

THE CHILD AND THE MENTAL DEBILITY: A LACANIAN APPROACH

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Abstract: This article resumes the concept of mental weakness in the history of Psychoanalysis in order to verify the way Lacan took this notion in his theory. We will investigate the Lacanian hypothesis of a structural mental weakness as well as its pathological aspects which requires the differential diagnosis in relation to psychosis, psychosomatics and intellectual inhibition. Finally, we will propose a *matheme* for mental weakness.

Keywords: Mental weakness. Lacan. Psychoanalysis. Psychopathology. Children.

Introduction

The goal of the present article is to gather elements that would allow to conceptualize mental weakness from the standpoint of Lacanian psychoanalysis. Firstly, we revisit Maud Mannoni's works, due to her pioneerism in the approach of this subject within the field of psychoanalysis. Then, we will see how Lacan has incorporated the notion of mental weakness to his thought, considering its relations to holophrase and locating it beyond the pathological realm as a structural condition inherent to any subject. The extent of the concept of mental weakness enables to tell the place of the *equivoque* – as presence of the Real in the Symbolic – from that of meaning, as presence of the Imaginary in the Symbolic. Locating the signifier equivalency operated by the mentally weak outside the reference both to

paternal metaphor and to a single clinical structure, we unfold Lacan's claim according to which the mentally weak fluctuates between two discourses. We present, still, some elements that allow to distinguish psychosis, psychosomatics, mental weakness and intellectual inhibition. We propose, at last, a provisory hypothesis regarding a *matheme* for mental weakness.

Psychoanalysis and mental weakness

The study of mental weakness in psychoanalysis began with the works of Maud Mannoni¹. The psychoanalyst worked in an institution devoted to the care of children categorized as mentally weak according to intelligence tests, aiming to capture child's manifestations that eluded both medical and pedagogical provisions.

In this institution, children that presented a homogeneous level of mental weakness were considered "truly mentally weak" and, usually, an organic etiology was attributed to the disease. In these cases, parents rarely accepted psychoanalysis and would rather solve the problem with the aid of medication (Mannoni, 1964/1998, p. 10). Actually, the institution itself collaborated to this stance, for only to the "false mentally weak" – children that presented contradictory results from a test to another – psychotherapy was indicated. Only for them it was argued that from the resolution of unconscious psychic conflicts psychoanalysis could reconstitute them to normality. Those doomed by science to be mentally weak did not deserve the attention of public health services.

It is the work of Françoise Dolto with a "real mentally weak" that leads Mannoni to doubt the psychometric diagnosis (Mannoni, 1964/1988, p. 100). Dolto's therapeutic success had reconstituted the intelligence of a real mentally weak or was this child wrongly diagnosed? To what degree it is possible to be sure of a diagnosis?

Mannoni (1964/1988) states that in mental weakness retardation is not always verifiable at first sight, and that abnormality does not show from the beginning as a severe and irreversible state. At times, mental

1 It is important to recall that Melanie Klein approached intellectual inhibition, but not directly mental weakness. Nonetheless, the following fragment reveals that the British psychoanalyst was aware of the difference between these two clinical categories: "In my experience, persecutory intense fears and the excessive use of schizoid mechanisms in the beginning of life might have a harmful effect on the early stages of intellectual development. Thus, some forms of mental deficiency should be considered as belonging to the group of schizophrenias. According to this, when taking into account mental deficiency in children at any age, one should bear in mind the possibility of a schizophrenic disorder in the early stages of childhood" (Klein, 1946/1991, p. 29). We will return to the differentiation between intellectual inhibition and mental weakness at the end of this paper.

insufficiency may be discovered only in an accidental fashion during a medical consultancy. It is verified, thusly, the need of psychometric tests in order to diagnose mental weakness in its medical-pedagogical feature.

This demand of confirmation led some researchers, such as Anny Cordié (1996), to claim that “there are no retarded”, once this diagnosis is the product of the creation of both an obligatory educational level and intelligence tests designed to place the child in an appropriated grade. According to Cordié, mental weakness is a contemporary concept that determines that the knowledge demand addressed by the other – the educational performance demands inhibit the child’s intellectual activity. We can perceive in these previous statements an equivalency between the subjective position of the mentally weak and intellectual inhibition that allow us to presume the hint of the misunderstandings that the phenomenological observation can induce, even in the realm of psychoanalytic practice. If, in the present, the problem of child’s mental weakness has acquired a larger notoriety on account of social ideals, this does not mean that mental weakness does not constitute a field of its own.

In psychoanalysis, Mannoni was the first to question the notion of mental weakness. After a fifteen years work with mentally weak children, she notices that mental weakness cannot be defined *only* as intellectual deficit. Furthermore, such diagnosis does not limit itself to the existence of an organic factor, for the child does not solely answer to an innate difficulty, but, in the author’s terms, to the way the mother makes use of this flaw in a phantasmatic world (Mannoni, 1964/1988).

