

The role of the clinical gaze in treating children with burns

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SUMMARY

The subject of this paper focuses on the clinical role of the gaze. On the basis of the clinical and theoretical postulates of fundamental psychopathology, the mental suffering (*pathos*) caused by the destruction of skin constitutes the focal point of our analysis. We analyze some elements of the clinical management of children hospitalized for burns in order to show the importance of a (visual) device that functions as: 1. a suture for the invasive opening that physical and psychic injuries generate due to the violent and unexpected destruction of skin, 2. protection and symbolic restitution of tissues related to resignifications of mental suffering in a body with burns.

Key words: Clinical gaze, fundamental psychopathology, burns, mental suffering.

RESUMEN

El tema del presente trabajo se centra en la función clínica de la mirada. Partiendo de los postulados clínico-teóricos de la Psicopatología Fundamental, el *pathos* psíquico impuesto por la destrucción de piel constituye el eje de nuestro análisis. Proponemos observar algunos elementos del tratamiento clínico a niños hospitalizados por quemaduras para mostrar la importancia de un dispositivo (visual) que funcione como: 1. sutura sobre la abertura desestructurante que ataques físicos y psíquicas generan debido a la violenta y sorpresiva destrucción de piel, 2. abrigo y restitución de tejidos simbólicos que invistan las resignificaciones de *pathos* en un cuerpo con quemaduras.

Palabras clave: Mirada clínica, Psicopatología Fundamental, quemaduras, *pathos*.

INTRODUCTION

For a long time the effect of psychic factors on the body involved significant considerations on the medical knowledge field. There is a mutually inclusive relation between conducted observation and treatment, respectively, applied to both objective and subjective elements of the body. As for this double visibility of the body, the purpose of this work is to reflect on the mental suffering of children with burns during the hospitalization process.

Also, this paper underlines the fundamental (and foundational) aspect of clinical gaze and its effects upon the process in which the body is attacked by burns causing pain, suffering and transformations that reveal specific dimensions of any type of psychopathology.

The foregoing arises from a clinical case that allows the analyses of two core elements for the treatment of patients with burns: the clinical role of the gaze and the elucidation of psychopathological dimensions arising during the experience of burns, responsible for producing a physical-psychic opening in children.

The structure of the paper is divided into three stages: first, the presentation of the clinical case, then the theoretical approach and, finally, the analysis of some psychopathological dimensions observed during the clinical management.

PRESENTATION OF THE CLINICAL CASE

At his five years of age, Fernando is admitted to the hospital due to second-degree burns caused by gasoline in 35% of the total body surface area (TBSA). While playing with cousins and friends around a bonfire, accidentally gasoline is spilt on Fernando, who is wrapped in fire instantly. In reaction to the burning and panic, he runs around without direction screaming for help. As soon as his father is notified he runs to him and throw his son to the ground. Both father and son rolled on the floor in an attempt to stop the fire what was spreading fast hurting Fernando's body. After the fire is extinguished, they quickly covered Fernando with a blanket to take him to the hospital where he received pediatric emergency care and, subsequently, they provided him with specialized health care.

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During the visits to the area where Fernando was admitted, his father requested psychosocial support for his son. The reasons he gave were an intense and constant crying as well as insomnia and nightmares. He also emphasized that Fernando was very scared by the presence of "someone" who wanted to take him, since regularly Fernando assured that "a very ugly man" appeared in his room.

In the beginning of the hospitalization, during the first cures, surgical cleanings and medical interventions, Fernando was distressed and restless at the uncertainty and the horror for not recognizing the contour or limit between his body and the outside. Fernando had long periods of crying and agitation, while begging with effusive screams "leave me alone, please leave me alone!", besides rejecting with irritation any approach or contact from the medical staff. Such approaches were meant as threats of invasion through his body's fragile contour.

