Hospital, she trained analysts who witnessed sessions and cures she performed. Dolto accomplished cures even when she was dependent on her portable oxygen cylinders in her 70s.

During these sessions, observers also learnt many of the peculiarities of her practice, such as the organization of the clinical setting with perpendicular tables, the presence of the doctors in-training, the use of the symbolic payment, of drawings, the use of plasticine, the flower-doll, and the tunnel of dark and banded cloth through which the children crawled in, and even her own way of transition between sessions (running around the office building).

Françoise Dolto's clinical practice: theoretical-practical foundations

Françoise Dolto was a Freudian, but she conceived the unconscious structured as a language -indicating that she was influenced by Lacan-. She associated such structuring with the transgenerational parental drive projected onto the child which circulated through a triangular relationship. This triangulation would offer conditions for the narcissistic cohesion of the child's psychic life -evidence of the influence of Ferenczi's ideas-. Therefore, the child carries out its parental dynamic qualities, as well as their transgenerational debts, if the parental oedipal issues were not resolved (Dolto, 1971).

She also conceived that the psychic structuring of the child resulted from a correct attunement and efficient containment of emotions -evidencing that her thoughts were also influenced by Winnicott's ideas- and that the child needed to know her own history in order to maintain

her narcissism. Omissions and lies about her history would become the origin of the symptoms.

Corroborating with Lacan, Dolto accepted the paternal function as central in the psychic structuring of the child, defining the maternal function as the one in charge of performing the passage of the father's name and mediating the relationship with the others, which would form the experience of the continuity "I – Other" -basis of narcissistic security-. She also pointed out that the child's symptom could be a response to the parents' symptoms and would express what she does not dare to say within the family structure.

It is understood that the child is born with a history, foreseen by the desire of the parental figures, through a filiation of language (Dolto, 1994). The child's belonging to the history of a group is demarcated by the language, which is constituted by a transgenerational symbolic interweaving. Thus, in order to become a subject, she receives a name that is invested with the parental desire (Dolto, 1984, 1994, 1998).

The transgenerational sense of this dynamic is due to the fact that, as theorized by Dolto (1981), the desire of parents is linked to the desire of grandparents, great-grandparents and great-great-grandparents, and so on, so that the subjective constitution of the subject is determined by the psychic influences of people from several generations. In other words, the history of each person is conceived and desired from the history of our ancestors, from the family saga that our relatives have built -and build with one-. The way one relates as well as one's projects for the future are linked to the network of meanings created and exchanged within one's background. These projects can either repeat a familiar symptom – being unconsciously loyal to that family symptom – or break with it.

However, before this child is born, a couple must give birth to her. At birth, this immature being does not yet have a complete neural structure and, as such, needs the care of her mother or of the figure who plays this role, which favors the formation of psychic registers and the construction of an unconscious image of the body, which is the result of the association between bodily experience, somato-psychic impressions and emotions focused on the erogenous zones (Dolto, 1994). This image functions for the baby as a substratum of a rudimentary and subliminal perception of herself. She does not yet discriminate between herself and her environment, but her interoceptive, tactile, olfactory and auditory sensations. Equally, the infant is not able to perceive herself as different from the figure of her caregiver, nor even from the objects that surround her – she experiences the somato-psychic experience as if the other was an extension of her body.

