

## Are symbolic wounds linked to intellectual disability? A case study of the father of a child with an intellectual disability

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**ABSTRACT:** In reference to the psychoanalytical theory on the drives, the birth of a child in poor health leads to drive dissatisfaction preventing the support of the ego in the father which could inflict symbolic wounds on the latter. Research on intellectual disability has focused more on analyzing the experiences of mothers of children with intellectual disabilities and the experiences of siblings. However, the experiences of fathers of children with intellectual disabilities and their symbolic wounds are not documented. However, fathers and mothers of children with disabilities experience it differently. The study aims to fill this gap by linking this handicap to the symbolic wounds of fathers. A semi-structured clinical interview was carried out in the city of Douala with the father (aged 37) of an 11-year-old male child. The results of the thematic content analysis highlight a painful transmission, a depreciation of the ego, a narcissistic attack, a feeling of humiliation and a feeling of injustice in the latter. It can be concluded that these observed symbolic injuries are related to intellectual disability.

**KEYWORDS:** Intellectual deficiency, intellectually deficient child, Symbolic injury, Handicap, Narcissistic attack.

### 1 INTRODUCTION

According to Laplanche and Pontalis (1967) the desire for a child derives these sources from the resolution of the Oedipus complex and is well observed in both girls and boys. This is manifested in the boy by the threat of castration that the father imposes on the young boy who, for the latter, for fear of losing an object that is very dear to him (the phallus) will renounce his incestuous desires which leads to the mother. for the oriented towards external objects (Freud, 1914). This desire for a child in the systemic family theory makes it possible to settle the debt of transmission, to remain loyal (Boszormeny-nagy, 1959), to access parenthood (Bydlowski, 1989) and in a psychoanalytical context of being able to identify with his father, to have a child like his father (Freud, 1914). Thus, according to Bydlowski (1989), this debt will later result in attraction to the opposite sex and will materialize in childbirth.

This gravid period is generally characterized in the father by a narcissistic investment in the ideal child, one who "will fulfill the dreams of desire that the parents have not put into execution, he will be a great man, a hero, in place of the father" (Korff-Sausse, 2006, p. 23). In this sense, the desire for a child is a means for the young person to verify that his father has not hated or even castrated him, if the right of inheritance has been bequeathed in turn, which allows him to settle his debt. towards his father, a debt that he will also entrust to his son in the same way (Freud, 1940). Thus, the birth of a child is generally a source of joy, as it validates the alliance between the two families (Radcliffe-Brown, 1950). This birth contributes to the continuity of the life of the couple. This shows the importance given to the child within the couple.

Merucci (2006) shows that the specificity of the parental role, particularly that of the father as much as that of the mother, is to ensure the continuity of the family by generating and promoting the progressive autonomy of the child and by ensuring his affiliation. This means that one of the roles of parents is to consolidate the feeling of belonging to a family by giving the child the feeling of having roots firmly established in a family history. In fact, the parental function consists in helping the child to build a representation of the world, to be aware of his multiple identities and to become a socially fulfilled autonomous adult who is part of a story of filiation. However, when the child presents imperfections or a handicap at birth, he is perceived as a child carrying disappointed or unfulfilled desires, jeopardizing the future projections of the parents and the continuity of the family (André-Fustier, 2002). Because the child was an object of desire initially pre-invested then invested and idealized by the parents and their families (André-Fustier, 2002). This rupture

that is created between the idealized child and the resulting child taints the father-child and mother-child relationship differently. In this sense, the literature indicates that the father-child relationship is constructed differently from the mother-child relationship with a pre-eminence of play activities for fathers and care activities for mothers (Le Camus et al., 2000; Pierrehumbert, 2003). The interaction between father and child is different from that between mother and child. Indeed, unlike the mother who is more involved in didactic and playful activities (using toys) in order to capture the child's interest, the father is more involved in physical activities that would encourage the child to regulate the exchanges with the others and would constitute a stimulus for the sociability of the child. The birth of a child with a disability pushes the father to ensure the differentiation and individuation of the child in order to ensure his autonomy.

In light of psychoanalytic drive theory (Freud, 1987), the birth of a child in poor health can lead to drive dissatisfaction. This is relative to a normal procreation which prevents the shoring up of the ego in the father which could be a source of symbolic wounds in the latter. This can provide justification for the fact that if the father is not directly involved, he would not be spared from psychological suffering. The birth of a child with an intellectual disability is presented as a faulty procreation or even a dangerous transmission process (Korff-Sausse, 2010).

