Do you know, Ladies and Gentlemen, do you know the story of the “balloonist”?

Once upon a time a balloonist was flying his hot air balloon across our country when he suddenly realised he was lost. Totally lost. He releases a bit of air and starts dropping. When he gets down to a couple of hundred feet above the ground, he spots a man below watching him. He drops down a little further and shouts, “Excuse me, Sir, can you tell me where I am?”

The man on the ground says, “Sure. You are in a hot air balloon, hovering about 30 feet above this field where I am standing.”

“You must be a scientist,” says the balloonist.

“I am,” the man replies. “But how did you know that?”

“Well,” says the balloonist, “everything you have told me is technically correct, but it is of no use to anyone.”

The man on the ground thinks for a moment, then replies, “You must be a policymaker.”

“I am,” replies the balloonist. “But how did you know that?”

“Well” says the man, “you don’t know where you are. You don’t know where you are going. And you expect me to be able to help you. You are in the same position you were before we met, but now it is my fault.”

Thank you, ladies and gentlemen, for letting this balloonist/policymaker take part in the opening of your congress.

Perhaps there is something of the balloonist in all of us. We are all “a little” lost. We are all groping around, trying to find our way through the complexities of today’s world. All of us are faced with the same basic question: How can we piece together all that knowledge available to us so that it may better enlighten us?

Ladies and gentlemen, permit me to express a few thoughts on this question and to share some of my beliefs. I shall begin by referring to the “ménage à trois” in which we find ourselves increasingly involved: this is the “ménage” of market, democracy and science. After addressing a few questions on scientific development, I’ll attempt to show what science could do for psychiatry and what psychiatry could do for science. At least this is my intention – the intention of a balloonist armed with 20 minutes worth of incomplete notes which by chance and necessity and thanks to the generosity, or perhaps the recklessness, of Professor Ferrero, I am to deliver to this congress.

1. The market, democracy and science: a “ménage à trois”

For the past decade, market, democracy and science have been living together in a “ménage à trois” – a combination leading to tensions, breakups, reconciliations and to the constant search for an elusive stability. It is a threesome consisting of reason, love, hate, need, mistrust, hard-fought confidence and power struggle. A relationship, both intolerable and necessary, which shackles these three partners.

Let’s deal with the market first. It is a market spreading triumphantly over the planet. It is a market without rival which leads to social disintegration, weakens social networks and, while making homo economicus more free, it also makes him more isolated, vulnerable and disconnected, without a common background or belief. The market is built on the logic of profit, selfishness, the short term and instability. His credo is more, better, faster. Spiritual tranquillity is forbidden. And as you all well know, this prohibition is at the root of the growing demand for psychiatric support.

Next: democracy. Unlike the market, the spread of democracy is slow. It is too slow in its efforts to create a global public order which should supervise the market, manage interdependencies and promote much-needed solidarity. Democracy is built on political logic, on the public good, the long term and stability. Spiritual tranquillity is essential. Without it how can one regain control of history and deal with the suffering in the world?

“If I am not in favour of me, who else will be? But if I am only in favour of me, who am I?”, asks the Talmud. By organising the “in favour of the other”, democracy answers to market.

Now to the final partner – science, backed by technology: science, imperfect though arrogant, progressing slowly, creating more economic value, constantly raising hopes and improving the quality of life, adding to utility, well-being and autonomy thanks to a better understanding of nature, life and society; science, a tool in the power game, a promise and a threat at the same time; science, its dream of becoming a universal language, unfulfilled; science, no longer rooted in culture; science that the sufferings, and sometimes the care givers, ignore.

That’s the way it is with our world and with our household of three. No one can escape it. A process of creative destruction of jobs, companies, hopes, knowledge, illusions and certitudes carry us along. Jobs replace jobs, companies die and are born, a succession of certitudes, illusions and knowledge rushes by at ever-increasing speed. Where are we going? No one knows. What will we be tomorrow? No one has an answer. Only two fragile convictions hold out. The first one is that our future is being mainly determined by this “ménage à trois”; second, that it is important to do everything to ensure that in this threesome, democracy has the upper hand.

2. Science in question

Science was synonymous with progress. It was to be the true philosophy, revealing the world as it is. It was to have soothed the trials of mankind and given it mastery over nature. It was supposed to have made trials happy by returning them to the place which they occupied at the time of creation. In short, the idea of progress was supposed to gradually replace the religious concept of salvation.

