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### Toward an Ethics of Listening: the Stake of Psychoanalysis on Special Education

### Hacia una ética de la escucha, la apuesta del psicoanálisis en la educación especial

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#### Abstract

The following paper seeks to explain the subjective effects brought by the majority of Psycho-pedagogical and clinical approaches on special education for children. Approaches founded on psychoanalysis and its connection to philosophy will be placed emphasis on to set out a new action mechanism. The notion of *Ethics of Listening* derives from those approaches from which a model of attention, opposite to that one used today within evaluation techniques at educational institutions, is proposed.

*Key words:* Psychoanalysis, special education, listening, handicapped.

## Resumen

El presente trabajo busca elucidar los efectos subjetivos que trae consigo la mayor parte de los abordajes psicopedagógicos y clínicos sobre la educación especial con niños. Para este propósito, se enfatizarán los enfoques cuyo basamento sea el psicoanálisis en su relación con la filosofía, para así plantear un nuevo mecanismo de acción. De ellos se desprende la noción de *ética de la escucha*, a partir de la cual se propone un modelo de atención en oposición al que actualmente opera en las instituciones educativas dentro de las técnicas de evaluación.

*Palabras clave:* Psicoanálisis, educación especial, ética de la escucha, discapacidad.

Might we not say that every child at play behaves like a creative writer, in that he creates a world of his own, or, rather, rearranges the things of his world in a new way which pleases him?

Freud

It is always too soon to condemn a human being.

Maud Mannoni.

## Introduction

This research paper is about insurrection and finding a way to make a wish come true, one that has been frustrated by everyday practice. Furthermore, it offers a proposal to broaden research on special education under the aegis of psychoanalysis, which is latent as it is part of the reference framework of the theory of the subject due to his search for meaning of existence, in spite of the fact that it has been left out of psychological methods by the scientific-experimental discourse. The objective of this paper is to have a better understanding about the circumstances related to the care of children with special educational needs, and that may be left aside at schools, as well as at special departments, in or out of them.

Having that in mind, double marginalization will be discussed. The first type lies on children with special educational needs that are considered and taken care of by special educational institutions policies, although most of times it occurs apparently only. Techniques have wasted therapy procedures oriented to subjectivity in favor of what is called *metodologization of effacement* \* because discourse evoked by a subject in process of constitution is silenced through the application of methods introduced by psychology and psychiatry diagnostic manuals, so these techniques, through speech or act, prevent free access to subjectivity.

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\* Translator's note: In Spanish, the author refers to metodologización del borramiento.

The imposition of silence is noticeable when the decision of assuming certain position is taken by some psychologists who direct their efforts toward the supposed *patient's* help and benefit. This individual (the patient) sees his/her desires and eventually his/her actions vanished away, as well as his/her identity transformed by a mental health professional, through a procedure of passivity, as it is called. This phenomenon can end up causing big problems to the patient's life because he or she is labeled with an expert's diagnosis and it is difficult to remove that label throughout his/her life. In other words, subjectivity is marginalized by techniques supporting the kind of diagnosis that labels patient's life and place knowledge on the expert's side only.

The second type of marginalization is beyond the borders of the psychoanalytical discipline and tries to break through the leading ideology appealing to medical cure by means of culture to the extent that pathology is observed through statistical indexes no matter the differences between subjects.

According to the mentioned above, therapy is the only one left to turn to as common ground for education and psychology professionals on special education. While specialists continue to waste time discussing techniques and strategies of intervention, they become more reluctant to observe the fact that within every child with a physical disability, behavior disorder, or even who's intellectually gifted, there is a subject who needs to be listened to. In order to start this insurrection, ethics will be first discussed considering a desire of its own and it can only be explained through ethics itself.

### **The Birth of the Ethics of Listening**

It is convenient to set out the starting point of the *Ethics of Listening*. The word ethics, from Greek *ethos*, according to Cortes and Martinez (1996) refers to character, a way of living pinned on customs that grows in the appetitive part of the soul where psychological trends and desires lie; ethic seeks excellence in character by balancing them. According to the authors, the concept has shaped its course in hermeneutics and it has been related to the fact of drawing attention and comprehending meaning, through the identification of illusions of consciousness including interests and hidden motivations.

That being said, another concept can be now clearly described, a work that tries to figure out the meaning of trends and desires taking into consideration the ones owned by the own subject, with the objective of identifying the character traits determined by custom, but at the same time a character that can escape it to find its own meaning. This work is called therapeutic process according to Horney (2003).

