"HOW TO CAPTIVATE A BABY AT RISK OF AUTISM THROUGH THE ENCHANTMENT OF THE VOICE."

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ENGLISH TRANSLATION BY MARIA RHODE

For about twenty years, alongside my traditional practice as an adult psychoanalyst, I have been involved in assessing the risk of autism in infants and providing early and cross-disciplinary intervention during their first months of life. Colleagues trained with us in this approach form the RIEPPI network, an international network for the study of the psychopathology and psychoanalysis of infants. The work of the psychoanalyst with these babies is unique, as it involves reviving them and enabling their mothers, who are deeply wounded by their baby's lack of eye contact, to become true co-therapists through transferential love.

This work is quite different from what I learned to do 50 years ago when I worked on the first research on infant observation led by Prof Serge Lebovici at the Alfred Binet Center. I even completed my master's degree research on the observation of a typical baby in a family with no issues. I know that baby observation has changed a lot in the last 50 years, but perhaps my approach to intervening with this baby at risk of autism and her mother will surprise you, or even cause discomfort. We can discuss this further at the end.

"Baby Sonia"

For Mrs. P., the birth of her first baby, Sonia's older brother, had been very long and painful. The child then developed very well. But from the beginning of her pregnancy with Sonia, Mrs. P had been very anxious, fearing to relive this painful experience. Moreover, the family had just come from Tunisia where their material conditions were quite good, while in Paris they lived in a tiny slum flat where Mrs. P couldn't see where to accommodate the new baby. For religious reasons, abortion was unthinkable. It is into this context that Sonia was born. I met her when she was 4 and a half months old, when a doctor at the paediatric centre referred her because she made no eye contact: Sonia's parents and the Health Visitor had the same experience. The mother and the two children were supposed to leave for Tunisia four weeks after this first appointment and to spend two and a half months there, so I had at most four weeks to try to lay the groundwork for treatment. Very quickly, I realized that, even if the mother's state of anxiety preceded Sonia's birth, her relational refusal had plunged the mother into a significant depressive state. This refusal was so intense that the question of a risk of autistic development arose, even though the mother's

depression could suggest that Sonia was at risk of infantile depression. I found myself facing diagnostic doubts that could have implications for the choice of psychotherapeutic approach. In a different case, I had lost 6 months through thinking of the baby's relational withdrawal only as a reaction to the mother's state of anxiety and depression, and the baby had almost slipped towards autism. In retrospect, reviewing the films of Sonia's sessions, I realized that, while reassuring the mother, I used my voice to revive the baby psychologically, which is something I do when I fear a risk of autism. It is true that the sensory-motor assessment (by André Bullinger's method) that was performed three months later was also to show signs suggesting such a risk.

During the first session, Sonia sleeps almost the entire time, and Mrs. P can tell me about her sufferings. Firstly, their unbearable living conditions, which understandably make her despair. She says how much she would have dreamt of a different place into which to welcome her daughter. She then speaks of the trauma of her son's birth. The delivery of this first baby went very badly. For 12 hours, doctors tried to increase the dilation of her cervix by leaving a balloon there in order to avoid a Caesarean section. In the end, they realized the cord was looped around the neck and performed the intervention. Mrs. P experienced a real ordeal, and throughout the following pregnancy, she feared it would be repeated. It is highly likely that this painful delivery could have damaged the quality of the pelvic floor and had an impact on the tonico-emotional dialogue between the uterus and Sonia as a fetus, as Annik Beaulieu, specialized in the matter, suggests.

Then Mrs. P tells me about herself as a baby. She was brought up by her paternal grandmother because her parents, who were still very young, had not finished their studies and could not accommodate her in their student housing 60 km away from the grandmother's house. They came to fetch her when she was 18 months old, when her father had company accommodation. She was this baby so ill there that the parents had to take her back to the grandmother, who brought her up until she married at 18: the marriage was arranged by Mrs. P's father with a distant cousin living in Paris.

At the next session, Sonia is wide awake, and Mrs. P. can show the intern who is filming and myself how her daughter actively refuses to relate to her, a refusal that is equally active whether mother speaks to the baby in Tunisian or in French. Mrs. P holds Sonia on her lap, in front of her, sometimes lifting her to meet her eyes. But the baby actively turns her face away, with a sad look. It is true that in this position, there is no 'background' to support the baby's back, and we know,

thanks to the work of Geneviève Haag and André Bullinger, how much these little ones at risk of autism need this ‘background’ in order to communicate.

