

THERAPEUTIC COMMUNITY FOR CHILDREN WITH DIAGNOSIS OF PSYCHOSIS: WHAT PLACE FOR PARENTS? THE RELATION BETWEEN SUBJECT AND THE INSTITUTIONAL “OTHER”¹

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This contribution explores the perspective of a group of parents whose children are hosted in a residential community in Northern Italy. This community hosts children with diagnosis of psychosis, separated from their families by medical decision or by judgment. This compulsory separation leads to a relationship between the institutional network and parents characterized by a struggle for power. In Hegelian terms, there is a creation of an imaginary relation between *master* and *slave*. In this situation three main questions emerged: 1) what can be done with the parental suffering, anguish and aggression caused by this separation? 2) Where placing these affections inside the institutional work with children? 3) What effect will produce this situation, on the institutional transference? A place named “Parents' place” was created. During these meetings parents were invited to speak about their own children with the professionals of the community. Using a theory-driven conceptual framework, Imaginary and Symbolic registers of Lacan, the transcripts of this meeting group were analyzed. Analysis highlights how this work with parents allows elaborating in a symbolic way this separation, producing a symbolic adjustment of the imaginary relationship between the network of institutions and parents with consequences on the clinical practice with children.

Introduction

Working in a therapeutic community (TC) for children means taking care of children and, at the same time, taking care of their families' problems (Baio, 2004; de Halleux, 2010). Indeed, in a TC, treatment is oriented not only toward the problems that brought the children into the residential community but also toward helping the family's system to manage and continue to work on those problems, so that the children can return home from residential treatment. In the last decades, several studies have shown how parental involvement reduces the stress related to the separation of children from families and is associated with shorter lengths of stay in foster care (that is, Tam & Ho, 1996; Frensch & Cameron, 2002; Merritts, 2016). In this vein, working with parents appears, on the one hand, to be a *sine qua non* condition for managing and developing a possible therapeutic project but, on the other hand, introduces peculiar difficulties and moments of deadlock (McDonald,

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Owen, McDonald, 1993; Baker, Heller, Blancher, Pfeiffer, 1995) for mental health professionals that they must be able to manage. For the family, transitioning to a residential community is associated with high levels of stress and a sense of failure and guilt (Goldberg, 1991; Frensch & Cameron, 2002). Moreover, as argued by Frensch and Cameron (2002), “placing a child in residential treatment can leave a family feeling vulnerable and fearful due to a perceived threat to a family’s autonomy, coupled with the exposure of family idiosyncrasies during treatment” (p. 308). This is especially true, considering that residential communities admit children and adolescents who have been separated from their families through decisions made by public mental health agencies or juvenile justice authorities, after hospital stays, or, sometimes, by parents who are no longer able to cope with the behaviour of their own children. As a consequence, the parents’ perspectives of and relationships with the institutions involved in moving their children into treatment are negative and often characterised by claims, conflicts, and frustration (de Halleux, 2010). Hence, the presence of the TC indicates to the family the crisis moment experienced by one of its members and the difficulty of the other members in helping and supporting him/her, or the dysfunctional models that characterised the familiar dynamics. These circumstances may affect clinical practice with young patients and the development of treatment projects.

Considering the ambivalence that characterises the relations between parents and institutional network in moving children to residential care, this study presents a way of working with parents to make their relations with the TC less problematic. This method is rooted in Lacanian psychoanalysis, which provides a theoretical conceptualisation through which the dynamics characterising the emerging relationship between parents and the TC can be analysed. In particular, the methodology introduced with this work is influenced by Lacanian reflections about the concepts of psychosis and Otherness (Lacan, 1949/2002, 1953/2002, 1959/2006), while strongly influenced by the reading of Hegel’s (1807/1976) dialectic of master and slave as well as the tradition of Lacanian psychoanalytic practice for children with psychosis and autistic spectrum disorders, which began in Belgium at the beginning of the 1970s (Baio, 1993; de Halleux, 2010; Di Ciaccia, 2005).

