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Case Report

Analytic Effects in the Neurotic Becoming of a Three-Year-Old Child

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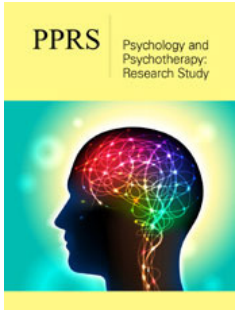

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Abstract

This work has a double objective. First, explain psychoanalytic concepts to prevent psychoanalysis from being placed, in an era conquered by neuroscience, as a hermetic, lonely discourse and, in this way, open up to the consideration of a public that is not only psychoanalysts. Secondly, to articulate practical tools for psychology professionals who are dedicated to working with the suffering of children from the presentation of a clinical case study of a three-year-old child, focusing on the analytical effects observed throughout the therapeutic process. The objective is to examine how psychoanalytic intervention demonstrates the therapeutic effectiveness after the production and support of an analytical symptom. The question is how the production of an analytical symptom and its sustenance in the love of transfer is demonstrated as an effective operation towards the moderation of jouissance that invades a three-year-old child? Using a qualitative case study methodology, the document analyzes the key moments of the treatment, including changes in the child's play, speech and relational positioning. Special attention is paid to the articulation between analytical interpretation, transfer dynamics and the appearance of subjective effects. The findings suggest that psychoanalytic work can produce significant changes in development by reconfiguring the child's relationship with desire. This study contributes to the field of psychotherapy research by demonstrating the clinical relevance of psychoanalytic practice in early childhood and by offering a detailed account of the observable therapeutic effects within a structured clinical framework.

Keywords: Psychoanalysis; Case study; Early childhood; Neurotic development; Therapeutic effects

Introduction

Freud defined psychoanalysis as a conceptual corpus, a method of investigation and a psychotherapeutic technique. In other words, psychoanalysis is not merely a theory: It is a practice, carried out by practitioners and it is precisely this practical dimension that this article seeks to foreground. Psychoanalysis is not only an experience grounded in words; it is also a discourse. The discourse of the patient is intervened upon and oriented by the psychoanalytic practitioner, who maneuvers so that the subject comes to question the cause of their suffering. This operation requires the construction of a relation to the unconscious. In this sense, the present article aims to account for psychoanalytic practice through a clinical case rather than through theoretical citations alone, which risk becoming frozen statements if detached from their clinical utility. Appeals such as "because Lacan said so" or "because Freud said so" may be necessary within psychoanalytic training; citation is indispensable. However, citation by itself tends to reinforce the solidity of the statement, thereby immobilizing it. In such cases, doctrine is taught, but desire is not transmitted. What animates theory is its confrontation with the real of the clinic. So, this paper presents a psychoanalytic case study that examines how analytic interventions may contribute to the subjective becoming of a young child, rather than aiming at the correction or normalization of behavior. In this perspective, the symptom is not eliminated but transformed into a symbolic support through which new forms of subjectivation can emerge.

The second intention of this article is to situate psychoanalysis beyond the limits of its isolated practice in the consulting room or its circulation within specialist discourse. It seeks to show that psychoanalysis has a way of addressing the world, making its concepts intelligible without diluting their rigor. Within the Freudian Field, this orientation is referred to as Lacanian action. At the same time, this work does not aspire to total understanding, since the ambition to explain everything, risks foreclosing the space in which a poetic effort-essential to analytic practice-can take place. The aim, therefore, is for psychoanalysis to be useful not only for those who seek relief from their suffering, nor exclusively for practitioners engaged in renewing their encounter with what they already know, but also for the broader field of contemporary civilization. Psychoanalysis should not remain confined to circles of specialists or closed training institutions; it must be capable of entering into dialogue with the world. This is particularly urgent in an era dominated by corrective behavioral treatments for children, which reduce pathologies of excess to biological markers and neglect the subjective dimension of suffering. This orientation is reflected in the title of the article: Analytic Effects in the Neurotic Development of a Child. The emphasis is placed on the plural-effects-to indicate that no single effect exhausts the truth of the clinical process. The plurality of effects implies a diversity that resists totalization. Likewise, the reference to a child signals a logical operation: the extraction of a singular trait that allows a child to become a case. A case does not present itself spontaneously; the child arrives accompanied by suffering, symptoms and the discourses of others. The construction of the case makes it possible to verify the clinical consequences of psychoanalysis as a therapeutic instrument, one by one, without claiming total explanatory closure.