The mother concludes her unsuccessful attempts with a final: "Look, peek-a-boo, my darling!" And to Laznik: "She never looks at me, and I don't know why."

QR code Film 1

I don't think it's useful to observe a mother failing for a long time when the baby's relational refusal seems so entrenched. Plus, I only have three sessions left before they leave. I suggest to the mother to position Sonia comfortably against her belly and, once she is supported by this good ‘background’, I sit on the floor in front of her, with my face at her level, and talk to her.

Since we have filmed everything, we have the exact words that were spoken.

To the baby, Laznik says: "We talked about the hardships Mom went through when your brother was born. And the fear Mom had all the time when you were in her belly. When she thought about it, you must have felt a shock, like this! But it wasn't your fault, you know? They weren't nice to Mom at the maternity ward." The baby listens attentively, leaning a little towards Laznik at her feet.

As Sonia vocalizes, I respond to her: "Oh, really? But when you drool like that, it might be a bit of reflux. We'll talk to your pediatrician about it. We also talked about how you were born very small, but you're catching up."

It is urgent for Mrs. P to be able to communicate with her daughter too. I place Sonia on the floor, taking into account what the research of André Bullinger and Geneviève Haag has taught us: Not only a background, which is the floor in this case, but also a slight curvature of the pelvis, thanks to the nursing pillow under the head and another, very small one under the feet and lower legs. It is also about allowing her to bring together the two halves of her body, right and left, thanks to the nursing pillow passing under both arms, bringing them closer together and allowing her to touch one hand with the other. The psychoanalyst and the mother are on the floor, at Sonia's feet, where she can see them.

QR code film 2

This baby, like many others at risk of autism, has no means of uniting her body: neither vertically (joining up top and bottom) nor between the left and right sides. When such babies are put down, they sprawl on the floor, on the changing table, or in their cradle and cannot engage in communication or benefit from the

prosody of *motherese*. So, the first step is to offer them a way of gathering their fragmented body together. In connecting with a baby at risk of autism, it is also important to consider the rhythm and distance they can tolerate so that attunement, in Daniel Stern's sense, becomes possible. When I this with Sonia, she looks at me, but I have moved too quickly, which immediately causes Sonia to close her hands, even though she doesn't interrupt eye contact.

Laznik: "Mrs. Laznik moved too quickly there!" I continue, as though speaking for the baby: "She didn't ask my permission!"

Sonia vocalizes softly. Laznik: "All that? Is it true!?"

Sonia moves her hand slightly, still clenched. Laznik: "Do you want to give me this little hand that's all clenched?" Laznik's prosody and intonation convey amused admiration for this baby dressed all in pink. Sonia smiles.

Laznik to the mother: "You have a very smiley baby, don't you agree?" Laznik (speaking on behalf of the baby): "*Chouf*, Mom, how beautiful I am!" "Chouf" means "look" in Darija – (the Arabic dialect in Maghreb countries): I confirm with the mother that it is also the idiom used in Tunisia.

The mother to Laznik: "You reassure me? Is Sonia okay? With you, it's going very well, it's a complete change, but with me…"

Laznik to the mother: "I want her to be with you as she is with me, all the time. That's our goal. She is capable of it, but she is hypersensitive. I don't know if she inherited it from dad or mom?"

The mother: "It's from me." From a concern for her baby who doesn't look at her, for whom she may fear a handicap, the mother moves to a possibility of identifying with Sonia's excess sensitivity that 'comes from her'. This baby is like her. This development is essential at the beginning of treating a baby with relational refusal. Indeed, there are resilient babies who can tolerate looking at depressed or anxious mothers. Furthermore, babies who are well and refuse to engage with an ill mother cling to other people who offer to take care of them. This is not the case with Sonia. To get her to make eye contact, I have to resort to a complex strategy each time. First, to organize this fragmented little body. Then, find an emotional strategy, because she will only respond to my *motherese* if it conveys a degree of wonder in relation to her.

It seems important to me then that the mother should repeat the story of her own babyhood, the story she had told me in the previous session when her

daughter was asleep. Laznik to Sonia: "Would you like Mom to tell me about your grandmother? I'm looking at you, and I'm listening to Mom." The mother recounts: "In fact, I was raised by my grandmother. At 18 months, I went to live with my mother. They finally had room for a baby."