Intersubjective Relations and Struggle of Power: Hegel with Lacan

Drawing on Hegelian reflections, Lacan suggests a conception of human subjectivity rooted in mutuality and based on the development of self-consciousness in encounters with another subject. Inspired by Hegel’s texts, Lacan argued that the master–slave dialectic is most informative for mapping this logic. Inside the relation between master and slave, the master’s satisfaction is met through the subordination of others. In this vein, the slave only exists to affirm the master’s superiority of the master and to take care of the master and the master’s desires. The master is regarded as an oppressor and a frustrating authority who deprives his or her slave of freedom and is the cause of the slave’s discomfort. Moreover, the realisation of mutuality is doomed to failure, because the subject can be satisfied by recognition from one whom the subject recognises as being worthy of recognising him. The slave unsatisfied with his condition

craves and attempts to realise a world in which his value will finally be recognised and his own desires satisfied. However, the result of this struggle of power, expressive of autonomy, is an impasse as not a mutual recognition because this restoring the master and slave dialectic. Thus, adequate recognition can only be achieved within an institutionalised order that secures truly mutual recognition — in other words, through the introduction of a third element: the guarantee of the intersubjective relation. Beyond this condition, we do not have recognition but a dialectic characterised by inequality, division, and subordination.

Otherness in the Lacanian Perspective: Imaginary and Symbolic Registers

Throughout his teachings, Lacan (that is, 1949/2002, 1953/2002) distinguishes two different forms of otherness which differentiate between imaginary and symbolic modes of relating: the *other*, with a lowercase “o”, and the *Other*, with an uppercase “O”. The first case of otherness emerges through the narrative of the *mirror stage*, as an explanation of the genesis and functions of the Freudian psychic agency of the *ego* (Lacan, 1949). This reflection relies on empirical observation of infants and their ability to identify their own images in a mirror, which is matched with feelings of rejoicing and fascination. Due to a biological lack of sensory and motor coordination, infants’ self-experience is fragmented and only gradually becomes organised through this recognition of a self-image. In the Lacanian vein, the other, with a lowercase “o”, designates the imaginary ego and its accompanying alter ego (Vanheule & Verhaeghe, 2009). Indeed, infants discern their self-image from images of the others through this perception; consequently, it is in the outside world that the ego is constituted and one’s sense of identity is established. Furthermore, identity is acquired by ascribing characteristics in a relational matrix through the positioning with someone else. In other words, humans gain a sense of unity by assuming characteristics to someone else and relating with this assumptions. For this reason, imaginary identification is accompanied by a tendency towards misrecognition and, at the same time, inaugurates aggressive rivals and conflicts (Lacan, 1948). This is why the imaginary relations appear as a dyadic world characterised by a permanent fluctuation between the image of the ego-ideal and the effects of antagonism and aggression. Still, the human world is not limited to this imaginary fluctuation because it is immersed in language.

From the Lacanian point of view, the subject is an effect of the language, and the Other, with an uppercase “O”, is a place of language (Lacan, 1953). Thus, if the other represents a relation with a similar someone with whom I might identify, by contrast, the Other is a code and stands beyond the realm of imaginary identifications. For this reason, the imaginary fluctuations are subordinate to a symbolic order. Indeed, the Other is defined as a set of communicative rules and symbolic codes which forms the ground of all meaning-making. According to Hook (2008), “the Other remains always radically exterior, beyond the horizon of any conceivable intersubjectivity” (p. 55). It entails the Other being a kind of “supra-agency” (Hook, 2008, p. 55) that envelops the subject even before he or she was born and determines it. As Lacan claims, speaking means asking to be heard. In other words, it means asking to be

recognised as a subject. The symbolic Other responds to this need for recognition by guaranteeing the grounds for relationships among people: the Other ensures membership inside an order that makes affiliations and exchanges within society both possible and intelligible. In closing, we can affirm that the Other gives place to a subject, fixes the imaginary fluctuation, and allows the relationship between subject and society.