Beyond pain, the reason of the crying and screams were the threat that other persons' approach caused (hyperesthesia), exciting the body opening through which Fernando did not achieve to distinguish whether something of his body was draining away or whether, on the contrary, something foreign and unknown was invading him.

The intense and early crying at the imminence of the contact was related to the mental suffering of an opening in which the body limits are dissolved, the sensibility increased and the psychic defenses and protections vulnerable. At the wound perpetuated by an external source, the crying came up as a psychic hemorrhage in the opening caused by the real and symbolic absence of a protecting and resistant tissue that, at the same time, would stop the corresponding drain.

The first encounter with Fernando was in a morning of the early days of his admission, in the area of specialized medical care. I said hello and introduced myself from the door. I asked his permission to get in and approach him.

With tears in his eyes, Fernando turned his head to see his father asking for his confirmation (since he has already been told about my visit). Fernando agreed and from that moment we started our clinical encounters and management, from a visual device,* that is to say, a gaze tissue: three gazes (the gaze of the patient himself, the paternal gaze and the clinician gaze) started a work of symbolic suture on the damaged parts of the body.

During one of the subsequent clinical encounters, Fernando said: "God punished me for being bad and disobedient", a statement that – using these or other words – was frequently repeated, as well as another expression that also suggested a feeling of guilt: "dear God, dear God, please forgive me".

In this way, Fernando's crying during the first days of his hospitalization became a "word drain", attempts to explain and give meaning to the experience as well as to have

subjective pain. The screams and the irritation diminished, giving rise to a discourse that unveiled a deep feeling of guilt, in which Fernando passed from hyperesthesia to analgesia: the intense guilt diminished the sensations of pain.

After some cures, the physicians who took care of Fernando programmed the first surgery of take and application of grafts (TAI in Spanish). Fernando asked me if I would be present in his surgery; I said no, thus he requested that I would be with him during the surgery.

Following strict procedures and respecting careful protocols the physicians approved my request in response to Fernando's request. Shortly before his transfer, Fernando asked: *will you see me there?, -yes, I'll see you there*, I answered. We made an agreement, an encounter from and with the gaze that strengthened the visual device we were building. In the operating room Fernando said *-I'll close my eyes and sleep, but please see everything they do so later you can tell me*.

During the transfer and preparations for the surgery, Fernando remained calm. Each of the physicians who were taking care of him (pediatrician, surgeon and anesthesiologist) had explained him in detail the surgical process that would be made. Simple explanations that restrained the anguish at the disturbing fact, which we can interpret as "the ominous": *Das Unheimlich*.¹

The surgery was carried out and after a post-surgical recovery period, Fernando was transferred again to the room of burned patients where his father awaited.

When the nurses received Fernando and carefully tried to place him as comfortable as possible, they removed the blanket covering his body while his father watched from the outside. When the father sees him with bandages covering the grafts and with gauzes stopping the hemorrhage from the donor area, this image is so traumatic for the father that he cannot refrain from weeping and he draws back avoiding seeing, while Fernando awaited his approach.

The deviation of the father's look caused an interruption in which Fernando ceased to be supported and remained abandoned at the terror of an undecipherable image that scared his own father and himself. This made Fernando vulnerable and helpless.

After I looked Fernando with a gaze suggesting "wait", with the intention of securing a union, I went out looking for his father, but the triangulation of gazes that were woven supporting Fernando had already suffered a rupture.

Punished for being bad and rejected because of his undecipherable and indescribable image, Fernando desperately looked his body and started to scream and cry, complaining of intense pain and cold.

Over the next days Fernando hardly moved. He maintained a static position (out of the ordinary for a child), a petrification position. The deviation of his father's look caused emptiness, a fracture in the achievement of the psychic functions trying to symbolically suture the wounds, represent the experience of pain and foster a narcissistic repair.

* We refer to the term "visual" as a way of highlighting the importance of gaze in the clinical management of children with burns.