The fact of having become a father would lead to a transfer by authorizing the father to ensure the continuity of filiation. Thus, when his ability to engender a child who presents all his faculties is undermined, the father will feel lacking in his virility as a man. In this sense, the father finds himself overwhelmed by an overflow of excitement, his ego is overwhelmed, disorganized by creating a break in his ego (Crocq, 1999). It is a question here of an excess of stimulation, of image, of an absence of positive self-representation, of meaning, of an excess of anguish, of an overflow of capacities of containment, of a defect or lack of protection. It all boils down to the father's trauma (Marty, 2001), creating a state of unease in him.

Research indicates that the stories of fathers of children with disabilities attest to their suffering and disorganizations in the structuring of their family and professional lives (Garner, 2015; Griffith & Hastings, 2014). The disability of the child changes beyond all foreseeability their roles as fathers, the organization of the couple, their relationship with the disabled child and their relationship with the extended family and their professional situation. The birth of a disabled child therefore constitutes a disruption within the family and a moment of change, readjustment and reorganization of family functioning. However, the birth of a child with an intellectual disability which, according to its characteristics, does not guarantee the perpetuation of filiation can generate a symbolic wound in the father. In this sense, the present study notes that until today, the literature does not take into account the symbolic wounds of the fathers of children with intellectual disabilities. Luca (2006) emphasizes that the birth of a child can constitute in itself a psychic trauma leading to decompensations in reaction to archaic conflicts marked by identity disorders. For the father, unlike the mother, the fact of being convinced of the proper functioning of his sex effectively militates to ensure his narcissistic completeness, but the birth of the child in a situation of intellectual disability places him in a situation of discomfort. psychological. For the present study, access to fatherhood with an intellectually disabled child can generate symbolic wounds.

A limited number of studies generally include fathers of children with disabilities in their sample (Cairns et al., 2013; Dunn et al., 2019; Rowbotham et al., 2011). These studies exclude fathers from their analysis due to their low representativeness (Thomson et al., 2017). Dunn et al. (2019) report that a meta-synthesis of research examining the experience of loved ones (caregivers) of individuals with intellectual disabilities found that most studies did not report the outcomes of the experiences of mothers and fathers separately (Griffith & Hastings, 2014). Yet, research indicates that when it comes to caregiving, fathers and mothers of individuals with intellectual disabilities have different experiences (Hastings et al., 2005; Olsson & Hwang, 2006; Saloviita et al., 2003; Taunt & Hastings, 2002). However, research on intellectual disability and the experience of caregivers of people with this disability does not report results observed mainly with fathers. Thus, they provide incomplete data on the narcissistic and even symbolic wounds of these fathers. Given that mothers and fathers do not live the same experiences (Dunn et al., 2019), the present study is part of this perspective by analyzing in these fathers of children with intellectual disabilities the symbolic injuries emanating from this disability. It aims to provide a deeper understanding of the symbolic wounds of a father having a son with intellectual disability. From this perspective, disability has colorings of an image of castration, which can inflict wounds that would specifically affect the father. This study suggests that in the face of a child's intellectual disability, the father experiences symbolic wounds. Its objective is to highlight these symbolic wounds. This study may help practitioners and services provide more targeted support to fathers with symbolic injuries stemming from their child's intellectual disability. To achieve this, recourse to the clinical method through semi-structured interviews.

## 2 METHOD

### 2.1 PARTICIPANT

This research aims to analyze the symbolic wounds in a father of an intellectually disabled child. It took place in the city of Douala in Cameroon. For reasons of confidentiality, we have assigned him a pseudonym Michel. Michel is the father of three (03) children, one (01) boy two (02) girls, the eldest at 14 years old and the youngest 3 years old. The child with intellectual disabilities is 11 years old and has been attending the Douala Childhood Clinical Educational Center since the 2022/2023 school year. The meeting with Michel, the

father of the child with intellectual disabilities, who is a 37-year-old Catholic Christian businessman, took place at his home. To do this and according to ethical principles, we presented him with a free and informed consent form which he read and gave his agreement by signing at the end. So before starting the actual clinical interview, we explained to him the purpose of the research while specifying to him that there are no rights or wrong answers.