As it may be observed, the definition of ethics is closely related to the concept of therapeutic process since it considers the desires of every subject.

Philosophy, on one hand, has entered a new psychological category and it has explained its function. From this perspective, psychoanalysis will be examined considering two of its most important authors, Freud and Lacan, whose theories on the therapeutic procedure were based on the ethics considering the subject. According to Lacan (1964/2001), psychoanalytic therapy is an action executed by men that gives an opportunity to deal with the real through the symbolic; the latter involves speech. At some point in time, and through affection, the function of speech can evoke the subject's deepest thoughts elucidating a relationship between words and desires. On the other hand, there are specialists who take different actions and draw little attention to what the *patient* has to say.

Likewise, in 1959, Lacan suggested psychoanalytic clinic, as far as subject treatment is concerned, should be placed on the side of non-dependence, or more specifically, on prophylaxis of subjective dependence. Roudinesco (2001) when referring to psychotherapy proposed a theory on different cure variations and their direction based on the idea of analytic neutrality and from an ethic perspective.

### **Psychoanalysis and Special Education**

Regarding special education, and in order to start with the theoretical and therapeutics insurrection from the perspective of psychoanalysis, it's worth mentioning Freud who reviewed pedagogical behavior on therapeutics in 1916:

In this educative process, the doctor's clearer insight can hardly be said to play decisive part; as a rule, he can only tell his patient what the latter's own reason can tell him (1916/2005, p.319).

As it is observed, knowing something is different from hearing it from someone else. Most of the psycho-pedagogical or clinical approaches of psychologists consider a taxonomy where the specialist is someone who possesses knowledge about the subject and who's in a position of power without considering the effect that it may cause on the patient. On the contrary, the basic premise of psychoanalytic therapeutics is to give up knowledge and focus on the desires of the own subject in order to give him/her the opportunity to get straight his/her own motivations and ideas.

When considering therapeutics as knowledge about the desires of others, specialists may set up a kind of *after-education*, since they may repeat the process that made possible earlier education given by the patient's family.

In this case, the specialist passes himself off as one of the individual's parents stepping into the place of a parent-educator; due to the love for the parental figure, the patient evokes the rewards for commandment and punishment for transgression.

Since the topic has been brought up, it is important to ask about the role of the special educator in school environment and, in order to find some answers on this regard, some Freud's (1911/2005) formulations concerning education are taken up, as he relates it with the incitement to the conquest of the pleasure principle. This principle is the one governing the subject's id, until it is replaced by the reality principle. The subject is able to replace one for the other through love rewards, thus the educator, through a transference relationship, substitutes the student's own parental figures; consequently, special educators should handle their work ethically because they work upon material which is plastic and open to every impression and they must keep before themselves an obligation not to mould subject's mind in accordance with their own personal ideals (Freud, 1911/2005; 1913/2005).

Opposite to what has just been mentioned, as far as the psychoanalyst is concerned, according to Freud (1912/2005), the analyst should be open to listening to, and facilitate freedom of expression via floating attention. In psychoanalysis, precise protocols on clinical history worth less than they seem because they align with a pseudo attitude trying to clarify the patient's symptomatic actions so as to orientate him into a classification. In *El porvenir de una ilusión*\*\* (1927/2005), Freud establishes culture homogenizes subjects within a psychiatric classification, it is important to mention that most of all psychological trends based on the scientific theory work in the same way. These classifications are meant to describe the type of *mental development* in order to explain the disparities of those who in the tests did not achieve the standard IQ, considering it as a homogenous quantity. So the notion of capacity to decide the orientation of a subject prevails.

A different approach related to the second type of marginalization considers that psychoanalysis, according to Lacan's *Subversión del sujeto y dialéctica del deseo en el inconsciente freudiano*\*\*\* (1966/2003), focuses on concepts related to subject's unity in order to find answers to questions, and which must be discussed from the viewpoints of conduct and personality concepts but, above all, from the apparent consciousness given by ego.

Now, the relationship between psychoanalysis and special education can be discussed considering an *ethics of listening*. According to Pernicone (2001), it is important to know how to listen to a child with special educational needs, since he/she, as a subject, has the need and right to express his/her sufferings as well as the right to be seen as something more than an object-body. As a result, there is a need for a special psychoanalysis, one that draws attention to diagnosed special needs, and it is able to adapt its clinic and approach based on the demands of a particular language evoked by a subject urging to be seen.