DISCUSSION

Writing about the real aspect of the body implies a work of observation: Supporting presence and accompanying gaze in encounters with the sinister. The clinical importance of gaze deals with elements that contain, in their form and development, the visibility of the body, of what a figure creates and models: an expression of what is shown again and what is transformed,² that is, of the foundational and constituent of the unconscious image of the body.³

Thus, the observation and, more specifically, the gaze, acquire a central importance in the clinic of children with burns. Observation and gaze are the start and the way of generating encounters, reflexes and transfers in the treatment of burns, a transforming dialogue at the sinister of the mental suffering within the body.

When opposing forces are precisely found in the body and when such opposition results in suffering, ruptures and separations, a physical-psychic wound is opened. Therefore, the clinical work addressed to children with burns refers to what suddenly happens, destabilizing the limits and causing several and unknown consequences.

The unrecognized body and what is unknown of the body are partially revealed in the peculiarity of features created by the discourse arisen from and in the body. The discourse of the body is a readable text, since it is revealed to the gaze of others as stage of dialogues with the unexpected, the astonishing and the surprising.

The mental suffering springs from the body and exposes it to the gaze that works like an invisible and protective membrane, an erotic layer which covers the body, spreading itself as a texture of inter and transcorporeal relations.

Such surface makes up a discourse field where the silence also outlines a text in the self. This silent dimension is attended by the clinical effects of the gaze working as the support of the body discourses, its marks and arrangements.

Since the skin is a perception surface,⁴ that is, of sensory data and inscriptions, the purpose of the observation and gaze, at the clinic of children with burns, is to deal with such phenomena and cause encounters leading to the rebuilding of a sense and meaning of that which, damaging the body, disturbed the psychism.

To observe is moving towards the unknown, going beyond the evident and, at the clinic of children with burns, trying to locate the irregularity that harms and disturbs, at a place where it may open to reflection and thinking.

In the clinical management, while the listening attempts to propagate itself with the purpose of introducing an interpretation on the hidden meaning of the words, the gaze tries to find the unknown of the body to reveal something that produces the transformation of the experienced trauma.⁵

Such transformation may be developed through the clinical pathway of the gaze considering the complexity of biology, the logic of life⁶ as a natural system, that is, a field

of moods, subtleties, complications and passions.

Just like bandages stick as an edge controlling the hemorrhage and protecting the wounds, the clinician gaze fulfills a performance equivalent to psychism: it draws the lines organized as a (covering) symbolic membrane of the body, which core effect is to join and protect.

The gaze has a reflex action of psychic support towards reality.⁷ In the silence that reality imposes, with the lack of words expressing something, the clinical gaze on the body produces an inaudible but solid effect of containment, union and support. Existence is held in the other's gaze. If this misses (or fails), then the edges, components and forms of the body are dissolved and the self functions are weakened.

When mental suffering (*pathos*) violently overtakes the understanding, as in the presented clinical case, it can be seen that beyond pain, the fact of not being loved or being rejected attacks narcissism, forces the body and acts against psychism, generating helplessness and vulnerability.

In the clinical management of children hospitalized for burns, the importance of the clinical role of the gaze is put forward as core component, since from the early years of life the other's gaze covers or invests, weaves in each person a membrane that from now on shall be a covering under which we will present (or defend) ourselves regarding the environment and the others.

Gaze is a "(con)tacto"* or contact, a way of approximation that can be spread as a central approach. We consider that the gaze is a quality of clinical observation to sensitize, imagine and support, since the gaze is woven as a psychic dress and a membrane for the body: transsubjective corporal texture.

In order to fulfill the constituent and configurative functions of the gaze, the clinician must work like a *bricoleur*, creating links until having links that can regenerate a narcissistically protective membrane.

Gazing causes links that organize the body and its inscriptions to and from desire. Thus, through the gaze Eros and also destructiveness can be reflected. Whereas destructiveness is linked with helplessness and vulnerability at the remembrance of the losses drained through a psychic opening, desire wraps the narcissism that supports constituent eroticism.