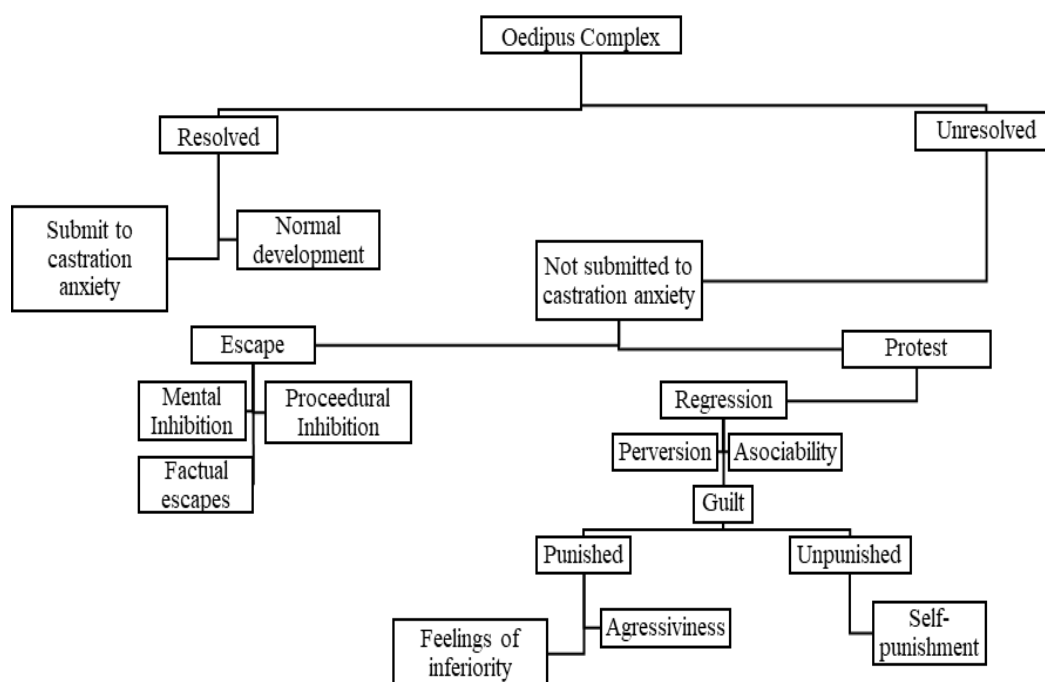
Thus, the infant remains symbiotic with the caregiver. It is in the continent of this symbiosis that the child organizes and perfects the construction of her bodily perception and the notion of being inserted in a multifaceted space, through which different smells, textures and sounds travel. This multiple focus dynamic is all the more evident the more secure the child feels in the attachment with her caregivers.

Once she has fully experienced her primary experiences, she assimilates and signifies the valences of power relations established in the relational context in which she participates. Her perception begins to consciously realize the position that the maternal figure occupies in relation to the paternal figure (or other), establishing the substantial difference of the Oedipus – a moment defined by Freud in which rivalries and identifications impregnated with love and hate foster the awareness of sexual differences.

The Oedipus Complex is inescapable during the development of the individuals. If it is not resolved, anomalies, impediments, aggressive and passive libidinal tendencies appear, which interfere in the social adaptation of the individual. If it is resolved, the individual submits to castration anxiety, develops normally and adapts to societal norms and demands. However, here, there are two possible routes: one, to escape through mental inhibition or of activities, and factual runaways; or to protest by regressions to archaic stages characterized by unsociability or perversion. The common denominator of these archaic possibilities is guilt. If guilt is punished, it generates the feeling of inferiority which fuel aggressiveness; and if it is not punished, the individual uses self-punitive mechanisms.

Graphic 1:

Outcomes of the resolution and non-resolution of Oedipus Complex.



For Dolto (1988), in this context, the person who exercises the paternal function is the one who exercises the humanizing function, at

the same time separating and investing on the receiver of the humanization (the child). This means that the one in this role signals to the child that the one who exercises the maternal function does not own her, just as signaling to the one who exercises the maternal role that the receiver is not only her product and object of investment. It is then that the child completes the process of construction of the differentiation of the self, internalizing the discrimination of the notions of gender (and of her sexuation, meaning the way in which the child is inscribed in the difference between the sexes, specifically in terms of the unconscious and castration).

According to this paradigm of triangulation, one of the angles of this triangle – that which exercises the paternal function – “launch” an abscissa, crossing the filial and maternal figure line, which represents the cut, the “castration” of the symbiosis between both the filial and maternal figure poles. This allows the interdiction of incest and the introduction of the child in the field of human socialization. This interdiction inscribes her in the order of the being Human, in the sense of being a “being of culture”, socialized within the norms of social coexistence and centered on the production of sublimatory knowledge and doing. In other words, breaking the fusional love between the one who exercises the maternal role and the child ends up imposing one of the founding rules of interdiction of human interaction (the incest), introducing the child in the network of human relations, placing her in the position of a desiring being who needs to produce something in order to achieve what she lacks. Depending on how this journey is carried out, the individual will present himself in a singular way, but always referring to his origin.