Psychosis and Otherness in the Lacanian Perspective

The meeting mode that occurs with the Otherness structures the subject's psychic reality, in terms of neurosis, psychosis, or perversion (Lacan, 1946). Although it could be possible to highlight different stages in Lacanian reflections about psychosis, the core of these conceptualisations was always the subject–Other relationship. As Vanheule (2011) suggests, psychosis could be read through a “mirror-and-meaning paradigm” (p. 16); with psychosis, the subject is captured in a dual dimension which excludes the third: the symbolic Other. In this perspective, the psychotic structure concerns the radical exclusion of the bond with the Other as well as the closure of the subject in an imaginary dyadic relation; in this way, the imaginary fluctuations are not subordinate and are oriented by symbolic order. As a consequence, the psychotic structure implies a relation with others in term of similarity. Also, the differentiation between self and other is weak, with affections of confusion, ambivalence, and intrusion, since with psychosis, the subject is not guaranteed due to the absence of symbolic limits and is at the mercy of the other. Indeed, what characterises psychosis is the subject's position in relation to language, since with psychosis, the subject is outside of the dialectic of recognition. Hence, the subject shows a peculiar relation with the Other, who appears as the Other of deprivation. In this vein, this structural reflection about psychosis clarifies that the basic structure of psychosis is present as functioning before and beyond the triggering of psychosis because it concerns a mode of identification in social relationships. The weakness of the symbolic order deletes the possibility of social bonds; indeed, language is a cultural product which aims to create rules of social coexistence.

The identificatory structure characterising psychosis affects treatment because the withdrawal or rejection that children and youth with a psychotic structure present in front of the other suggests a relationship experienced as threatening. This observation imposes that treatment must be oriented to the pacification of this relation, first of all, in sweeping away any pedagogical, adaptive, and normalising therapeutic motives and obligations destined to increase the rejection of the relation with the other (Baio 1993; Di Ciaccia, 2005). The treatment, on the one hand, concerns putting a range of “possibilities” at the residents' disposition, in terms of distractions, occupations, or creativity inside and outside of the institution, so that the residents might use the possibilities as they wish, if it pleases them. This disposition is a possible path to an identificatory ideal, through which to treat the Other and –accept a possible social bond. Thus, it does not concern therapeutic activities to which the subject must submit, but a series of possibilities offered to the “spontaneous work of psychosis” (Zenoni, 2002, p. 8). On the other hand, the treatment implies work with the Other by the hosts, both institutional and familiar. In treatment, it is important not to occupy the

position of the third, of the Other, but rather for the therapist to be placed on the same side as the subject facing this Other. In treatment, staff is involved both as witness and support for the solutions that the subjects themselves pose as a guarantee of order and a limit facing the intrusive Other, introducing the limit that the imaginary dyadic relations preclude. The treatment of psychosis is the treatment of the Other and not of the subject.

Method

Setting: The TC

For this study, we worked with a TC in a small town located in Northern Italy that provides accommodations for eight residents. The TC was created to accommodate children and adolescents until the age of eighteen with diagnoses of psychosis and autistic spectrum disorders. The residents stay in the TC for an average of twenty-four months. The working principles of the community are informed by Lacanian psychoanalysis. However, therapeutic interventions are based on a bio-psycho-social approach; for this reason, the professional team is multidisciplinary and made up of psychotherapists, psychiatrists, nurses, and educators. The therapeutic projects consist of activities outside of the community, such as schools, gymnasiums, and centres of aggregation; frequent internal activities, such as workshops and group and individual support; and periodical stays with resident's family.

Instrument

Creation of the Parents' Place Meeting Group

The compulsory separation introduced by admission to a TC creates two groups, at an imaginary level: the institution group versus the family group. The institution group is assembled by experts who have knowledge, exercise parental responsibility, and take decisions. The family group is assembled by parents who have been evaluated as not being able, lacking resources, and being in a helplessness position. In other words, an imaginary relation is created between master and slave. In the TC presented in this paper, a meeting group named Parents' Place (PP) was created to manage this circumstance and its imaginary effects. During these meetings, parents were invited to speak with the community staff about their own children. The hypothesis that led to the creation of the PP meeting group was to produce a symbolic adjustment of the imaginary relationship established between the network of institutions and parents through the introduction of a symbolic order that both the TC and parents underwent.