As the mother speaks to me, Sonia twists her body to hold on with her eyes to the ceiling light behind her. Laznik to the mother: "Do you have any idea why your daughter started looking at the ceiling?" The mother: "Because we weren't talking to her anymore?"I haven't realized, until I watched the film, that I had put my arm around the mother's shoulders.

Laznik: "Because she felt your sadness. This is the moment when we are going to tell the story of the baby who suffered. Do you realize how perceptive she is?" Laznik to the baby: "This isn't your story, it's Mom's story with her grandmother and with her own mother." The mother: "So, I was raised by my grandmother until the day I got married." Laznik: "You skipped the tragedy."

The mother: "Yes, at the age of 18 months, I went with my mother, and I fell ill: fever, I cried all the time, she took me to many doctors. Nothing worked. As soon as she took me back to my grandmother's, I became a normal baby."

It is evident that at the time, no one had thought about the need for a transition between this grandmother who played the role of mother for the baby and the mother whom she only saw on weekends. The parents had other children, but Mrs. P stayed with her grandmother until her arranged marriage, which is still quite common in the Maghreb region.

At the beginning of the third session, I tell the mother that I had watched the recording of the previous session with some colleagues, and they found Sonia's gestures beautiful. While nodding in agreement, the mother tells me that her view of her daughter's gestures is different, they worry her.

She mimics with her arm movements from top to bottom. Now, I know the work of André Bullinger as well as that of Geneviève Haag on this issue. I know that babies at risk of autism exhibit this type of asymmetry, and later in the session, when we place Sonia on the floor, despite all my efforts to support her forearms with a nursing pillow, the movements described by the mother will be evident. Sonia will wave her stiffened arm from head to waist. While acknowledging the importance of what the mother tells me, the analyst's strategy will be to enchant the baby by means of the voice.

The mother notes that at home, Sonia sometimes looks at her: "For example, when I walk by, she looks at me like this! She follows me. Before, she never did that. But sometimes, she still turns away."

Madame will demonstrate how her daughter can still actively refuse the relationship with her. She places her on her lap, facing her. The baby's back ends up in the void again, which complicates the possibility for Sonia to make contact, as if all her energy is then focused on maintaining this difficult position. The mother calls her, and like any call, it carries some anxiety about a possible refusal. These babies at risk of autism, because of their excessive emotional empathy, are quickly overwhelmed by the maternal anxiety conveyed by the very form of the call they cannot respond to. In the present situation, the more Sonia hears the anxiety in her mother's call, the more she turns away until her gaze remains looking at the ceiling.

The mother: "Hey there, sweetie! Mommy's here. Sonia? Yes? Good morning, my darling. What are you doing?" I can't leave the mother on such note of a failure, especially since the family will be leaving for two and a half months in Tunisia.

My goal in this session will be to evoke a *motherese* prosody from the mother. I know that then the baby's gaze will go in her direction. It seems futile to try to teach this prosody to mothers because it elicits false *motherese* something approximating but not capturing the baby. A complex emotion like wonder, which presupposes surprise and pleasure, cannot be commanded. However, my experience has shown me that a mother can experience it through identification with the analyst if the transference is positive, which already assumes that the analyst can be in a loving position rather than one of judgment towards the mother.

So, I lay the baby on the floor, in the comfort of the nursing pillow supporting her head, both forearms, and slightly lifting the bottom of her legs. This setup informs me, in hindsight, that I am hypothesizing a risk of autism in the baby rather than depression in response to the mother's state of anxiety and depression. Since I have only this session left, I will quickly move towards reviving the baby's psyche, which I would not have done if I had more sessions. The mother and I are both on the floor, at Sonia's feet. I then mimic a game of tasting her baby's foot and offer it to her.

We discuss pastries. The mother's favorites are small triangles dripping with honey. Her mouth begins to water just through talking about them with me.

Then, when she tastes her baby's foot again, she is surprised to smell the aroma of this childhood cake.

QR code film 3

The mother to Sonia: "It's so good! Is there sugar in it? Is there honey in it? Is it good? Do you want more? Can I have your foot?"

In order to avoid any form of disappointment in the mother that would make her lose this prosody she has finally achieved, I tell her: "Not the first time, but it will come. You'll see."