In this way, the article positions itself as a site of resistance against contemporary discourses that seek to exclude psychoanalysis on the grounds of alleged lack of rigor. Here, therapeutic outcomes are communicated and shown to emerge from analytic effects, while preserving the rigor of the techniques, tools and methods specific to Lacanian-oriented psychoanalysis. These effects may also be evaluated by professionals working within the broader field of treatments addressing symptomatic phenomena in children today. The article thus opens the door to the consulting room, allowing readers to glimpse what takes place there and how a child works within a personal psychoanalysis. Clinical material is of particular value to psychoanalysis; it can -when ethical considerations are respected- be transmitted for the benefit of the wider community. The objective is to move beyond the prejudice that confines clinical work to the private sphere, enabling discussion of the logic of a treatment and avoiding sterile theory disconnected from contemporary clinical practice.

Family Complexes

What the present case allows us to explore is the swarm surrounding the child: The family, the school, medical professionals-n short, all those who speak about the child. The clinical task consists in helping the child locate a logic from which he can take a position, so as not to become lost within that swarm. Somewhere within this multiplicity, the analyst must be able to grasp, to fish out, as Lacan [1] puts it, a desire that is not anonymous: a desire that gives the child shelter, that confers meaning upon him and that situates him as a subject. The residual function that sustains (and at the same time maintains) the conjugal family within the evolution of societies highlights what is irreducible in a transmission that belongs to an order different from that of life organized around the satisfaction of needs. This transmission entails a subjective constitution, which necessarily involves a relation to a desire that is not anonymous (p. 393).

For psychic constitution to take place, Lacan [2] warns, there must be a non-anonymous desire: a place from which the child can be desired and not merely reproduced. This place may be occupied by a father, a mother, or a function -which may also be the desire of the analyst- that involves the child as a subject, that marks the child as more than a mere biological bundle of organs. Having a child on the basis of a non-anonymous desire presupposes a subjective operation in which the child's coming into the world is knotted to the experience of castration. This position implies that the parental other consents to losing something essential in the process: it renounces completeness and accepts that the child does not come to fill a lack or to guarantee an identity. For Lacan, the fact that desire is not anonymous implies that the mere satisfaction of needs is insufficient to account for the process of filiation through which a subject is constituted. Lacan's warning points to a frequent confusion in parental discourse between care and love. Protecting a child from death, preserving life and attending to biological health does not amount to loving a child. These are two trieb registers: That of hunger and that of love. Lacan (2020) emphasizes that the family is an institution in which cultural instances prevail over natural ones, to the extent that adoption makes it possible to substitute symbolic bonds for biological ties. Indeed, the family remains the place where a child learns the mother tongue. Cosenza [3] stresses that adoption provides an example that anticipates the disjunction between biological determination and paternity or maternity. The fact that sexual relation is no longer a necessary condition for procreation introduces a rupture in the so-called natural bond, making possible the realization of an effective desire to become a father or a mother precisely where biology would otherwise prevent it. For Lacan [2], being a mother not only fails to coincide with biological maternity, but is not necessarily tied to incarnation in a female body. An analogous claim can be made with respect to being a father, perhaps even more intuitively. Lacan thus introduces a logical notion of functions whose exercise does not depend on biological life or sex, but rather results from a decision in which desire is at stake. As Cosenza [3] notes, those who sustain the exercise of symbolic functions often do not coincide with the biological parents. Many children bear witness to adult figures who were able to embody a function at a moment when biological parents could not-or didn't want- exercise it.

From this perspective, filiation is not played out at the level of preserving life, but at the level of transmitting a non-anonymous desire, to which adults contribute through the exercise of symbolic functions. Care for the body and attention to biological needs thus constitute necessary, but not sufficient, conditions for the child's subjective constitution. One must also consider whether the child consents to this movement, since children sometimes resist entering

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into discourse. However, the psychoanalyst must protect the child from the mad passion of the adults who care for him -a passion driven by the push to satisfy their own narcissistic jouissance. These tensions will become evident in the case presented. The analyst intervenes by occupying the place of the cause of desire, thereby founding a subject and allowing it to come into being. Analysts are prudent in this regard: they do not impose their own ideas; at times they offer interpretations, but only when necessary. In general, they seek not to obstruct the child's process of creation. They are respectful of the child's discourse. For this reason, what the mother, father, aunt, grandmother, physician, teacher, judge -or anyone else- says is not decisive in itself. What matters is following the child's discourse. What the child says is crucial, because subjective effects are produced in and through his discourse. Analysts listen carefully to the parents of the child who arrives, to the fiction they narrate; it is important to know the place the child occupies in the parents' minds and in their fantasy. Yet the analysis is carried out by the child, through his own words -that have been gagged within the symptom that brings him to treatment.