## **2.2 MEASUREMENT AND DATA COLLECTION PROCEDURE**

To collect the data, we use the semi-directive clinical interview through an interview grid which is the investigative tool par excellence allowing access to the singular and total experience of an individual. It is very important and essential in psychology, whether from a diagnostic, therapeutic or research point of view, allowing access to the representations and emotions of the subject, but also to collect anamnestic data (Alexandre, 1998). The semi-directive clinical interview brings into play a number of essential themes allowing the collection of precise data related to the participant's experience. The interview with Michel is done in two sessions. The first lasted 35 minutes and the second lasted 15 minutes. The interviews were recorded using a Dictaphone. We have informed the participant beforehand about its use in order to avoid confusion. Subsequently, we transcribed these interviews using a computer on Word and then we drew inspiration from the content analysis to analyze the data from the semi-structured clinical interview.

## **3 RESULTS**

The analysis of the data from the clinical interview with Mr. Michel allowed us to identify a few themes that could address the issue of symbolic wounds in the latter. The experience of the father's subjective experience in relation to the intellectual deficiency of his son in the background suggests the narcissistic wounds in connection with the process of transmission, an experience animated by a weakening (depreciation) of his ego a feeling of humiliation added to a feeling of injustice. Several clues from the father's verbatim, grouped into themes, allow us to elucidate symbolic wounds in the latter. These symbolic Wounds observed are the following:

### **A PAINFUL TRANSMISSION THAT DOES NOT ENSURE**

The birth of a child in a couple is an essential event which, for the latter, refers to a transmission process whose main ambition is to strengthen intrasubjective ties and ensure intergenerational continuity (Kaes, 2009). For Korff-Sausse (2009) the psychic processes that are woven around birth are constructed in connection with previous generations, thus allowing the present to update the past and ensure the future. At the time of birth, the father experiences significant psychic reorganizations. A new psychic organization reappears allowing the father to be able to read himself in his son through a process of identification which will allow him to become a father. When this transmission process is mortgaged by the discovery of an intellectual disability in its offspring, the latter freezes the transmission process which becomes incomplete. The verbatim collected from Mr. Michel sufficiently testify that the discovery of his son's intellectual disability is mainly experienced for him as a failure when he affirms:

*L'accouchement c'est très bien passé, sans problème, l'accouchement s'est très bien passé lui aussi il est né sans problème, au bout de deux jours nous sommes sortis de l'hôpital. Bon moi je commence à m'inquiéter pour X à partir deeee euf fffff! Trois ans. Humm! Je me suis posé tellement de questions (...) sa mère avait fait tous les examens pendant la grossesse et tout était OK, mais voilà aujourd'hui je me regarde je cherche des réponses je n'en trouve pas. Moi j'étais toujours brave à l'école ainsi que sa mère donc pour ça, lui seul connaît ou il a pris ça. Excusez-moi du terme, car (...), mais c'est vraiment déplorable<sup>1</sup>*

This corpus actually shows that the father has a bad experience of the situation and is unable to identify with his son in a situation of intellectual disability; which inflicts a certain suffering on him, as his words emphasize: « *je suis debout, mais je ne sais pas si je vis lorsqu'on travaille comme moi c'est pour assurer l'avenir de son enfant, mais voilà... pour qu'il puisse prendre la relève quand on sera déjà vieux, mais voilà* »<sup>2</sup>. This corpus actually shows that the father has a bad experience of the situation and is unable to identify with his son in a

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<sup>1</sup> The delivery went very well, without any problem, the delivery went very well too, he was born without any problem, after two days we were discharged from the hospital. Well I'm starting to worry about X from eeee euf fffff! Three years. Hmmm! I asked myself so many questions (...) his mother had done all the exams during the pregnancy and everything was OK, but here today I look at myself I am looking for answers I can't find any. I was always brave at school as well as his mother so for that, only he knows where he took it. Excuse me for the term, because (...), but it is really deplorable.