In her theorization, Mannoni emphasizes that every mother that wishes to have a child suffers from a disappointment when he/she is born, insofar as her demand is accomplished, and, in reality, it was not quite that what she desired; in an unconscious level, she dreamt of some kind of fusion, not of a child separated from her. In fact, this phantasy is relatively common in mother’s that affirm that pregnancy was the best time of their lives or even confess that they wanted to keep the baby inside of them. Mannoni notices that, in order to reduce her disappointment, the mother superposes to her “flesh and blood” child a phantasmatic image: “the child, in its materiality, is always the sign of something else for the mother” (p. 42). That is why he/she does not answer to her demand, for it is this something else she aims, and that is also why the child captures the maternal lack, inserting him/herself in the dimension of desire.

We can extract from the reading of Mannoni that the birth of a deficient child leads the mother to objectify her lack in the child. It is always the child that is disabled: “the child’s illness will mask the mother’s illness” (p. 43). However, this maternal attitude can occur even in the case of children with no congenital problems whatsoever. The mother cannot imagine what a child is, she does not suppose any desire or intentionality

from him/her, and judges that he/she is incapable of any subjective manifestation.

Even if Mannoni's reference to the mother's materiality may appear idiosyncratic and contrary to the Lacanian developments concerning the discursive logic, it is important to clarify the specificity of the mother's position, agent of the passage from living being to culture: the mother is the subject's only effective partner, for it is with her that he/she constructs the modes of symbolic articulation. After all, if we consider that the pleasure principle implies the interdiction of the excessive *jouissance*, and that, for this reason, the fabric of all life's *jouissances* is tainted with suffering, the sexual *jouissance* has as its only reference the law that forbids it, that impacts the *jouissance* directed to the body itself, "border point in which it confines with the mortal *jouissance*. And it only links itself to the sexual dimension when it transposes this interdiction to the body from which has emerged the body itself, that is, the mother's body" (Lacan, 1971/2009, p. 101). It is only through this interdiction that the sexual *jouissance* links itself to discourse.

The neonate organism's organic and subjective insufficiency is the obstacle that enhances the imaginary adherence operation, for it sustains such a virulent opacity that imposes to the Other's agent the construction of an imagined subject under the mode of a child. Such entanglement is every subject's structural condition, because this bet in what is to come is constitutive of subjectivation.

Thus, even before appearing as a concrete presence, his/her location and naming enable the organism's inscription in language, in a fictional anticipation that, at the same time, entangles him/her in a lineage and constrains him/her to the interdiction of *jouissance*. The subject will not limit him/herself to the imaginary consistency of this bet, but it is the tension produced by it between life's full *jouissance* and the interdiction of the adhesion to the mother's body that causes his/her singularization.

According to Bergès and Balbo (2003), it is only because she supposes a demand in her child that the mother responds to what she interprets as an appeal. If she decides that her child will not address her any demand, she occupies a place of a complete lack of knowledge that can lead to mental weakness, autism or child's psychosis. We could add that the so called psychosomatic manifestations can also be included in the same series (cf. Vorcaro, 1999).

Jacques Lacan shows interest in Mannoni's researches in the period in which he theorized on drive's circuit and on the operations, responsible for the subject's constitution, of alienation and separation from an agent of the Other. From his *Seminar 11*, the following passage is often referred in researches on mental weakness: "when there is no gap between S_1 and S_2 , when the first couple of signifiers solidifies itself, holophrases itself, we have the model of a whole series of cases [psychosomatics – psychosis –

mental weakness] – even though, in each one of them, the subject does not occupy the same place” (Lacan, 1964/1979, p. 225).

In Lacan’s text, this sentence follows a discussion on the function of the signifier, in which the psychoanalyst shows that merely associating a signifier to an experience or naming it, “to attach a label to something”, does not characterize the essence of language². If Pavlov’s dog is affected in the organic organization of its needs by a cut that announces itself in the level of language, in the symbolic level, this does not make it a talking subject. The dog does not question the scientist’s desire: it responds in a conditioned fashion, for it is affected in an organ. Perhaps, says Lacan (1964/1979), one can extract from there some considerations concerning the psychosomatic effect.³

In general, holophrase is known by linguistics as a type of condensated sentence in which its constitutive elements – article, noun, verb etc. – are agglutinated, that is, the whole sentence presents itself as a single word. Holophrase designates the sentence-words characterized by the junction of non perfectly lexicalized elements, in such a manner that they would be best understood if presented as separated words.⁴

As we have seen, for Lacan holophrase is the solidification of the first couple of signifiers that would originate S_1 , the master-signifier, that blocks the function of the signifier itself, i. e., the fact that a signifier can replace another, once they occupy the same place. Holophrase, that according to Eric Laurent (1995) was substituted by S_1 , is present in the alienation operation and, therefore, participates in the subject’s constitution, regardless of his/her clinic structure.

