Topics

Topic n°1 : Body and Psychic Development

V. Delvenne, M. Descamps, P. Gustin

During the emergence of thought processes, the body occupies a primordial position. The first psychic processes are anchored in sensory-motoric memories originating during the in-utero period. Psychic life develops through the transformation of sensations and perceptions in to representations within the context of the maternal environment following the encounter and response of the maternal body and mind.

Those interactions and encounters are modeled in a socio-cultural context. In addition, representations that create a connection between body and mind – including a dysfunctioning body and mind – can also be seen as cultural constructions.
It is important to understand our developmental theories, both biological and psychological, from this angle. The body, the mind and the environment form the foundation of development of psychic (cognitive and affective) and somatic processes.
Learning processes are both visceral and cultural in which the impact of technology affects both body and mind. As such, the onset of puberty and the accompanying changes of body and mind in adolescence, cannot be seen to be independent of interactions in the social environment at school, in the peer group and of adult societal values.

Topic n°2 : psychopathology, paediatrics anD psychosomatics

M. Cailliau, C. De Buck

Psychic disorders cannot be thought of without taking their somatic bases and impacts into account. Similarly, physical problems that directly affect the body must be looked upon by taking their psychological bases and impacts into account.

The psychosomatic alliance implies whether the suffering be located on one side or the other, that psychic and somatic caretakers attempt to harmonize or at least express their approaches, in order to allow their underlying models to be questioned.

The baby’s body, the child’s body and in another way the teenager’s body, are subject to the parents attention or inattention. This is even more true in the case of a "weak" body. Its legitimate occupant is often threatened with ‘expropriation’ "while work is in progress" !
This violence to which the subject’s body is subjugated for it’s own "safety" is not without consequence for the psychosomatic alliance : body abandoned, body fought for with the nursing team or parents, body reduced to it’s physiological functions or perhaps even reinvested in a masochist form…

Children’s chronic diseases that necessitate diets and special care throughout life such as diabetes, invasive treatments such as those needed in most oncological diseases or interventions that drastically change the image of the body as in organ transplants, make it mandatory to re-think how the child and adolescent can be helped to allow him to integrate the "otherness" of his body.

On the contrary, the psychosomatic disorders and hysterical conversions, relatively frequent in pediatric practice, bring up the problem of body "language" that disconnects the psyche from it's emotions and impose the delicate job of reconnection in order to receive and transform hallucinatory re-living of non-symbolized traumatic experiences.

Finally, the possibility or even the ineluctability of the death of a baby, a child or a teenager opens up, in another way, the question of how to think of the unthinkable.

- The body, object of care, in the baby, the child, and the teenager : passivation, revolt, ownership

- The pediatrician, the caring team and the psychosocial team : questions about multidisciplinary team work

- Psychosomatics, hysteria, body languages and working through affect

- Invasive pediatric treatments, diseases with a lethal prognosis

Topic n°3 : The different body

D. Charlier, D. Hermans, M-C. Nassogne

Born differently, developing differently, the child's and then the adolescent's body sometimes support the stigma's of very premature distress or disease which affect psychic, physical and motor development.

We meet children and adolescents marked by neurological and/or neuromuscular system damages, serious communication and interaction disorders like in Pervasive Developmental Disorders (among them autism), serious nutrition development disorder requiring or not artificial feeding, serious perception of reality disorders as in a psychotic state and sometimes experiencing limitations such as in disharmony of cognition and language disorders.

The limitation that the body imposes has an effect on the child or adolescent's self-image and psyche but not in a symmetric way as expressed by the child or adolescent ; a desire for self-integrity such as, dreaming of running when they're paraplegic or investing life with (unrealistic) projects.

The impact on the environment of these differences and the multiple component treatment offered is sometimes a strain for those around the child especially for the parents and the close family. It can create a constraint on relationships and family daily life routines.

Among the parents, signs of psychic suffering arise as depression, death anxiety and facing the disease or the handicap ; this mostly when they are going through a rough time themselves or if they feel the child or adolescent's helplessness. There is also the body marked by the difference which leads sometimes to self-rejection or a death wish, testimony to the insupportability of everyday life. This occurs in particularly when behavior disorders are complicating the problematic and when everywhere we go there are no positive answers about care management or placement. The most frightening thing is that sometimes the argumentation given is : « If we accept today we'll never find a place to take care of the child or adolescent tomorrow ».
There is a need in the social environment, mostly school for the children, for multidisciplinary and coordinate interventions. An external network of collaborations must be built and installed between social actors as early child-care services, help services but also with nursery, normal and special schools and recreations centers, etc.

The work of diagnosis and therapy can be further complicated by the need to integrate several

opposite paradigmatic fields that need to be coordinated without loosing the quality of each specialism.