Two centuries after the birth of modern science the results have not lived up to expectations. We have penetrated the microscopic world of matter. We have explored the living organism. We have gone beyond the solar system and entered the conscience beyond words. Technology has expanded our productivity immensely, done away with our hardest labours and multiplied our capacity to communicate infinitely. But in spite of these advances, which were inconceivable for the longest time, doubts, sometimes mistrust and even bitterness accompany scien-
tific developments which continue to accelerate. Scientists are sometimes accused of creating monsters. Instead of being a source of wonder, science often causes fear. At a time when society has never been safer, it is science which must show that science, in speaking to us about our humanity, can become culture. That means, as Edgard Morin says, that “la science doit perdre son respect pour la science et que la science doit interroger la science” (“Science must lose its respect for science and that science must question science”). In other words, we must reinvent science. This process is already under way. In that sense, if psychiatrists and scientists learn to speak to each other, then psychiatry as a whole will benefit.

3. What contribution can science make to psychiatry?

Psychiatry seems to be at a turning point. Demand for its services is increasing massively in a society which has become ever more unstable, fragmented, vulnerable and more sensitive to psychic suffering. On the other hand, public services, under severe budgetary restraints and the inflexibility of large organisations, have difficulty adapting. Differing psychiatric practices have developed into a kind of huge therapeutic bazaar tolerated by ambient relativism and fed by controversies about the unconscious. There’s a risk of stagnation. Without science, psychiatry could become simply a huge repair factory, with therapists routinely dealing with patients, having lost all ambition for therapeutic prospects.

Happily, the old questions are being more and more asked. How take experience into account? What is therapeutically appropriate? What is medically evident? What is scientifically justified? These questions coincide with the appearance of scientists who want to question science and who are aware that creativity is at the frontier of the disciplines and who are able to share their knowledge, listen to patients and take an interest in the knowledge of others. Therefore the response to the threat of stagnation would seem to be more appropriate motives, more effective science and more openness to different knowledge and to the experiences of the patients and caregivers. It is exactly this scientific creativity, through a systematic evaluation of results, collegial appraisal, free, joyous, open, iconoclastic debate on all issues posing problems or offering resistance. A wealth of discussion could replace the usual prudent, protective silences. Instead of every man for himself and compartmentalisation there could be a common and differentiated management of therapeutic complementarities.

The field of psychopharmacology has for a long time been a remarkably fertile one. Psychotropic drugs have made an essential contribution to treatments and the patient’s quality of life. Certain sceptics grumble that it is only treating the symptoms. They should remember that people can die from the symptoms. Thanks to molecular biology, this path continues to be extraordinarily promising. If industry and scientific institutions, psychiatrists and scientists, care givers and receivers can work together to gather the information and patiently transform it into knowledge, the results will come. The dream is one of a real partnership that does away with institutional, disciplinary, private and public boundaries and which would permit, beyond the problems of intellectual property, the free circulation of knowledge.

When one thinks of improving mental health, the first thing one thinks of are the neurosciences. In the face of the theorising importance of psychoanalysis, neuroscience has patiently uncovered the mysteries of the brain, connection by connection, transmitter by transmitter, zone by zone and soon synapse by synapse. It will never have the answer to the question “Who am I who says who am I?”, but already the “European Dana Alliance for the Brain” can imagine, only imagine, a world.

– where the genetic and environmental factors predisposing individuals to mental illness will be known and where precise diagnostic tests and specific treatments will be widely available and fully utilised;
– where new knowledge about brain development will be of increased benefit in the early years and, at the other end of the scale, help to fight illnesses associated with old age;
– where people will no longer be trapped by their addictions because of the availability of treatments blocking the phenomena causing drug withdrawal reactions and craving.

Neuroscience, with its 40,000 researchers around the world, has bright prospects today. Utopia? Perhaps. But it is this vision of utopia which spurrs the desire to know. Already, perhaps thanks to neuroscience, diseases of the brain have become like any other diseases. Already parents and addicts, finally free of the yoke of guilt, can take responsibility for their addictions.

A final and very important contribution by science to psychiatry: as in this quotation often attributed to Freud, it reminds us that “sometimes a cigar is just a cigar”.

It is also necessary to speak of the contribution of psychiatry to science. It could be prodigious if these two worlds could come together and if the vast array of knowledge could really be communicated. Psychiatry could then remind science and all scientists that “sometimes a cigar is not just a cigar”.

By way of conclusion and to thank you for your attention, I would like to tell you a tale from Africa.
“Once upon a time there was a village in the heart of Africa. In the centre of this village was a single tree with two branches. These branches were loaded with superb red fruits. All of them identical. And those who saw them wanted one thing only: to eat them. But nobody touched them because the fruits on one of the two branches were lethally poisoned – and nobody remembered which branch was which.

