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MELANIE KLEIN AND ANNA FREUD: A COMPARISON OF THEIR TRANSFERENCE AND CHILD TREATMENT THEORIES

A dissertation submitted to the Wright Institute Graduate School of Psychology in partial fulfillment of the requirements for the degree of Doctor of Psychology

by
JENNIFER MYERS
AUGUST 2000

CERTIFICATION OF APPROVAL

I certify that I have read MELANIE KLEIN AND ANNA FREUD: A COMPARISON OF THEIR TRANSFERENCE AND CHILD TREATMENT THEORIES by Jennifer Myers, and that in my opinion this work meets the criteria for approval of a dissertation submitted in partial fulfillment of requirements for the degree of Doctor of Psychology at the Wright Institute Graduate School of Psychology.

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MELANIE KLEIN AND ANNA FREUD: A COMPARISON OF THEIR TRANSFERENCE AND CHILD TREATMENT THEORIES

by
Jennifer Myers

Melanie Klein and Anna Freud were pioneers in the field of child psychoanalysis. Although they were active at the same time, treated children, and developed theories that were initially based on Sigmund Freud's drive theory, they disagreed about some fundamental aspects of psychoanalytic child treatment. This study, which is a comprehensive review and analysis of the literature, traces the roots of their disagreements and examines how Melanie Klein and Anna Freud applied their transference theories to two aspects of child treatment: children's suitability for treatment and transference interpretation. The study found that their divergent theories of human development formed a foundation for both their theories of transference and child treatment. On the one hand, Melanie Klein emphasized the importance of early object relations, unconscious phantasy, and primitive anxiety. Her theory of innate object relations and early ego development supports her position that all children develop transferences to their analysts and are,

therefore, suitable for treatment. Additionally, Klein believed that child analysts should interpret all transference material and direct their interpretations to the patient's deepest unconscious anxiety. She theorized that aiming the transference interpretation at the most primitive layers would lessen anxiety, improve object relations, and strengthen the ego. Anna Freud, on the other hand, focused on the role of the ego and defense analysis, and did not believe that all children were immediately suitable for psychoanalytic treatment. She posited that children are born with weak and undeveloped egos, do not develop an immediate transference to their analysts, and may never develop a complete transference neurosis, primarily because of their ongoing attachment to their parents. Furthermore, she believed that children were unable to free associate and that child's play could not substitute for free association. To overcome these obstacles, Anna Freud treated children with a modified version of psychoanalysis, always emphasizing the importance of actively developing and maintaining a positive therapeutic alliance. Anna Freud proposed that analysts first aim their interpretations at the ego and then at the more unconscious layers of the psyche, as the child's ego strength increases during treatment.

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I. Introduction

In the nineteen-twenties, the field of psychoanalysis was dominated by male physicians who considered child psychoanalysis less important than adult psychoanalysis. At that time, child psychoanalysis, still an undeveloped and undesirable field, was considered by many to be more appropriate work for female lay analysts than for male analysts. Thus, at the beginning of their careers, Melanie Klein and Anna Freud were encouraged to analyze children. It is noteworthy then that Melanie Klein and Anna Freud became so renowned in this previously undesirable field, and that in large part, due to their distinguished contributions, child psychoanalysis is now considered as important as adult psychoanalysis.

Although Melanie Klein and Anna Freud were leading child psychoanalysts, their theories of child treatment often diverged. As a result, they engaged in an ongoing debate that spanned their careers and, through their various followers, continues to the present. It is still common, for example, for a Kleinian to name Klein as the true pioneer of child treatment and for an Anna Freudian to give Anna Freud that sole honor. In reality, both women devoted their lives to psychoanalysis and to treating children, and both were pioneers in the field of child psychoanalysis.

In this study, I will examine how Melanie Klein and Anna Freud applied their transference theories to their child treatment theories. First, in order to better understand both their transference and child treatment theories, I will compare their human development theories. Then, following a discussion of their transference theories, I will compare two aspects of their child treatment theories: whether or not children are suitable candidates for psychoanalytic treatment, and how transference and transference interpretations are understood and used in child treatment.

Melanie Klein's and Anna Freud's ideas initially derived from Sigmund Freud's drive theory; while Anna Freud's ideas remained firmly grounded in classical drive theory, Klein used drive theory as her foundation and eventually developed a new set of theoretical suppositions.[1] In their work with children, Melanie Klein and Anna Freud grappled with some fundamental questions: can children undergo psychoanalysis and, if so, how should the treatment be conducted? And, do children develop transference and, if so, how should the transference be interpreted? Although Melanie Klein and Anna Freud used drive theory as their basis, they answered these fundamental questions concerning child treatment quite differently.

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[1] The derivation of their theories from Sigmund Freud's drive theory is beyond the scope of the present study. For a detailed discussion of this topic, see *The Freud-Klein Controversies 1941-1945*, edited by Pearl King and Riccardo Steiner.

Concerning children's suitability for treatment, for example, Klein posited that virtually all children were suitable for an analysis that was almost identical to an adult's analysis. Klein believed that children's play was equivalent to an adult's verbal free associations. Therefore, children and adults could essentially be treated similarly. Anna Freud, on the other hand, posited that children could not be treated in the same manner as adults, and some children, due to weak egos, were not suitable analytic patients. For Anna Freud, child's play was not equivalent to adult's verbal free associations, and therefore, free association--an integral aspect of psychoanalytic treatment--was absent in child treatment.

Melanie Klein and Anna Freud also disagreed on the role of transference and its interpretation in child treatment. Klein argued that all children develop immediate transferences to their analysts. The analyst should interpret all transference material immediately and the interpretations should be aimed at the deepest and, therefore, most primitive unconscious anxieties. By contrast, Anna Freud argued that children do not develop immediate transferences to their analysts and, over time, may only develop transference reactions, as opposed to a complete transference neurosis. Anna Freud believed that transference interpretations should be withheld until after the transference is firmly established. Furthermore, the analyst should aim the interpretations at the ego and very gradually work down towards the more unconscious and primitive levels. In

summary, Anna Freud tended to concentrate on the ego and its operations, while Melanie Klein tended to focus on the id, early object relations, unconscious phantasy, and primitive anxieties. Thus, their theories of child treatment differed due to the distinct theoretical positions they adopted within the psychoanalytic framework.

How did these two highly intellectual, committed, and influential psychoanalysts have different answers to such fundamental questions of child treatment? In this study, I will attempt to answer this question through a comprehensive review and analysis of the primary and secondary literature that delineates their theoretical positions.

Purpose and Significance of the Study

> In our psychoanalytic work, we intervene according to passion as well as intellect. It is only after the fact, that we can sense the theoretical maps that have guided our intervention. (Salomonsson, 1997, p. 18)

The purpose of this dissertation is to uncover and understand Melanie Klein's and Anna Freud's theoretical maps of transference, and to describe how they applied these maps to two child treatment issues: children's analyzability and transference interpretation. Child therapists, working from a psychoanalytic perspective, are undoubtedly using theory and technique that were developed by Melanie Klein or Anna Freud. It is thus important for child therapists to understand Melanie Klein's and Anna Freud's contributions in order to understand the historical underpinnings of the theory and technique used to treat children. This study aims to provide at least part of that understanding by delineating the historical and theoretical context of psychoanalytic child treatment that Melanie Klein and Anna Freud created.

While there is vast literature on Melanie Klein and Anna Freud and child treatment, and some literature comparing their theories of transference and child treatment, there is not a comprehensive review and analysis of the literature on this topic. This study will fill that gap, serving to bring together the primary

and secondary literature that has been written from the nineteen-twenties to the present.

In summary, Melanie Klein and Anna Freud were the two most influential psychoanalysts working with children in the twentieth century. It is therefore imperative that we fully understand their contributions to the field, so that we can be thoughtful with and useful to our child patients.

Procedure

Method and Approach

This study is a comprehensive literature review with a narrative method of presentation. It uses primary and secondary literature on the topic and a comparative approach. The literature sources include books, journal articles, letters, manuscripts, and dissertations.

Description of Dissertation Format

This study examines the influence of Melanie Klein's and Anna Freud's transference theories on the issues of children's analyzability and transference interpretation in child analysis. The study also provides background material on child psychoanalysis, in general, and Melanie Klein and Anna Freud, in particular.

The chapters are organized as follows. Chapter One contains introductory material. Chapter Two describes some of the early contributions that Sigmund Freud and Hermine Hug-Hellmuth--Melanie Klein's and Anna Freud's two most important predecessors--made to the field of child psychoanalysis. Chapters Three and Four are devoted to Melanie Klein and Anna Freud. Each chapter begins with a biography and proceeds to sections on each

analyst's theory of human development and transference. Within these chapters, the human development sections begin the theoretical discussion of Melanie Klein's and Anna Freud's positions. Chapter Five compares two aspects of Melanie Klein's and Anna Freud's theories of child treatment: children's suitability for treatment and the interpretation of transference. In the concluding chapter, there is further discussion of how their theories of human development and transference influenced their theories of child treatment, and how Melanie Klein and Anna Freud inevitably formulated and advocated child treatment so differently.

II. Brief History of Child Psychoanalysis Prior to Melanie Klein and Anna Freud

Sigmund Freud

The first reported child psychoanalytic case is Sigmund Freud's *Analysis of a Phobia in a Five-Year-Old Boy* (Little Hans), written in 1909. Prior to the case of Little Hans, Freud had not analyzed children but he had written about them--most notably about their sexual instincts and drives in *Three Essays on the Theory of Sexuality* (1905/1953c). Freud had based his theories about children on his work with adults and his self-analysis. Even during the analysis of Little Hans, Freud only saw the child once and, instead of continuing to see him, instructed the patient's father on how to conduct the treatment (Freud, 1909/1955a). Essentially, Freud acted as supervisor. At this point in his career, Freud did not believe that the psychoanalytic method could be applied to children but felt that Little Hans was a unique case since his father was capable of carrying out the analysis:

> No one else, in my opinion, could possibly have prevailed on the child to make any such avowals; the special knowledge by means of which he was able to interpret the remarks made by his five-year-old son was indispensable, and without it the technical difficulties in the way of conducting a psychoanalysis upon so young a child would have been insuperable. It was only because the

> authority of a father and of a physician were united in a single person...that it was possible in this one instance to apply the method to a use to which it would not otherwise have lent itself. (p. 5)

Though Freud initially stated that he did not learn anything new from Little Hans' treatment, he was pleased that the analysis confirmed many of the ideas that he had formulated while working with adults. For example, Freud stated that his theory of infantile sexuality, developed in the *Three Essays* (1905/1953c), was confirmed by the analysis of Little Hans.

In the *Three Essays*, Freud defined infants as sexual beings with sexual instincts and thoughts. Though Freud's ideas ran contrary to the popular beliefs of the time, this basic point regarding infantile sexuality was strongly supported by the analysis of Hans. At five years old, Hans was clearly a boy with sexual thoughts and instincts. Throughout the analysis, Hans revealed his "sexual theories," which had likely been acquired through his "sexual researches" (1905/1953c, p. 194).

Hans' sexual researches were first documented when he was slightly under three years old. At that time, he was showing much interest in his penis ("widdler") and asked his mother, "'Mummy, have you got a widdler too?'" Later, when his mother saw him touching his penis, she said, "'If you do that, I shall send for Dr. A. to cut off your widdler. And then what'll you widdle with?'" (1909/1955a, p. 7). Hans also did not believe the stork myth

presented by his parents as the explanation for the birth of his younger sister, Hanna. Instead, he described several ways in which Hanna was born--one being through the bowel.

Freud also described Hans' Oedipus Complex. The case reported Hans' desire to have his father "fall down...knock up against a stone and bleed..." so that Hans could marry his mother (p. 92). Indeed, Hans' final solution to his Oedipal dilemma was to marry his mother and have children with her while his father would marry Hans' paternal grandmother. For Hans, it was a neat resolution to the conflict of displacing his father: "...he [Hans] had granted him [his father] the same happiness that he desired himself: he made him a grandfather and married him to his own mother too" (p. 97).

