

The discourses and the child

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The media has recently echoed a widespread concern about the prescription of psychotropic drugs to children. The series of articles on depression by Peter Ellingsen (2001) published in *The Age* reports on the generalised malaise (a particular instance of the malaise of our civilisation itself) induced by the pharmacological remedies for human misery — one of those paradoxes structurally inherent in culture, of which children are of course not exempt. Medical practices are being questioned on the basis of a precept which has guided, precisely, the medical profession for centuries, an ethical prescription for the doctor which is simultaneously a technical rule of the highest practical significance: *primum non nocere* ('first of all, do no harm', or 'take care that the remedy is not worse than the disease'). The imprudence, bordering on malpractice, of many doctors, as well as the irresponsible greed of the pharmaceutical commercial corporations and the equally irresponsible, unethical neglect of the public health system on the part of governments, have been repeatedly denounced.

These concerns and protests are justified, and as a citizen and a psychoanalyst I can only endorse them. As a psychoanalyst, however, I must proceed further, beyond the level of denunciation, and see if the psychoanalytic experience can contribute in a positive way to the ethical, scientific and therapeutic questions involved in this serious problem.

In my view, the so called 'medicalisation' of human phenomena, disruptions and disorders which are part and parcel of the discontents of civilisation cannot be blamed for all the abuses that have been denounced. Medicalisation is a problem when a doctor, or a medical institution, adopt and impose an imperialistic attitude in relation to human affairs, normal or abnormal, which are not, and cannot be, the private property of any profession or industry—human affairs such as anxiety, depression, deficits of attention, socially disruptive behaviour, school failure, disobedience, sexual precocity, sexual immaturity... the whole works (and to name only some of the common problems among children). The doctor is guilty of medicalisation when he thinks that anxiety is an exclusively medical problem and acts upon that belief. These things happen, no doubt; but I am inclined to regard such attitudes and actions of some doctors, to call things by their proper name, as bad medicine rather than medicalisation. Now, bad medicine is worse than medicalisation, since it is based on ignorance and deviation from the ethics of the profession. Some may argue that

medicalisation *necessarily* leads to bad medicine, but this is less certain. At any rate, the point I would like to stress is that within the particular parameters established by the medical profession itself as to what constitutes proper medical practice the abuses that have been denounced in recent times simply amount to unscientific and unethical practices on the part of some doctors; and let us not forget that as a rule it is doctors themselves — good doctors — who have first denounced the malpractices of derailed colleagues. It is doctors who are in the best position to assess the deleterious effects of bad medical practices.

Thus, for example, in response to an editorial article published by the *Medical Journal of Australia* which I will discuss later, Jon Jureidini, Head of the Department of Psychological Medicine at the Women's and Children's Hospital of Adelaide, wrote to the Editor of the same journal a letter under the title of 'Epidemic of schizophrenia in children or inappropriate prescribing?' in order to raise the alarm among his colleagues, as data that he obtained from the Health Insurance Commission shows an unjustifiable increase in the prescription of the antipsychotic drugs Risperidone and Olanzapine for children 12 years and under — these drugs are not recommended for use in children. Dr Jureidini (2000) argues that:

Doctors might be prescribing these medications for what they believe to be schizophrenia. More likely, they are prescribing for behaviour management, and are misrepresenting the diagnosis in applying for HIC approval so that patients pay less. [...] Doctors should be cautious in prescribing medication for behaviour management, and should ensure that their applications to the HIC are truthful.

Furthermore, medicalisation is not the only case of imperialistic attitudes and actions among mental health professionals. There is also 'psychologisation', 'psychotherapisation', and—why not—'psychoanalysis' (if you allow me all these neologisms), ranging from merely speculative theorisation to the exploitation of patients for ideological or commercial purposes. Transgressions to the maxim *primum non nocere* are equally unethical when effected by these professionals, and the degree of damage inflicted upon patients by such transgressions may be in some cases greater than that produced by biochemical agents.