<sup>2</sup> "I'm up, but I don't know if I live when you work like me, it's to ensure your child's future, but there you go... so that he can take over when you're already old, but there you go »

situation of intellectual disability; which inflicts a certain suffering on him, as underlined by his remarks: "I'm up, but I don't know if I live when people work like me, it's to ensure the future of their child, but here... so that they can take over when you're already old, but that's it". The words of Mr. Michel reveal a thorny and distraught experience for the intellectually disabled child and a failure in the process of maintaining the continuity of his siblings. For him, this child with an intellectual disability is not the child he has long thought or even desired.

#### SYMBOLIC WOUNDS BY THE DEPRECIATION OF THE SELF

The psychic apparatus of each subject, with regard to the second Freudian topic, is made up of the id of the ego and the superego, and each level has a specific and well-determined functioning. Indeed, the ego is the authority that ensures the balance of the psychic apparatus between the pressures coming from the id and those of the superego. In doing so, it protects the superego from violent excitations coming from outside that can be harmful to an individual. Indeed, this "me" can be undermined when it is subjected to external events. In fact, the representations or even the preconceived ideas that one and the other can develop with regard to the individual in relation to a situation or a life event can weaken his "ego", this can take place in a context where he can no longer regulate the flow of information coming from the outside or from his environment. All this was observed in Mr. Michel's speech after analysis. It reveals that:

*« je me sens parfois désintéressé, parfois je peux être en train de prendre un pot avec les amis, après je sens un désintérêt; je me lève; je dis au revoir; je rentre seulement; pour vous dire vrais, ce n'est pas facile. En plus, tu ne sais même pas ce que tes propres amis se disent de toi quand tu n'es pas là. C'est ça le plus difficile dans tout. »<sup>3</sup>*

These propositions of the subject show that the intellectual deficiency of the child is the main factor which creates from time to time a lack of interest in Mr. Michel by a depreciation of the self, he adds: "It is as if I am useless (...) guys see you he laughs with you from behind he mocks saying is that even a man over there you kinda see what that means. The mere fact of realizing that others are watching us in our singularity that we would not like exposed does not create a reassuring framework for the "me" which feels devalued, devalued, denigrated and degraded. This causes Mr. Michel a suffering whose central core is the attack on the "symbolic self" as opposed to the "physical or corporeal self". This "symbolic self" undermined through the feeling of depreciation or stigmatization is the symbolism of an identity threat. This affects the narcissistic side of the individual causing a symbolic wound. This "me" symbolizing the self or the self-esteem of Mr. Michel undermined is built around representations, perceptual biases including stereotypes, preconceptions in terms of prejudices, stigmas and discrimination against him and towards her intellectually disabled son and his family.

#### 3.1 NARCISSISTIC EXPECTATION

The discovery of the child's deficiency creates a narcissistic wound that indirectly affects the imaginary child and the extension of parental narcissism (Korff-Sausse, 2007). The idealized child, who must ensure continuity, when he has a disability, becomes a strange child, even a stranger to the family. Indeed, during a birth, if the child allows the parents, through a process of reciprocal identification, to project themselves and to find a certain narcissistic reassurance, the unexpected child, constitutes at this moment rather a mirror of identity broken (Korff-Sausse, 1996) at the origin of narcissistic fragility and psychological vulnerability. Mr. Michel is therefore not immune, especially when he argues that: *« Plus que c'est mon seul fils qui va donc assurer ma succession (...) il ne pourra pas certainement être capable si oui comment va il gérer les calculs si déjà à cet âge avancé s'il est comme ça c'est inquiétant »*. L'enfant aimé, l'enfant idéal doit être pour lui un enfant sans maladie. »<sup>4</sup>

The presence of intellectual disability in her son will intrude on his parental narcissism. This intrusion contributes to the accentuation of a negative narcissism shattering his identity and his self-esteem. Narcissistic attack in a form of biopsychological break-in is a traumatic situation (shock) which plunges Monsieur Michel into a state reminiscent of that of mourning, of the loss of an object: mourning for the ideal child, loss of the child ideal when he declares: *« Personne ne souhaiterait ça personne l'enfant ne devrait pas être une punition. »*<sup>5</sup>

<sup>3</sup> "I sometimes feel disinterested, sometimes I can be having a drink with friends, then I feel disinterested; I'm getting up ; I say goodbye ; I'm just going home; To tell you the truth, it's not easy. Besides, you don't even know what your own friends are saying about you when you're not around. That's the hardest part of everything. »

<sup>4</sup> "More than it is my only son who will therefore ensure my succession (...) he certainly will not be able to be able if so how will he manage the calculations if already at this advanced age if he is like that it is worrying". The loved child, the ideal child must be for him a child without disease. »

<sup>5</sup> "Nobody would want that nobody the child should not be a punishment."