Likewise, the gaze may regenerate and destroy; it may be propagated: a) upon the place of the psychic opening, pointing out the destruction of burns and intensifying the effects of the mental suffering (*pathos*) or, b) upon the place of *Eros*, weaving an erotic-narcissist membrane which suture establishes a condition that covers, heals and makes a bond with the desire.

The clinician's gaze should be spread as an invitation addressed to the patient in order that the latter may look and protect him, regenerate the tissues of his symbolic

* Note of the Translator: In Spanish "(con)tacto" has a double meaning: "contact" and "with tact".

membrane and eroticize his body, that is to say, create a transference of a supporting representation.

The psychic conflict caused by burns involves such dimensions that it demands a comprehensive care, a processing work that is not reached only with pain's listening. At the clinic of patients with burns it is not sufficient to give rise to word or interpretation matters, also, through the gaze, an attempt of psychic ordering may take place.

So far, we have tried to get closer to the clinician's gaze, however, what happens with the patient's gaze when looking at himself? What occurs with his reflection? In the next few lines we will try to briefly tackle the implications of the patient's gaze.

We will try to distinguish the effects of the destruction of the skin, from which the psychic elements reveal ways of functioning linked with psychopathological dimensions.

Through the work of clinical observation in children with burns we may infer the dimensions of exceptionality, guilt and melancholy,⁸ as forms of response regarding the devastation event caused by the burns, their relevant losses and separations. A specific configuration of the gaze, in its singularity, reveals the place that the patient occupies against the destruction, oblation or loss of the self.

The exceptionality against the destruction. sadistic gaze. On exceptional persons, Freud⁹ states: "All of us think that we have reason to scold nature and our destiny due to congenital and children's disadvantages. All of us demand reparation for old wounds made to our narcissism, to our self-esteem." In children with burns, they are considered as narcissistic wounds, so the mental suffering (pathos) and the sensations of pain are interpreted as an approval for attacking, annoying and even harming others.

Children who have this dimension of exceptionality decide to act as villains with the excuse of a past in which they were unfairly affected. Under such excuse the way of looking at themselves and at others acquire a sadistic quality, since there is an expression of hatred in the framework of a controlling, fixed, aggressive and deep gaze.

For exceptional persons it seems that there is no chance to give up satisfaction. They demand pleasure because with the burns they received destructive impositions of pain and violent transformations in their image and body. Subsequently, such effects make up the exceptionality condition, that is to say, they must promptly receive the satisfaction of a pleasure. They demand total repair of their loss and pain. The exceptional person is in a sadistic position through which he tries to redeem the violent and unfair attack caused by the burns.

We can highlight that within the exceptionality there is a certainty that an evil was unfairly imposed to them, which authorizes them a power on others through furious expressions in their gaze, expressing an unlimited demand of pleasure, besides having a resolution to destroy and attack.

The Sacrifice and Oblation of the Skin. The Superego Gaze.

While the exceptional persons assume themselves guiltless, others show a conflict strongly related to the idea of a punishment deserved and imposed by consequence of a serious misconduct committed in the past. The idea of having failed in doing something prevails, which becomes unbearable, as well as the existence of endless thoughts of expiation and punishment. In children having a feeling of guilt, the anguish, the pain and the panic are the deserved punishment they receive due to the unconscious fault committed in early stages of life.

Concerning the notion of punishment we can underline that since former times the sentence imposed to persons responsible for crimes or sins is associated with burns. From the religious point of view, namely from a Christian view, what is impure is purified through fire. According to certain biblical passages, the fire of sacrifice is the divinity that devours the victim.¹⁰

Biblically, a ritual in which every impurity or evil is extinguished or purified with fire, intense heat or flames, is related to sacrifice. Furthermore, to receive grace, man must become detached of every carnal pleasure, suffer and refuse satisfaction.