Dolto (1988) explained that the development of the human psyche is characterized by castrations that are frustrations. These frustrations

frame and limit the individual constitution, through a sense of belonging to a social norm. In fact, castrations are investments of affect in the form of limits and love, which are, indeed, frustrations of hedonic possibilities. They serve to liberate the subject from archaic (regressive) states that lean towards the satisfaction of fantasized unlimited pleasures.

All this to inscribe the individual in the sphere of humanized relationships and mark the passage to a qualitative stage of psychic functioning that updates the perception of the self, of the other and of the environment, allowing the individual to become increasingly autonomous and capable of complex symbolizations in his environment. In this way, the psychic organization will form models of traits and behavioral patterns that will constitute the personality of the individual.

For Dolto, in order to develop as an autonomous individuated, creative and social human being, the child must overcome different levels of castration, such as structural frustrations (umbilical, oral, anal and symbolic) which are not only the intersection between erogenous zone and drive, but modalities of encounter with the other, leading to individuation and progressive introduction into social norms. The triangular juncture would function as a platform from which the paternal and maternal functions would be exercised to balance gratification and limits (as structural frustrations). If the gratifications exceed the limits or vice versa, this imbalance would generate compensatory impulses associated with fixations and delay in the progress of the child's psychic development.

On the clinical level, it is a matter of being impartial and helping the child to find means of expression of her repressed drives, adapting her to the average demands of her continuum of development and personal ethics, in order to facilitate the satisfaction of the legitimate demands of her desires, but without echoing her regression. The analyst must look

for the economic logic associated with the child's behaviours in order to understand which is her most advantageous mechanism of pleasure, even if it is at the origin of her sufferings and her maladaptive reactions.

This alerts us to the fact, quite common in analytic practice, that, in the course of treatment, and often from the very beginning, patients feel better and some of their symptoms may even disappear. However, this "healing" is only apparent, since it is only the effect of the transference. The cure is only assured when the analysand, in addition to the stable disappearance of symptoms, can face the real difficulties of life, without anguish, through a spontaneous attitude towards demands, according to an ethic within the environment in which the patient chooses to live, while allowing the adequate translation of her drives, which ensures the preservation of the acquired equilibrium.

During consultations with children, there is no difference in the process. The analyst has the task of listening and observing gestures, language lapses and spontaneous scenes from which it is possible to enter into the life of the child's imaginative representations, affectivity and symbolism.

Françoise Dolto indicated that, in her clinical practice, she was determined to become the substitute for the transferential fantasies of her patients. Thus, she did not propose the goal of facilitating the disappearance of symptoms but, rather to follow an individual towards the understanding of his relationships with others, through the comprehension of her entire personality, including her symptoms. For Dolto, the analytic act would free the individual from his symptom because such an understanding would free him from the cathexis of fixation in his body. Since such cathexis would not be available to language, her method would focus on the process that happened between the speaker and the listener, during analysis. The work with children,

then, would be shaped by this mediation. In this sense, Françoise Dolto's practice was essentially intersubjective.

The main condition for this participation would be the child's desire to talk about her feelings and thoughts with the analyst. From there, Dolto created a strategy to symbolize the child's desire to be heard. This strategy also facilitated the management of resistance. In an interview published in 2008, she explained about that symbolic system of payment:

“It was on account of the negative transference that I understood the role of the child's symbolic payment. The children who were brought to us, because they were supposed to be suffering, and who would benefit from psychoanalysis and sometimes did not even know, were not even aware that they had something to express, but, that they had paranoid reactions, reactions of hatred and hostility... thanks to which these children survived... but that hinders society, and that hinders their future development, in fact, that worries society, that worries their parents (...). Well, with this one, I understood that I had to tell her that, ‘but you are quite free not to want to come and talk to me, if your parents bring you to me... or your educators bring you to me, it's because they are worried about your future if you go on like this (...) but I will never receive you if you don't ask to come to me, the proof is that you won't see me if you don't bring me a sign that you want to talk to me’. So you can see that this is very important, because if a child brings a symbolic payment, whether it is a stone, a small piece of paper, or a fake stamp (...) I have a system that is symbolic: a stamp is to pay for a message that will be sent, ‘the things you will tell me in a session, what will happen, is like a message that you will send to me and you pay