Like many mothers, Madame tends to lean over the baby to kiss her in the neck. This immediately causes Sonia to withdraw relationally. When she kisses her feet, Sonia handles it much better. So, the mother and I spent some time thinking about how to avoid having the Maghrebian in-laws, as is customary, showering the baby with kisses. Ordinary babies, known as "typically developing," have good resilience and can handle this type of overflow, even finding some comfort in it. This is not the case for hypersensitive babies at risk of withdrawal. It is not useful to use the word "autism risk" with parents at this age, as it may produce iatrogenic effects. In families where there is already an autistic child, it is the parents themselves who introduce the term. It is then easy for me - because I believe it - to say that at this age, we can avoid this fate for them.

In Sonia's case, it's about offering the mother forms of affection that the baby can manage.

Laznik, speaking for the baby: "I really like it when my mom kisses my feet." Indeed, the mother and I are at the feet of Her Highness, which makes the mother laugh. Laznik, again speaking for the baby: "When they say I'm a delightful honey baby, I love it."

The Mother to Sonia, tasting her foot: "Yes, is it good? More?" Madame would like to know if the kisses she gives her daughter's feet are pleasing to her, which is very respectful of her and shows that she hypothesizes a subject in her baby. But my goal is the opposite; I need to find pleasure in the mother, not in the baby. I know that it's her surprise at her own pleasure that will trigger the prosody of *motherese* and for the baby, the experience of how to elicit this enjoyment from the primal Other. Laznik to the mother: "Does mommy like it?"

The mother immediately plays along: "Yes! Oh yes! It's very good! There's honey in there!" The baby then looks at her mother, eyes half-closed. To evoke an

accentuation of surprise and thus a more pronounced movement in prosody, I suggest to the mother to taste the other foot, as if each one had a different taste. And indeed, she engages in this game, and her prosody becomes more melodious, causing her daughter's eyes, who is looking at her, to open wider.

Indeed, this does not mean that Sonia was not at risk of autism. Nowadays, there are enough scientific publications to assure us that even babies who later develop autism respond to this prosody when properly positioned, that is, with their entire back supported.

The voice and prosody of *motherese*.

An article by Anne Fernald (1982) on the prosody of the maternal voice revolutionized my way of hearing babies. She observed in newborns an exacerbated oral appetite for a particular form of the maternal voice, "motherese." This motherese presents a series of specific characteristics in terms of grammar, punctuation, scanning, and a particular prosody.

The author was interested in the prosodic characteristics of this motherese and its effect on the infant's oral appetite. Working in a maternity ward with healthy babies between one and three days old, she discovered that, even before the onset of milk production (from the first day of life), this infant who has not yet experienced feeding satisfaction becomes very attentive when hearing his mother's voice addressed to him and begins to suck the pacifier intensely. It is called "non-nutritive" since it does not deliver anything; it only records the intensity of suckling. As psychoanalysts, how do we interpret these data? The drive interest aroused in the baby translates into intense suckling: it is the oral translation of any experience of interest in an infant. There is no object of need satisfaction here. We clearly see the radical difference between the object causing desire – the object of drive - and the object of need satisfaction.

But, take note: If a mother speaks to another adult, her voice becomes flat, and the baby's appetite diminishes.

Fernald tried to find out if there was a situation where an adult, speaking to another adult, would produce the same specific prosodic peaks as motherese. Yes: but to obtain them, a rather rare situation would be needed where there was astonishment, surprise, and at the same time, great pleasure, joy. Thus, astonishment and pleasure combined produce this kind of prosodic peak. Fernald drew no conclusions from this.

Since the research of psycholinguists, we know that someone who listens to a witticism, experiencing surprise and pleasure, produces in their voice a particular form of prosodic peak, the same as the one with which the baby delights. This means that the mother, or the adult observing the infant, is also caught up in this surprise and pleasure.

What does Fernald's research teach us? This research tells us that from birth, and before any experience of feeding satisfaction, the infant has an extraordinary appetite for the pleasure that his presence triggers in the maternal Other. Surprise and pleasure, characteristics of wit, are also what the mother's gaze and voice show when faced with the characteristic movements of the infant, which will find their unification through the image of the other.

In my opinion, in a typical baby who looks at his mother, this simple gaze, and even his uncoordinated movements, trigger surprise and pleasure in her, and the baby learns this through the prosody of his mother's voice. This prosody becomes a first object of the drive. In a careful analysis of family films of babies who later became autistic, from the Pisa cohort, we noticed that if their gaze during everyday experiences, if they show an absence of interest in the maternal discourse commenting on activities, if nothing indicates that they are connected with a drive relation with the mother, they still may sometimes respond. What could lead to this miracle?