If holophrase, as constitutive of subjectivity, becomes invisible both in the Lacanian body of work and in the manifestations of the subject, it is interesting to show how holophrase, in its proper linguistic sense⁵, presents itself in mental weakness and can be of great value in the determination of the very complicated differential diagnosis between psychosis and mental weakness.⁶ Perhaps holophrase, that presents itself

2 One can read in this passage a reference to Wittgenstein’s *Philosophical Investigations*, on which it is stated: “Naming is something like attaching a label to a thing” (Wittgenstein, 1996, p. 22, §15). We would like to thank Lucas Mello Carvalho Ribeiro for having directed our attention to the philosophical background of the Lacanian statement.

3 The other cases to be analyzed in light of holophrase – mental weakness and psychosis – will be discussed once we clarify the meaning of this notion.

4 For greater clarification on holophrase, see Stevens (1987) and Vorcaro (1999).

5 We agree with Laurent (1995) when he states that, in *Seminar 11*, Lacan did not have in mind the standard linguistic use of the term holophrase.

6 We will propose some criterion for the differential diagnosis between psychosis and mental weakness at the conclusion of this paper.

phenomenologically, could be best understood in light of the notion of *lalangue*, that, as Miller has emphasized (2009), is but a holophrase, i. e., a fusion of the noun with the article.

The question regarding mental weakness and psychosis was formulated by Mannoni from the beginning of the consideration of mental weakness in the psychoanalytic field. The resemblance this author has identified in the position of some mentally weak in relation to the desire of their mothers approximated Lacan's thoughts on the psychotic subject, which led the latter to make a brief commentary on this approximation: "it is insofar as, for instance, the child, the mentally weak child takes place, in the board, in the bottom right from this S, in relation to this something to which the mother reduces him/her not to be more than the support of her desire in an obscure term, that it is introduced in the mentally weak's education the psychotic dimension" (Lacan, 1964/1979, p. 225). Far from suggesting the presence of mental weakness in psychosis, Lacan is at that moment talking about the presence of psychosis in mental weakness, and, more specifically, about the mentally weak's education. Let us explain the following graphic in detail:



The desire of the mother, here represented by X, refers to an unknown object to which she will attribute a series of meanings, even before coming across with it in reality, i. e., before the child is born, the mother already imagines how he/she will turn out to be. Nevertheless, when the subject is born, his organic condition rarely corresponds to the meanings imagined by the mother: the human baby is born premature and incapable. Even so, the mother will adapt her desire to the reality of the child, and it is crucial for that to happen in order for the mother's imaginary not to recover the organism's entire real. In the case of psychosis or mental weakness, as referred by Lacan in the aforementioned quotation, the child would correspond exactly to the mother's meanings, he/she would be an ideal child or an ideal ego that equals the series of identifications and does not require any accommodation to the symbolic or to the culture, unable to form, thusly, an ego ideal. We can assume that in the case of mental weakness there would be a bet, made by the mother, on the child's incapability of forging ideals of his/her own, accomplishing goals and reaching certain purposes. The mother should secure herself that her child is ideal, perfect, based on another discourse, as we will see in what follows. One should emphasize that in psychosis the mother's ideal child does not depend on any other reference.

From that, let us take, initially, what occurs in cases in which a child has a congenital brain damage or a serious disease in childhood (meningitis, for instance) that can come to compromise his/her cognitive capacity. The incidence of morbidity on the desire the child condensates constitutes a wound that attains all the signifiers' net in which the child structures him/herself as a subject. Mental weakness evidences an enormous risk to the ideal the child embodies, often implying a destitution of the possibility of accomplishing the ideal: after all, health is a synonym of full realization (Vorcaro, 1998).

Despite the fact that the subject's structuration does not reside in the organic, a congenital deficiency, or even one acquired early on, can decide the subject's structuration from the moment it becomes a prevailing feature through which he/she is recognized by the parenting and treatment agents. Those are situations in which the importance of illness acquires such a privilege that the child-subject is dissolved in the death threatened and permanently insufficient organism. Thus, the impotence represented by the illness prevents the concrete child from coinciding with the child idealized by the parents, once he/she cannot respond from where he/she is expected to and cannot sustain the fiction that maintains him/her in the attributed position. Once they notice the insufficiency of their own interpretations regarding the child, parents abort their wish of an ideal child (Vorcaro, 1998). It is not rare to recognize such a determination in autistic children.

Another possibility takes place when the maternal disappointment in relation to the disabled child leads to a new, even more phantasmatic, imaginization of the latter, created in order to mitigate her grief. The mother covers up her depression and guilt by devoting herself to the care of her child, that, for some moments, she ceased to desire. She must be sure that she loves him/her, she must dedicate herself to the child, and to the special care that he/she demands. Meanwhile, the child can become the mother's only object of interest and desire, creating, thusly, the conditions for psychosis.