Thus, the narcissistic wounds that the child inflicts on him weaken the image he has of himself and, in turn, do not allow him to find narcissistic reassurance when he says: « *Je ne sais comment lui donner mon amour, comment l'aimer.* »<sup>6</sup>

#### **A FEELING OF HUMILIATION**

The internalization of the narcissistic attacks generated by the child in a situation of intellectual disability will reinforce the feeling of humiliation or even lower him in the eyes of those around him. Mr. Michel is convinced that he has no place in his living environment because of the loss of the role of paternal countenance which positions him within the group as a parent, thus fearing to lose all ties with the group when he declares:

*« je me sens parfois de plus en plus perdu, parfois quand il était encore à l'école publique il avait 8 ans à la sil et jusque-là ça ne donnait pas tu vois on dit qu'il a réunion des parents tu es obligé de partir quand tu arrives dès qu'on dit le père de X c'est comme si c'est toute la salle qui se retourne pour te regarder (...) et vrais c'est gênant imagine toi tu viens par exemple prendre l'enfant à l'école dès que tu es la avec l'enfant les gens te regardent comme si tu pouvais faire quelque chose pour changer la situation surtout des regards méprisants comme si on te dépouillait (...) bon maintenant la majorité de fois c'est le chauffeur qui l'accompagne. »<sup>7</sup>*

In such circumstances, Mr. Michel is bored with the shame of third parties. This often leads to a distancing, a refusal to hear what is disturbing and the rejection of the child affected by the disease. These wounds of humiliation observed in Mr. Michel are referred more to his own fathers who, according to the circumstances of his past experience buried in his unconscious, are proof of a humiliation that his father inflicted on him. And according to Freudian logic, this raises a problem of castration which finds its origin in a stage of infantile development referring to the all-powerful father, to the castrating father. To punish him for these incestuous desires towards his mother, castrated him to prevent him from accessing normal paternity. On this subject, Mr. Michel declares: « *Avec mon père (...) humm celui-là il ne m'a jamais aimé il est très difficile moi je ne sais pas tout pour lui se sont les ordres on grandit même il ne voit pas (...) ce n'est que ma mère qui compte beaucoup pour moi.* »<sup>8</sup>

#### **A FEELING OF INJUSTICE**

We can perceive that certain things that happen to us should not happen, or that they should not take place. Thus, one can perceive that he is unfairly treated and that he does not benefit from his natural rights. The treatment he undergoes or to which he is subjected is unjust. For this is contrary to what is acceptable, just and expected; hence the emergence of the feeling of injustice. As far as Mr. Michel is concerned, the feeling of injustice is apprehended by the violent emotions he feels deep within him, following the discovery of his son's intellectual disability. For him, it is "a curse", the loss of a son who was initially an ideally expected child. This generates psychic wounds that can be detected in his proposals, because he says: « *Voilà que pour un accouchement toute ma vie a basculé (...) est-ce que moi je mérite ça ? Pourquoi le sors à quetter son dévolu sur moi parfois les choses de la nature sont compliquées à expliquer de manière simple.* »<sup>9</sup>

What emerges from Mr. Michel's remarks are mental ruminations that plunge him into a feeling of injustice. He declares: « *C'est pour des raisons du handicap de X qu'on est obligé de faire tout en fonction de lui on ne peut pas aussi faire les choses normalement comme tout le monde. En effet, on ne vit pas ce que vous vivez chez vous. C'est plus compliqué; Et il faut en tenir compte de tout ça (...) si par exemple les autres partent à l'école seuls, celui-ci il faut plutôt l'accompagner au risque qu'il ne s'égaré.* »<sup>10</sup> Thus, by these fragments of

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<sup>6</sup> "I don't know how to give him my love, how to love him."