with a stamp...if you don't bring it to me, I will understand that you don't want to talk to me, and you are right, nobody but you, and I am not the right one for you'. It's great to see how many have purely negative sessions, they come in, pay, tell you, 'I wanted to play, and I hate you and here, there you go,' (...) they're just translating the hate when they pay for a session where we've listened to them. So, it's not love-hate, it's getting rid of their suffering in that way, they paid for it, so they look at you like that, and I say 'you did a great session, you paid for that session.' (Mezamat, 2008), Author's translation)

Once the framing was determined and the child expressed a desire to be heard, Dolto would sit next to the child (but not in the child's field of vision) and invite her to say through words, drawings or plasticine manipulation everything that she thinks or feels during the time of the session, even about things that, she knows or believes should not be said (Dolto, 1981). In the meantime, Dolto was engaged in some activity: sometimes sharpening pencils while listening, sometimes making simple structures with plasticine. This symbolic act represented the analytic frame in which each participant had a role: the analysand to produce associations and the analyst to listen and interpret them.

Moreover, Dolto was interested, in general, in the child's associations through these verbal and nonverbal mediators, and not in the actual events in the child's life. Her role was to exercise the position of someone who listens and announces the emotions that cannot be named due to the repression of the contents, through the transference. The transference for Dolto refers to the idea that the child places the analyst in the position of the parental figures in a given period of her life when the child believed that her parental figures were talking to her about

something she associated with some part of her body and used it to express it. For Dolto (1984), pre-symbolic experiences and subsequent interpersonal relationships were maintained through the mnemonic register of words and somatosensory experiences.

These experiences would form primary representations of a body, which receives and sends emotions within multiple experiences in relation to others. Dolto (1981) explained that the analysis of the unconscious body image of children and their symptoms would promote the cure because “the fantasies associated with drawings or the manipulation of plasticine are emotionally articulated to the situation of transference with the analyst, which allows the analysand to release the re-evoked anxious unconscious emotions, source of neurotic disturbances” (p.71, author’s translation).

The unconscious image of the body can be projected in all representations, and if it arises from the symbolic elaboration of affective relations both with parents and in sensory relations with the world. This is how a drawing “of an object, a plant, an animal or a human being reflects both the person who draws it and the aspect she would like it to have, according to what she allows herself to expect of it.” (Dolto, 1981), p. 74, author’s translation. According to her theory, the unconscious image of the body is composed of three aspects: the structural, the genetic-dynamic and the relational.

In the structural realm, there is a basic image that is constituted by the repeated experience of mass and the body at rest, of breathing and circulation, and of the satisfaction of needs that culminate in the experience of the continuity of space and time and of narcissistic cohesion. There is also a functional image through which the drives of life and the tension of desire are transmitted and, finally, the image of the

erogenous zones where the intersection of pleasure and displeasure in the relationship with the other is focalized.

These components coexist within the dynamic field from which the split between the imaginary and the real occurs (in the mirror phase), allowing the alignment between sensory and visual experience, culminating in the differentiation of the image of oneself in relation to the caregiver. From the relational pole, through the exchanges with the other, through language, the somato-psychic experiences in the environment are registered, according to the caregiver's words, which enhances the intersection of the body image (experienced through the perception of oneself after the splitting made possible by the mirror) and the unconscious image.

Dolto also theorized that, if there are deficiencies or threats associated with the structural sphere, the child may develop phobic or persecutory mechanisms. This impact may generate the risk of psychic death, alteration and dissociation in the relationship with the other. This alteration would lead the child to become attached to non-coded images in the relationship with the other and to a discontinuity in the caregiver-child relationship, especially in sensory processing through language, causing the child to return to the state of bodily sensations. This is because they are the only registers to which she can have access to maintain the feeling of existing – so here, the death drive prevails.

In this sense, the drawings produced by children were understood by Dolto as body structures projected as an unconscious fantasy of the body in the transference experience and in the expression of desires. This explains Dolto's clinical behavior in relation to the mediators of communication in the analytic setting: she focused on the child's unconscious that was presented by the child's representation of her own

body image. Therefore, Dolto used the child's affective language and its unconscious logic in her interventions.