- How can we look after these patients in our out-patient care and clinical hospital care ? What kind of partnership is needed with the parents ?

- The question of communicating a diagnosis. What can we say, what not ? When and how can we collaborate with the parents ?

- How can we help the specific workers to enhance their professional and highly specialized resources without losing their regard of the human subject who has to deal with this body differences and consequences ?

- How can we imagine or rethink the therapeutic space and care organization ?

Topic n° 4 : Attacks on the body, risk behaviors
Isabelle Duret, Antoine Masson

Limit-testing conducts that are part of normal development, searches for new territories of exploration and play, attempts to self-heal pains through and in the body, calls for help, dead-ends where destructive behaviors repeat themselves in deadly desires — the "uses and misuses" of one's body refer, at each point in life and in different sociocultural contexts, to multiple realities and meanings.

The body of the baby, the child and the teenager can be considered through the repetition of transgenerational or groupal traumas that form the background of persecutory and destructive projections acted by adults and parents.

During adolescence, the limits of the body tend to replace the semantic limits that are now — more than ever before — lacking in the symbolics of the social world. Conducts that put the body at work — and also at risk — can occasionally constitute self-administered rituals which, lacking institutional support, can be considered as rites of passage.

Eventually, is it not the case that certain destructive acts, which can go as far as involving murder and/or suicide, constitute attempts to counter the threat of a lack of undifferentiation between oneself and others, of a loss of self ?

On the terrain of sexuality, likewise, one may ask whether risk behaviors and aggressions may not translate, for certain people, a search for identity through a violent confrontation to differences.

- Self-sensuality, self-relaxing and self-mutilation from infant hood to adolescence : impasses in the development of symbolization, failures in primary relationships, therapeutic modalities and symbolization boosting procedures

- The wicked body : possibilities, conditions and limits of the transgenerational traumas approach in ill-treatment, abuse and negligence towards the body of the baby, of the child and of the adolescent

- Insults to one's own body and risk-taking during adolescence : from appropriation to alienation, from metamorphosis to destruction

- Aggression and physical violence towards others amongst children and teenagers : Crossed, conflictual and paradoxical perspectives

Topic n°5 : The place of the body in child psychiatric and psychotherapeutic treatment

Christine Frisch-Desmarez, Philippe Kinoo, Jean-François Vervier

The child's becoming conscience of his/her own body, which initially is intimately linked to that of the mother, is by no means self-evident. This feeling is acquired gradually, and it is not guaranteed for all time and in all situations, as it takes on different forms in different cultures.
In every clinical encounter, it is through and by means of their body that children show, and make their therapist aware of, the essential features of their relationship with themselves and with their environment. These muscular, postural and gestural manifestations, which together with facial expressions, are the way the child's emotions are processed, play a crucial role and take place on conscious and above all unconscious levels that also involve sensations in the therapist's body : evacuating into the body whatever cannot be felt as such, having access to the body in an attempt to give form to mainly undifferentiated experiences and feelings ; expressing through play the preconscious images of oneself and of other people. These various dimensions offer a wide range of modalities of expression, most of which are at first glance inaccessible to verbal language. The psychotherapeutic setting must take them on board and transform them through interactive dynamics in order to encourage the development of the child's capacity to symbolize and to integrate what is being experienced.

The body which is the primary medium of the construction of relationships between human beings, is also the depository and the messenger of what, in those relationships, influences the psyche and sometimes disorganizes it. These non-verbal messages have an impact upon the child's parents, upon people in his/her immediate vicinity and upon those taking care of him/her, particularly when the child feels overwhelmed. The question then arises as to the (therapeutic/parental) means that have to be deployed in order to deal with these excesses without being destroyed by them, while at the same time creating conditions in which they can be transformed. In order to do this, psychological treatment procedures have to develop specific capacities that are able to echo all the confusion and encroachments that threaten psychosomatic integration. Of these means, the option of resorting to psychotropic medication has to be looked at closely, so that it can integrated in a dynamic construct of developing links and transitions, rather than splitting and compartmentalization.

– Expression through the body, bringing the body into play, expression through play : how can treatment settings avoid any splitting between taking the body into account in its physical needs and its psychic reality ?

– How, in treatment procedures, can we connect, create interactions and integrate the pharmacological approach with re-educational techniques, media-based therapy and therapies that use the spoken word ?

– From body language to the body in language in psychotherapy : how can therapists process this psychological and corporeal material in a way that enables it to be used in a meaningful way by the child and his/her family ?

– Treatment procedures involving the individual body, the maternal body, the family body and the social/cultural body : splitting, foreclosure, transition.