When dealing with these problems we must beware of the propensity that as humans we have of adopting the position of the ‘beautiful soul’, that Hegelian character to which Jacques Lacan (2006 [1956], 345) referred in his analysis of contemporary narcissism: that beautiful soul which ‘is said to live (in every sense, even the economic sense of making a living) precisely on the disorder that it denounces’.

It is more fruitful, in my view, to have a good look at the structural conditions that have led our civilisation to generate and/or promote the pathological states of contemporary culture—psychopathological, in the case of our children; pathogenic, in the case of our professionals. Lacan’s (1991) theory of the discourses — in particular, his developments in *Seminar XVII, The Other Side of Psychoanalysis* — offers a conceptual framework to situate our questions. It goes without saying that this is only one perspective in a complex area of inquiry, and in no way exhaustive.

At stake are the prevailing discourses on the child and the child’s own discourse. By ‘discourse’ I mean, following Lacan’s theses, a social bond inscribed in language and involving a set of primordial enunciations. Let us examine, in the first place, a text which is representative of a prevailing view in the medical discourse on the treatment of psychological disturbances in children. It is an editorial article published in the *Medical Journal of Australia* in August 2000 and is signed by Professor Joseph M. Rey, Dr Garry Walter and Professor Philip L. Hazel, all of them directors of Child and Adolescent Mental Health Services. It is entitled ‘Psychotropic drugs and preschoolers’, and its abstract reads: ‘With little evidence for the safety and effectiveness of these drugs in the very young, doctors are in a difficult position’ (Rey, Walter & Hazel 2000). The authors then express their concern about the prescribing of stimulant, antipsychotic, antidepressant and other psychotropic drugs for very young children, and detail the scientific, ethical and professional reasons for their statements. Yet, they say among their conclusions:

With society and families undergoing rapid change, physicians are confronted with growing numbers of young children with severe behavioural problems, with many parents who have limited parenting skills and with an increasingly demanding public. This is compounded by overwhelmed and inadequate social and mental health services for young people. It is not surprising that medication, rightly or wrongly, has become more common in managing

problematic behaviour, even in the very young. At the same time, there are preschool children who present with severe symptoms and impairment who do not respond to appropriate psychosocial treatments. Depriving them of potentially effective medication (e.g., stimulants, for which there is ample evidence of effectiveness in older children) may be unwarranted. Clinicians find themselves in an all-too-familiar predicament: urged to prescribe but having no evidence base for doing so.

None the less, sympathy with the physician's predicament does not justify potentially unsafe practices (Rey, Walter & Hazel, 2000).

The contradictions of this declaration are evident, and undermine the concern expressed by the authors. But I want to discuss a particular line of reasoning present in this text, which is symptomatic of the discourse that dominates it: 'It is not surprising that medication, rightly or wrongly, has become more common in managing problematic behaviour, even in the very young' (Rey, Walter & Hazel, 2000), the authors affirm. Is it not surprising that such a thing happens, really? It is certainly surprising, unless one has lost one's critical capacity and the capacity to be surprised by human aberrations—unequivocal signs of that position of the contemporary subject which has been given the name of *narcynicism* (i.e., 'narcissistic cynicism' or 'cynical narcissism'). This position involves the defence of a mode of *jouissance* whose only defence in the face of its lethal and unethical effects is that it now has become almost acceptable because otherwise (i.e., without resorting to drugs whose effects are uncertain, and to drugs whose toxic effects are certain) the doctor feels impotent; that it has become 'familiar'; and, that it is a response to 'an increasingly demanding public'.