Clinical Case Construction

Before turning to the clinical case, it is important to clarify that the material presented here has been worked through and elaborated with the contribution of colleagues from the Cordoba Research and Clinical Studies Center (CIEC). What is presented is not the case as such, but rather the product of what is known as case construction: The construction, formalization and writing that the analyst produces in a time and space that are not those of the analytic session. For this reason, Lacan maintained that the analyst is always at least two: The one who practices and the one who theorizes; the analyst operating in the consulting room and the analyst who theorizes in a later time. This sets up a duality. The product of this work acquires the value of a third term. It extracts the case from a purely dual relationship and comes to organize the phenomena. It situates itself between the practioner and the subject who inhabits him. That is, between the analyst and the person of the analyst. By intervening in this dual relation, case construction reduces the impact of identification and seeks to prevent the relation from becoming purely specular. This process is not possible without others: not without control, not without transference to a School of Psychoanalysis. Case construction always involves a cut made from the analyst's point of view. It takes place when cases are presented publicly or when one brings material to control analysis. Control consists in consulting another analyst in order to examine questions related to the treatment and to transform lived clinical experience into a clinical case. In Lacanian-oriented psychoanalysis, this practice is called control rather than supervision, precisely in order to devalue the figure of the "supervisor" and to elevate the position of the one who seeks control. That is, the analyst who asks: why do I want to put my act under control in this case? Perhaps because the case provoked anxiety, anguish, or some other affect in the analyst. What is at stake is locating the point at which the ego of the practitioner may be obstructing the exploration of the patient's unconscious, since the ego is always a resistance to the progress of the treatment. Analytic listening rests on at least one fundamental principle: Being free of all prior judgment. A treatment guided by the analyst's identifications is a treatment governed by prejudice rather than by logic. In this respect, the analyst's own analysis is essential. If the analyst sought to know how he managed his own case then he will be in a better position to take care of another. Disturbing the imaginary relation allows a different relation to become possible for the patient. This implies renouncing any intention of therapeutic mastery. As Lacan [4] states, psychoanalysis is the only discourse that does not aim at domination. It requires a distance from any predefined therapeutic goal. This is precisely what the present case seeks to convey. Finally, an important ethical clarification. The case presented here has the corresponding informed consent duly signed, that is, authorization from both legal guardians of the minor patient. In accordance with the Code of Ethics (Law No. 8312) regulating the professional practice of psychology in the city of Córdoba, Argentina, psychologists who publish clinical cases or present them in scientific activities for purposes of research, teaching, debate, or technical updating must safeguard the privacy of the patients involved. This entails that certain data that could lead to the identification of the person discussed have been altered or omitted.

Clinical Case

Mateo, the dinosaur child

Mateo is three years old. He lives with his mother, his father and his sister. He is brought to consultation by his mother, who presents herself as deeply concerned. Mateo does not integrate into kindergarten, shows significant difficulties articulating words-often making himself unintelligible-and displays maladaptive behaviors such as biting, hitting, breaking objects, throwing things, screaming and grabbing. Frequently, as his mother puts it, "he is a dinosaur." Both the mother and the school are disturbed by Mateo being a dinosaur, a discomfort also expressed by other therapists who were treating him. Mateo began attending school at one year of age. His mother reports that difficulties with language and adaptation were already present at that time. She describes Mateo as remaining constantly attached to her and expresses feeling alone, arguing that the father "does not help." The father has been displaced to another bedroom; Mateo sleeps with his mother and has difficulty falling asleep. The mother reports frequent arguments with the father in Mateo's presence. The father states that he does not wish to participate in the treatment, as he does not believe it can help Mateo, claiming that "the problem is the mother's madness."