It is the presence of the prosody of motherese! Scientific research has shown that those babies who later became autistic responded when this prosody was present.

Gastroesophageal reflux

Another important element in Sonia's treatment was the management of her gastroesophageal reflux. Like almost all babies at risk of autism, she clung to this reflux, and the fact that the pediatrician prescribed Omeprazol for her departure to Tunisia must have contributed to her coming back much more open to people, smiling, even if she continued to give her mother the cold shoulder for a few months. How many mothers have complained of hearing from even the most well-intentioned psychologists that their baby had a mother-child relationship disorder! Did they think they were softening the diagnosis? The fact is that this statement sounded like a double condemnation. In Sonia's case, I emphasized to the mother that these moments of cutting off were frequently linked to her daughter's clinging to internal pain. I think this type of pain can allow the baby, like the ceiling lamp, to cut off from perception of their surroundings.

The excess of emotional empathy

A Scottish researcher, Adam Smith, proposed a few years ago that individuals with autism have an excess of emotional empathy, which compels them to close off their visual and auditory perception channels, thus preventing them from understanding the people around them, a condition referred to as "lack of empathy." In other words, the excess of emotional empathy leads to a lack of empathy.

It was necessary to support the father regarding what the mother was going to do to protect their baby from excessive stimulation. I discussed this with him. At the time, the father did not fully understand these requests and remained skeptical about the effectiveness of such an approach. This is understandable. However, he was willing to trust me because he was also very concerned about the refusal of relational interaction displayed by his daughter, which was so different from their first child. I must admit that, during that summer, I was worried about the state in which I would find Sonia at seven months.

Return from Tunisia

Happy surprise, Sonia, who is seven months old, is smiling and relaxed in the waiting room. Her mother has managed to protect her from the intrusive paternal family, like almost all families in the Mediterranean, for whom it is difficult to understand that some hyper-fragile babies cannot be passed from arm to arm without closing themselves off. And my surprise and pleasure are at their height when I realize that Sonia's upper body no longer presents any asymmetry. She can even, sitting on her mother's lap, playfully imitate the movements of my hands. I congratulate the mother on the work she has done, and she tells me how present I had been in her mind.

Now, Sonia is big enough to demand to crawl on the floor on her belly. I offer her small toys, and sometimes, but not always, she can show a beautiful joint attention, going from the object to my gaze and vice versa. I congratulate both Sonia and her mother, admiring all these examples of progress. Laznik to the mother: "When you faced the extended family, did dad understand a little?"

"A little," the mother replies in a tone of not much. Laznik to the mother: "I will have to see dad again to tell him all the admiration I have for you, for the courage you have had."

But if Sonia often looks at her analyst and very often at Laura, the smiling Brazilian intern, she almost always refuses to play with her mother. However, it

is necessary to avoid the establishment of a negative transference, which would be understandable in such a situation. Talking about it, in a playful way, can release it.

Laznik to Sonia: "Mom will eventually get jealous. Mom won't want to bring you anymore. You look at Laura and not mom. She will say, 'It's over! I'm too jealous!' " The mother bursts out laughing at the point that after all, it is she who decides. The tool of our work is not only the positive transference, but also love in the transference - produced by the analyst's loving (counter) transference? This is what allows the mother to identify with the analyst.

During this period, the contrast in Sonia's reactions to her mother and to us made me think that we might be facing more of a baby's refusal to relate in reaction to the mother's difficulties. But the Sensorimotor Assessment by the Bullinger method practiced in the following weeks yielded astonishing results.

Some elements of the Sensorimotor assessment by Muriel Chauvet

During the first part of the examination, where the focus is on assessing the organization of the baby's upper body, Sonia does very well. With her back well supported against her mother's belly, Sonia accepts the "offerings" that Muriel presents to her, small sticks that she takes with one hand as well as the other, willing to pass them from right to left, able to cross the movement from one side to the other to reach for them, all in relation to Muriel. Adorable baby! This goes in the same direction as the imitation games of emotional situations that, since her return from Tunisia, she could do with her hands. The work of the mother during the holidays had allowed her baby to integrate the upper body, and the uncoordinated movements had disappeared.