In both cases, one can observe that the insufficiency inherent to the deficiency afflicts the parenting agents, which do not possess the specialized knowledge required to treat it. They cannot but extend and transfer their functions to the specialized knowledge. To shelter and protect the disabled child, the parents themselves become employees of this scientific knowledge that guides the most effective treatment (Vorcaro, 1998). Therefore, the deficiency does not only provoke a displacement of the identity attributed to the child, but also in the parents' position, once the child's condition cannot be recognized and treated via parental knowledge. Transferring these functions to experts, health care agents, the child's organic insufficiency brings forth the parents' insufficiency (Vorcaro, 1998).

In this gap in the parental knowledge, the diagnosis – as a classificatory, etiologic, and nosographic instrument – *comprehends* that which is unrecognizable by the parents and *prescribes therapeutics* that will bring back or readapt the child to normality, condemning, relieving or saving the parents from the discontents illness has cast in their ideals. Insofar as the expert is located by the parents as the agent of full health – the one who replaces them, who sanctions the child's future, and to whom they are submitted to –, his/hers prognostic acquires such a primacy that, in anticipating the adult the child will be, it becomes the static reference through which the parents orientate their bond with the child. After all, for the sake of the child and faced with the expert's scientific reasonings, the parents have nothing else to do besides following the anonymous knowledge of the scientific truth, once their wishes are no longer a guiding reference (Vorcaro, 1998). The fact that the mother submits herself to science's discourse to be able to deal with her child ends up making her dependent of another knowledge, one she is unaware of, introducing yet another weakness in the issue of mental weakness – we will return to this point opportunely.

Mental weakness as subjective position

It is worthy to observe that the primordial Other agents' bond with the child can be sufficiently obstructed to decide the subject's structuration conditions, even in the absence of any morbid factor. According to Lacan (1967-1968), "it may arrive... that the children succumb to mental weakness by the action of adults." That happens in situations in which the prevalent feature through which the child is recognized is but his/her organism, which does not sustain any fiction whatsoever: "the knowledge that she [the mother] supposes in her child is a knowledge that limits itself to the knowledge of the body: what she knows and transmits is a knowledge concerning the body, its functions, its operations" (Bergès & Balbo, 2003). Despite the fact that the authors use this reasoning to situate psychosis, we consider that this hypothesis clearly locates the conditions for mental weakness.

Bergès and Balbo (2003) underline that, in mental weakness, the subject is not truly introduced in the mother. The mother does not know about her desire in relation to her child, and this reflects in the fact that she cannot suppose any knowledge in the child. She interprets the child's demands as equal to his/her statements, leading to an absence of cuts and of the arbitrary dimension. If, normally, the child is represented by the signifiers that the mother elects to represent her child, when she finds herself unable to perform this function, she searches, in another discourse, for a truth to help her dealing with the child, establishing an anonymous

desire. The mother receives as true any discourse that allows her to deny a knowledge supposition in her child. The mother adheres to a *master's discourse*, for there is a lack of signifiers in herself that is transitively updated in the child. Consequently, the child presents him/herself as an oscillation, a thought escape; he/she cannot be anything besides these "other" discourses, and, thus, what the mentally weak says does not lead to any fiction; he/she can go from one topic to another and lose him/herself in the speech, for the latter makes absolutely no sense. Let us consider the following passage, extracted from a clinical case related by the authors:

This mother used to say regarding her daughter: "I did not know what to do when she was born; I ignored everything"; the child has become mentally weak. Not making a hypothesis from a demand, the mother inscribed her relation with her daughter not only as an absence of knowledge, but also as a "mental weakness". She was completely "mentally weak" with her daughter. She acted towards her daughter just like the daughter would come to be. (Bergès & Balbo, 2003, p. 129).

One should emphasize that the mother, as an agent of the Other, can obliterate her singularity by instrumentalizing herself with knowledge, without having to distinguish herself from the latter: in the absence of an interrogation to this knowledge, the child is not thought of as a subject, and becomes reduced to an acephalous functioning. The mother reproduces prescribed formulas, and the child's body equals them.

In his *Seminar 22*, Lacan (1974-1975) had already proclaimed the generalized mental weakness inherent to every talking being that has, once in a while, the suspicion of being reduced to his/her body:

There is something that makes the talking being destined to mental weakness. And this is but a result from the notion of Imaginary, insofar as its starting point is the reference to the body and to the fact that its representation, say, everything that is represented by it, is nothing but the reflection of its organism. That is the smallest supposition implied by the body. (Lacan, 1974).

Let us see how Sonia Alberti and Elisabeth Miranda have treated this issue:

The identification with the body is debilitating, what does not only allow to verify that any subject can, once in a while, assume this role of mental weakness, but also, and foremost, directs the versant to be investigated concerning mental weakness as such: it is in the imaginary corporeity, in the corporal representation in the relationship with the Other that one should look for its determination. (Alberti & Miranda, 2002, p. 39).