The discourse that dominates this ideology and these practices is not any of the four discourses that Lacan postulated (those of the master, the university, the hysteric and the analyst), but of the fifth one, which is in a sense an anti-discourse since it does not promote social bonds: that is the capitalist discourse, whose matheme Lacan (1972) proposed in a conference at the University of Milan:

S — S₂

×

S₁ — *a*

It is a derivative of the discourse of the master, with an exchange of places between the subject and the master-signifier:

agent → other
truth // production

All four discourses involve a social bond, represented by the couples in the upper section of the mathemes (master and slave; teacher and student as surplus-*jouissance*; subject and master; analyst as semblant of the object *a* and the subject). The capitalist discourse, on the contrary, does not establish any social bond, as no one occupies the dominant position — that is to say, the agent's position — on a permanent basis.

The subject is reduced to being a consumer — a consumer of objects, objects created in order to be consumed, not objects of desire. The only bond promoted by the capitalist discourse is that between the consuming subject and the consumed object; this is not a social bond between subjects, but a transient link of autoerotic *jouissance*. In other words, as Colette Soler pointed out in one of her seminars in Paris: in contemporary capitalist discourse there are no clearly distinguishable places of command and production. The subject may be regarded as commanding the production of the objects to be consumed; but the subject can equally be regarded as being under the command of the objects of consumption, and in the end the subject him/herself is being consumed, even if the subject is a capitalist entrepreneur who regularly devours others. As Lacan (1972) puts it, the:

[Capitalist discourse] is terribly shrewd, but doomed to disintegration. [...] It is unsustainable [...] It goes as if on wheels, it could not do any better, but precisely because of that, because it moves so quickly, it is consumed, it is consumed so well that it gets consumed.

Now, not-all of medical practice, thank God, is dominated by the capitalist discourse. Medical practices do not identify readily with Lacan's definitions of the discourses; but I would say that, depending on the medical specialty and other conditions for their implementation, medical practices could be inscribed sometimes within the discourse of the master; other times within the discourse of the hysteric (insofar as the discourse of the hysteric is close to the discourse of science); still other times within the discourse of the university; and why not, close to the discourse of the analyst — after all, it was in the medical practice of a Viennese neurologist that psychoanalysis was born: as 'the last flower of medicine', as Lacan once put it.

The capitalist discourse of today is not the same as that of the Seventeenth Century, when globalisation — that is to say, the colonisation — of vast areas of the planet by the European powers, started. The capitalist discourse of today threatens all other discourses and is gradually consuming them. It is in this sense that it constitutes an anti-discourse. This is an effect of the massive fetishisation of the objects produced by human labour in the astronomical quantity that modern technology makes possible. The fetishistic nature of these objects (gadgets) does not depend on their singularity and precious properties, but rather in their capacity to create the illusion of satisfaction in a necessarily transient way, and in the compulsion that they generate to be replaced by more sophisticated versions, in a counter-castration crusade that reaches grotesque proportions.

The pressures that the modern doctor is under, which the authors of the editorial article previously quoted wanted to highlight, derive strictly from the contemporary mode of capitalist production and its effects on individual subject's desires and ways of pursuing *jouissance*. The globalised pharmaceutical corporations have literally come to dictate what medical discourse should say: diagnosis, treatment and prognosis (this is what the DSM-IV has become: a handbook for practice, although ostensibly it never intended to be so). The consumers, as now patients are called — and for a very good reason, since that is the function that the dominant discourse assigns to them — have become indoctrinated into the belief, which has the endorsement of science and technology, that the different individual symptoms and the symptoms of the malaise of our culture are essentially biochemical imbalances which can be corrected by certain objects of consumption called drugs. Some of the youngest consumers — it has recently been reported — have joined the entrepreneurial trend: children still in primary school go to the doctor, introduce themselves as having

unequivocal signs of deficits of attention and hyperactive restlessness, obtain the obligatory prescription of the appropriate stimulant, and then proceed to sell the tablets individually, at several dollars apiece, in the schoolyard. They compete in somewhat unequal terms with the pharmaceutical corporations, the commercial distributors of drugs and the doctors themselves, and illustrate very well, I think, what Lacan meant when he said that the capitalist discourse is destined to disintegration: not only by pushing consumption, but also by promoting 'free' enterprise and competition, making of each one the enemy of all others and undermining social bonds, solidarity and cooperation between humans.