The work with the child

In the initial interviews, I position myself primarily as listening. Mateo speaks very little and with great difficulty. He produces onomatopoeic and syllabic sounds such as "oooo," "iaaaa," "grrrrr." He throws the toys he finds in the consulting room, scatters them and displays gestures of anger. When I ask him what makes him angry, he responds by throwing objects or screaming. In response, I stop the session saying Mateo, this way it's not possible and end the encounter. For two or three sessions it was difficult to introduce a word that could be heard. At the end of each session, the mother -who was waiting just outside the consulting room door-ask, "Was everything okay?" I decided that it was time to go to control. Faced with horror, the practitioner turns to speak with another

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who controls. There it became clear that cutting the sessions in response to screaming and destruction, had to be sustained. I told the mother that Mateo was working well. I scheduled sessions with her as well. In interview, the mother recounted situations in which she had hit Mateo on more than one occasion, as well as scenes in which Mateo witnessed her entering into crisis and violently punishing his younger sister, ostensibly because of the sister's tantrums. In one instance, the mother struck Mateo's sister in the face. The father was on his way to report the mother when he was stopped by therapists at the institution where Mateo was being treated, who intervened to contain the urgency. The mother could not tolerate certain things, among them seeing her son be a dinosaur in every setting. She would become enraged when Mateo was a dinosaur in her presence. Sitting in the waiting room, she would restrain him, grab his arm and clench her teeth while saying, "Behave yourself!" Her law was ineffective; Mateo continued as if nothing had happened. I began to accompany the mother's work. One day she realized that she herself was implicated in what was happening. She asked whether I could see her in treatment. I told her I did not think that was the best option, but referred her to a colleague whom I trusted would be able to help her. Once she began working in her own analysis, situations of excessive family violence ceased. Mateo's aggressive modality began to diminish. It was time for a new control. There it became clear that the moment had come to play and to begin introducing the symbolic. For example, when Mateo roared, I would hide and Mateo would laugh. Then he would hide under the table and I would say, "Oh, Mateo hid himself." When he made one toy hit another, I would say, "Ouch, that's very strong," in a soft voice. In this way, symbolic articulation was introduced into manifestations of pure jouissance. Mateo might still choose not to speak, but he began to consent to play. He accepted not destroying things and began to tell me a story, his own.

Two months later, Mateo obtained coverage through his health insurance, which reduced his frequent absences. His mother was unemployed and found it difficult to pay for treatment, despite my having substantially reduced my fees. Insurance coverage, obtained through a disability certificate, made stable work possible. Over time, Mateo began telling stories involving toys that were large, but always fell down -figures he said he feared. These stories shared a common denominator: "killing the father." The child began to free his associations. One day, Mateo was playing soccer with other children at the institution, with whom he shared therapy schedules. A strong kick of the ball accidentally hit him in the face. He reacted violently, grabbing stones and, enraged, attempted to throw them at the child who had kicked the ball without any intention of hitting him. The other child froze in fear. I was in the institution's kitchen at the time, heard the screams, went outside and saw Mateo in a state of fury. He did not calm down; he grabbed more stones and threw them. I went toward him, stood in front of him, crouched to look at him and decided to intervene in a manner that was anything but lax. Mateo began hitting me. I tried to hold him and he began biting me uncontrollably. I asked, "What happened?" and, shouting, he replied, "He hit me!" He was managing, in his own way, to say the excess he was experiencing. In the days following this episode, Mateo returned to roaring like a dinosaur at his classmates in kindergarten, who no longer wanted to play with him because they were afraid. Mateo bit trees, toys and lay on the floor to sleep. His identification with the dinosaur was without symbolic mediation; it was excluding him from the social bond. It was no longer a game, he was a dinosaur and one who was not accepted. The educational institution decided to implement a plan to reduce his school hours. He practiced rugby violently, disregarding rules. Therapists at the health institution wanted to stop the dinosaur because it was impossible to concentrate on tasks. During this period, the technical team was summoned on several occasions to the school, together with the integration support teacher, to negotiate Mateo's discontinued attendance. Psychiatric intervention was sought. As if this were not enough, Mateo's health insurance coverage was suspended and absences returned. Faced with this scenario of pressure and urgency, my wager was not to interpret the dinosaur, but to house it, to accompany what this dinosaur child had, even insofar as it functioned as an obstacle. This obstacle was precisely what divided the subject, what was fully actualized in the present and what the practitioner had to receive so that the subject's relation to the unconscious could unfold. Mateo was not going to give up the dinosaur; it was his great love. Indeed, my strategy as a practitioner was to consent to being the addressee of that signifier within the transference. In one session, Mateo asked me, "Do you like dinosaurs?" I replied yes, but by acting like a dinosaur, which made Mateo laugh. The child began to speak, to replace roars with questions that tested the practitioner, to see whether there was at least one place where his invention could be sustained. The following week, he asked if we could watch a dinosaur movie. I said yes, placing myself at the service of his know. We watched some scenes that allowed us to laugh and to take up certain ways of acting as dinosaurs. Later, I learned that the mother forbade these films. Soon after, Mateo began bringing a toy dinosaur to sessions. I asked him to tell me the story with this dinosaur. He said, "His name is Pet." He proposed that we play at killing humans with Pet. I became his accomplice and asked why we were killing humans. He replied, "The dinosaurs are angry because humans shoot at them." Mateo was able to construct his stories because there was a place that allowed everything this dinosaur had to say to unfold. By this point, the encounters -now sessions- began to turn into a theater. Mateo invited me to participate in scenes in which we formed a team against humans, who were the rival team. For quite some time, we sustained these stories, always different, but with the same theme: "the angry dinosaurs in the city." One day, he chose a title: "This movie is going to be called The Dinosaurs Attack the City." Mateo and I had to throw ourselves on the floor, hide in trenches and play as dinosaurs at war. Sometimes we had to leave the consulting room, passing through the waiting area where other patients, parents and therapists were present, because the script of the unconscious subject inhabiting Mateo dictated that we had to "escape the coming storm" or "escape the exploding volcano," as Mateo put it. In one of those sessions, as I said goodbye, Mateo hugged me. In another, when I told him, "Very good work today," Mateo applauded. The dinosaur was no longer playing alone.