The knowledge the mother seeks for her child is often a knowledge that limits itself to the knowledge of the body. She is convinced that her child's body is fully apprehensible by knowledge, and turns this body into a pure signifier that corroborates what she says, that is, into a S_2 in its knowledge plenitude. At this point, we could say that the mother adopts the *university discourse*.

The child embodies – in the corporeal meaning of the term – the knowledge of the Other: he/she embodies the knowledge of the Other becoming transparent to it, without any interception, difference, equivocal, that is, without locating a cutting point from which one can separate from this alienation. She embodies a discourse that does not belong even to the mother herself; it is an entirely transposed discourse, as if it were a block, a signification monolith, that, nonetheless, forecloses the subject and masks the mother's alienation, that does not know what to do with her own lack, limiting herself to cover it up with a discourse. The alienation that allows the child to make use of the language is, in cases that the mother is adhered to a discourse, elevated to a second degree, producing a biunivocal circuit. Instead of unfolding the differential function of the signifier, the mother and, next, the child equalize two signifiers, giving them a sign value.

The mentally weak clings to the truth "relentlessly" (Laurent, 1991, p. 132); demonstrates the truth with the body in order to sustain a lie (Laurent, 1995). The child updates the mother's truth, giving body to it: "the mentally weak subject is, first and foremost, a body that the mother does not only carry as a bourdon, but that covers up the mother's lack" (Alberti & Miranda, 2002, p. 42).

In the Lacanian perspective, the body appears connected to the Imaginary realm since the inaugural text on this subject, "The Mirror Stage as Formative of the Function of the I" (1949/1998). The body presents itself as covering up a lack, and, in the case of the mentally weak, it masks the lack of a knowhow regarding the lack that characterizes the mother. The mentally weak is reduced to the mother's sayings, to what she names, and the image of his/her body is not supported by truly embodied signifiers. They are just glued to the mentally weak's body, that which is verified in these children's compromised motor function, or in the fact that they search to cling to the body of the other. Contrary to Alberti and Miranda (2002), for whom the truth denounced by the mentally weak reports to the mother's impotence as a woman (as one could consider in cases of psychosis), we believe that such a truth refers to the *woman's impotence as a mother*.

The mother that knows nothing about her desire in relation to her child presupposes that somebody knows, and guarantees herself with that. If the child does not respond to what is expected, he/she points towards the mother's impotence; hence the need for the child to always be presented as truth: the child cannot doubt the Other's knowledge, and

identifies him/herself with the place of the truth. Rarely, a child's mental weakness is noted by the parents. Usually, it is denounced by school or close people. Therein resides the difficulty of keeping up an analytic process, because, as noted by Françoise Dolto, the child's reestablishment largely affects the parental position.

Eric Laurent (1991) retakes a statement from Pierre Bruno that says that the mentally weak refuses everything that could question the Other's veracity, in order to best shelter themselves from the doubts concerning the Law's Other, showing that this Law's Other, the master, is the knowledge master, i. e., science.

Science's discourse is characterized exactly by the subject's foreclosure, hence it is not difficult to imagine why do mothers of mentally weak children cling so vehemently to this discourse, even to question it. It is an absolute knowledge, without cracks, and progressively embodied in man. Lacan already stated that:

I call mental weakness the fact that a being, a talking being, is not solidly installed in a discourse. This is what gives a special character to the mentally weak. There is no definition that one can give to him/her, unless that he/she is a bit "out there"; i. e., between two discourses, he fluctuates/floats (Lacan, 1972).

The mentally weak is not included in the mother's discourse (she only serves herself, by means of a loan, of an anonymous discourse, in which, therefore, he/she does not fit). The mentally weak also cannot situate him/herself in the discourse of science, whose rationality forecloses the subject. He/she makes use of discursive fragments in which discourse's metaphoric web dissolves itself for the benefit of biunivocal relations, applying science's presupposed rationality to bits of the common discourse (procured by the mother): he/she fluctuates between two discourses. By means of floating, the mentally weak gives up a subjective stance, being limited to the adherence to distinctive discourses' fragments, in a imperative correspondence. For this reason, he/she cannot locate a rupture point in a discourse, as to allocate there some gap through which he/she can recognize him/herself. Bergès and Balbo (2003) distinguish, in mental weakness, not the fusion between S_1 and S_2 (that would make one out of them), but the S_1 and S_2 equivalency:

In the gap between S_1 and S_2 , characteristic of the cognitive crack, it inscribes itself there, as a holophrase, that by any means is produced by the fusion of these two signifiers, but by their equivalency. Due to this equivalency, the fusion operates as a displacement: the master signifier S_1 is taken for the mother's knowledge, S_2 ; a knowledge that, thusly, substitutes that of her child, and reduce him/her, transforming him/her in no more than a cognitive crack. The mother's transitivity limits itself to offering imagined signifiers for the child, like a significance promissory note. (Bergès & Balbo, 2003, p. 198).