In 1910, only a year after writing the case of Little Hans, Freud realized how much he had learned from the case and added this footnote to his *Three Essays:*

> The 'Analysis of a Phobia in a Five-Year-Old Boy' (1909b) has taught us much that is new...the fact that sexual symbolism--the representation of what is sexual by non-sexual objects and relations--extends back into the first years of possession of the power of speech....children between the ages of three and five are capable of very clear object-choice, accompanied by strong affects. (p. 194)

Although Freud made no direct mention of them, it is clear that his work with Little Hans led him to other discoveries about child psychoanalysis and the mental capacities of children. Perhaps, most

striking, was the absence of any mention of transference.[2] For example, Hans' relationship to Freud--and the transference which occurred--were crucial aspects in the treatment. Though Freud was in the background of the treatment, Hans knew Freud's role, referred to him as the Professor, and showed an affection for him, as well as hope that Freud could help him. At one point, Hans asks, "'If I write everything to the Professor, my nonsense'll soon be over, won't it?'" (1909/1955a, p. 61). Later, as Hans deals with his Oedipal wishes, Hans' and his father's dialogue reveal Hans' positive transference to Freud (p. 72):

> I [father]: And then you'd be alone with Mummy.
> A good boy doesn't wish that sort of thing, though.
>
> Hans: But he may THINK it.
>
> I: But that isn't good.
>
> Hans: If he thinks it, it is good all the same, because you can write it to the Professor.

While Freud only referred to himself as directing the father to conduct the analysis, he clearly had a more direct impact on Hans than he

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[2] Although Freud did not mention transference in *An Analysis of a Phobia in a Five-Year-Old Boy*, he had discovered and written about it as early as 1895 in the *Psychotherapy of Hysteria*. In this first writing on transference, Freud viewed transference as an "obstacle," a resistance which needed to be "overcome" (Freud, 1895/1955d, pp. 303-304). Later, in *Fragment of an Analysis of a Case of Hysteria* (1905/1953a), Freud's views on transference changed considerably: "...transference is an inevitable necessity....Transference, which seems ordained to be the greatest obstacle to psychoanalysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient" (pp. 116-117).

had imagined.

Freud made other discoveries about children's mental capacities with Little Hans. He stated that children use repression, which implies that they have an unconscious that harbors complex instinctual components and wishes. Furthermore, their unconscious can be made conscious. These were unique and controversial notions about children and the case of Little Hans (not unlike the *Three Essays*) created a stir in the community since children were not supposed to be sexual, nor were they to be analyzed, lest they lose their childhood innocence.

All in all, the *Analysis of a Phobia in a Five-Year-Old Boy* was a huge breakthrough for Freud and for psychoanalysis. Though the case was only the first child psychoanalytic case, it laid a solid foundation on which future child analysts, such as, Hermine Hug-Hellmuth, Melanie Klein, and Anna Freud could build.

Hermine Hug-Hellmuth

Hermine Hug-Hellmuth was born in Vienna in 1871. She worked as an elementary and secondary school teacher for several years. In 1907, Isidore Sadger, one of Sigmund Freud's colleagues, became Hug-Hellmuth's psychoanalyst (MacLean, 1991). Her analysis and her avid reading of the psychoanalytic literature ignited

her interest in psychoanalysis. By 1912, she retired from a twenty year teaching career and decided to pursue psychoanalysis, especially child psychoanalysis, as her profession (Geissmann, 1998). Sadger introduced Hug-Hellmuth to Sigmund Freud and she remained an ardent supporter of Freud and his group. Throughout her career as a psychoanalyst, Sadger remained her closest colleague, mentor, and confidante (MacLean, 1991).

Hug-Hellmuth joined the Psychoanalytic Society of Vienna in 1913 and quickly became an important and well-respected member. In 1914, Sigmund Freud wrote to Karl Abraham: "My grandson is a charming little fellow...Strict upbringing by an intelligent mother enlightened by Hug-Hellmuth has done him a great deal of good" (Freud and Abraham, 1965, in Geissmann, 1998, p. 45). Hug-Hellmuth's promising career was cut short by an untimely death in 1924, at age 53. She had, however, published many articles and in 1912, started a column titled, "About the True Nature of the Infantile Psyche" in the journal *Imago* (Geissmann, 1998).

Hug-Hellmuth's most important contribution to child psychoanalysis was the paper, *On the Technique of Child Analysis* (1921). She presented this paper in 1920 at the Sixth International Psychoanalytic Congress in the Hague and it is considered to be the first paper on psychoanalytic technique with children (MacLean, 1991). Many of the aspects of child psychoanalysis that were covered in this paper would later become topics of controversy between Anna Freud,

Melanie Klein, and their followers. Geissmann (1998) described *On the Technique of Child Analysis*:

> To sum up, this early paper contains the well-structured basis of what was to become child psychoanalysis: framework, process, negative and positive transference, interpretation, resistances, the problem of parents. In the same way that the first message the child communicates to the analyst contains the nucleus of his or her neurosis, this first scientific communication contains, perhaps in syncretic form, the core of psychoanalytic work with children. The various tendencies that we shall encounter later on will develop along the lines already laid down, only giving more emphasis to this or that aspect. (p. 66)

Hug-Hellmuth wrote of the potential negative environmental influences of both family and school that could greatly harm the child's psychic development. Because of her emphasis on environmental factors as opposed to the child's constitutional problems, she believed that if more parents were psychoanalyzed, fewer children would need psychoanalysis.

Hug-Hellmuth treated children in their homes. While she recognized some of the obstacles of home treatment (lack of privacy, for example) she still considered it the most effective way to circumvent the child's or parent's resistance to the treatment.

> ...the parents, in spite of all their devotion, very soon feel that chaperoning of the child to and from the analyst's house becomes impossible and this difficulty is used as a reason for terminating the treatment--a situation well known to every child-analyst. (p. 142)

Hug-Hellmuth would talk and play with the children, and interpret their dreams during the treatment. She, however, never described the actual play that occurred in the sessions but stressed its importance in fantasy and communication (MacLean, 1991).

Hug-Hellmuth (1921) wrote of the immediate importance of positive and negative transference in the treatment. At the beginning of treatment, the child generally has a strong positive transference because the analyst's "sympathetic and dispassionate listening, realizes the child's secret father--or mother--ideal" (p. 148). The negative transference generally appears in the child's resistance to the therapy or in a fear of being deceived by the analyst. In the latter cases, the child demands that the analyst keeps the child's secrets. Hug-Hellmuth recommended that, at times, the analyst should explain to the child the meaning of transference and how it is affecting the treatment. She stated:

> Even in the case of a very young patient, it is necessary to explain certain phenomena in the course of treatment. He will quite easily understand the meaning of 'resistance' if first it is explained to him in connection with 'the negative transference.' (p. 148)

Although Melanie Klein and Anna Freud were exposed to Hug-Hellmuth's work on numerous occasions, they said very little about her during their careers (MacLean, 1991). Perhaps they wanted to distance themselves from Hug-Hellmuth since they did not fully

agree with her technique. Melanie Klein made one of her few statements about Hug-Hellmuth in her autobiography:

> Dr. Hug-Hellmuth was doing child analysis at this time in Vienna, but in a very restricted way....I could never get an impression of what she was actually doing, nor was she analyzing children under six or seven years. I do not think it too conceited to say that I introduced into Berlin the beginnings of child analysis. (in Grosskurth, 1986, p. 93)

In one of her few statements about Hug-Hellmuth, Anna Freud wrote in a letter to Angela Graf-Nold in 1979:

> Naturally, I often saw Hermine Hug-Hellmuth at the meetings of the Society, but I did not have any personal contact, so to speak; I did not seek to be taught by her; at the time it seemed preferable for me to go my own way. (in Geissmann, 1998, p. 70)

Clearly, Melanie Klein and Anna Freud gave Hug-Hellmuth little credit for her contributions to the field and for being the first psychoanalyst to methodically apply and expand adult psychoanalytic methods to the treatment of children.

Following Hug-Hellmuth's death in 1924, Melanie Klein and Anna Freud quickly rose to prominence as child psychoanalysts. As Melanie Klein and Anna Freud became more well-known, Hug-Hellmuth was all but forgotten by the psychoanalytic community. Only recently have researchers on child psychoanalysis begun to recognize her early contributions to child treatment.

III. Melanie Klein

Biography

Melanie Klein was born in Vienna in 1882, the youngest of the four children of Dr. Moriz and Libussa Reizes. Melanie and her siblings were a product of her father's second marriage. Melanie experienced the death of her two closest siblings at a relatively young age. Sidonie (the third child) died at nine years old from a form of tuberculosis when Melanie was five. Melanie's only brother, Emanuel (the second child) died of complications due to tuberculosis and rheumatic fever when he was twenty-five and Melanie was twenty. Melanie and Emanuel had a close relationship from childhood and, as adults, regularly corresponded through letters (Grosskurth, 1986).

Emanuel was always considered very bright, and, when Melanie was a teenager, she socialized with his friends and participated in their lively, intellectual discussions. At sixteen years old, with the encouragement of Emanuel, she entered the gymnasium with the desire to study medicine--an extraordinary goal for a middle-class girl at the turn of the century. Emanuel also introduced Melanie to Arthur Stephen Klein, a young and highly intellectual man to whom Melanie became engaged at nineteen (Segal, 1979).

Melanie Klein's marriage was rarely a happy one. Her

husband was an engineer and had to travel for his work so they spent several years living in small towns in Slovakia and Silesia. This lifestyle made it impossible for Klein to pursue her plans to attend medical school and she also missed the intellectual stimulation she had enjoyed in Vienna. Throughout her life, Klein expressed regret that she did not have a medical degree, believing that her views about mental illness would have been respected more by her colleagues if she was a physician (Segal, 1979). In the early years of her marriage, Klein became depressed. Although she enjoyed her children, Melitta, Hans, and Erich, she knew that motherhood was not a solution to her unhappiness:

> I threw myself as much as I could into motherhood and interest in my child. I knew all the time that I was not happy, but saw no way out. (Grosskurth, 1986, p. 42)

In 1910, Arthur Klein found work in Budapest, where Melanie Klein was first introduced to Freud's work and where she again began to surround herself with intellectuals (Segal, 1979). In approximately 1914, she read Sigmund Freud's *On Dreams* (1901/1953b) and knew that psychoanalysis "was what I was aiming at, at least during those years when I was so very keen to find what would satisfy me intellectually and emotionally" (Grosskurth, 1986, p. 69). Soon thereafter, she entered into analysis with Sandor Ferenczi, who encouraged her to analyze children. Klein began by analyzing her son Erich ("Fritz") and eventually built a practice

consisting of both children and adults.[3]

Due to the war, there were many interruptions in Klein's treatment with Ferenczi but the analysis continued sporadically until 1919. She credits Ferenczi's influence on her future development and in 1932, in the preface to her first major publication on children, *The Psychoanalysis of Children*, she wrote:

> Ferenczi was the first to make me acquainted with psycho-analysis. He also made me understand its real essence and meaning....He also drew my attention to my capacity for child analysis, in whose advancement he took a great personal interest, and encouraged me to devote myself to this field of psycho-analytic therapy, then still very little explored. (1932/1975a, p. x)

Klein's relationship with Ferenczi and her intellectual interest in psychoanalytic theory began her lifelong and passionate interest in psychoanalysis.

In 1920, at the Sixth International Psychoanalytic Congress in the Hague, Ferenczi introduced Klein to Karl Abraham, who would later become her analyst (Aguayo, 1997). In 1921, Klein's family was forced to move from Budapest because of rampant anti-Semitism; they eventually settled in Berlin. Klein began practicing psychoanalysis in Berlin under the tutelage of Abraham who, like

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[3] During this period, analyzing one's own children was common (Abraham, Jung, and Sigmund Freud analyzed their children, for example) and was considered by Sigmund Freud and his group as a way to better understand children and the potential benefits of child psychoanalysis.