Mateo began hugging his teachers, speaking with his classmates and waiting calmly in the institutions he attended. The father

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reported that he could now take Mateo to social gatherings and, surprised, said, "Mateo is another child." The mother reported that Mateo was gentler and had begun to say what he wanted. The school reported that he was adapting to regular schedules, that he no longer became angry as before and that he had begun hugging his classmates as well. A tender aspect emerged. The speech therapist reported improvements in his prosody. The educational therapist noted that he was eager to learn and more intelligible. When he was not understood, he sought other ways of making himself understood-pausing his speech, looking for a toy, pointing-rather than throwing objects or screaming. Rugby coaches reported that Mateo was beginning to play differently with his peers, no longer aggressively. In light of these effects, I continued to sustain the dinosaur. In one session, Mateo proposed that I be "the father dinosaur" and accompany him to strange and frightening places. We continued fighting humans and other creatures, moving through imaginary landscapes that not even the best screenwriter could have described. I sustained these stories for several months, until one day Mateo arrived at the institution, went straight to my consulting room (he had another therapy session before psychology), knocked urgently and when I opened the door, he grabbed his head with both hands and said, "I forgot Pet!" I laughed and Mateo asked, "And now what do we do?"-as if to say, "This is serious." And it was serious: the series that had housed the object supporting the subject had been interrupted, forgotten in an act of decision that Mateo himself could not yet grasp. I replied, "Pet was forgotten!" Immediately, Mateo rushed into my consulting room, went to the toy closet, searched frantically, grabbed a box without looking and left. He needed a substitute. Before he crossed the door, I said, "Remember to bring it." Something could be taken from the Other, but it had to be remembered and brought back to be exchanged for something else. When it was time for his session, he asked, "Do you want to play?" He took out the box, did not like it, searched for another and found a game with cars and streets. A new game began, one that lasted nearly four months.

In the final phase of his treatment, Mateo chose to play at building cities, with schools, hospitals, roads for cars, traffic lights, pedestrians-introducing waiting times and order into the game. He moved from destruction to construction, taking responsibility for his decision to leave Pet behind. He discovered that he enjoyed building cars with metal block sets, rejecting the models proposed by the instruction manual and taking time to invent his own vehicle. Each time we opened the game, Mateo made sure to place the instruction booklet at a distance. In one session, pointing to the booklet, he said, "This is useless." Motor play gave way to creative play. After nearly three years of analytic work, the school reported that Mateo asked to participate in the end-of-year play, choosing-on his own initiative-the leading role: playing the wolf. On the day of the performance, Mateo forgot the script, just as he had forgotten Pet. He immediately invented lines that had not been planned but fit the situation remarkably well. His classmates were lost and began following Mateo. The play lasted twenty minutes and was very funny. The parents sent me a video, surprised and moved. It is worth recalling that Mateo was initially brought because he could not integrate. From a disintegrated position to the protagonist of the play. The parents eventually separated. Mateo went to live with his father. The father, who had initially distrusted the treatment, began bringing him regularly and participating-he even brought his laptop to work in the waiting room. Finally, for personal reasons, I left the institution. I said goodbye to Mateo. He continued to contact me for up to two years afterward through his mother and via voice messages sent by therapists at the institution, saying, "Marco, I miss you."