Effectively, Lacan, in the unpublished lesson of December tenth, 1974, develops the following commentary: “the term *intelligere* [means] to read between the lines, that is, in a different manner than as the Symbolic writes itself. It is this Symbolic writing effect that preserves the meaning effect, i. e., the imbecility effect”. In another occasion, Lacan underlines that what is special about the signifier is the fact that it has meaning effects: it is enough to connote S_2 not as temporarily second, but as having a double meaning, in order to S_1 to assume its place correctly. The weight of this meaning duplicity, common to each signifier, is what leads every subject to mental weakness (Lacan, 1977).⁷ There is imbecility in any subject’s thought, insofar as we appropriate signifiers that are embedded with imaginary significations. In our alleged ability to read between the lines we reproduce this imaginary operation, adding more meaning to the signifiers’ web, and we suppose, thusly, to better understand: “That is what thinking is made of, the fact that some words introduce in the body some dumb representations” (Lacan, 1974).

This is why we cannot stand the absence of meaning; we search to fill the voids in the signifier chain with our own imaginary. One must highlight that the talking beings slip in the Imaginary, escaping from what is written by means of producing meaning. When reading [or choosing, both derived from the Latin, *legere*], we surpass what is written, including in it the referents we apply as signs. From that which presents itself in a crystallized manner in child’s mental weakness, we do not escape.

However, in the mentally weak child’s freezing, one can consider that, for not finding rupture points in the discourse, he/she does not operate the meaning fulfillment that characterizes our everyday mental weakness before the meaning duplicity. On the contrary, for not finding the rupture point, the mentally weak does not recognize the meaning duplicity necessary to look for a meaning between the lines, assuming it as his/hers, for it is has already been given to him/her, he/she has already got it in the next signifier that the other glued. In other words, the child in a condition of mental weakness does not accomplish the debilitating imaginary operation of producing more meaning between two signifiers,

7 In this Seminar, Lacan still points to man’s difficulty in producing a signifier unbound from meaning, that would, for this reason, create a *sinthoma*: a sign approaching the real. It is also where the analyst’s intervention would differ from suggestion, bringing forth a blank sense/meaning [*sens blanc*], that is, a semblance. Man does not get rid of (safe from) the knowledge that is imposed on him by the signifiers’ effect: “And he [man] is not at ease there. He does not know what to do with [*faire avec*] the knowledge. That is what one calls mental weakness, in relation to which I shall say I am not an exception. I do not exempt myself from it simply because I have to deal with the same material as everybody, and because this material inhabits us. He does not know how to handle this material [*Il ne sait y faire*]... Knowing how to handle is different from knowing what to do. This means managing to get by [*se débrouiller*], but this “y faire” indicates, in short, that one does not truly turn the thing into a concept” (Lacan, 1977).

assuming that he/she would, thusly, understand the other two, ordering them in the correct way, because everything is already placed in a good order. The signifiers are in the order in which the equivalency prevails over the difference. The mentally weak child dismisses the imaginary operation because the signifier's fabric with which he/she deals with is already sufficiently taken by the imaginary, already fixated without the separation that obliges the talking being to look for and choose more than one meaning. In prevailing over the symbolic, the signifier's differential statute is lost in benefit of its image: the signifiers have lost their differential propriety. Being already similar to each other, the signifiers have lost yet another propriety: that of producing meaning effects. The mentally weak can, therefore, cease to produce meaning, for the signifier does not interrogate him/her.

The talking being's mental weakness is different from that of the child insofar as it produces meaning where he/she is not instigated to produce it. While the mentally weak reduces S_2 to a mere second time, the talking being turns S_2 into a meaning duplicity. The mentally weak is clever because he/she dismisses the choice, the searching, the illusion that we are the ones that find meaning, for he/she only imports it from an always-already complete discourse.

Therefore, we agree with Laurent (1991) to whom "the mentally weak identifies him/herself with the place of the truth in order not to have to read between the Other's crack" (p. 133); however, instead of making him/her "non intelligent", we believe that such a ruse makes the mentally weak quite crafty. If, in fact, the mentally weak occupies the place of the truth, it is in order to assure the *jouissance* spoken between the lines, "forbidden to those who speak as such" (Lacan, 1960/1998, p. 836). The mentally weak's ruse consists in precluding him/herself from the function of the enunciation subject, staying a bit "outside", fluctuating. In this place where he/she floats comfortably, the mentally weak watches the Other unfolds for him/her. In gluing him/herself to the Other's saying, or in associating two words only for their phonetic resemblance or, still, equaling two different situations regardless of their context, the mentally weak does not leave room for the equivoque, preventing the emergence of the real.