This decision instituted a new clinical practice with parents in the TC and, at the same time, a longitudinal research aimed at monitoring and evaluating the clinical effects of this decision.

Structure and Functioning of Parents' Place

Some points were set to create a symbolic framework for the PP:

1. All parents are invited every fifteen days to speak about their own sons/daughters. Every time a new parent or family participates in a PP session, the group's facilitator reads a message about the goal of the meetings:

Good evening. Let me introduce myself. I'm a psychologist and the facilitator of this meeting group. The PP is aimed at creating a place to speak about the knowledge that parents have about their own sons and daughters. The transcript of this meeting will be read by a panel of professionals, and the panel will provide a "receipt" about the topics that emerged in the meeting. This receipt will be read at the beginning of the following meeting.

2. One facilitator—a psychologist member of the TC's professional team—and one recorder will attend the meeting.

3. Every meeting will be transcribed verbatim, and the excerpts will be read by a panel formed by psychotherapists trained in Lacanian psychoanalysis. The reading of these excerpts provides a "receipt" which highlights the themes that emerged among the parents during PP but does not contain explanations, comments, or interpretations. The receipt would be the sign of the presence of someone who has heard and recognised what the parents said. The receipt starts with this sentence: "Good evening. We will start with the receipt. We are here to verify if we understood what you said during the last meeting. In the last meeting, it emerged that . . ."

Analysis and Corpus

Patterns within the data were identified in a theoretical or "top-down" way (Braun & Clarke, 2006), bearing upon the Lacanian concept of discourse. As Parker (2005) suggests:

A Lacanian approach to discourse has consequences for the way we think of "criteria" for research. It sets itself against attempts to arrive at a richer, more complete understanding of a text. Lacanian discourse analysis would require a quite different perspective on the reading of texts, a perspective that focused on deadlocks of perspective. (p. 175)

Indeed, although the human subject is defined by the act of speaking, and although psychoanalysis is an attempt to highlight the effects of speech on the subject, Lacanian analysis forgoes a form of interpretation that aims to reveal "signifieds" submerged in the text or the internal world of speakers (Pavón Cuéllar, 2010; Parker & Pavón Cuéllar, 2013). At the core of a Lacanian discourse analysis is the identification of blockage points around which the text is constructed and revolves. These anchoring points—named *quilting points*—are linked to certain signifiers or metaphorical substitutes; they keep the signifying system in place and show something about the structure of the discourse and the position of the subject within it (Parker, 2005). These quilting points are the foundation of speech because they have a predominant role in subjectivity and society; we can identify as anchoring points all signifiers around which the subject and the culture organize their own identities (Laclau & Mouffe, 2001). That is, these quilting points provide stability to the signifying system but, at the same time, are the way through which the imaginary identifications emerge. In this vein, each description is not merely a description but an attempt to provide the quilting point that anchors the others. Hence, the delimiting of these rhetorical strategies

shows how the subject shapes social bonds through language; in other words, they show the subject–Other relationship.

Within this theoretical perspective, members of the panel and the authors read the excerpts of the PP session. The transcripts were subdivided into fragments, each covering a different idea that was brought up in the PP group meetings. Both the members of the panel and the authors separately studied the transcripts to identify patterns and recurring structures. Consequently, they consulted each other to discuss these patterns. This resulted in the identification of five specific patterns. Pattern 1 is related to arguments about relations with the institutional network. For Pattern 2, we gathered opinions, perceptions, and affects towards the TC. Pattern 3 includes definitions, viewpoints, and ideas that the parents expressed about the mental illness of their own sons and daughters. Pattern 4 was related to negative feelings, such as the shame that parents could feel towards their friends, neighbours, or colleagues. Pattern 5 included fantasies, fears, expectations, and desires about the future.