Reading of the Case with an Emphasis on the Concept of Transference

What the case presents to us is a mother entrenched with her children who speaks of the father as useless and harassing. The signifier dinosaur emerges, as Lacan [5] says, like the stick in the crocodile's mouth-the response to the real. How, then, can one take away from the child the only thing that exists in order to constitute the enigma of desire? As the practitioner allows this signifier to develop, free associations begin which initially dictated the need for the father to be dead, Mateo's way of saying that he felt endangered by being at the mercy of his mother's jouissance. Mateo begins to consent to paying his share. He gradually replaces noises for words. He consents to exchanging jouissance for speech. To pay is to renounce jouissance. When we begin analytic work, we renounce jouissance. We exchange love for pure trieb. When knowledge is purchased jouissance`s things do not change very much. Paying with dinosaur stories is a way of wanting to learn how to handle one's own force and to renounce what is useless -namely jouissance, the repetition of suffering. This is payment insofar as it functions as exchange value. The dinosaur, as a being reduced to the body, can -thanks to transference- become an object to which libido is allocated, allowing the construction of a story that involves the child to the point where he is ready to separate from it, that is, to distance himself from that traumatic origin. The task of the analyst, as Chamorro [6] points out, is to turn the problem brought by the patient into a symptom by localizing what is intense in their experience. The symptom becomes a new destiny for the consistency of the trieb; it displaces jouissance and carries the Thing beyond the fixed point where it is lodged. Elaborating know about the relationship the subject has with that point distances him from his suffering reality. This procedure is what Freud [7] calls neo-creation.

Does not our theory itself lay claim to producing a state that never previously existed spontaneously within the ego and whose neo-creation constitutes the essential difference between the analyzed person and the unanalyzed one? (pp. 229-230).

Neo-creation responds to how one can make use of that meaning which has been wreaking havoc on the subject, to which he had been submitting without being able to emerge from it. Ravage (estrago) is not only the excessive mother, but also the subject's consent to being marked by the jouissance of the Other, positioning themselves as a petrified phallus offered as a sacrifice that fulfills the Other's need. The subject is responsible for allowing the ways in which the Other enjoys their life-a responsibility that often goes unnoticed, preventing differentiation. When this is spoken, analyzed and

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played out, knowledge begins to emerge and what was private life becomes elaborated life. This is the passage to neo-creations, which allows greater comfort in one's own mode of jouissance -what Freud identifies as the essential difference between a person who undergoes analysis and one who does not. Analytic work does not reinforce the ego's defensive mechanisms, nor does it aim to expand emotional resources to manage impulses. Analysis promotes a new creation of the originary trauma that allows a modification of the subject's position. Neo-creation arises from the construction the analysand (patient) makes of the analyst's interpretation, which re-engages the event within the subject's experience. The analysand is responsible for making what the analyst says function. Hence, "the analyst's interpretations are creations of the analysand" [6] and "an analysand is one who makes use of the analyst" (p. 356). What is interesting is the creation that emerges from analysis. It allows the subject to make use of a meaning that previously had no social employment and to put it at the service of desire rather than mortification. Faced with what is incurable, analysis does not resign itself but attempts to do something with it, neo-creations. This is not something that already exists and must be discovered, but something that does not exist and must be constructed. Freud uses neo because it concerns the real: The creation of something that was not there, taken from the impossible -a remainder that cannot be eliminated.

Making room for the dinosaur allowed a neo-creation: The pet, a displacement from dinosaur. Displacement is considered by Freud [8] to be the neurotic solution. Phobia, in which the father is replaced by the horse, is a substitution that allows the trieb's motion to be decentered from its original aim. The curative value of displacement is also indicated in the fort-da game: The presence and absence of the object, that is, the loss of jouissance and the encounter with the object (construction of a fantasy), allow the subject a new relation to the other.