Ferenczi, encouraged and admired her work with children. In 1924, she began analysis with Abraham, though it ended prematurely due to his death in 1925. Like Ferenczi, Abraham was influential in her development as a psychoanalyst. Klein wrote fondly of Abraham:

> ...in connection with a paper I had read upon an obsessional neurosis in a child, he [Abraham] said, in words that I shall never forget: 'The future of psychoanalysis lies in play technique'....Abraham's confidence in my work encouraged me at that time to follow the path on which I had started. (1932/1975a, p. xi)

Between 1919 and 1923, Klein's theories of analyzing children through play led her to write specific recommendations for child analysis (Geissmann, 1998). For example, while Hug-Hellmuth had recommended treating the child in the child's home, Klein was the first to recommend that children, like adults, should always come to the analyst's office. For children, a specially designed playroom would be available:

> It only has plain, robust furniture, the wall and floor are washable. Each child should have their own toy box, adapted to the treatment. The toys, small in size, should be chosen with great care. There are little houses, human toys of two different sizes and representing each sex, farm animals and wild animals....modeling clay, paper, crayons, string and scissors. The room should have a sink, since water plays an important role at certain points. (p. 125)

Klein viewed play as equivalent to adult's free associations, and in her specific recommendations for the framework of play technique, she was creating the beginnings of a formal play analysis.

Abraham's death in 1925 was a severe blow to Klein. She lost her analyst and her primary supporter in the Berlin Psychoanalytic Society. With the support of Ernest Jones, Alix Strachey, and Joan Riviere, she came to London in 1926 to give a series of lectures on child psychoanalysis to the British Psychoanalytic Society (Aguayo, 1997). Soon thereafter, Klein moved to London, became a member of the British Society in 1927, and eventually became the leader of what was called the English School. She attracted much attention and many followers, and immediately on her arrival in London, began distinguishing herself from Anna Freud and what was later called the Vienna School. After Anna Freud moved to London in 1938, London became the setting for the intense debates that would occur throughout Klein's life. Klein remained in London until her death in 1960.

Melanie Klein's Theory of Human Development

Although Klein was outspoken in her acceptance of Sigmund Freud's drive or instinct theory, her development of object relations theory marks a radical departure from Freud's classical

formulations. Perhaps the most salient feature of Klein's theory is her assertion that object relations are present from birth, which informs all of Klein's developmental suppositions. Klein (1952/1986d) describes how object relations exist side by side with auto-eroticism and primary narcissism in the infant. Klein posits that at birth, the infant has a relation primarily to the mother's breasts, that involves not only instinctual aims but a relationship filled with "emotions, phantasies, anxieties and defences," which constitutes the earliest form of object relations (p. 205). Consequently, according to Klein, even the auto-erotic and narcissistic stages are object related since they involve a relationship to the internal good object.

Klein's theoretical construct of early object relations differs from classical drive theory, which Anna Freud adopted, since classical theory proposes that the auto-erotic and narcissistic stages precede object relations. According to classical theory, in these stages, the infant is almost wholly unaware of the external world and is led by the pleasure principle. Gradually, as the drives interact with reality, the infant begins integrating the reality principle and, only at this point, are object relations possible (Likierman, 1995).

Melanie Klein theorizes that because the infant (and later, the child and the adult) manages a world of both internal and external objects, object relations often signify a relationship to objects which

takes place purely in phantasy. For Klein, a phantasy is a real unconscious event or, in her words, "psychic reality." All impulses are expressed through phantasy and phantasies are active at all times.

Klein's theories about the early development of the ego, super-ego, and Oedipus complex also contrast those of Anna Freud. While Anna Freud posits that the ego develops gradually as the drives interact with reality, Klein believes that the ego exists at birth. Klein does not precisely define the term ego and instead often uses it synonymously with the term self (Hinshelwood, 1989). For Klein, "the early ego largely lacks cohesion, and a tendency towards integration alternates with a tendency towards disintegration..." (Klein, 1946/1986c, p. 4). The early ego, however, does have the capacity of differentiating external objects from the self.

As early as 1928, with the publication of *Early Stages of the Oedipus Conflict*, Klein again diverges sharply with Anna Freud and other classical drive theorists. In this paper, Klein discusses her theories on the early development of the Oedipus complex and the super-ego. She begins by describing her theory of a pre-genital Oedipus complex:

> ...the Oedipus tendencies are released in consequence of the frustration which the child experiences at weaning, and that they make their appearance at the end of the first and the beginning of the second year of life.... (p. 70)

According to Klein, the pre-genital Oedipus complex leads to the early development of the super-ego, while for Anna Freud, the superego develops out of the ego at the resolution of the Oedipus complex at approximately age five to six (Laplanche and Pontalis, 1967/1973). Klein (1928/1986b) describes her concept of an early Oedipus constellation as taking form in part objects. At birth and throughout infancy, object relations are to part objects, namely the mother's breast. For example, the infant experiences a myriad of emotions--pleasure, pain, frustration, envy, fear, persecution--in its relationship to the breast; the breast becomes the first manifestation of a primitive super-ego since the struggle to get to the breast can result in all of these emotional responses.

The super-ego continues to develop as the child passes through the "femininity phase"(p. 73). In this phase, every child wants to be like their mother; they desire to have and care for babies, to produce breast milk and to win the father's affection. They are also envious of these maternal qualities and fear the mother's persecutory attack because of their desire to destroy her. Therefore, they introject both a good, loving mother and a bad, persecutory mother who becomes the basis for the development of a punitive super-ego (Mitchell, 1986).

Klein's theory of development became more complete with her concepts of the paranoid-schizoid and depressive positions and projective identification; these concepts are perhaps her most

important and well-known contributions. Though her theory of the depressive position was developed first, I will first discuss her theories of the paranoid-schizoid position and projective identification since developmentally they come before the depressive position.

Two of the hallmarks of the paranoid-schizoid position are, not surprisingly, paranoia (the primary anxiety) and splitting (the primary defense mechanism). Klein (1946/1986c) theorized that the infant must negotiate the paranoid-schizoid position successfully in order to begin experiencing the depressive position. However, she believed that throughout the lifecycle, children and adults oscillate between these positions; one never graduates, so to speak, from the paranoid-schizoid position to the depressive position since one's psychopathology continues to fluctuate throughout life. Depending on the context and the patient's unconscious phantasies and object relations, different anxieties will generate different defenses, which will in turn affect object relations and the individual's location on the two positions.

In *Notes on Some Schizoid Mechanisms* (1946/1986c), Klein further developed her formulation of the paranoid-schizoid position by proposing the idea of projective identification. Klein viewed projective identification as a primitive defense which evolves from the infant's persecutory anxieties and resulting projections of the death instinct. In other words, "against the overwhelming anxiety

of annihilation, the ego evolves a series of mechanisms of defence, a defensive use of introjection and projection," (Segal, 1964, p. 26) in which projective identification plays a primary role.

Klein accepted and integrated Sigmund Freud's notion of the death instinct into her object relations theory. She greatly emphasized the death instinct, which she postulated was innate. Klein (1946/1986c) believed that when the infant experiences frustration, envy, or rage at the breast he is overwhelmed by fears of annihilation and persecution so is immediately forced to begin managing his death instinct or sense of destructiveness. The infant converts the death instinct, and the anxiety surrounding it, into aggression which is projected outward to the breast. The infant then identifies with the projection, which is experienced as persecutory.

The projections and accompanying identifications, originating from the death instinct, are the basis for projective identification which Klein believed was an intrapsychic model which operated purely within the unconscious phantasies of the projector. The recipient was simply a convenient object of reflection. Klein stated, referring to this process:

> Much of the hatred against parts of the self is now directed towards the mother. This leads to a particular form of identification which establishes the prototype of an aggressive object-relation. I suggest for these processes the term 'projective identification'. When projection is mainly derived from the infant's impulse to harm or to control the mother, he feels her to be a persecutor. (p. 183)

Because of the overwhelming persecutory anxiety, the infant uses splitting to keep the good and bad objects separate, in order to protect the good or ideal object from being destroyed by the bad object (the bad object being a psychological representation of the death instinct). Since the main anxiety in the paranoid-schizoid position is paranoia--that is, that the persecutory objects will invade--the splitting of the good and bad objects is essential in order for the good objects to survive. Segal (1964) wrote about Klein's views: "...parts of the self and internal objects are split off and projected into the external object, which then becomes possessed by, controlled and identified with the projected parts" (p. 27). At its most basic, Klein viewed projective identification as the phantasy of experiencing part of the self in another, while continuing to identify with and control that part of the self (Mitchell and Black, 1995).

Klein viewed projective identification as an important process that occurs during normal and abnormal development in the paranoid-schizoid position. Since projective identification functions not only as a primitive defense mechanism, but as a necessary step in the developmental process, it has both detrimental and valuable aspects. Excessive projective identification can lead to the weakening of the ego. On the other hand, "...the projection of good feelings and good parts of the self into the mother is essential for the infant's ability to develop good object-relations and to

integrate his ego" (Klein, 1946/1986c, p. 184). Additionally, Klein viewed projective identification as the first form of empathy and as the earliest means of symbol-formation, since, by using projective identification, the infant can begin to identify parts of the object with parts of the self (Segal, 1964).

In *A Contribution to the Psychogenesis of Manic-Depressive States* (1935/1986a), Klein first developed her concept of the depressive position. Klein believed that at approximately six months, the baby, who has previously been living in a world of part objects, is capable of recognizing the whole mother. The baby is then confronted with the task of internalizing the whole object (e.g., the good and bad mother) and of identifying with the good object over the bad object. In other words, the baby must be able to "...identify with an internalized 'good' mother to the extent that it can repair the damage done by its destructive urges to the 'bad' mother..." (Mitchell, 1986, p. 115).

The baby's increasing ability to integrate the good and bad aspects of objects creates another emotional obstacle for the baby--depressive anxiety (Klein, 1952/1986d). The baby experiences anxiety in the depressive position because of its concern that its aggressive impulses towards the bad breast could destroy the good breast (or, more specifically, the good mother). Therefore, the capacity to internalize a whole object and to identify with the good object is dependent on the infant's capacity to manage its depressive

anxiety. Klein's emphasis on anxiety is striking. First, the infant must manage the persecutory anxiety of the paranoid-schizoid position and then manage the depressive anxieties that he or she "has destroyed or is destroying a whole object by his greed and uncontrollable aggression" (p. 263).

How the baby negotiates the tasks of the paranoid-schizoid and depressive positions will determine its future psychopathology. For example, if good experiences prevail over the bad (both in phantasy and reality) in the depressive position, the baby will successfully manage the position and gain the capacity to accept and feel its ambivalence towards itself and the object. On the other hand, if the bad, persecutory experiences prevail and the baby can not internalize the whole object, he will regress to the paranoid-schizoid position and some form of psychosis may develop (Klein, 1935/1986a). Therefore, a successful foray into the depressive position implies a strengthening of the ego and is a precursor of later mental health.

> ...there is a fundamental change in the ego because, as the mother becomes a whole object, so the infant's ego becomes a whole ego and is less and less split into its good and bad components. The integration of both ego and object proceed simultaneously. (Segal, 1964, p. 69)

Thus, the integration of the ego and object are crucial for relative normality. Klein's emphasizes the importance of object relations as she states the significance of the depressive position and its reliance

on object relations for ongoing development.

> I have emphasized in this paper that, in my view, the infantile depressive position is the central position in the child's development. The normal development of the child and its capacity for love would seem to rest largely on how the ego works through this nodal position. This again depends on the modification undergone by the earliest mechanisms (which remains at work in the normal person also) in accordance with the changes in the ego's relations to its objects.... (Klein, 1935/1986a, p. 145)

Melanie Klein's Theory of Transference

In 1952, Klein wrote her only paper devoted to transference, *The Origins of Transference.* In this paper, she clarifies her definition of transference, demonstrating how her ideas on transference stem from her developmental theories.