<sup>7</sup> I sometimes feel more and more lost, sometimes when he was still in public school he was 8 years old at the time and until then it didn't work you see they say he has a parents' meeting you have to leave when you arrive as soon as we say the father of X it's as if the whole room turns around to look at you (...) and true it's embarrassing imagine you come for example to take the child to school as soon as you are there with the child people look at you as if you could do something to change the situation especially contemptuous looks as if you were robbed (...) well now most of the time it's the driver who accompanies him

<sup>8</sup> "With my father (...) humm that one he never loved me it is very difficult me I do not know everything for him are the orders we grow up even he does not see ( . . . ) it is only my mother who means a lot to me."

<sup>9</sup> "Now that for a childbirth my whole life has changed (...) do I deserve this? Why go out to watch his destiny on me sometimes the things of nature are complicated to explain in a simple way. »

<sup>10</sup> "It is for reasons of X's handicap that we are obliged to do everything according to him, we cannot also do things normally like everyone else. Indeed, we do not live what you live at home. It's more complicated ; And you have to take all that into account (...) if, for example, the others go to school alone, you should rather accompany them at the risk of them getting lost."

verbatim, we note in the depths of Mr. Michel that everything he saw is completely at odds with what he expected of this child. This affects him significantly and as a result, it is impossible for him to escape even if all this destroys him.

#### 4 DISCUSSION

The present study aimed to analyze the relationship between symbolic injuries and intellectual disability. She was therefore interested in the symbolic wounds present in the father of a child with an intellectual disability. After conducting interviews with a father of a child with this disability, and analyzing qualitative data collected through thematic content analysis, this study identified symbolic wounds related to intellectual disability that can be summed up in a painful transmission, self-depreciation, narcissistic injury, feelings of humiliation and feelings of injustice. It can be concluded that these observed symbolic injuries are related to intellectual disability. These results are supported by the literature.

Korff-Sausse (1996) in his research comes to the conclusion that the birth of a child with a disability leads to a situation of mourning, but except that it is generally an impossible mourning. The impossibility of mourning is based on the fact that disinvesting in the child amounts to disinvesting a part of themselves, because "on the one hand, the disabled child destroys the hopes of immortality present in filiation and breaks the narcissistic system of the parents, on the other, by remaining alive, it is incorporated inside the psyche of the parent to give its narcissistic instances a way of retreat. This characterizes, for the author, the immobilization of time, characteristic of the relationship of parents with their disabled child" (Korff-Sausse, 1996 cited by Grasso, 2012, p. 403). The results addressed by the present study confirm this order of idea in the sense that, upon discovery of the child's intellectual disability, the experience of the father who participated in this study suggests a mode of psychic functioning with pertaining to the order of symbolic wounds inflicted by the situation of the child.

As Freud (1917) points out, it is a matter of time. This time is defeated in this situation, it solves nothing, because the child's disability leaves traces on which time does not operate, forgetting is impossible and events remain in their raw state (Scelles et al., 2016). "On the one hand, the object is not lost, and on the other hand the traumatic event is persecuting by its omnipresence: the handicap is always there, visible, constantly recalling the original catastrophe" (Ciccone, p.137). It is then in this sense difficult to realize the passage from this imaginary child strongly invested in this real child with an intellectual deficiency. The intellectually deficient child here is unable to be the vector of this parental narcissistic resource. Instead of plugging the breach that reality imposes on narcissism, parents are on the contrary constantly confronted with powerlessness, with suffering, with the imperious laws of nature and biology, with a dark future that they do not could not even have imagined (Boissel, 2008).

All these worries combined with the feeling of guilt will lead within the family, more precisely among the parents, to confusion, doubts about parenthood. Thus, in the family of the child with a disability, questions emerge immediately after becoming aware of the state of health of their child, which is that of the ability to take care of a "damaged" child.", unknown and mysterious, which frightens and disturbs everything, that it provokes so many comments, and with which it will be necessary to invest so much time and love (Wahl, 1992 quoted by Driessche, 2010).