Based on the focus of this paper, we only present the results related to Patterns 1 and 2 because they are the patterns in which emerged the relations among the institutional network, TC, and parents. We present and discuss these patterns to check and investigate the switches from imaginary identification to symbolic recognition. The corpus constitutes all of the transcripts of the PP meetings conducted in 2015. The families involved in the present study signed an informed consent form giving their approval for the use of the material.

Findings

Pattern 1: Relations With Institutional Network

We present two extracts taken from the first session attended by parents of a young boy aged 9, 10 days after his admission in the residential community. The mother is identified by the code M1, the father as F1, and the facilitator as by PSY.

Extract 1:

M1: I don't know what to say. . . . I feel lost.

PSY: How many days has your son been in TC?

M1: He's been there for ten days. I feel lost; without him, my life has no sense. We have arrived. . . . my husband and I used to quarrel quite often, and the social worker decided to send us to a mother–infant community. I called her horrible names. It was hard for me; it was like being in jail. Now, I'm being treated by a psychiatrist, but I have no psychopathologies. I have anxiety with depressive traits; for this reason, I drink wine. But I've never hit my son—not a slap, not a scream.

F1: The worst is over. He is quiet now.

M1: No, the judge was cruel to me. The things they said about me were wrong!

Extract 2:

PSY: The residential staff will learn to know him and will provide the necessary treatment project.

F1: That's okay to me; I just want him to be okay. I do not want a doll stuffed with drugs.

M1: He is a little boy. You can work with him. I trust in you. You are my hope.

F1: He was to come here immediately; moreover, the TC is closer to home. . . . I can't accept my son not improving.

In the first part of the session, the mother described experiences with the institutional network—composed of social services, the juvenile court, and a previous educational community for mothers and child—while the second part, the parents spoke about the TC. The signifiers that appeared in the texts are related to two different semantic areas: in the first extract, the mother used the signifiers “jail” and “cruel”, through which an image emerged of the other as harsh and malevolent; in the second extract, the signifiers were linked to “hope” and trust, and on the imaginary level, the community emerged as *the right place* because it was an idealised place. Although feeling hopeful at the beginning of a new treatment may be understandable, this situation again proposed two separate groups. The group of professionals was identified as experts who have knowledge, in Lacanian words, and identified with the position of *tout savoir* (Lacan, 1969-1970/2007). Hence, this is another form of the imaginary relation between master and slave.

During a PP meeting, the mother (M2) of a boy aged 13 talked about the institutional network:

M2: I call the lawyer. The court doesn't want to show me the files. . . . they want to hide something. At the beginning, my son was treated by the psychiatric department of V. (town in Northern Italy). In the psychiatric department, four cops had to stop me; otherwise, I would have killed everyone! The district should have had to help us, and instead, it took away our son. I can't take it anymore. There are people who raped, and look at it, look what they did to us!

Even though the meeting from which this extract was drawn occurred one year after the boy's admission into the community, the text presents a high level of frustration and aggression. The mother presents all of the social actors who played a role in the decision to separate the boy from his family: the juvenile court, social services, and the psychiatric department. The mother did not provide an explicit description of the institutional network, and it was not easy to identify peculiar signifiers linked to these social actors; however, the public institutions clearly appeared as malevolent and persecutory. Considering that identity is acquired by assuming characteristics through positioning with someone else, this negative image of the institutional network emerged through the parent's positioning, related to sadness (“I can't take it anymore”), frustration and helplessness (“look what they did to us!”), and aggression (“I would killed everyone!”). Furthermore, from our point of view, it is interesting to highlight how all of these institutions overlapped and were condensed into a single image. All of the differences in their roles and positions were erased, and all that was unfamiliar—in this case, because of the public institutions—became one.

Pattern 2—Relations With the TC

In this paragraph, we present extracts related to the relationship between the parents and the TC. In the first extract, the parents (M3 and F3) of a boy aged 14 who arrived at the TC two years beforehand described the meeting that they had with a district social worker and complained about the head of the professional team at the TC (HPT). This boy is the youngest of four brothers; all of them were separated from their parents and admitted to educational or therapeutic communities; for this reason, the family had been involved with several public agencies for many years.