These theoretical elements had a direct impact on her practice: she first received both parents to consult them in order to analyze the unconscious dynamic relationships between the parental figures and the child, and the Oedipal structures of these figures with their parents (the grandparents). She would then see them separately to deepen the analysis of the family dynamics, the child's place in their narcissism and their respective Oedipal resolution. After the parents' consultation, she would see the child with his parents, when they were invited to express their concerns in the child's presence. This was consistent with the premise of not colluding with an absence of truth (family symptom) and respect for the child as a human being, which prompted her to ask the child's opinion about what she had heard in the discourse of her caregivers, and then the child was seen alone so that she could express herself without the pressure of the parents' presence – only if the parents felt comfortable in expressing themselves in front of the children and if the children wished to stay in the room during the interview (Dolto, 1981).

It was thus that, if the child accepted that she should be heard, Dolto would introduce the symbolic payment and the analysis would begin. Otherwise, she would invite the person in the family system who cared most about the child to consult. In this consultation, she would focus on the transgenerational dynamics and the difficulties of this person related to her perception of the problems that the child presents. Dolto respected the developmental process of children within their family system, and believed that this development was not free of tensions. Therefore, she recommended avoiding lengthy treatment before the age of six because a fourth individual within the triangular conjuncture could delay the child's libidinal structuring. Moreover, she postulated that the important

issues in analysis were to focus on the alienating signifiers and perverted dynamics, the difficulty of sublimating deprivation so that it is mediated through communication and not through the body.

In this context, Françoise Dolto did not use toys as mediators. She simply presented the children with a table where they could find papers, pencils and plasticine. The use of drawings was of crucial importance in her clinical work, because, for her, the unconscious makes use of signifiers, of figurative verbal expressions to facilitate and enhance associative chains.

The analysis of drawings

For Dolto (1948; 1971), in the analysis of drawings, it is considered that a pictorial production is crossed by the social and the triangular plot (maternal figure-child-paternal figure) – remembering that this dynamic was defined by roles not by gender – that provides a meaning, through which it manifests aspects of the intellectual, social and fundamental affective processes.

Such manifestation reveals an interinfluence between the production of meanings articulated by the subject, which pass through the affections and presents an idiosyncratic meaning. Thus, it could be supposed that, what was projected was condensed and displaced to produce a meaning coherent with the subject's demand. The dynamic function of such production would refer to the singularity of the subject.

From this perspective, it allowed the verification of the fantasies linked to the drawings which are, generally, emotionally articulated to the transference situation, and that makes possible the liberating revocation of the unconscious emotions provoking anxiety, source of neurotic disturbance.

“Mass, rhythm, intensity, speed are prerogatives of the most archaic image of the lived body; thus, we could see, as a representation of the id, the rhythms of drawing, the abstract lines, the rhythms of discharge, the strength of the support of the line, where speed and intensity play a role. Affect is expressed in its quality by the colors and in its intensity by the values of the colors” (Dolto, 1981), p. 77.

The situation of exposure to the construction of drawings and the request for association from the drawings, puts the child in a context that mobilizes him to attend to the external reality while responding to his internal processes. Such mobilization implies a mentalization process where the child will have to look for the elements for the composition of his graphic production in perceptions, affective facts and events, in the discourse of the whole, associations of ideas and thoughts. For Dolto, it is these elements that allow the investigation of psychic processes.

Thus, the drawing speaks of her drive, of the anguish experienced in the contradiction between family life and life outside the family, dangerous elements (impulses, affects, emotions) projected in the form of graphics animated by a form of psychophysiological drive associated with the experience of what she (the child) experienced of the adult's world and how she reacts to it. In any case, the pictorial productions per se only exposes a disguised latent content. The child is not conscious and does not explain in detail her feelings. To understand her deeper unconscious and meanings of her feelings the analyst must take into account the associations she makes with her drawings or the imaginary stories she tells and the judgments she makes about the beings, objects

and other elements she imagines and projects into her drawings – therefore, no isolated graphical traits can be interpreted a priori.