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\*\* Translator's note: The translated version of *The Future of an Illusion* by Sigmund Freud.

\*\*\* Translator's note: The translated version of *Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious* by Jaques Lacan

In addition, Zelis and Salinas (2002) think the term *disabled* is frequently associated with the diagnosis of special educational needs. This association avoids the confusion between a subject who's *handicapped* and one who's disabled to express his desires, so the term prevents disabled subjects from being excluded. Making clear the differences can result in effective intervention within special education and, at the same time, it can open a space for reflection to those approaches understanding the subject with special educational needs as an individual who suffers and who must get attention, but also who must be listened to.<sup>1</sup>

For the time being, there are two schools of thought that relate the subject with special educational needs to the term *disabled*, as a *victim of faith* or as an individual with some *natural disability*. Both bring forward firmness on diagnosis and transcend the individuals' quality life, the subject is part of a statistical cultural pattern and analyzed under a theory constraint given by education. In some occasions the diagnosis may have a kind of a stigma.

According to Ranieri (2000), when educational institutions or clinics treat children who have been diagnosed with a special educational need or *development disorder*, it is common to have more than one specialist treating the *disabilities*.<sup>2</sup>

That is how, psycho-pedagogy and psychomotor specialists, as well as phoniaticians, physicians, and teachers become part of what could be called *intercrossed –transference*, a concept that needs to be elucidated theoretically in connection with the intervention of psychoanalysts within interdisciplinary clinic. Psychoanalysis remains an area of agreement and disagreement due to the differences among the different approaches.

Ranieri (2000) says the example of the analytic clinic for children is enough to explain the intervention of psychoanalysts in the constitution of the subject, because they act from the construction of the play scene. This act not only keeps company to the child and entertains him/her but also constitutes a model of expression (the only one in many cases) because it implies a close relationship with fantasy. So, it is possible to speak of an everyday language that is forgotten frequently.

Melani Klein works the concept of play on her article of 1929, *La personificación del juego en los niños* \*\*\*\* (1929/2006), where she explains how play therapy reveals childrens' unconscious fantasies, desires and experiences they are incapable of transmitting in words. Anxiety experienced in children's development becomes a symptom of a life disturbance, thus analysis, listening carefully and 'play' allow anxiety release even when there are problems with symbolism. For Klein, play therapy is the new expression of an archaic symbolism, this fact could explain problems of expression, language and socialization.<sup>3</sup>

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\*\*\*\* Translator's note: The translated version of *Personification in the Play of Children* by Melanie Klein.

As a result there is a need for clinic techniques, as Aberasturi (1962/2004) mentioned before, so that children can express themselves freely when playing and therapists can observe the types of play they pick as well as the roles they assume, in order to interpret them later or while children are playing. This is possible when repetitive plays exist and the subject's language is considered and consequently he/she can become an autonomous individual.

When considering the specialist out of the context of ethics of listening but within the use of play techniques, it is common to observe professionals, who work treating children, to follow a specific clinic intervention and recognize the importance of play in therapeutic sessions or consultation, since it allows a better rapport or psychoanalytic bond; in other words, they use play as a support technique to facilitate an specific action in therapy. For instance, specialists bend down to be the same size of children as well as to make eye contact and empathize, and that is very important for comprehensive psychologists. Conditions such as the mentioned before can help the therapeutic relationship, and this is why they become so important; however, the play referred to in this document is not only a part of a clinic intervention but it is the clinic intervention itself. The analyst, in the context of play, sometimes helps to construct and reconstruct the play scene where the subject constitutes himself/herself.

The approximation to children's special educational needs from the institutional psychoanalysis approach includes the possibility to observe symptoms, account for complaints and create a social bond within the institutional and family context, since the child expresses his/her deepest thoughts as symptoms and the relationship with other children in the same conditions may support the development of a particular social bond. The child's discovery about other families and children who share the same condition may help him/her to accept his/her own, so another alternative is offered to the subjective death sentence that assumes the position of a disabled person. To stake for a subjective production out of a victimizing position produces effects allowing the construction, recovery and relocation of a relationship with others.

## **Conclusions and proposals**

As far as specific proposal approaches to SNE children are concerned, there is a necessity to specify some parameters and directions in order to deal with the wide range of formulations and disturbances, beginning with the question arising as to how the various phenomena occurring within the current practice should be thought of.