This curative value of displacement can also be observed in autism, where there is an interest in objects that is not mediated by the signifier. When the autistic subject approaches and touches the body, saliva, grabs the head, looks and begins to recite the capitals of the world with precision, there is nothing susceptible to interpretation: the signifier is absent. If a joke is made-for example, saying that Buenos Aires is the capital of China-the subject may scream, cry, or flee. No equivocation operates; nothing functions as a signifier, nothing functions as a joke. There is no consent to displacement and therefore no possibility of forming a bond. Similarly, if the letter M is taught and then turned upside down into W and the subject is asked which letter it is, the response is "M." The letter is what it is: letter, not signifier. There is no equivocation, no displacement. Thus, the concept of transference is an invention made by the patient when they believe in an Other who protects them from the disturbing consistency of the enigma What does the other want from me? For this, the analyst, Freud [9] says, is positioned "in the capacity of object" (p. 404), allowing the patient's symptoms to abandon their original meaning and be "incorporated into a new sense, consisting in a link to transference" (p. 404). What is achieved is that the subject does not return to the originally cathected objects that produced discomfort. In this way, the analyst-as object a-ensures that the Other "is not identifiable [...] with a whole" [10]. Freud [9] notes that the neurotic's libido is invested in their symptoms. Transference neurosis causes that libido to be redirected toward analysis, channeling it through desire so that it benefits the ego by forming a new symptom. Symptoms are thus stripped of libido, which is freed to be displaced toward another destiny that does not harm the ego. How is this done? By creating new versions of the old conflict from which the libido had traced back in symptom formation, what is called transference neurosis. Transference neurosis means that the subject tells their version, creating a fiction. This is possible because the analyst sustains the transference until libido is withdrawn from the analyst-object, allowing it to fall away -just as the pet-object did. A new neurosis is created that allows the subject to treat their clinical neurosis. As Freud [9] states, the analyst is the object: "It is oneself who, in the capacity of object, is placed at its center. All the patient's symptoms have abandoned their original meaning and have been incorporated into a new sense, consisting in a link to transference.

Lacan stated that one loves the person to whom one supposes knowledge -not because they necessarily possess it, but because it is supposed. This syntagm -subject supposed to know- constructed by Lacan on the basis of Freud's transference, indicates that the analyst is supposedly the one who knows about the subject who consults. Yet it is the opposite: the analyst knows nothing about the analysand; the one who knows about the unconscious is the subject. However, the subject transfers that knowledge to the analyst in order to empty themselves and assume the position of "I don't know, I want to know." Thus, Lacan [4] says that knowledge is supposed in the analyst but located in the analysand.

If the analyst can sustain this transference and be docile to it, the analysand succeeds in attributing a new meaning to their symptoms through the transferential relationship, replacing the natural neurosis with a transference neurosis-a new edition of infantile neurosis. Freud states that this method does not work for psychoses, because psychotic subjects do not transfer libido to an object, which is the essence of transference-based cure. Where there are no object-libido, other methods must be devised. For Freud, only those who can yield trieb-related matters within the analytic device can be treated; those suffering from narcissistic neuroses lack this capacity (or possess only an insufficient remainder) and therefore remain indifferent to the figure of the analyst.

Freud [11] defines transference as the actualization of infantile wishes upon certain objects -the repetition of unconscious phenomena experienced with a strong sense of immediacy. What is revived is the mode of relation the subject has with their object of jouissance, that is, the traumatic mark left by the encounter with the Other of language. This mark is painful rather than pleasurable and is unconsciously repeated, shaping the subject's mode of satisfaction in relationships with others. This occurs in a specific type of relationship and, in a privileged way, in the analytic relationship-the only transference that fosters the advent of an unknown knowledge. The encounter with the analyst provides

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the opportunity to enact and elaborate knowledge about this unconscious reality. Like this, transference in psychoanalysis is a relation of cure-knowledge. Freud [12] distinguishes two types of transference: positive and negative. Positive transference is divided into tender and erotic. Tender positive transference involves respect, admiration and affectionate feelings toward the analyst; the patient wants to attend sessions, to work, brings material, dreams, slips, allows themselves to be spoken by the unconscious and verifies effects-thus driving the cure. Erotic positive transference is the demand for love, often with sexual components; the patient may fall in love with the analyst, seek to impress them and withhold what is difficult-constituting an obstacle to analysis. Negative transference consists of hostile feelings-anger, hatred-manifested through missed sessions, lateness, criticism, refusal to pay. These are unconscious enactments and also obstacles that must be worked through.