This illustrates another aspect of the ethics of Dolto's practice: she explained that it was important to treat children with the same formality used with adults (if they wanted it) to indicate that they were not friends and should establish a curative relationship. It also illustrates her hallmark of putting in simple words the meaning of experiences and the unconscious dimension associate with it (Dolto, 1974).

In her daily consultations at the Trousseau hospital, her assistant would invite the child to the consultation room and Dolto would introduce her to the observers for her first session. Sometimes family members could observe the session so long as they did not interfere in the process.

After the production of drawings, Dolto observed the sequence of drawings produced, sometimes she would prompt the child to speak of a dream or simply observe the patient, because, according to Dolto, every act, even if apparently banal, has a meaning. From there she interpreted the meaning of the plot of memories, of mourning and of the relationship with the oedipal conflict, or anything that could signify the function of a symptom or dynamic.

In one of her writings, Dolto (1988) stated that the absence of adequate explanations about parental dynamics (the non-said) can lead the child to internalize that her parents have committed a faulty act. The result could be that the child identifies with this representation of their imagos, repeating their faults through identification, positioning herself against or breaking the rules, imitating any other behavior considered faulty in the eyes of society. Unconsciously, the child tries to join her parents in this act in order to maintain the feeling of belonging. In this sense, Dolto

emphasized that it was important to bring to consciousness the ineffectiveness of such identification (through the revelation of its meaning) as an attempt to maintain the representation of family reunification 'in the fault'. For instance, in terms of the repetition of pathological presentations, her perspective refers back to what Freud (1914) had postulated on the subject:

“The analysand does not, in general, remember anything of what has been forgotten and repressed, but acts it out. He does not reproduce it as a memory, but as an action; he repeats it, without knowing, of course, that he is doing it (...) repetition is the transference of the forgotten past (...) What does he repeat or act, in fact? (...) his inhibitions and unviable attitudes, his pathological traits of character. And, moreover, during the treatment he repeats all his symptoms”. (pp. 152-153)

Therefore, when analysing a child through her drawings, the analyst might want to investigate what is repeating in the pictorial representation that resonates with the child's symptoms which is being figuratively expressed through the unconscious image of her body.

This also illustrates a characteristic of Dolto's analytical work when she asks: “What do those things represent? That makes you think of that? And you? Where would you be in that drawing? Who would you be?” – such questions refer to her attempt to understand the child's unconscious image of the body (Dolto, 1984). In an interview, Dolto said:

“That's what the work of understanding the transference is about (...) you have to understand what happens (...) she puts me in the place of

his father, as to the moment when she thought who she is (...) who speaks to whom, whereby, in the period of analysis, (...) by what part of her body she is speaking about without knowing it, or what part of her body is completely eclipsed to me while she was talking about everything else, like another the time of her life, as if she did not suppose that the analyst also had a complete body. I have worked a lot with the idea she gets of her body (...) through the words she says, and this was new at the beginning.” (Mezamat, 2008), Translation of the author.

From the symbolic function, the child will detach herself from this first internalized object; then, enter into relationship with other objects and thus form the first relationships as a basic image of the other (invested, idealized). These relationships will be constituted as the foundation of future representations of the other and of herself. Such a foundation generates the representation of the body image that is associated with personal identity, an emotional resonance with all other invested objects, and self-acceptance.

Another illustration of Françoise Dolto's analytic ethics was represented when she asked the opinion of her clinician-observers about her patients and their graphical production. Dolto was a researcher and much of her theoretical construction came by way of constant dialogue among her colleagues and what she learned from her patients. She investigated processes, comparing drawings, reflecting on similar cases and writing down her thoughts for further analysis. Clearly, she searched for empirical evidence of similar phenomena in other drawings made by multiple children.