As an aside: I was glad to read in the section 'Information for contributors' of the *Australian and New Zealand Journal of Psychiatry*, in a paragraph which contains recommendations against the use of pejorative language, the following statement:

Do not use pejorative labels like 'schizophrenics', 'psychotics' and 'neurotics'.

Instead refer to 'patients with schizophrenia', etc. Always use the word 'patient' rather than 'client' or 'consumer'.

'Patient' means 'he who suffers', which is the reason why people used to visit doctors. Consumers demean the function of doctors if they get satisfied with little objects encapsulated in plastic; and doctors disqualify themselves when they prescribe those objects as plugs to obturate holes: holes in the signifier and in knowledge that generate anxiety; holes in *jouissance* that generate a feeling of impotence; holes which are part and parcel of being human, for which there is no other remedy than sustained desire, as Lacan recommended in one of those rare occasions in which he gave a prescription.

It is to the desire of a child in trouble that the analytic discourse listens. The analyst listens to a child, not as a child, but as a subject and an analysand in his/her own right and in the full sense of the term. The analyst does not consider that anything in the child's own discourse is 'childish'. It is the great merit of Melanie Klein to have demonstrated through her tenacious practice with a number of children what Freud had already shown with Little Hans: that a child can analyse — even better than an adult — and that no special measures or artifacts need be introduced in the treatment in order to work efficiently with a child within the analytic discourse. The use of play, which may or may not be necessary, and only with very young children, was introduced by Klein as an instrument entirely within the field

of language and the function of speech. The child speaks and can tell the analyst what is wrong with him: he can speak *for* himself and *on* himself. Lacan (1971–72) once said that the preposition *of* in the expressions ‘discourse of the master’, ‘...the university’, ‘...the hysteric’ and ‘...the analyst’, must be understood as ‘discourse *about* the master’, etc. The child as analysand is the only one who can speak about himself authentically, in a relation of transference (the relation that a section of medical discourse now attempts to eliminate and replace by prescriptions). The discourses that, external to the child, say that the child should behave, pay attention, be quiet, take his medicine, and so on, speak *about* the child but reducing the child to the position of an object, or of a subject reduced to the function of consumer.

The media reported on a conference held in Sydney on children as consumers. The *Kid Power 2001* conference attracted the representatives of several commercial interests who came to hear, as *The Age* reports, ‘how Australia’s top marketers are targeting kids and positioning their kids’ brands for success’ (Fyfe 2001). It appears that this ‘targeting’ of kids is in fact a targeting of the kids’ unconscious desire and *jouissance*, and one starts to suspect that the knowledge produced by psychoanalytic discourse is being used shamelessly by capitalist interests of the most dubious kind — those that Philip Adams once called ‘corporate paedophiles’. The reporter wrote:

Indeed, to better understand a child’s mind, the conference participants made things with ribbons, egg containers, paper and scissors to rediscover their childlike creativity [...] A method championed by one of the conference’s speakers [is based on the belief that] the way to a child is through the ‘inner child’ of the mother (mother is now a generic term, meaning any ‘gatekeeper’) [...] trends such as the broader popularity of Harry Potter books and the Olympic torch show an emergence of the inner child in adults, making mothers more receptive to advertising aimed at themselves and their children (Fyfe 2001).

As Lacan says, capitalist discourse is astute: it does not reduce children to being mere objects; it rather appeals to their subjectivity, if only to reduce it to the ephemeral yet compulsive demand of the drives.

Analytic discourse offers an alternative, one of the few viable options left for us, as Lacan (1990, 14) anticipated nearly thirty years ago. But, as Lacan (1990, 16) also remarked in *Television*, as a discourse that makes a difference in our civilisation and resists the master's and the capitalist's discourses, the analytic discourse is of value if, and only if, it is not for just a few.

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