F3: I wanted to start saying one thing. . . . the last meeting I had with the social worker went badly. . . . HPT wasn't a man of his word. He said that he would call after the team's meeting on Friday, and on the contrary, he moved forward with the issue of the community meeting. So, you should ask HPT if he is afraid of the social workers of G. (town in Northern Italy). He must tell the social worker that we want our own child back home.

M3: No! They must not say that he has dumb parents! We are not dumb! They have killed me; suddenly, they took my son, and he never came back home. And now, they are reducing the visiting time from 2 hours to 1; you have to prove to them that we are able to stand 2 hours with our son. And, why now should we have you as a watchdog?

PSY: Listen, we read the decree and have to conform to it. I understand your position. Maybe it is too strong. . . . I don't know. . . . but we have to respect it; we have no choice.

F3: You have to overstep it! Come on!

PSY: Well, I understand your point of view and your suffering, but if we don't adhere to the conditions, we make the situation worse, and they could have more reasons to act in an even more severe way. HPT will speak with the social worker—it is the procedure—but there are technical times to respect. Moreover, the social worker will read our report. Maybe there will be a change, but we can't say anything now. Unfortunately, you have to be patient. . . .

M3: Well, that's fine. This thing scared us. The previous HPT made us feel like "parents"; we felt that we were not the parents described in the decree. This is a nightmare to me. I cry. I'm feeling bad . . . and then when we arrived in the TC, we didn't find the previous HPT, but a new one, new professionals. . . . I'm an aggressive person but . . . well, now you (referred to PSY) reassured me and that's fine. Now, I'm quiet, and so I will stop complaining.

In the parents' narrative about the TC, we identified expressions related to suspicion, such as "watchdog", and disrepute, such as "he wasn't a man of his word", associated with claim However, their image of the TC was not solely linked to these signifiers. Indeed, in the text, it was possible to isolate another semantic area related to reassurance ("reassured") and recognition ("made feel parents"). This shift emerged in response to a peculiar intervention by the facilitator aimed at, first, accepting and containing the anger; second, allowing questioning about the clinical practices in the TC without feeling threatened; and third, bringing out differences in the roles, positions, and borders among the different agencies involved. For instance, the facilitator highlighted how professionals have to respect procedures or judge's decisions, exactly like

the parents do. By assuming this position, the facilitator made present the existence of a third element—the symbolic order—to which he is subjected.

During a PP meeting which took place several months before the conclusion of the therapeutic project, the parents (M4 and F4) of a young girl aged 16 spoke about a fight that occurred in the TC which upset her daughter.

M4: Has TC insurance, especially for glasses?

PSY: I have no idea about insurance; I can ask. . . . What about the fight?

F4: I do not know; someone touched a boy's privates.

M4: One educator was speaking with her, and she unwittingly gave him a kick, and then another girl touched his privates. The educator said something to her, and she started to shout. She called me and shouted, and I do not know, but you have to find some ways to calm her, so she doesn't reach these levels. F4: Our daughter is just here because you have to take care of her. If you are not able, we will take her away and go somewhere else!

PSY: In your opinion, what would help your daughter to calm down?

M4: yeah...well...to be honest, it's difficult to calm her in certain moments. Finally, she just relaxed because another educator had spoken with her, maybe you could do it before, but I don't know.

In our opinion, this extract shows the breaking point in the idealised position where families could place residential staff, at which professionals are called by parents not only to take care of their children, but also to solve or erase their children's suffering. The *mirror stage* illustrates how the narcissistic function of love is closely connected with aggression; hence, this imaginary identification is subjugated to fluctuations between the ideal and aggression. Speaking about their daughter's distress and angst while living in the TC, the parents questioned the clinical expertise of the residential staff ("you are not able"; "you have to find some way"). Even though the parents questioned the professionals' expertise, the facilitator did not reply by justifying or explaining the reason why their daughter's moment of distress was managed in that peculiar way; instead, he explicitly consulted the parents for knowledge about what would help their daughter to calm down. In other words, the facilitator consulted the parents on their own knowledge about their daughter—he treated the parents as "experts on their child" (Jivanjee, Friesen, Kruzinch, Robinson, Pullmann, 2002, p.2). As suggested by Lacan, the psychoanalyst does not answer on the side of the ideal, because that would close the relationship inside the imaginary fluctuations, but must highlight differences and subjective peculiarities. The analyst's act is done "to obtain absolute difference" (Lacan, 1964, p. 276).