Klein elucidates how transference is discovered within the object relationship formed with the analyst. Transference is not, as Anna Freud proposes, "the reconstruction of a past relationship which is transferred to the analyst," but is the reconstruction of the anxieties, defenses, and phantasies which demonstrate the patient's unconscious world and the patient's object relations (Mitchell, 1986, p. 201). Klein (1952/1986d, p. 201) writes of how "transference operates throughout life and influences all human relations," but that psychoanalysis gives the analyst the opportunity to view the

patient's past conflicts and anxieties by viewing how the patient manages them with the analyst. The analyst assumes that the patient uses "the same mechanisms and defences as in early situations" (p. 202). Klein writes of the necessity to view the transference as *"total situations* transferred from the past into the present as well as of emotions, defences, and object relations"(p. 209). She warns against limiting one's view of the transference as a one to one transferal--for example, that the analyst represents the actual mother or father. She, instead, emphasizes that the patient will transfer onto the analyst a rich and complicated array of the patient's psychic life; that is, the entire emotional life of the patient will be transferred, not merely the transference of one relationship to the analyst.

Klein outlines how her object relations theory is at the basis for her understanding of transference. Object relations are present from birth and one's emotional makeup is linked to these early object relations. Klein then explains how transference also occurs from the beginning with the onset of object relations:

> I hold that transference originates in the same processes which in the earliest stages determine object-relations. Therefore we have to go back again and again in analysis to the fluctuations between objects, loved and hated, external and internal, which dominate early infancy. We can fully appreciate the interconnection between positive and negative transferences only if we explore the early interplay between love and hate, and the vicious circle of

> aggression, anxieties, feelings of guilt and increased aggression, as well as the various aspects of objects towards whom these conflicting emotions and anxieties are directed. (pp. 206-207)

Though Klein does not specifically say how "transference originates in the same processes" as object relations, it appears that she is referring to a synergistic process between object relations, transference, and psychic reality--with unconscious phantasy binding the three together. In other words, the infant's early object relations create an unconscious psychic reality which determines its relationship to both internal and external objects. The psychic reality is governed by the unconscious phantasies that are created from one's object relations. These early object relations and phantasies will ultimately determine the transferences that will develop in all future relationships.

Klein views transference as the most important element in all analyses and does not distinguish between the transference that develops in an adult or a child analysis. By understanding the transference, the analyst can understand the patient's ego functioning as well as his unconscious anxieties and defensive structure.

> For the patient is bound to deal with conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to turn away from his primal objects. (p. 209)

Transference interpretations are aimed at lessening anxiety and connecting the present with the past. Klein viewed anxiety as the pathological manifestation of the struggles of the paranoid-schizoid and depressive positions. Thus, she regarded the mitigation of anxiety as the primary treatment goal. Because Klein (1952/1986d) describes transference as developing through the earliest experiences, object relations, and primitive anxieties, these early experiences continue to influence development throughout the lifespan. No matter what age the patient is, the analyst is confronted with the patient's transferences which express aspects of the patient's early self but also express his ongoing development.

> It is only by linking again and again...later experiences with earlier ones and vice versa, it is only by consistently exploring their interplay, that present and past can come together in the patient's mind...with a consequent general enrichment of the personality. (p. 210)

Klein describes how this "linking" leads not only to an integration of present and past, but to an integration within the psyche, resulting in a diminished need for splitting. Thus, the idealized and persecutory objects can be treated with ambivalence and there is less necessity to keep them separate. In other words, by lessening the persecutory anxieties, the transference interpretations are helping the patient achieve the depressive position.

Klein (1952/1986d) suggests that transference

interpretations--and their effect on linking and lessening the patient's anxiety--are the key to a successful analysis. She believes that the early persecutory and depressive anxieties of the paranoid-schizoid and depressive positions are partially responsible for the repetition compulsion. Therefore, if the patient expresses these anxieties through the transference and the analyst is able to analyze them in a meaningful manner for the patient, the anxieties will lessen and the patient's need to repeat early patterns will also diminish.

> These fundamental changes come about through the consistent analysis of the transference; they are bound up with a deep-reaching revision of the earliest object relations and are reflected in the patient's current life as well as in the altered attitudes towards the analyst. (p. 210)

IV. Anna Freud

Biography

Anna Freud was born in 1895 in Vienna and was the sixth and last child of Sigmund and Martha Freud. Sigmund Freud was thirty-nine years old when Anna was born and was in the midst of his self-analysis, which would lead to his work and publication on dream interpretation (Young-Bruehl, 1988). By the time Anna was born, the Freuds had moved to a large, comfortable apartment where Sigmund Freud also had his professional offices.

Anna went to good private schools and excelled in all subjects. She especially enjoyed reading, writing, and languages and learned English, French, and Italian. At approximately age thirteen, she became intrigued by her father's foreign guests. He allowed her to sit quietly during their meetings; she essentially became the youngest attendee of the Vienna Psychoanalytic Society's Wednesday evening meetings (Geissmann, 1998).

1912 was an important year for Anna Freud. She graduated from high school, her sister Sophie was married, leaving Anna as the only child at home, and Anna traveled alone with her father for the first time. They traveled to Venice together which was the beginning of many future trips together as good friends and traveling companions (Coles, 1992). Upon graduation from high school, Anna

was unsure about her future but in 1914 decided to take the necessary examinations to become a school teacher. She then trained in an elementary school and spent the next five years teaching elementary school children. She had also begun to read her father's writings, and in 1915, started translating his articles in addition to her teaching work (Geissmann, 1998). In 1918, she began an analysis with her father which lasted until 1922. One of Anna's reasons for beginning the analysis was in response to her father's contention that all psychoanalysts should have a personal analysis; Anna was already planning to include psychoanalysis as part of her professional goals.

> Her plan was to continue teaching during the analysis so that she could turn toward an analytic practice or toward psychoanalytically informed pedagogy; determining the right path would be part of the analytic work. (Young-Bruehl, 1988, p. 80)

During this same period, as Sigmund Freud's health began to deteriorate, he became increasingly worried about Anna's possible departure from the family home. While Anna traveled frequently to visit family friends, she always returned to the Freud's home. Sigmund Freud was quite candid about his desire for Anna to remain at home with him in his communications with friends. To Max Eitingon, he wrote, 'I would like just as well to keep her at home as to know her in a home of her own--if it would only be the same for her!' (p. 117). Later, he wrote to Lou Andreas-Salome:

> I too very much miss Daughter-Anna. She set off for Berlin and Hamburg on March the second. I have long felt sorry for her for still being at home with us old folks [...], but on the other hand, if she really were to go away, I should feel myself as deprived as I do now, and as I should do if I had to give up smoking! (p. 117)

Sigmund Freud wanted Anna to stay with him and Martha as his youngest sister Dolfi had remained with his parents.

Initially, Anna had mixed feelings about remaining in the family home and in 1923 considered moving to Berlin and joining the Berlin Psychoanalytic Society. A few months later however, her father's health worsened and he had the first of many jaw surgeries. The surgery and ongoing illness "reinforced his desire to have his daughter with him and hers to stay at home" (p. 118). Indeed, Anna Freud wrote Lou Andreas-Salome, "I would not leave him now under any circumstances" (p. 118).

Perhaps as important as wanting Anna to care for him and offer companionship, was Sigmund Freud's intense desire to have a successor. Beginning with his analysis of Anna in 1918, he had begun to consider her as a potential successor, someone who would maintain a fierce loyalty to his work (Aguayo, 1997). His subsequent cancer diagnosis and the disagreements with or deaths of many of his closest former colleagues (Jung, Rank, and Abraham for example) increased Freud's desire to have Anna be his successor. Fortunately for Sigmund Freud, Anna Freud was

extremely interested in carrying the mantle.

By 1920, Anna Freud had given up teaching and was devoting herself full-time to psychoanalysis. In 1922, she joined the Vienna Psychoanalytic Society at the age of twenty-seven and by 1923 had several child patients in psychoanalysis. In 1924, she became a member of the committee of her father's most important advisors, replacing Otto Rank. In 1927, she became the general secretary of the International Psychoanalytic Association; it was also the year that she began a concerted effort to publicly discredit Klein. At the Innsbruck Conference, Anna Freud gave lectures based on her book, *Introduction to the Technique of the Analysis of Children* (1926/1946c) which included a series of papers, that among other things, disagreed with many of Klein's assertions about child psychoanalysis (Geissmann, 1998). This was Anna Freud's first major publication on the psychoanalysis of children.

In 1937, Anna Freud and Dorothy Burlingham opened the Jackson Nursery for deprived children under three years of age. Because of the war, the nursery only existed for one year but it was a prelude to the Hampstead Nurseries which Anna Freud founded in 1940 in London.

The Freuds escaped to London in 1938 soon after the Nazis occupied Austria and after several encounters with the Gestapo. The Gestapo had searched their flat twice, taken Anna into custody and later released her (Young-Bruehl, 1988). After several people

helped negotiate and coordinate the Freud's departure, they were able to leave Vienna safely with an exit permit.

They settled in London where Anna continued her work with children and Sigmund Freud began writing *The Outline of Psychoanalysis*. Fourteen months later, however, Sigmund Freud died. In 1940, Anna Freud opened the Hampstead Nurseries, evacuation residences for children whose homes had been bombed, and for children whose parents could not properly care for them during the war (Young-Bruehl, 1988). The nurseries offered full-time care for the children and an opportunity for Anna Freud and the staff to observe the children, and sometimes, their mothers.

After the war, Anna Freud closed the nurseries but later opened the Hampstead Child Therapy Clinic, where she developed the Diagnostic Profile and the theory of the lines of development. She enjoyed a large following that included Erik Erikson, Peter Blos, and Willi Hoffer. Anna Freud remained in London and dedicated her life to researching and treating children and their families, and writing and teaching for the psychoanalytic and lay communities. She died in London in 1982 at the age of eighty-six.

Anna Freud's Theory of Human Development

Anna Freud's theory of human development is closely allied with classical psychoanalytic theory, which was developed by her father, Sigmund Freud. Although her theory follows classical drive theory, she emphasizes the ego's defensive functions and the various defense mechanisms which she systematically catalogued. Anna Freud's theory of human development hinges on the topographical and the structural models of the psyche and on infantile sexuality. The topographical model is based on the psyche being divided into the unconscious, preconscious, and conscious while the structural model assumes a psyche divided into the id, ego, and superego. Anna Freud said that unlike the analysts who came into the field after the structural model was developed and adopted it wholeheartedly, she always referred to the topographical and structural, since they were both part of her theoretical heritage (Sandler, 1985). Infantile sexuality is characterized by the levels of psychosexual development: oral, anal, and phallic and after a period of latency, the genital phase (Moore, 1968). Conflict is at the core of her developmental model--the conflict between the id, ego, superego, and the environment: "the interplay of internal with external forces, or of internal forces (conscious or unconscious) with each other" (A. Freud, 1962, p. 156). Unlike Melanie Klein, who focuses on intrapsychic conflict, Anna Freud emphasizes

environmental influences or the reality principle.

The way Anna Freud expanded the structural model lends much insight into her ideas about human development. Her focused concentration on the ego became apparent with the publication of *The Ego and the Mechanisms of Defense* (1936/1946a). Anna Freud begins this book by describing how the "science" (p. 3) of psychoanalysis has favored the study of the deepest unconscious impulses of the id. While she admits that id psychology was the theoretical trend until the twenties when Sigmund Freud published *Group Psychology and the Analysis of the Ego* (1921/1955c) and *Beyond the Pleasure Principle* (1920/1955b), she argues that psychoanalytic technique always looked to the ego:

> From the beginning analysis, as a therapeutic method, was concerned with the ego and its aberrations: the investigation of the id and of its mode of operation was always only a means to an end. And the end was invariably the same: the correction of those abnormalities and the restoration of the ego to its integrity. (A. Freud, 1936/1946a, p. 4)

Anna Freud criticizes the trend in psychoanalytic theory that favors working with the unconscious impulses, fantasies, and derivatives as compared to focusing on the more conscious elements in the ego. Her view is in stark contrast to Klein's stance that the analytic work should always concentrate on the deepest level of the psyche.