In the clinical case reported in Carnevale's doctoral thesis (2008), the author notices that some vocalizations made by mentally weak patients can be evoked by echoes or brought about by signifiers that are related through meaning. She notices that the words thusly proffered do not acquire new meanings, do not produce any sense, but "talk to each other"; that is, fill the signification voids. In the case of ready made sentences: "Alright, don't be upset"; "You know what?"; "You know why?"; "Don't you know?"; "Pay attention"; amongst others, one verifies that they are death to the speech of the other. In this sense, Carnevale (2008) adds

a commentary made by Bruno (1986) regarding the speech of *Hem*, one of his patients, that we consider worthy to reproduce here:

Hem responds to every question I put throughout the session by cutting it with a “yes” before it reaches its end. The “yes” neutralizes the question, before it can complete the signification and release a meaning effect (another mentally weak boy, L., has the same habit of asking me at the end of each session: “you’ll be there on Thursday?” and, right after: “You won’t be there on Thursday?”. All possible answers are, thusly, anticipated, neutralizing everything answer I could give). (p. 26)

We underline, therefore, the importance of differentiating equivocity (the incidence of the Real in the Symbolic) from meaning (the incidence of the Imaginary in the Symbolic), in order to distinguish the position of the mentally weak child and, at the same time, approximate it from the condition of every talking being. After all, there is no symbolic between the lines: the equivocity is literal. Filling with meaning this unbearable void, the talking being reads between the lines. Not distinguishing the Symbolic from the Imaginary, one covers up the real that insists between the signifiers, rendering equal the production of knowledge and meaning.

The studies on mental weakness that directly entangle the notion of holophrase to the incapacity of reading between the lines mistake the absence of incidence of the Real in the Symbolic, the holophrase (S_1 -a- S_2), for the incidence of the Imaginary in the Symbolic, the reading between the lines (S_1 -meaning- S_2). Lacan names Real what escapes to the Symbolic: that which is impossible to the Symbolic. The equivocity shakes, there, the subject’s position, insofar as it “comports the abolition of meaning” (Lacan, 1974). The equivoque (Real) is not the meaning (Imaginary): “the meaning is that by which something responds, it is different from the symbolic, and this something, there is no means to support her unless from the Imaginary” (Lacan, 1974). The Real only delineates itself in the Symbolic by excluding the meaning. The tripping and the shaking have, there, the effect of a hole in the Symbolic, an equivoque that pierces the symbolic instead of filling it with meaning (Lacan, 1976-1977).

Conclusion

In order to clarify the difference between the series of cases enumerated by Lacan let us remember that, through the example presented in the beginning of this text, we can situate the holophrase: 1) in psychosomatics, as a signifier embodiment in an organic function; 2) in psychosis, the signifier fusion is due to the Other’s ravishing desire; and 3) in mental weakness, the equivalency between signifiers escapes from the Other’s agent, sought after in another knowledge.

Regarding psychosis in particular, the child is the mother's desire object. He/She is reduced to fulfill the mother's lack. The mother does not refer to a symbolic Other, once she presents herself as the absolute Other for the child. Each and every child's manifestations are interpreted in relation to the mother, to her desire, that never interrogates herself about any intentionality in the child. In the graphic reproduced earlier in this article, the dimension of psychosis is found at the place of the non barred S. This mother's omnipotence prevents that some signifier would indicate her lack – foreclosure of the Name-of-the-Father – and the child does not find, in the gap between signifiers, the cutting point in which he/she can place his/hers own desire. The fact that the field of the Other is equal to the Other's agent allows to say that the psychotic is outside of discourse.

In mental weakness, the child is not necessarily the mother's object of desire, although that can also happen, e.g., in cases of mental weakness in psychosis. The reference to a symbolic Other is present, even if it is under the guise of science's absolute Other. We believe that the mental weakness articulated to a particular relationship towards knowledge (S_2) is not restricted to a determined clinical structure, nor excluded from psychosis.

The option of defining mental weakness in relation to knowledge can lead us to the fault of conceiving every problematic relationship to knowledge in the terms of mental weakness. In this aspect, it is worthy to elucidate why we have departed from Mannoni, and not from Freud or Melanie Klein. Even though Freud had talked about an epistemophilic drive, showing how it can be inhibited by the action of the repression originated from social institutions, and Klein have been a pioneer in the report of a clinical case of an intellectually inhibited boy, we believe that the psychic mechanisms at stake in intellectual inhibition differ widely from those inherent to mental weakness. Mannoni herself (1964/1988) used the term "false mental weakness" in cases of intellectual inhibition due to a trauma or another external factor. Reporting the Nicolas' case, the psychoanalyst emphasize that the "intellectual insufficiency caused by a trauma can be read as a symptom that masks the true cause of the problem" (pp. 26-27).