In Maud Mannoni texts, the living force of the reality she faced to in clinical attention can be found. Her approach presented enough scientific rigor to keep open the core of her questionings and problems related to the idea of recovery of subjectivity.

The author tells how subjects who are given the name of disabled suffer when they are treated by someone who conceives knowledge on the side of the specialist, and who assigns a role to the patient in a society with an education. In contrast, she rescues listening through dialog in order to make subjectivity to occur:

(...) whether the analyst “knows” and orientates consciously children toward a competent reeducation service, or he/she tries to comprehend them no matter the time. As far as I’m concerned, I’ve chosen not to know, I’ve always taken the time to think and encourage children to be part of the conversion as long as possible (Mannoni, 1997, p.69).

As it can be observed, the author brought to light the practice being carried out in several institutions and she noticed specialists, who are influenced by organicist thesis, have settled various devices of reeducation, all of them were associated with consciousness related to instruction. Those mechanisms become ineffective when children do not benefit from them as they are not ready to become autonomous and responsible individuals; consequently, the device only prevents them from doing so by putting them into a position of patients who are receptive to knowledge, one that turns to be completely strange to them because they did not construct it themselves as subjects.

Taking up again the work developed by Mannoni as well as that of other authors and researchers, who have worked exhaustively on the topic of mental retardation, disability, infantile psychosis, etc. in relation to the subjective structuration,<sup>4</sup> rescue their efforts made some years ago trying to subvert the subject and to take him/her to the light of insurrection.

The following is suggested as a major proposal to attend SEN:

- The first step refers to diagnosis; medical diagnosis must be as precise as possible. It includes *listening* to the child (subject) and observing the place he or she’s been given by the family according to the current psychic situation, as well as taking into consideration the words expressed by the child through his/her particular language.
- The second step is giving the family their child back, that person who can be diagnosed and listened to in individual treatment sessions, and whose problems can be accounted for.

Also, the family needs to be advised on what should be arranged to improve the child’s attention. In the process, the active participation of the child or subject is fundamental as well as his own existence. Attention must not focus on his/her limitations resulting from his/her organic problem, but on the place he or she’s been given instead.

Within the conceptual confusion of attention oriented to the instruction, subjectivity seems not to have a clear place or at least not one of priority. Upon the discourse of specialists who regulate the problems related to SEN at an institutional level, there is unawareness about the effects of the subjective freedom that starts from

special nature, and then it is related to a concept of structural homogenization, with the idea of a descriptive psychopathology applying deficit as a guiding principle.

Therefore, this research paper was considered an insurrection, a struggle for the recognition that behind the special attention given to every child, a particular dynamic of listening can be developed to grasp each one of the requests and desires expressed everyday by a desperate voice. This position reveals every person's life path, since there is no need to talk about a disability in order to talk about our pass through this world. The objective is to raise awareness on the ethical premise of psychoanalysis that provides a space allowing the subversion of the subject. Once the stake of psychoanalysis has been presented, there is nothing else to add, but the fact that now specialists must dialogue to figure out the ethical positions governing within the psychological discipline and its relationship with special education when listening is considered.

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<sup>1</sup> A difficult position for analysts, since they must release themselves from assuming protectionist positions before the imaginary threat expressed. That is the challenge when keeping the analyst position.

<sup>2</sup> Which are held by the ideology of the classification mentioned before.

<sup>3</sup> A Klein's clinical case that worked as the paradigm of the analysis of a child who was classified by a psychiatrist as a psychotic person (Prior diagnosis to the psychiatric proposal of the autistic phenomenon). It was the case of Dick, a 4-year old boy, whose vocabulary was poor and limited, who didn't speak, and expressed himself through noises and incomprehensible sounds. He was motivated by Klein to express himself through play, and she helped him to develop vocabulary taking into consideration the fact of listening to (in this case attention) this proto-symbolic Language Cfr. Klein, M. (2006b La importancia de la formación de símbolos en el desarrollo del yo in *Obras completas vol. I* Paidós, Buenos Aires.

<sup>4</sup> Some of the most outstanding authors are M. Klein, A. Aberastury, W. Bion, D. Winnicott and many other psychoanalysts who, from the Freudian theory, did contribute to psychoanalysis by relating it to what in special education is referred to as Special Educational Needs, looking for a place for subjectivity and the singular elaboration.