Anna Freud postulates that the analyst must learn as much

as possible about the id, ego, and superego as well as their interactions with each other and the external environment. She believes that achieving this goal must be accomplished through the close scrutiny of the ego. For example, if there is a conflict between the id impulses and the ego, this conflict will become clear in the analysis as it enters the preconscious and conscious systems. In other words, the unconscious id conflicts will only become conscious as it interacts with the ego. If the id is peaceful in relation to the ego, there will be no tension and the id will remain in the unconscious and there will be no opportunity for observation of these deep impulses. Similarly, with the superego, it will not be observed if there is no conflict between it and the ego. Though the superego tends to be much more conscious than the id, it is perceived only when tension arises between the superego and ego, as when the superego triggers guilt. Because of the id's and superego's relationship to the ego, Anna Freud states that, "the proper field for our observation is always the ego. It is, so to speak, the medium through which we try to get a picture of the other two institutions" (p. 6). Her emphasis on the ego is the cornerstone of her life's work and influences all of her theoretical and technical contributions.

With the ego occupying the central position in her theory, Anna Freud (1952) describes how the id, ego, and superego develop. At birth, the infant's mental experience is focused on the drives and

the needs which represent the drives. The ego "is either nonexistent or weakest at this time" (p. 234); indeed, the infant is instinctually trying to satisfy himself so the id and its accompanying pleasure principle are in full effect. The infant, so to speak, is born a slave to its drives. Gradually, however, with environmental and biological influences, the ego will mature and the pleasure principle will yield to the reality principle.

Anna Freud (1936/1946a) has contributed much about how the id and ego engage in ongoing battles, which lead the ego to use all of its defensive operations against the id's urges. She (1952) also, however, stresses the cooperation which exists between the two agencies and reminds her readers not to

> ...forget the original basic unity between the two powers, i.e., that the ego was evolved out of the id as a helpmate, to locate the best possibilities for need satisfaction and object attachment, and to safeguard wish fulfillment amid the hazards and dangers of the environment. The ego's role as an ally of the id precedes that of an agent designed to slow up and obstruct satisfaction. (p. 236)

Similarly, with the superego, Anna Freud clarifies that the superego and ego are not always conflicted but that they too can have a cooperative relationship. She (1952) warns against the common theoretical "mistake of treating the two agencies in the mind as two different 'personalities' altogether, instead of seeing

them as one (the ego organization)" (p. 237). She embraces the classical formulation that the superego develops from the ego at the culmination of the Oedipus complex (Young-Bruehl, 1988). The superego consists of the identifications and internalizations of the parental moral code: restrictions, demands, and forbiddances of the child's Oedipal wishes. The child, however, is still attached to its original love objects, the parents, so the superego in the child continues to be influenced by the parents and therefore, reaches independence only when the child becomes an adult. Anna Freud (1927/1946d) contends that the superego in the child

> ...operates all too clearly for the sake of those from whom it holds its commission, the parents and persons in charge of the child, and is swayed in its demands by every change in the relationship with these people and by all the alterations that may occur in their own outlook. (p. 61)

With the publication of *Normality and Pathology in Childhood* (1965), Anna Freud further clarified her theory of human development. This book is the culmination of her exhaustive work creating the Developmental Profile. After much infant and child research at the Hampstead Clinic, Anna Freud created the Developmental Profile which is a diagnostic method for assessing normality and pathology in children. The therapist uses the Developmental Profile to compile information, obtained from

interviews with the patient, parents, teachers, and other health professionals, in order to recommend a course of treatment.

A crucial component of the Developmental Profile is the assessment of the child according to its "lines of development" (A. Freud, 1963, p. 246). Anna Freud's concept of the lines of development makes it extremely clear that her theory is one of normality versus abnormality—in other words, she measures any disturbance in terms of how it varies from normality, always keeping normal development as her gauge. It is also a stage theory; that is, the developmental lines follow specific paths and, if successful, the child will graduate from one stage to the next. Psychological and behavioral regressions will cause the child to regress to an earlier stage but there is not a normal oscillation between the stages as one sees in Klein's theory of the paranoid-schizoid and depressive positions.

The developmental lines were created out of Anna Freud's understanding of the structural model and human development.

> What we are looking for are the basic interactions between id and ego and their various developmental levels, and also age-related sequences of them which, in importance, frequency, and regularity, are comparable to the maturational sequence of libidinal stages or the gradual unfolding of the ego functions. Naturally, such sequences of interaction between the two sides of the personality can be best established where both are well studied, as they are, for example, with regard to the libidinal phases and aggressive expressions on the id

> side and the corresponding object-related attitudes on the ego side. Here we can trace the combinations which lead from the infant's complete emotional dependence to the adult's comparative self-reliance and mature sex and object relationships, a graduated developmental line which provides the indispensable basis for any assessment of emotional maturity or immaturity, normality or abnormality. (p. 246).

In the above quote, Anna Freud refers to one of the developmental lines, "From Dependency to Emotional Self-Reliance and Adult Object Relationships."[4]

> This is the sequence which leads from the newborn's utter dependence on maternal care to the young adult's emotional and material self-reliance—a sequence for which the successive stages of libido development (oral, anal, phallic) merely form the inborn, maturational base. (p. 247)

Anna Freud (1963, 1965) delineates the maturational sequences which must occur in order for the child to successfully negotiate this developmental line and elaborates her theory by creating other developmental lines; for example, *Some Developmental Lines toward Body Independence* which includes the developmental lines: *From Suckling to Rational Eating* and *From Wetting and Soiling to Bladder and Bowel Control.* Anna Freud explains that a child's achievement or lack thereof along any of the developmental lines is a result of the

[4]In her writings, Anna Freud specifically uses the term object relationship to signify relationships with external objects; she does not refer to internal objects or object relations to internal objects.

interaction between the child's id, ego, superego, and the environment. For example, when Anna Freud describes the four phases the child must achieve in order to go *From Wetting and Soiling to Bladder and Bowel Control,* she demonstrates how she applies the structural theory of the id, ego, and superego to external, everyday concerns in a child's development. She outlines the four stages: first, the child's instincts are fully satisfied as he freely wets and soils; second, the child's drive impulses move from the oral to anal zone, so he increases his opposition to mother's interference with his bladder and bowel control; third, "the child accepts and takes over the mother's and environment's attitudes to cleanliness and, through identification, makes them an integral part of his ego and superego demands" (1963, p. 254). This accomplishment is based on the identification with the mother and is therefore not fully developed until the dissolution of the Oedipus complex. Fourth, the child develops complete bladder and bowel control once his "concern for cleanliness is disconnected from object ties and attains the status of a fully neutralized, autonomous ego and superego concern" (p. 255). This developmental line is but one example of how Anna Freud applied the classical theory of development to a concrete developmental concern like bladder and bowel control[5].

Anna Freud's emphasis on the developmental lines in each child and how they correspond to normalcy may give the

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[5] For a complete listing of the developmental lines, see Anna Freud's, *Concept of Developmental Lines* (1963) or *Normality and Pathology in Childhood* (1965).

impression of a rigid one-dimensional stage theory. While this may partly be true, Anna Freud also allows for individual differences and possibilities for maturation along different lines. While she writes of "average normality" (1963, p. 262) which implies a specific standard, she also believes that children can develop along different lines at different rates. However, if there is a significant imbalance between the developmental lines, it becomes necessary to understand the underlying causes--assessing the interaction between biological and environmental precipitants. Once Anna Freud fully developed her theory of developmental lines, she remained faithful to its use:

> Far from being theoretical abstractions, developmental lines, in the sense here used, are historical realities which, when assembled, convey a convincing picture of an individual child's personal achievements or, on the other hand, of his failures in personality development. (p. 247)

Anna Freud's Theory of Transference

At first glance, because of the reference to object relations, Anna Freud's definition of transference may appear similar to that of Klein's:

> By transference we mean all those impulses

> experienced by the patient in his relation with the analyst which are not newly created by the objective analytic situation but have their source in early--indeed, the very earliest--object relations and are now merely revived under the influence of the repetition-compulsion. (A. Freud, 1936/1946a p. 18)

At a closer look, however, Anna Freud is emphasizing drive or instinct theory, which is based on libidinal and aggressive impulses which are expressed and managed through the relationship of the id, ego, and superego. Though Anna Freud believes that the impulses felt by the patient within the transference are created in early object relations, she does not believe that object relations are present from birth or that the transference is one of a "total situation." Instead, the transference is clearly the specific element of the treatment where impulses experienced from early object relations are repeated with the analyst. Anna Freud follows the conceptual breakdown which Sigmund Freud developed; that is, the distinctions between transference and transference neurosis, and the positive, negative, and erotic transferences.

Anna Freud (1936/1946a) discusses how transference can also be broken down into different types, according to its relationship with the id or ego; by classifying transferences into either the "transference of libidinal impulses" or "transference of defence"(pp. 18-19). Anna Freud distinguishes those transferences that are a manifestation of the id from those of the ego. The

transference of libidinal impulses refers to ego dystonic emotions which the patient feels towards the analyst. For example, the patient may experience extremely disturbing loving or hateful feelings for the analyst and will unsuccessfully try to resist these emotions. Anna Freud contends that these transference feelings "are irruptions of the id" (p. 19):

> They have their source in old affective constellations, such as the Oedipus and the castration-complex, and they become comprehensible and indeed are justified if we disengage them from the analytic situation and insert them into some infantile affective situation. (p. 19)

Anna Freud believes that the patient usually experiences relief when this type of transference is interpreted because the patient has felt as if a foreign impulse has invaded him. In fact, the intrusive impulse is an expression of a childhood affective experience which has been repeated with the analyst. Anna Freud views these transferences as informative of the patient's past and as a vehicle to observe the patient's id. In discussions with Joseph Sandler, Anna Freud clarified that these transferences should be thought of as transferences of instinctual impulses (so as to include aggressive impulses) rather than exclusively libidinal impulses (Sandler, 1985).

As the name implies, the second classification of transference, the transference of defense, refers to transference phenomena which

occur at the level of the ego (A. Freud, 1936/1946a). These transferences tend to have id impulses at their base but are shrouded with defense mechanisms employed by the ego. The repetition-compulsion is responsible not only for instinctual impulses to be transferred, but for the defenses to be transferred as well. Anna Freud describes how, at times, the actual id impulse never enters into the transference; therefore, the defenses are the only transference material:

> In my opinion we do our patients a great injustice if we describe these transferred defence-reactions as 'camouflage' or say that the patients are 'pulling the analyst's leg' or purposely deceiving him in some other way. And indeed we shall find it hard to induce them by an iron insistence on the fundamental rule, that is to say, by putting pressure upon them to be candid, to expose the id-impulse which lies hidden under the defence as manifested in the transference. The patient *is* in fact candid when he gives expression to the impulse or affect in the only way still open to him, namely, in the distorted defensive measure. (pp. 20-21)

In this particular transference situation, the analyst must focus entirely on the ego in order to uncover and understand the defenses. Because presumably the patient has been employing these defenses against the instincts since infancy, these transferences often feel ego-syntonic to the patient; therefore, the patient may be more resistant to defense interpretations since there are no conscious conflicts. Ideally, if the analyst interprets the defenses and the patient

understands and internalizes the interpretation, the analyst then has the opportunity to trace the defensive line back to the original impulse, in order to reveal and analyze the id contents.