The child is intellectually retarded in the eyes of others, the anxiety increases and the parents are part of a pattern of uncertainty. They cannot calmly imagine what the next day will be like. This alters the deep identity of the family, opening the way to the establishment of a feeling of shame, a weakening of the usual benchmarks vis-à-vis otherness. In this cottage, the family is torn by contradictory tensions between the attempt to safeguard his unity and the impossibility of achieving this without rejecting a part of himself. She is confronted with a denial of what constitutes all or part of her deep being (De Gaulejac, 1996). The analysis of Mr. Michel's case gives a significant glimpse of symbolic wounds in the latter which go beyond the above-mentioned studies which translate into experiences and emotions which furnish the experience of the fathers of intellectually handicapped children who come to put harming the father's ego through inhibition that hinders the work of making sense of it. Indeed Mr. Michel is confronted with a weakening of his ego which creates in him an inability to be able to adapt to the prevailing situation which awakens in him problems of castration relating to the oedipal stage as already mentioned by Korff-Sausse (2012) that the handicap always evokes an image of castration, one can think that the fathers are more wounded in their narcissistic image. Thus, the wound inflicted on fathers by the handicap of his child is symbolic, which is capable of being felt both in the parent who did not physically carry the child and in the mother. The announcement of a disease or a diagnosis mobilizes transmission fantasies in a massive and brutal way (Korff-Sausse, 2013). Indeed, the unconscious representations that are mobilized by the existence of a disability are those of a painful transmission.

#### 5 CONCLUSION

The objective of this study was to analyze in the context of intellectual disability, the experience of a father of an intellectually disabled child in terms of symbolic injuries to the latter. To achieve this, the semi-structured clinical interview was convened with a father living in Douala, which allowed us to collect the data. The analysis of data from the interview allowed us to identify themes such as the faulty

transmission that does not reassure, a depreciation of the self, a narcissistic attack, a feeling of humiliation and a feeling of injustice. In view of these results, the present study testifies to the fact that the birth and the discovery of the intellectual disability of the child comes to compromise the process of transmission and affects the narcissism of the father thus undermining the functioning of the paternal psyche in his world. of initial functioning by inflicting symbolic wounds on him which weaken his ego while creating in him a feeling of humiliation and injustice.

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#### **REFERENCES**

- [1] Alexandre, A. (1998). L'observation et l'entretien: Bases de la méthode clinique. In R. R. Samacher (dir.), *Psychologie clinique et psychopathologie* (p. 382-392). Bréal.
- [2] André-Fustier, F. (2002). Les adaptations familiales défensives face au handicap. *Le Divan familial*, 8, 11-24.
- [3] Boissel, A. (2008). Parentalité et handicap. *La lettre de l'enfance et de l'adolescence* 73, (3) 63-70.
- [4] Bourdieu, P., & Passeron, J.-C. (1970). La reproduction. Éléments pour une théorie du système d'enseignement. Minuit.
- [5] Bydlowski, M. (1989). Désir d'enfant, désir de grossesse. In Lebovici, S., et Weil-Halpern, F.
- [6] Cairns, D., Tolson, D., Brown, J., & Darbyshire, C. (2013). The need for future alternatives: An investigation of the experiences and future of older parents caring for offspring with learning disabilities over a prolonged period of time. *British Journal of Learning Disabilities*, 41 (1), 73-82. <https://doi.org/10.1111/j.1468-3156.2012.00729.x>.
- [7] Ciccone, A. & Ferrant. (2009). *Honte, culpabilité et traumatisme*. Dunod.
- [8] Ciccone, A. (1999). *La transmission psychique inconsciente*. Dunod.
- [9] Coy, M., Wakeling, J., & Gadner, M. (2011). Representations of prostitution and the sex industry in sexualised popular culture as symbolic violence. *Womens studies international forum*, 34 (5), 441-448. DOI: 10.1016/j.wsif.2011.05.008
- [10] Crocq, L. (1999). *Les Traumatismes psychiques de guerre*. Odile Jacob.
- [11] Driessche, L. V. (2010), le narcissisme parental face au handicap de l'enfant. *La psychiatrie de l'enfant*, 2 (53), 547- 608.
- [12] Dunn, K., Jahoda, A., & Kinnear, D. (2019). The experience of being a father of a son or daughter with an intellectual disability: Older fathers' perspectives. *Journal of Applied Research in Intellectual Disabilities* published, 34, 118–128. DOI: 10.1111/jar.12791.
- [13] Freud S. (1985). *Abrégé de psychanalyse*. Presse universitaire de France.
- [14] Freud, S. (1987). *Trois essais sur la théorie de la sexuelle* (P. Koepfel, Trad.). Gallimard.
- [15] Garner, P. (2015). Les effets de l'équilibre travail/famille sur la satisfaction au travail et l'intention de départ des cadres: une investigation du rôle modérateur du sentiment d'efficacité personnelle. Thèse de doctorat en sciences de gestion. Université de Lorraine.
- [16] Grasso, F. (2012). Effets post-traumatiques du handicap sur le système perceptif et sur le psychisme des parents psychanalyse de l'enfant, 2, 397 – 484.
- [17] Griffith, G. M., & Hastings, R. P. (2014). He's hard work, but he's worth it. The experience of caregivers of individuals with intellectual disabilities and challenging behaviour: A meta-synthesis of qualitative research. *Journal of Applied Research in Intellectual Disabilities*, 27 (5), 401–419.
- [18] Hastings, R. P., Kovshoff, H., Ward, N. J., Degli, E. F., Brown, T., & Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of pre-school children with autism. *Journal of Autism and Developmental Disorders*, 35 (5), 635–644. <https://doi.org/10.1007/s10803-005-0007-8>.
- [19] Kaës, R. (2009). La réalité psychique du lien. *Le Divan familial*, 22, (1), 107-125. doi: 10.3917/difa.022.0648.
- [20] Korff Sausse, S. (1996). *Le miroir brisé: L'enfant handicapé, sa famille et le psychanalyste*. Calmann-Lévy. (Dir.), *Psychopathologie du bébé* (pp.57-65). Presse universitaire de France.
- [21] Korff-Sausse, S. (2006). Un double étrange. « Handicap et relation fraternelle », dans C. Bert (sous la direction de), *La fraternité à l'épreuve du handicap*. Toulouse: Eres.
- [22] Korff-Sausse, S. (2003) Les grands-parents face au handicap. *Contraste*, 18, 51-69.
- [23] Korff-Sausse, S. (2009). Éloge des pères. Hachette-Littérature.
- [24] Korff-Sausse, S. (2009). *Le miroir brisé. L'enfant handicapé, sa famille et le psychanalyste*. Mesnil sur l'Estrée: Calmann-Lévy.
- [25] Korff-Sausse, S. (2010). Filiation fautive, transmission dangereuse, procréation interdite. L'identité sexuée de la personne handicapée: une pièce en trois actes. Dans A. Ciconne (Dir.) *Handicap, identité sexuée et vie sexuelle* (p. 43-60). Erès.
- [26] Korff-Sausse, S. (2013). Quelle place pour les pères ? *Contraste* 1 (37) 173 -184.
- [26] Laplanche, J., Pontalis, J.-B. (1981). *Vocabulaire de la psychanalyse*. Presse universitaire de France.