Discussion

In the prior literature, many studies (that is, Jenson & Whittaker, 1987; Tam & Ho, 1996; Frensch & Cameron, 2002) highlighted how family participation in foster care, such as residential treatment and hospital stays, improved post-treatment outcomes and wellbeing; moreover, it reduced the length of stay of out-of-home placements. However, besides

these positive effects, the literature showed that work with families presents relevant moments of difficulties and deadlocks (McDonald et al., 1993; Baker et al., 1995), in which barriers aimed to exclude parents could emerge (Jinjee et al., 2002). Indeed, having a child in a TC is often related to increased sense of guilt and failure as well as instability in family relationships, and may generate strong fears of exclusion (Goldberg, 1991; Frensch & Cameron, 2002). Moreover, it is important to recall that this kind of separation may exacerbate family situations that were already characterised by difficulties due to the children's conditions. Parents of children with psychosis or autistic spectrum disorders are more likely to experience serious psychological distress—which is often associated with diagnoses of affective disorders or traits such as impulsivity, oversensitivity, and aloofness (Murphy et al., 2000)—than parents of children with other developmental disabilities (Sivberg, 2002). In light of these reflections, we aimed to present and describe a way of working with families oriented by Lacanian psychoanalysis. Indeed, as a new master, the institutional network is regarded as an oppressor by parents, and as a frustrating authority that deprives the slave of freedom and causes discomfort. Additionally, the TC is a member of the institutional network; hence, this imaginary identification, due to the high level of aggression and conflicts entailed, becomes an obstacle to the therapeutic project.

The PP meeting had no therapeutic aims for parents; indeed, the main effect of these meetings was on the positioning of the professionals themselves, who moved from the imaginary position of master to the establishment of a third element—the symbolic Other—which guaranteed order and intersubjective relations. This movement was possible after following a symbolic recognition that occurred, on the one hand, through the formal device that was designed, on the other hand, through the facilitator's responses. Regarding the device, an important role was assigned to the practice of “receipt”, which is rooted in the Lacanian concept of *act*. In this perspective, the analyst's act was not related to doing, but is associated with the language. In the analytic act, the language is not aimed at providing or constructing a meaning; rather, it is achieved to highlight and support a process of subjective knowledge. The receipt has as its goal to support parents' subjective knowledge about their children's suffering. Indeed, during the PP meetings, parents are invited to speak about their own children and to express questions and doubts about the clinical practice within the TC. In this way, the professionals presented themselves as people who have expertise about mental illness but at same time required parents to understand the peculiarities of their own children. This did not mean transforming parents into co-therapists, but it did mean that the professionals did not hold all of the knowledge about these children.

Finally, we suggested some reflections about the staff's answers. Our analysis underlined that the staff members' responses were sharper and more frequent when the parents' discourse specifically “threatened” the TC. On the contrary, when feelings of anger and frustration were explicitly pointed towards other institutions, or when the parents' positions, at first glance, did not appear problematic for the TC, such as an idealised position, the staff abstained from replying. In our opinion, in the last case, the silence can be interpreted as confirming a peculiar master and slave relationship, in which mastery is associated with the

position of *tout savoir*. Indeed, according to Foucault (1972), knowledge entails effects of power. Although it was impossible to eliminate the negative affections and aggression among the parents, moving from an imaginary identification to a symbolic recognition made it possible to manage these kinds of affections and to introduce a gap in the parents' perceptions among the institutional network and the TC. The image of the institutional network was always negative and cruel, whereas the image of the TC appeared variable and floating. We believe that these conditions are essential to realise the therapeutic project and support the reintegration of patients into their family and society.

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