While Anna Freud (1936/1946a) writes that the impulses expressed in the transference "are repetitions and not new creations" and are therefore "of incomparable value as a means of information about the patient's past affective experiences," she firmly discounts Klein's theory of transference of the total situation (p. 18). Anna Freud does not believe that all communications are transference material and limits her definition of transference to repetitious impulses and defences which are produced with the analyst, because of the analytic situation. For example, Anna Freud makes a distinction between the patient's psychic life in his everyday activities with family, friends, and coworkers and his transference to the analyst:

> ...there is a great difference between something awakened by the analytic situation and something carried into it, as it might be carried into any other relationship....The original idea about transference is that it is something the patient feels that is going on in him, not something that is dragged in by the analyst. (Sandler and A. Freud, 1985, p. 89)

Anna Freud contends that with the great emphasis on transference interpretations, the original meaning of transference is lost, resulting in all communications being considered transference and

all interpretations being about both the patient and analyst. "I would call this 'forcing it into the transference'" (p. 88). Instead, Anna Freud believes that certain communications from the patient are entirely intrapsychic and, though the analyst may feel engaged by the patient, the communication is actually about the patient's relationship to himself and not to the analyst. For example, in response to certain internal or external stimuli, the patient may become enraged at himself and this rage may be felt by the analyst as being directed at her. Anna Freud believes that this would be a "pseudotransference" (p. 96) because it is not a transference of an object relationship but a transference of the patient's purely intrapsychic life which is only by chance involving the analyst. The patient is not enraged with the analyst but is enraged at himself, and the analyst would be mistaken to understand the communication as transference material. Perhaps, Anna Freud best summarizes her critique of Klein and the concept of total transference in this statement: "The whole question is whether the transference is in the patient's mind or in the analyst's. And one should interpret what is in the patient's. That is the great difference" (p. 91).

V. Comparison of Melanie Klein's and Anna Freud's Theories of Child Treatment

Children's Suitability for Treatment

The literature that compares how Melanie Klein's and Anna Freud's transference theories influence their child treatment theories often discusses Melanie Klein's and Anna Freud's views about the suitability of children for analytic treatment. This discussion is important since both the patient's development of transference and working within the transference are cornerstones of psychoanalytic theory and technique. So, it stands to reason that much of the debate over whether or not children are analyzable is based on whether or not children develop a transference. Do child analysands develop a transference that is similar to the transference developed by adult analysands? If not, are children still suitable for treatment? What are the conditions for a child's suitability for treatment? These are some of the questions which Melanie Klein and Anna Freud answered very differently.

Secondary Literature on Klein

The general conclusion in the secondary literature is that Klein considered all people suitable for treatment regardless of age

or psychopathology. Most of the theorists comment on how this idea of Klein's stems from her developmental theories.

Segal (1979) and Zetzel (1956) write of how Klein stressed the immediate object relatedness of the infant and how, therefore, all children enter into transference relationships/object relationships with their analysts. Zetzel, however, contends that Klein also accepts the ego's central role: "The nature of the ego is however, considered at all times to be determined by its external and internal objects" (p. 138). Improvement in ego functions occurs because of changes in object relations which are achieved through transference interpretations. Therefore, because the maturity of the ego at the beginning of treatment is not a consideration, all children (neurotic and psychotic) are considered suitable for treatment, since the underdeveloped ego will develop through transference interpretations. This position counters Anna Freud's view that children must have some ego strength or maturity before beginning analysis.

Likierman (1995) and Salomonsson (1997) also write of Klein's position that the child's early development of object relations leads to an ability to develop a transference to the analyst. Likierman emphasizes Klein's views regarding the child's ability to recognize and relate to separate, distinct objects, beginning in the first year of life. Therefore, the child is capable of recognizing the analyst as an individual--separate from the child's family:

> ...like the adult patient, the child patient could form a transference towards its analyst, transferring its typical patterns of relating to the arena of the analytic session. (Likierman, 1995, p. 320)

Salomonsson (1997) emphasizes Klein's view that the infant's immediate ability to relate to objects is already a transference relationship since "the child turns the object into a manifestation of its unconscious phantasies" (p. 6). Therefore, the child patient would also be capable of developing an immediate transference to the analyst.

Greenson (1974) notes Klein's emphasis that all patients are suitable for analysis but takes a slightly different approach. He believes that Klein's theory "that all psychopathology originates in the conflicts between the death and life instincts" blurs the distinctions "between the psychoses and neuroses and therefore both are equally suitable for treatment by the same technique" (p. 38). Greenson emphasizes Klein's view that the therapist help the patient work through their paranoid and depressive anxieties through interpretations, especially transference interpretations. He concludes by pointing out how Klein's theory puts all patients on a level playing field; that is, regardless of how intact their ego is, they are all analyzable since they begin with the initial conflicts of the life and death instincts, they develop transference, and they need transference interpretations in order to improve.

Another important theme in the literature explores whether

children are suitable for analysis since they do not free associate in the same manner as adults. Glover (1927, p. 387) describes how Klein's child cases reveal how children's play with toys is very similar to adult's free association with language and that it "is practically only a difference in dialect." Fries (1937), Grosskurth (1986), Likierman (1995), Mitchell (1986), Salomonsson (1997), Segal (1964), and Tallman (1941) also cite Klein's view that child's play is equivalent to the verbal free associations of adults. Glover, Likierman, and Salomonsson depict Klein's position that child and adult analysis are almost identical because not only does an immediate transference relationship occur with the analyst but the child's play can be used with the same confidence as an adult's verbal associations in order to gain access to the unconscious.

In summary, the secondary literature presents Klein's position that all children are born with object relations and therefore will have transferences to their analysts. Furthermore, children's play is equivalent to adult's free associations. Because of these important similarities to adult psychoanalytic treatment, the literature elucidates Klein's views that children are suitable for analysis and can be treated in a similar manner as adults.

Melanie Klein's Writings

The secondary literature on Klein accurately depicts her position on children's analyzability. As early as 1927, in *Symposium on Child Analysis,* Klein states that all children are suitable for analysis. This paper was her contribution to a conference on child analysis which focused on Anna Freud's book, *Introduction to the Technique of the Analysis of Children* (1926/1946c).

Klein's strongest statement regarding children's analyzability comes in an attack on Anna Freud's statement that some "unintelligent children who in all other points were as inept as possible for analysis did not fail in dream interpretation" (p. 19).

> I think that these children would perhaps not have been so unsuitable for analysis at all if Anna Freud had made more use, in other ways as well as in dream interpretation, of the understanding of symbolism which they so plainly manifested. For it is my experience that, if this is done, no child, not even the least intelligent, is unfit for analysis. (Klein, 1927/1975b, pp. 146-147)

Klein continues by defending her beliefs that children's play is symbolic and can be interpreted in precisely the same way as adult's free associations. Therefore, according to Klein, one can utilize not only dream interpretation, but also a child's play for access to the unconscious and for analytic work.

In 1932, in the preface to her book, *The Psychoanalysis of Children,* Klein again compares herself with Anna Freud by drawing

a sharp distinction between their views on transference and child analysis. Klein argues that Anna Freud believed that established analytic technique should not be used with children because they do not develop a transference and because of their weak egos. To the contrary, Klein (1943/1991) thought that all children over the age of two were suitable for psychoanalysis--they developed transference and the analysis was instrumental in strengthening their ego. In a rebuttal to Anna Freud, Klein (1932/1975a) clarifies her position on the topic:

> My observations have taught me that children, too, develop a transference-neurosis analogous to that of grown-up persons, so long as we employ a method which is the equivalent of adult analysis, i.e., which avoids all educational measures and which fully analyses the negative impulses directed towards the analyst. They have also taught me that in children of all ages, it is very hard even for deep analysis to mitigate the severity of the super-ego. Moreover, in so far as it does so without having recourse to any educational influence, analysis not only does not harm the child's ego, but actually strengthens it. (p. 18)

Later, in *The Psychoanalysis of Children*, Klein develops her ideas more fully. Again, she equates children's analysis ("play analysis") with adult analysis and stresses the importance of treating the analysis as a "transference-situation" so that the original or phantasized situation can be experienced and worked through in the analysis. "In doing this, and in uncovering their

infantile experiences and the original cause of their sexual development, the analysis resolves fixations and corrects errors of development" (p. 18).

Klein gives a clinical example which demonstrates the importance of transference in child treatment. Erna, a six-year-old girl, was an only child but very preoccupied with the imagined arrival of siblings. This preoccupation and the accompanying phantasies were important aspects of her emotional well-being since they caused her guilt, depression, and rage. Erna demonstrated this aspect of her psychic life through the transference; she experienced angry outbursts and anxiety when she saw Klein's other child patients. This would typically take place at the beginning and end of sessions when Erna would confront the child in the waiting room. Since she had no real siblings, her unconscious fear, aggression, and jealousy toward them "were only revealed and lived through in the analysis," and more specifically, through the transference (p. 42).

Klein's object relations theory is consistent with the notion that all patients develop transferences to their analysts and that all patients, including children, are suitable for analysis. The analyst then uses the transference as a vehicle to understand and interpret the patient's early object relations. Thus, Klein firmly believes that children are analyzable and that their youth does not create barriers for a successful psychoanalysis.

Children's Suitability for Treatment

Secondary Literature on Anna Freud

The secondary literature on Anna Freud depicts the obstacles which she thought prevented children from being analyzed in the same manner as adults. The literature describes how Anna Freud, in sharp contrast to Melanie Klein, did not think that all children developed transferences to their analysts and certainly not immediately in the treatment. The child's relationship to their parents, their undeveloped egos, and their lack of verbal free associations were obstacles in developing adult-like transferences. Therefore, Anna Freud posited that children were not suitable candidates for a traditional psychoanalysis, and instead, had to be treated with a modified version.

Likierman (1995), Salomonsson (1997), and Tallman (1941) describe how Anna Freud's early work proposes that children do not develop complete transferences to their analysts. They refer to Anna Freud's notion that "the child is not, like the adult, ready to produce a new edition of its love-relationships, because, as one might say, the old edition is not yet exhausted" (A. Freud in Likierman, 1995, p. 320). Likierman is referring to Anna Freud's theory that the child has no need to transfer libidinal and aggressive conflicts onto the analyst because the child's original love-objects,

the parents, are still available to him in all aspects of his everyday life. Anna Freud believed that a transference neurosis requires the patient to give "up the old objects on which his fantasies were" previously attached and instead focus the neurosis on the analyst (A. Freud, 1926/1946c, p. 33). The patient is essentially developing a transference-symptom in exchange for the symptoms he had with the original objects. Therefore, at this stage in her career, she did not believe that children could develop transference neuroses because of their ongoing attachments with their parents.

Jones (1927) and Salomonsson (1997) describe another aspect of the child's inability to form a complete transference--namely the child's undeveloped ego and unconscious processes. Jones (1927) writes of how the child's weak ego can not control its id impulses, and the child's superego is still dependent on its identification with the parents. Therefore, in order to successfully treat the child, the analyst must educate both the parents and the child. Jones offers an interpretation of Anna Freud's theory about the child's undeveloped psyche:

> According to this view, the conflict in the neuroses that undeniably exists even at this early age would appear to be between the child's nature and the parental influence. In other words, it would be essentially an external conflict between individuals and not, as we see with adults, an internal one within an individual mind; it would thus differ in essence from all other neuroses previously investigated. (p. 390)

Jones reveals how much Anna Freud is concerned with reality factors in contrast to Melanie Klein who is primarily interested in unconscious phantasy and intrapsychic processes.

Greenson (1974) also describes how Anna Freud believes that the ego must be intact in order to conduct a successful analysis. A relatively intact ego is needed in order to integrate the psychoanalytic work which will largely be aimed at the ego's defenses against the conflicts between the libidinal and aggressive instincts and the ego and superego. Greenson writes that because psychotic and borderline patients do not have fully developed egos, they need some modifications of psychoanalytic technique--namely a period of preparatory work.