Then came the tests that examine the baby's relationship with the lower part of her body. When Muriel put Sonia in a situation to focus on her feet, she understood that, despite all the efforts she could make to help her, Sonia was unaware of the existence of the lower part of her body and had no intention of being interested in it; her feet did not belong to her. The same goes for the test of autonomous motor skills. Sonia, lying on her back, began to turn like the hands of a clock, her arms stuck to the ground in a cross, incapable of any curling of the body or of the pelvis, or indeed of the upper body. In this position, she was completely absent. These are difficulties found in babies who are starting to develop autism, and not in babies who have manifested relational withdrawal in response to maternal depression.

Continuation of the treatment with the psychoanalyst

In the months that followed, Sonia became increasingly attentive to her analyst, with whom she discovered, to her great delight, the pretend play of having a tea party. She loved feeding me with a small plate and spoon. Of course, this oral gift always triggered my surprise and pleasure, which filled Sonia with joy and led her to repeat the game countless times.

QR code photo 4

The very need to repeat this game of providing a delicious treat for the oral drive of the other indicates that the child feels the urgent need to work in order to keep open in their psyche the pathway of this experience of intense pleasure. This is a means of self-healing for the child. In this repetitive game, she experiences the pleasure of the other's intense joy, which will gradually enable her to endure some displeasures without closing herself off. Typical babies do not feel the need constantly to repeat this kind of game, even if it amuses them for a while. It is the babies at risk of autistic development who feel the need, because they can perceive that it heals them. It is this insistence, which may seem tiresome to those who do not know the difficulties faced by this type of baby, that allows the baby not to relapse.

But for several months, this game existed only in the sessions. Sonia refused to play it with her mother despite many attempts on our part and hers. This presented two problems. First, the situation was terrible for the mother in terms of transference: being turned into a "baby carrier" so that her child could only have fun with the "grandmother", as the mother quickly called me, in a repetition of what she herself had set up at the same age, between her mother whom she had rejected and the grandmother whom she adored. Furthermore, it deprived me of an indispensable co-therapist for the work because, in order for their system of protection against excessively strong emotions not to lead them to close themselves off, these babies need to experience the joy of the other not just once or twice a week, but multiple times every day. When they discover this game with their mother, she will begin to play it for hours even without being asked, simply for the pleasure of it.

After several weeks during which Sonia fed only her psychoanalyst, I decided one day to play out a scene of great oral pleasure. This would later be called the couscous scene. My goal is to elicit great surprise and equally great pleasure from Madame. I take the toy plastic tea set with which Sonia and I have been playing for weeks, and I meticulously prepare a Moroccan couscous. The mother

knows that I have a house in Morrocco. I start by sautéing the onion with the raisins, which releases a delicious imaginary sweet smell from my plastic tea set, delighting both the mother and me. I then prepare my vegetables, naming each one. The next step is to steam the couscous thoroughly before adding butter. I then chop the invisible chicken into small pieces to sauté. I can then assemble my magnificent couscous, decorated with its vegetables, and topped with raisins sautéed with onions that perfume our entire room. The mother and I are salivating. I then pretend feeding the mother with a spoon, which fills her with joy.

QR code photo 5

As expected, she finds this couscous to be a marvel, and her voice takes on a wonderful prosody of "motherese" with the rise and fall caused by surprise and pleasure. Her little girl then looks on in wonder as her mother shows such unexpected pleasure.

QR code photo 6

Immediately, she takes the plate and spoon from my hands and wants to pretend feeding her mother herself. The mother's voice re-doubles with surprise and pleasure. From that day on, the little girl will no longer refuse to look at her mother.

QR code photo 7

This game of putting oneself in the position of offering something delicious for the mother's oral pleasure is what I call the third stage of the drive circuit. Sonia will repeat it hundreds of times, not only with her mother but also with the ladies at the nursery. This too is specific to these babies at risk of autism. A typical baby plays a little at this but does not need to repeat this experience of the other's pleasure so many times. The mother has been an excellent co-therapist throughout.

From then on, Sonia will no longer refuse the connection. She entered what I call - following Lacan – "alienation". This, to the great happiness of her mother and her psychoanalyst who, at the time, had forgotten that "separation" also needs to be established in order for the subject to be constituted.

So, an important year of very different work was still ahead of us.

If you are interested in what happened next, it is described in a document that will be available on my website in French and Spanish.

Thank you for your attention.