One day during a famine, while the inhabitants were dying of hunger, the bravest man in the village (the chief, of course) dared to eat a fruit. It was not poisonous, and the man did not die and was no longer hungry. So, the villagers ate all the good fruits. But they also cut off the branch that bore the poisonous ones. Upon which the tree died and there were no more fruits.”

I leave you, as psychiatrists, with the duty of interpretation.

Casuistique
Psychopathologie chez l’enfant d’âge préscolaire: quel type de thérapie choisir? 1

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Summary
At the age of 3 or 4 years, we know that the child is still very dependent on his or her parents’ projections, but s/he is also beginning to consolidate her or his internal representations. With preschool children who need psychiatric help, it is often difficult to dissociate the part of the conflict which concerns the parent–child relationship from the conflict that is already internalised by the little patient. However, this distinction is very important when the therapist has to choose between several different types of treatment for the child and his or her family. Personality-type and type of conflictuality are factors that will help the therapist to select the most advantageous treatment method. This text will concentrate exclusively on psychodynamic-oriented therapies using examples of child individual psychotherapy, which tries to understand intrapsychic conflicts, and parent-child psychotherapy, which studies the transitional area between the parent and the young child* (Winnicott 1970). Through clinical cases of a little patient who successively benefited from both of these treatments, we try to illustrate and better understand the advantages and insufficiencies of both these therapies.

Keywords: psychotherapy; psychodynamic; child; parentality; setting; projection

Introduction

Adrien a 3,5 ans lorsque sa maman l’amène consulter une pédopsychiatre. Depuis 3 mois, il souffre d’encoprésie. Accessoirement, il est décrit comme un enfant anxieux, parfois triste, souffrant d’angoisses de séparation et de diverses phobies peu invalidantes: chiens, obscurité, espaces clos. Il exprime quelquefois le désir d’être un bébé. A travers cet exemple clinique, nous tenterons de décrire la complexité du choix du type de traitement à offrir à un enfant d’âge préscolaire, en tenant compte à la fois des caractéristiques de l’enfant et de celles du contexte familial.

Adrien: l’évaluation

Adrien est le deuxième d’une fratrie de trois: il a une grande sœur et un frère cadet. Ses 9 premiers mois de vie ont été difficiles: il pleurait beaucoup, tétait mal, ce qui a beaucoup éprouvé sa mère qui remettait ses compétences maternelles en question et qui nous a confié avoir parfois perdu patience jusqu’à secouer ce bébé qu’elle ne parvenait pas à cerner. Le développement a été normal, concernant la motricité et le langage. Après d’importantes difficultés de séparation d’avec sa mère durant la première semaine d’école, il s’y rend volontiers depuis 6 mois. La maman se dit également ambivalente face aux séparations d’avec son fils: soit anxieuse, soit prise de l’envie de rejeter cet enfant lorsqu’il l’enverne. Elle le voit toutefois comme intelligent et ayant de nombreux intérêts. Plusieurs éléments familiaux sont à relever: naissance récente d’un petit frère qui a dû subir une intervention chirurgicale, événement qui a beaucoup mobilisé la famille; antécédents d’encoprésie chez la sœur aînée, que les parents mettent en lien avec la naissance et les difficultés d’Adrien.

La mère a été une enfant anxieuse, parfois troublée, souffrant d’angoisses de séparation et de diverses phobies peu invalidantes: chiens, obscurité, espaces clos. Elle se sent moins inquiète que dans le passé, et apprécie son rôle de mère au foyer. Elle se retrouve également dans certaines caractéristiques de son fils: difficultés de séparation, phobies, traits obsessionnels, mais alternent entre des positions de rejet et de grande sollicitude envers son fils, laissant entrevoir un trouble de la relation précoce. Actuellement, elle vit l’encoprésie de son fils comme une attaque personnelle. Le père semble moins impliqué émotionnellement dans les difficultés de son fils; il est proche d’Adrien qu’il comprend sans trop de difficultés et dont il s’occupe beaucoup. Ainsi, les problématiques relationnelles père–fils n’ont pas été abordées dans ce texte.

Les premières consultations révèlent des parents simples et chaleureux, préoccupés pour leur fils; ils restent très factuels, sont peu enclins à associer et à aborder leur passé respectif. La thérapeute doit adopter une attitude active pour obtenir des informations; elle est également frappée par le peu de capacité de conflictualité des parents. Le problème d’Adrien, lui, est un petit garçon fin, très mignon. Assis près des jouets, il est visiblement très intéressé par la conversation entre ses parents et la thérapeute qui perçoit chez lui une importante avidité. Durant les entretiens individuels, son inhibition fantasmatique et pulsionnelle contrastent avec l’importance de la responsabilité rédactionnelle pour la sélection des travaux d’examens publiés incombe à la Commission d’examen de la SSPP.