We can think that in burns the skin is offered as oblation. Sacrifice is the skin itself, the membrane of the body that draws the limit between the own and foreign aspects. This membrane is offered as oblation for its destruction and interruption of pleasant sensations. Such destruction is called sacrifice.

Sacrifice is every oblation in which the offering, or a part of it, is destroyed. Also, it bears mention that sacrifice has two purposes: acquiring a state of holiness or suppressing the state of sin.¹¹

In this way one may think that the destruction of the skin, inherent in the burns, is established as an atoning sacrifice that frees the guilt caused by the unconscious idea of an evil, fault or sin committed.

It is common to observe that children with burns who express guilt go through the process of hospitalization under levels of greater tolerance of pain. In those who have the guilt dimension, the intense pain in the body is assumed as an attempt for repairing and/or the search for (divine -paternal-) forgiveness.

The sin is in the body and belongs to the sphere of oedipal desire. Such sin is oppressive and becomes guilt that is not mitigated; otherwise there is a punishment working as a limit, and thus the debt is paid off. In the dimension of guilt the debt is with the superego and the payment is the skin and the pain. Therefore, the absolution is achieved.

Children who have a feeling of guilt are dominated by the terror of being in sin and being, consequently, unworthy of the grace of God. It is important to mention that being under grace implies being under the father's consent. Thus, in those who the guilt predominates, the gaze expresses submission, devotion and an atoning lament.

Melancholy and Depreciation for Skin Loss. Omnipresent Gaze. In some children with burns the intense depreciation they develop suggests considering melancholy as another form of response that is revealed in the difficult hospitalization process.

It is difficult to decipher everything that the skin involves. Therefore, it is also complicated to measure what is lost by burns; because beyond physical wounds, a psychic opening is drawn that faces the patient with the impossibility of making subjective what is lost as well as recognizing its dimensions. Impossibility to repair the infringed order and endow with meaning the event that marked the self.

In the melancholic response in the presence of the burns, the patient is anchored to the opening, that is, the gaze is thoroughly fixed on the indecipherable emptiness. This fixing reveals the fault in which the loss is not in the self, but from him, that is, the self is what is lost. The burns cause an opening in the self that suggests a drain and an emptiness of inestimable dimensions. Therefore, in that reflection the gaze reveals empty, distant and absent, outside and far away from the field of unions.

The grief work for the loss of the skin itself fails and weakens the narcissism of the patient. Narcissistic weakness caused by depreciations that imply emptiness and disappointment at the body's impotence to the violent attack of burns. The patient yields to a deep disappointment of himself and his body.

Freud¹² states that the melancholic dimension stresses the moral displeasure for the self and that self-recriminations are addressed to a beloved object. In the case of the burns, their effects break the narcissist wrapping that protects the psychic apparatus threatening the structuring perseverance of the body.

Talking about the melancholic dimension in burns means referring to the loss of the self that makes the narcissist membrane disappear. The gaze is thoroughly distributed over the vulnerability and failure of the body. The insistent depreciation of the body itself and the impossibility to make the loss subjective, annihilate the attempts of the self for being preserved. Then, the gaze is unrestrictedly fixed on the loss of the self, psychic opening and physical failure: elements of melancholic omnipresence.

After the analysis of the presented clinical case and of the theoretic incursion conducted, we conclude that in the treatment of children with burns a visual device should be included, that is, allowing a clinical gaze that makes possible suturing and containment functions on the somatopsychic opening: destructive subjective turbulences that collapse and freeze the history among elements that allow the meaning of experience. This task has precedence in the creation of links and in the solid articulation of for vital body bonds.

The gaze as a visual device in the clinical management is a restorative way of shelter and protection. Such restoration of the body texture shall always be incomplete, shall always have blind spots and gaps. The symbolic suture on the opening produced by the burns will never cover it completely. However, such insufficiency also has to be drawn for causing movement, a summons to overcome passivity, to pass from collapsing to the active, creative and expressive search of *Eros*.

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