Salomonsson (1997), Sandler (1980), and Young-Bruehl (1988) describe how Anna Freud applies this concept of a non-analytic preparatory stage of treatment to children in her early work. For Anna Freud, the introductory phase involves interacting with the child in a non-interpretive manner. She is not interested in reaching the unconscious or making the unconscious conscious; rather, depending on each individual case, she acts in a manner that creates a positive therapeutic alliance. Indeed, the reasoning for the introductory stage was to establish a positive working alliance with the child and decrease resistance. Geleerd (1967), Sandler (1980), and Tallman (1941) describe how Anna Freud thinks it is of utmost necessity to establish a positive attachment or

transference with the child and at the same time to remove the negative aspects of the transference:

> Negative components of the transference are dispensed with since all actual productive work is accomplished through a positive attachment of the child for his therapist. (Tallman, 1941, p. 552)

The literature (Fries, 1937; Geleerd, 1967; Glover, 1927; Harley, 1971; Likierman, 1995; Salomonsson, 1997; Tallman, 1941; Young-Bruehl, 1988) also discusses Anna Freud's contention that children's play is not equivalent to adult's free associations. The lack of free associations creates another obstacle in the development of transference. Ideally, in adults' verbal associations, Anna Freud follows the line of the ego's defensive material back to the id's instinctual material. With child's play, however, Anna Freud thinks that it is impossible to distinguish whether the play is the result of the defenses against the instinctual impulses or whether the play literally symbolizes the impulses (Salomonsson, 1997). Tallman (1941) writes that Anna Freud uses child's play as an avenue to view the child's reactions, aggressive instincts, and emotional capacities, but it is not used as associative material. Perhaps, Salomonsson (1997) best summarizes Anna Freud's view of the relationship of the child's lack of free associations to the development of transference:

> Anna Freud, however, argues that it is difficult to judge

> whether a regular transference is at hand in the child analysis. In child analysis, free association cannot be used (and we know that she does not consider the child's playing equivalent to the adult's association on the sofa), and consequently, you get no absolute proof that the child's transference exists in the material. (p. 8)

Though Anna Freud never changed her views about children's lack of free association, she did change her views regarding children's capacity to form transference neuroses; that is, she thought that children could develop a more complete transference than she had previously thought (Salomonsson, 1997; Sandler, 1985; Young-Bruehl, 1988). As a result, she abandoned her model of a preparatory stage and instead, focused on analyzing children's defensive structures through their dreams, fantasies, drawings, and play. While Anna Freud continued to analyze children throughout her career, the literature clearly depicts her position that children could not be thought of or treated in an equivalent manner as adults.

Anna Freud's Writings

In 1926, Anna Freud spelled out her initial theories about child treatment in *Introduction to the Technique of the Analysis of Children.* She states that children can not be analyzed with the same

technique as adults and that their lack of a proper transference to their analyst is of main concern. She posits that children can have transference reactions to their analysts but that they do not develop a transference neurosis as do adult patients. This distinction between transference reactions and transference neurosis is in sharp contrast to Klein's theory of a transference of the total situation.[6] Contrary to Klein, Anna Freud feels that the child's inability to develop a transference neurosis inhibits its potential therapeutic outcome. Anna Freud (1926/1946c) defines transference neurosis in terms of an adult neurotic:

> He gives up the old objects on which his fantasies were hitherto fixed, and centres his neurosis anew upon the person of the analyst. As we put it, he substitutes transference-symptom for his previous symptoms, transposes his existing neurosis, of whatever kind, into a transference-neurosis, and displays all his abnormal reactions in relation to the new transference person, the analyst. On this new ground, where the analyst feels at home, he can follow up with the patient the origin and growth of the individual symptoms; and on this cleared field of operations there then takes place the final struggle, for gradual insight into the malady and the discovery to the patient of the unconscious processes within him. (pp. 33-34)

She gives two reasons why children do not develop transference neuroses: the child's relationship to the parents and the role which

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[6] Instead of distinguishing between transference and transference neurosis, Klein, in her theory of total situation transference, interchanges the two concepts.

the child analyst must adopt in order to treat children.

Anna Freud (1926/1946c) describes how the child's relationship with the parents inhibits the child from forming a transference neurosis to the analyst. She assumes that, unlike the adult, the child is not capable or ready to transfer its love to the analyst; the child does not need to revive its relation to the parents with the analyst because the child's relationship with the parents is ongoing and of primary importance to the child.

> Its original objects, the parents, are still real and present as love-objects--not only in fantasy as with the adult neurotic; between them and the child exist all the relations of everyday life, and all its gratifications and disappointments still in reality depend on them. The analyst enters this situation as a new person, and will probably share with the parents the child's love or hate. But there is no necessity for the child to exchange the parents for him, since compared to them he has not the advantages which the adult finds when he can exchange his fantasy-objects for a real person. (p. 34)

It is clear by Anna Freud's statements that children do not transfer total situations from their infancy onto all of their current object relations--including their parents and analyst. Instead, children are using their parents for their instinctual desires and do not need to transfer those instincts onto the analyst, while the parents continue to perform in this function. The child may express positive and negative impulses (transfer reactions) to the analyst but the child will continue to display these impulses with the parents. Therefore,

a transference neurosis does not occur with the analyst as a result of the analytic situation.

The second reason Anna Freud (1926/1946c) gives for the child's lack of transference neurosis is the role played by the child's analyst. She views the role that the child analyst must play as differing greatly from that of the adult analyst; that is, the child analyst can not maintain the neutral, impersonal stance which the adult analyst must maintain in order to receive the projections of the patient's transferences. Instead, the child analyst must engage with the child in an educative manner, disciplining the child and elucidating the differences between right and wrong. In other words, the analyst's behavior results "in the child knowing very well just what seems to the analyst desirable or undesirable, and what he sanctions or disproves of" (p. 35). The child knows too much about the analyst and the analyst's desires for him and, therefore, can not use her as a good transference-object in order to develop a transference neurosis. Furthermore, Anna Freud (1926/1946c, 1945/1946b) also felt that educative measures were necessary in order to help the child regulate his undeveloped ego. She feared that without education the child's instinctual impulses would be ignited in the psychoanalysis and the child's ego would not be strong enough to control them.

As the secondary literature depicts, Anna Freud proposes that a non-analytic introductory phase in the analysis of children is

necessary. She states that this phase is necessary because of the child's immaturity and dependence on its parents and the child's lack of knowledge or confidence in the psychoanalytic process. She argues that the child's lack of independent knowledge and decision-making inhibits the beginning of the therapeutic process. In general, the parents will bring the child to the treatment and the child is unaware of his psychopathology and of the beneficial role of the analyst or treatment. The child will by nature resist being left with the unknown analyst, and along with the child's lack of insight into his conflicts, will have a negative or at best, impartial response to the analyst. Because the child has no reason to be confident of the analyst, Anna Freud thinks it is imperative to build the positive therapeutic alliance with the child in this introductory phase so that the child will have a positive transference toward the analyst and have its own desire (apart from the parents) to partake in the treatment:

> But still it [the child's confidence] always remains for the treatment the wished-for and ideal situation, that the patient should of his own free will ally himself with the analyst against a part of his inward being. (1926/1946c, p. 5)

The specifics of the introductory phase varied, depending on the patient's presenting illness. In general, however, Anna Freud did not immediately interpret but let the child explore the room in order to feel comfortable with the therapist and the new

surroundings. She (1926/1946c) would also actively partake in the child's play by making herself "useful" (p. 10). The following passage is a good example of how Anna Freud used her preparatory phase with two of her patients:

> I proved myself useful to him in small ways, wrote letters for him on the typewriter during his visits, was ready to help him with the writing down of his daydreams and self-invented stories of which he was proud, and made all sorts of little things for him during his hour with me. In the case of a little girl who was undergoing her preparation at the same time I zealously crocheted and knitted during her appointments, and gradually clothed all her dolls and teddy bears. To put it briefly, I developed in this way a second agreeable quality--I was not only interesting, I had become useful....I made him notice that being analysed has very great practical advantages, that for example, punishable deeds have an altogether different and much more fortunate result when they are first told to the analyst, and only through him to those in charge of the child....He tested my abilities in this direction over and over again before he decided really to believe in them. After that however there were no more doubts; besides an interesting and useful companion I had become a very powerful person, without whose help he could no longer get along. Thus in these three capacities I had made myself indispensable to him. He was now in full dependence and in a transference relationship. I had however only waited for this moment to require of him in return--not in terms and not all at one stroke--very energetic and comprehensive cooperation; namely the surrender, so necessary for analysis, of all his previously guarded secrets, which then took up the next weeks and months and with which the real analysis first began. (pp. 10-11)

Anna Freud continues by stating that the lesson to be learned from the above examples is that the goal of the preparatory phase is to establish a positive transference or alliance, rather than gain insight into the unconscious conflicts.

In 1945, in *Indications for Child Analysis,* Anna Freud begins to change her ideas about children's capacity to develop transference neuroses and the necessity for an introductory phase. While she continues to believe that a full-blown transference neurosis will never occur in a child case, she states that parts of the child's neurosis could become a transference neurosis, while the remaining parts of the child's neurosis would "remain grouped around the parents who are the original objects of the pathogenic past" (p. 70). She also proposes that an introductory phase may not be necessary since the original theory about children's weak egos had not, in every case, proved valid. By 1965, Anna Freud completely relinquishes the concept of the introductory phase; instead, she substitutes a gradual defense analysis which focuses on the child's ego.

As stated in the secondary literature, Anna Freud never changed her views regarding children's inability to free associate. She (1926/1946c, 1927/1946d, 1945/1946b, 1936/1946a, 1965, in Sandler 1980 & 1985) argued that Klein was mistaken to posit that child's play was equivalent to an adult's verbal free associations, and that this deficit in child analysis was an obstacle in the

analyzability of children.

> The most obvious defect in our technique when analyzing children is the absence of free association.... when we dispense with the fundamental rule of analysis, the conflict over its observance also disappears, and it is from that conflict that we derive our knowledge of the ego-resistances when we are analyzing adults--our knowledge, that is to say, of the ego's defensive operations against the id-derivatives. There is therefore a risk that child-analysis may yield a wealth of information about the id but a meager knowledge of the infantile ego. (A. Freud, 1936/1946a, pp. 40-41)

Clearly, though Anna Freud felt that children could not be psychoanalyzed in an equivalent manner as adults, she modified her technique to try to overcome the obstacles she described. While she never adopted Klein's theory that children develop immediate and total adult-like transferences to their analysts, she continued to analyze children, which led to her development and eventual change of some of her theories regarding children's suitability for treatment.

Transference and its Interpretation in Child Treatment

The way that Anna Freud and Melanie Klein worked with the transference in their child analytic cases clearly illustrates the sharp divisions in their thinking. For example, even the basic issues--about whether the transference should be interpreted and when--are addressed quite differently by them. In the following sections I will be addressing if, how, when, and why they interpreted the transference. Furthermore, I will be discussing where the transference interpretation is aimed; for example, at the id, ego, or superego and why their transference interpretations are aimed at different parts of the psyche.

Secondary Literature on Klein

The literature presents the consistent viewpoint that Klein thought that the transference should not only be interpreted but that transference interpretation is of the utmost importance (Greenson, 1974; Grosskurth, 1986; Segal, 1979). Zetzel (1956) describes how, for Klein, transference interpretations are key to the treatment's success and other interpretations are generally not considered essential tools. Because the child forms an immediate transference to the analyst, all of the child's words and actions are expressions of

the transference situation. Therefore, all interpretations, whether readily obvious or not, are interpreting the transference and are an effort to affect a change in the child's object relations. This view is in keeping with Klein's view of total situations being transferred.

Segal (1979, p. 172) emphasizes that "...transference is important in every communication" by illustrating Klein's view that phantasy and reality are always affecting each other; unconscious phantasy has a profound influence on one's experience of reality and reality can affect one's phantasy. Because the patient's internal and external object relations are at the core of his psychic life, his relationship to the analyst represents his internal object relations which, in turn, "crucially affects all the patient's relations to reality" (p. 172). Therefore, every communication by the patient contains transferential elements. As a result, consistent transference interpretations—that is, interpretations within the object relationship—are an obvious and natural approach for Klein.