In this case, Mateo began with negative transference, but through analytic maneuvers gradually moved toward positive transference, despite moments that threatened its persistence. Freud [12,13] emphasizes that transference is the motor of the cure insofar as it is love for knowledge, but becomes an obstacle when unconscious, unknown components emerge. When resistances arise, the patient acts instead of remembering (agieren). Once remember or construct a memory through play and elaboration becomes possible, it again functions as the motor of the cure. The analyst must therefore transform obstacles into engines of the analytic process, without exercising the power conferred by transference. Direct suggestion, Freud [14] warns, merely suppresses symptoms through authority, leaving intact the processes that produced them. By contrast, analytic therapy seeks symptom relief through the creation of an analytic symptom in transference, distinguishing it from suggestive therapies [15].

Conclusion

Mateo arrived to treatment expressing his suffering through aggression, without a clear reason for consultation. The analytic work consisted in constructing a symptom capable of mediating between the child and reality, regulating anxiety and enabling the beginning of symbolization. The dinosaur functioned as that symptom: it circulated across different spaces -school, consulting room, objects -embodying violence while also becoming a support through which Mateo could articulate stories, play and gradually enter into language and social bonds. A decisive wager that made this work possible was the suspension of the father's initial denunciation, allowing time for elaboration. The dinosaur became a made-to-measure solution, a construction the child had fashioned for himself and that required sustaining. The disability certificate ensured continuity of treatment, the inclusion of the mother supported the process and session cuts were used in response to destructive moments. These interventions exceeded conventional technical boundaries but were oriented by the logic of the case within childhood neurosis. This work required flexibility in both setting and analytic position. Analytic discourse does not depend on formal scenography but on the maintenance of transference, which in this case implied conducting sessions in diverse institutional spaces according to where the child's jouissance emerged. The practitioner had to maneuver so that uninterpretable aggression could be transformed into something symbolizable, allowing the child to be inscribed in the unconscious. Such maneuvers are not standardized: clinical work with children demands plasticity, active involvement and the capacity to assume the semblance most convenient for the patient, enabling the transferential process to take place. This position dismantles the figure of the analyst as a solemn, immobile, purely theoretical and instead requires an active orientation guided not by educational, medical, or familial discourses, but by what has been excluded-by a trace that insists and calls to be followed. Orienting the work by this trace made it possible to respond to the child's suffering and to construct, from there, a clinical argument capable of sustaining the analytic process.

Psychoanalysis does not require experimental methods. To install analytic discourse, neither a title, nor an armchair, nor even a couch is required. Ferenczi underwent analysis with Freud in the mountains near Vienna. Likewise, with Mateo, sessions took place in the courtyard, in the hallway and in the waiting room of the institution where his jouissance was being treated. What matters is not a fixed setting that complies with formal conditions, but the love of transference. The analytic act can take a place anywhere; it only requires that the analyst knows that they must not be implicated there as a subject. It was fundamental that this child could find a place to which he could transfer what kept insisting, a place where the reality of his unconscious could be put into act. The analyst had to maneuver in order to produce the true reason for consultation, so that Mateo could be inscribed in the unconscious. The analyst had to create the conditions that allowed Mateo to express his suffering. In doing so, the practitioner becomes a reader of the signs of consent. One warning is essential here: not to get lost in what teachers and parents want. The analyst must adopt the semblance necessary for the child, creating conditions in which suffering can be expressed and the true reason for consultation can emerge. This implies becoming a reader of signs of consent and avoiding being guided by parental or institutional demands. It was fundamental that Mateo found a place where what insisted in him could be transferred and enacted, allowing the reality of his unconscious to come into play. This case illustrates the analytic effects in the neurotic becoming of a three-year-old child who had not yet constituted a phantom. At the outset, Mateo lacked the phantom framework through which a subject interprets reality and situates himself in the desire of the Other. While interpretation in established neurosis aims at traversing phantom, in children for whom phantom has not yet been constituted, interpretation is constructive. Here, the construction of a phantom and a symptom operated as a refuge from which symbolization could emerge. Over time, the dinosaur that initially embodied aggression was transformed into a support for play, speech and shared experience. Rather than eliminating the symptom, analytic work with children may require constructing it as a singular solution capable of supporting subjective development.

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