Consequently, the choice of the drawing in session could be thought of as a component of the transference since the representation of something is exposed in the presence of another and refers to the transmission of an experience of something being represented (by the drawing) in relation to that other. Thus, the presence of the analyst in front of the analysand's drawings favors the formation of associative chains especially when the analyst seeks to fill in the gaps of memories. From there, an associative chain is established, allowing the analysis of the resistances and the integration of narratives that produced meanings about life and struggles – until then, repressed. In this sense, Dolto's technique was clearly Freudian, as it is explained in Freud's theory:

"...the physician renounces to focus on a given moment or a given problem, and uses the interpretative art, (...) to discern the resistances that are cut out in the patient and make them conscious. Thus (...) the patient easily narrates the situations and the forgotten links. Of course, the goal of these techniques has remained the same. In descriptive terms, to fill in the gaps of memory; in dynamic terms, to overcome the resistances of repression". (Freud, 1914) pp. 149-150.

Dolto's technique favors the tendency to organize discontinued experiences and explains that the repetition is a perseverance of the attempt to remain in the intrasubjective universe, fed back by a failure of articulation. The analysis aims to re-invest in the circulation of the narrative, increasing its communicative potential. Thus, this discourse would have two possible outputs: one that keeps the person within the ill intrasubjective universe, or another, that is pro-articulatory, by which

the experience is shared and reaches coherence, promoting the individual to the position of subject of the experience.

This would be possible because the sharing of the experience would activate an elaborative process that would facilitate that the current self (which seeks a co-metabolizing function in the other) overcomes the upsurge of the traumatic self: many aspects that make possible an enhancement of the communication capacities and, consequently, its psychic metabolization. It is evident, in Dolto's literature and in the description of her cases, that her practice was centered on a pro-articulatory approach provided by the elaborative experiences activated in the transference and interpretation of unconscious repetitions in regarding to their (dis)functions. In Lacanian terms, transforming events in Signifier within the fabric of repetitive similar Signifiers.

From the preliminary interviews to the ongoing sessions, including those involving drawings, she investigated the first occurrence of the crisis or symptoms, then analyzed the chain of psychic events that might indicate the function of these events to, finally, understand which issue is being disguised in this chain of events – which configures the patient's pathological repetition.

Conclusions

This essay presented the particular elements of Françoise Dolto's practice as analyst. It emphasized her premises by which the psychological structuring of the child resulted from an attunement and the efficient containment of its parental figures; the need to talk about the child's history in relation to the parents' desire in order for her narcissism to be registered and maintained. In her perspective the child's symptom would be a response to the parents' symptom and, generally,

expresses what it is not dared to be said by her own parents and others in her family system – suggesting the notion of transgenerational transmission of symptoms. Finally, she taught that the analytic act facilitates the elaboration and liberation of the symptom via the weeding out of the cathexis fixed in the body.

Although she did not use drawings as a ludic resource, the drawings produced by her patients were resources for accessing fantasies and associative contents. Thus, the pictorial productions were understood as evidence of displacement and condensation of mnemonic traces and unconscious images of the body that became evidenced within the transference. They also served to deepen the understanding of the chain of association which revealed the meaning of repetitions in the constitution of the child-subject.

Unfortunately, many critics addressed Françoise Dolto's person and work in a pejorative manner, which distanced her from the International Psychoanalytic Society and, among other factors, from Anglophone publications. Such critics failed to evaluate the depth of her contributions to psychoanalytic practice. For example, on the occasion of her evaluation at the International Psychoanalytic Society, her candidacy was rejected by Winnicott because, in short, he considered that she relied too much on intuition and did not present sufficient training in theory to be a trained analyst (Guillerault, 2007).

However, as Hall (2009) reinforces, the essence of Françoise Dolto's work was quite structured as Freudian: it focused on her understanding of communication, the nature of unconscious desire and symbolic castrations. Her main contribution concerned the idea of the child as subject and the importance of language in her subjective constitution. In addition, she taught that anything left unsaid can affect the autonomy of

the child's desires and engender damages to her psychological and physiological development.

As for her practice, it is well documented, as already stated by Roudinesco (1990), that Françoise Dolto did not make use of any drawing techniques or reparative interpretations, but used the fantasies and memories contained in drawings or plastic expressions as materials for analysis. Moreover, in a context such as today's that is so thirsty for evidence, one must concede that her practice evidenced solid theoretical articulations that generated the cures she performed throughout her years as a psychoanalyst and their indirect impact on those who had received her clinical supervision.

Dilcio Guedes:

Preparation, creation and/or presentation of the work including the stages prior to publication.

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