The work of Santiago (2005) provides us a detailed view on the psychoanalytical developments of the notion of inhibition. Therefore, we will only reproduce here some of its conclusions, those we consider to be of great pertinence to the approach of the subject. In short, we could say that intellectual inhibition, read from a Freudian standpoint, involves a sexualization of knowledge incompatible with the superego demands, and that it can reinforce its masochist versant by punishing the subject through intellectual humiliation. In the case of a child, the punishment of the parents would also be at stake, specially of their ideals regarding the intellectual life.

We agree with this Freudian interpretation of intellectual inhibition. Nevertheless, we can affirm from what has been exposed that things are

different in mental weakness, as it has been formulated by Lacan. If, at times, mental weakness manifests itself as an educational or learning impairment, it is because the mentally weak does not enable the signifier's function, rendering equal a single S_2 in a S_1 , and, thusly, fixating meanings. He/She does not put his/her own phantasy at stake, his/her singularity, in a subjective production, for this connection is given to him/her immediately. In intellectual inhibition, we can gather elements that allow to locate the problem of the child in his/her behavior, reconstructing the instinctual [pulsional] path through the signifier chain. In mental weakness, we believe to be closer from psychosomatic manifestations, in which we do not have the means to follow the signifier chain.

If we relate, in this work, mental weakness and science's discourse, it is because we can often locate this discourse in the junction of the university and master's discourses. In addition, the origin of the term mental weakness coincides with the period in which began the influence of the scientific knowledge in everyday life. However, it must be clear that a psychopathology, even if it finds representative figures of an epoch, possess the most intimate relation to the subject's singularity. Nowadays, science occupies the place of the exact and free from subjectivity knowledge – which is quite appropriate to mental weakness.

In order to conclude this paper, we would like to propose, for the sake of illustration, a matheme for mental weakness. This matheme, of course, cannot be referred to any of the discourses defined by Lacan – those of the master, of the hysterical, of the analyst and of the university –, modified by a quarter of a turn, for the mentally weak is indeed between two discourses. Furthermore, the absence of the equivoque dimension demands of whoever is to assume the place of the Other in the discourse to be, in fact, an absolute Other that does not include the ex-sistence of a object a :

$$\begin{array}{ccc} S_1 & \rightarrow & A \\ \hline S & // & S_2 \end{array}$$

The mentally weak subject (S) occupies the place of the truth, from where every arrow depart, but where none of them can arrive, in accordance to Klein's mathematical model. What appears as agent is only S_1 , the master signifier, as in the master's discourse. The Other to whom the mentally weak addresses him/herself is full, evoking but the knowledge reproduction. Such a knowledge, as every product, finds itself separated from truth; thusly, the mentally weak subject is excluded from the knowledge produced by him/herself. But, in establishing this relationship with a knowledge he/she updates, the mentally weak demonstrates the very mechanisms of social functioning.

A criança e a debilidade mental: uma abordagem lacaniana

Resumo: Este artigo faz uma pequena retomada do conceito de debilidade mental na história da psicanálise com o intuito de verificar como Lacan se apropriou dessa noção no escopo de sua teoria. Investigaremos a hipótese lacaniana de uma debilidade mental estrutural a qualquer sujeito ao mesmo tempo em que pode adquirir um aspecto patológico que exige o diagnóstico diferencial em relação à psicose, à psicossomática e à inibição intelectual. Por fim, proporemos um matema para a debilidade.

Palavras-chave: Debilidade mental. Lacan. Psicanálise. Psicopatologia. Criança.

L'enfant et la débilité mentale: une abordage lacannienne

Résumé: Cet article fait une petite reprise du concept de débilité mentale dans l'histoire de la psychanalyse pour vérifier comment Lacan s'est approprié de cette notion dans sa théorie. Nous enquêterons l'hypothèse lacannienne d'une débilité mentale structurelle à tout sujet en même temps où elle peut acquérir un aspect pathologique qui exige le diagnostic différentiel concernant la psychose, la psychosomatique et l'inhibition intellectuelle. Finalement, nous proposerons une mathème pour la débilité mentale.

Mots-clés: Débilité mentale. Lacan. Psychanalyse. Psychopathologie. Enfant.

El niño y la debilidad mental: un abordaje lacaniano

Resumen: Este artículo realiza un pequeño recuento del concepto de debilidad mental en la historia del psicoanálisis, con el objetivo de verificar como Lacan se apropió de esa noción en el escopo de su teoría. Investigaremos la hipótesis lacaniana de una debilidad mental estructural en cualquier sujeto, al mismo tiempo en que puede adquirir un aspecto patológico, el cual exige un diagnóstico diferencial en relación a la psicosis, la psicossomática y la inhibición intelectual. Finalmente, propondremos un matema para la debilidad.

Palabras clave: Debilidad mental. Lacan. Psicoanálisis. Psicopatología. Niño.

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