- [27] Marty F (2001) Introduction: Traumatisme, une clinique renouvelée. In: Marty F. (Eds.), *Figures et traitements du traumatisme* (dir) Dunod, pp.1-13.
- [28] Olsson, M. B., & Hwang, C. P. (2006). Well-being, involved in paid work and division of child-care in parents of children with intellectual disabilities in Sweden. *Journal of Intellectual Disability Research*, 50 (12), 963–969.
- [29] Pelchat, D., Lefebvre, H., & Levert, M-G. (2005). L'expérience des pères et mères ayant un enfant atteint d'un problème de santé: état actuel des connaissances. *Enfances, familles, Générations*, 3 <https://doi.org/10.7202/012536ar>.
- [30] Rowbotham, M., Carroll, A., & Cuskelly, M. (2011). Mothers' and fathers' roles in caring for an adult child with an intellectual disability. *International Journal of Disability, Development and Education*, 58 (3), 223-240. <https://doi.org/10.1080/1034912X.2011.598396>.
- [31] Saloviita, T., Itälinna, M., & Leinonen, E. (2003). Explaining the parental stress of fathers and mothers caring for a child with intellectual disability: A double ABCX model. *Journal of Intellectual Disability Research*, 47 (4–5), 300–312. <https://doi.org/10.1046/j.1365-2788.2003.00492.x>.
- [32] Taunt, H. M., & Hastings, R. P. (2002). Positive impact of children with developmental disabilities on their families: A preliminary study. *Education and Training in Mental Retardation and Developmental Disabilities*, 37 (4), 410–420.
- [33] Thomson, A., Glasson, E., Roberts, P., & Bittles, A. (2017). «Over time it just becomes easier»: Parents of people with Angleman syndrome and Prader-Willi syndrome speak about their carer role. *Disability and Rehabilitation*, 39 (8), 763–770.