The timing of the transference interpretation is another important aspect of psychoanalytic technique. The literature (Fries, 1937; Greenson, 1974; Tallman, 1941; Zetzel, 1956) depicts Klein's theory and practice that transference interpretations should be given immediately and consistently--often in the initial session. Tallman (1941) writes of how Klein's consistent and early transference interpretations are intended to make the child cognizant of his

problems early in the analysis, and as a result, minimize resistance to the treatment. These early interpretations are intended to provoke and then release the patient's unconscious anxieties.

The early timing of the transference interpretations is often linked with Klein's theory of anxiety (Greenson, 1974; Salomonsson, 1997; Segal, 1979; Tallman, 1941; Zetzel, 1956). Her interpretive technique is seen as a direct result of her developmental theories, which depict anxiety as a major aspect of all psychopathology. Tallman (1941) links the "reduction of anxiety and guilt" with a "cessation of all symptoms" (p. 552).

Klein viewed child's play as a structure that children create to manage their fears and anxieties. The anxieties are a direct product of the unconscious phantasy life of the child (for example, the persecutory anxieties of the paranoid-schizoid position) and therefore, the play is representing those phantasies (Hinshelwood, 1989; Salomonsson, 1997).

Salomonsson (1997) writes of how Klein's concept of anxiety is a major influence on her technique of transference interpretation. Salomonsson quotes Klein in order to demonstrate Klein's emphasis on anxiety and how her use of transference interpretations is aimed at reducing the child's anxiety:

> One of the greatest, if not *the* greatest psychological task, which the child has to achieve, and which takes up the larger part of its mental energy, is the mastering of anxiety. In its unconscious, therefore, it primarily

> evaluates its objects with reference to whether they allay or arouse anxiety, and accordingly, the child will turn towards them with a positive or a negative transference...Immediately if the analyst detects signs of that negative transference, he should ensure the continuance of analytic work and establish the analytic situation by relating it to himself, at the same time tracing it back with the help of interpretation, to its original objects and situations, and in this way, resolve a certain amount of anxiety. (Klein, 1932 in Salomonsson, 1997, p. 11)

Klein's mention of the positive and negative transference points to another important aspect of her theory of transference and treatment. Segal (1979) emphasizes Klein's view that both positive and negative transference are important aspects of the treatment and both should be analyzed. To purposely try to establish a positive transference was not the goal with a child patient (or any patient, for that matter) because it would interfere with the analytic process. Segal wrote of Klein:

> [She] thought that if the analyst sought at all costs to obtain a positive transference, then the child would shift all its split-off hostile feelings on to his parents or other people in his environment. In that situation, the child's other relationships would suffer and his essential conflict, his fear of a persecutory superego, would remain unanalyzed. (p. 37)

Though Greenson (1974) does not specifically mention the positive and negative transference, he does state that "for the Kleinian

transference is always present and significant and every bit of it should always be interpreted" (p. 42).

The last question I will be discussing about the interpretation of the transference is, where is the interpretation aimed? This is an important question in the comparison between Melanie Klein and Anna Freud because much is written about Klein's deep interpretations which are aimed at primitive, unconscious content, compared to Freud's technique of defense interpretation which is primarily aimed at the ego (Greenson, 1974; Mitchell and Black, 1995; Segal, 1974; Zetzel, 1956).

Again, Klein's developmental theories inform her theory of the transference and where the transference interpretation should be aimed. Because the patient transfers to or introjects into the analyst, (through the use of projective identification), his primitive anxieties, phantasies, and object relations, Klein believes that the interpretation should be directed to the primitive anxieties or the id derivatives, in order to diminish anxiety and strengthen the ego (Mitchell, 1986; Zetzel, 1956). Greenson (1974) emphasizes Klein's deep interpretations:

> The most striking difference in the way the Kleinians and Freudians deal with their patients' unconscious is that the Kleinians will make deep interpretations, i.e. interpretations of primitive infantile material, early in the analysis, even in the very first hour. (p. 39)

Greenson elaborates his views by remarking on how Klein always attempts to reach the unconscious with her transference interpretations without regard to the stability or fragility of the ego. Klein does not monitor the ego's capability of integrating the interpretation; instead, she directs the interpretation at the unconscious phantasies and anxieties and assumes that the ego will be able to manage. Thus, Klein does not follow the traditional Freudian approach (which Anna Freud follows) of beginning the interpretations at the surface and then proceeding through the layers of consciousness, but goes directly for the most primitive material.

In writing about transference interpretations in the first session, Segal (1967) gives a good summation of Klein's general views on transference interpretations. Segal clarifies Klein's position on the topics of timing and depth of interpretations:

> Should transference be interpreted in the first session? If we follow the principle that the interpretation should be given at the level of the greatest unconscious anxiety and that what we want is to establish contact with the patient's unconscious phantasy, then it is obvious that, in the vast majority of cases, a transference interpretation will impose itself. (p. 202)

Clearly, the literature reveals that Klein does not believe that transference interpretations should first address the defenses against the unconscious anxiety, but should immediately target the

unconscious anxiety by early, consistent, and deep interpretations. Accordingly, this interpretive technique should be used with all patients, including young children.

Klein's Writings

Throughout her life, Klein consistently stated that the essentials of psychoanalytic treatment remained consistent with child and adult analysis and that the interpretation of the transference was no exception. She never wavered from her viewpoint that all children develop transferences and that transference interpretations were instrumental to the treatment's success. She advocated early, consistent, and deep transference interpretations to patients of all ages. She also advocated analysis and interpretation of the positive and negative transference from the onset of treatment. She viewed child's play as a venue to hear the child's free associations, always analyzing the play as she would an adult's words, while viewing all associative material as transference material.

> And play analysis, no less than adult analysis, by systematically treating the actual situation as a transference-situation and establishing its connection with the originally experienced or phantasied one, gives children the possibility of completely living out and working through that original situation in phantasy. (Klein, 1932/1975a, p. 18)

Klein's object relations theory which expounds an intimate relationship between object relations, unconscious phantasy, and transference sets the stage for her theories of transference interpretation. She believes that as soon as her child patients exhibit any indication of their problems, interpretations should begin. This early and often immediate technique of transference interpretation is in sharp contrast to Anna Freud's technique of waiting for a transference to develop and then carefully interpreting it. Klein (1932/1975a) comments on her technique of interpreting the transference early in the treatment:

> This does not contradict the well-tried rule that the analyst should wait till the transference is established before he begins interpreting, because with children the transference takes place immediately... (p. 21)

Klein also thinks that the transference interpretations should be deep in order to analyze the most primitive aspects of the transference. Contrary to Anna Freud and the current psychoanalytic practice at the time, which abided by the principle that psychotic anxieties should not be interpreted because of the possibility that psychosis would be brought out into the open, Klein was convinced that interpreting all anxieties, even the psychotic ones, was essential. "I discovered that progress in analysis was bound up with interpreting whichever anxieties were most acute, whether they were of a psychotic nature or not" (Klein, 1962, p. 193).

Because the child's here-and-now experience in the treatment is filled with his past object relations and unconscious phantasies, the analyst must analyze the transference as deeply as possible in order to link it with the early object relations.

> Altogether in the young infant's mind every external experience is interwoven with his phantasies and on the other hand every phantasy contains elements of actual experience, and it is only by analyzing the transference situation to its depth that we are able to discover the past both in its realistic and phantastic aspects. (Klein, 1952/1986d, p. 208)

Klein (1932/1975a) views these early and deep interpretations as the best way to reduce or, at the very least, regulate the child's anxiety. The analyst must use the analytic material to follow the representational content and the anxiety to "the deepest layer of the mind which is being activated" (p. 21). She states that the classical method of interpretation which Anna Freud follows--that is, by starting with interpretations of the ego and the most conscious layers of the mind and slowly working down to the more primitive layers--is ineffective. For Klein, the way to reduce anxiety is to aim the interpretation at the primitive layers of the mind where the anxiety is being activated. Otherwise, Klein asserts that the resistance to the analysis will only increase:

> An interpretation which does not descend to those depths which are being activated by the material and the anxiety concerned, which does not, that is, touch the place where the strongest latent resistance is and

> endeavor in the first place to reduce anxiety where it is most violent and most in evidence, will have no effect whatever on the child, or will only serve to arouse stronger resistances in it without being able to resolve them again. (p. 25)

Klein (1927/1975b) believes that children are heavily influenced by their unconscious and their instinctual impulses and that therefore, it is even more imperative to direct the interpretation in order to make direct contact with the child's unconscious.

Though Klein does not believe that transference interpretations should begin at the level of the ego and work down, she does support the necessity of ego development and views ego development as a goal in the treatment--rather than as a necessity for starting treatment. Unlike Anna Freud, however, who thinks a child must have a relatively mature ego to begin an analysis, Klein thinks that interpreting at the deepest layers of the psyche will lessen anxiety, improve object relations and by doing so, will strengthen and mature the ego. In *Narrative of a Child Analysis* (1961), Klein describes how analytic treatment can affect the ego:

> As the result of the analytic procedure, the ego confronted with internal and external anxieties becomes able not only to face them but also to regain hope in dealing with them. One factor in this change is the coming up of love, which, together with destructive impulses and persecutory anxieties, had been split off and therefore had been prevented from making itself felt. (p. 192)

Klein is describing how transference interpretations can help the patient integrate his split off parts of his psyche, eventually enabling the patient to move from the paranoid-schizoid to the depressive position.

Though controversial, Klein believes that interpretation of both the positive and negative transference is imperative in order for the patient to begin integrating his split off part objects. She (1932/1975a, 1952/1986d, 1961) believes that patients will undoubtedly experience splitting with their analyst, projecting both aggressive, hateful feelings onto their analyst as well as idealized, loving feelings. Patients will experience their analysts as good and bad objects, resulting in positive and negative transferences.

Klein (1927/1975b) states that Anna Freud attempts to bring out the positive transference in children in order to have a positive working relationship, but that she does not always identify or interpret the negative transference. Klein, on the other hand, attempts to foster the positive transference by interpreting the negative transference:

> My experience has confirmed my belief that if I construe this dislike at once as anxiety and negative transference feeling, and interpret it as such in connection with material which the child at the same time produces and then trace it back to its original object, the mother, I can at once observe that the anxiety diminishes. This manifests itself in the beginning of a more positive transference... (p. 145)

Klein (1932/1975a) clarifies her viewpoint by describing how interpretations of the negative transference link the negative affects to their original objects which reduces the patient's anxiety and negative transference. She (1927/1975b) also contends that although the patient's positive transference increases, it will be followed by a re-emergence of the negative transference. This oscillation between positive and negative transference is consistent with Klein's developmental theories; for example, the infant's use of splitting the good and bad objects and the eventual movement between the paranoid-schizoid and depressive position. Therefore, it is crucial to interpret both the positive and negative transferences and link them to the original objects and transference situation, so the patient can attempt to establish some integration of the positive and negative and learn to live with the remaining ambivalence directed towards the good and bad objects.

Klein does not specifically address the erotic transference in child treatment. She does, however, give a hypothetical example of an adult patient with a sexual transference, which lends insight into her theory about the erotic transference:

> This is to say, it is not just a one to one relation between patient and analyst, but something more complex. For instance, the patient may experience sexual desires towards the analyst which at the same time bring up jealousy and hatred towards another person who is connected with the analyst...who in the patient's phantasy represents a favoured rival. Thus we discover the ways in which the patient's earliest object relations,

> emotions, and conflicts have shaped and coloured the development of his Oedipus conflict, and we elucidate the various situations and relationships in the patient's history against the background of which his sexuality, symptoms, character, and emotional attitudes have developed. (1943/1991, p. 637)

Klein appears to be proposing that the sexual transference should be thought of and managed in a similar way as any other positive or negative transference; that is, the sexual transference affords observation of early unconscious material and should be interpreted accordingly. It is yet another aspect of Klein's theory of transference of the total situation. The sexual or erotic transferences are, therefore, another facet of the patient's total situation and enable the analyst to more completely uncover and understand the patient's past.

In summary, Klein stresses the importance of transference and transference interpretations in child analysis. Transference interpretations are the most effective when they address the primitive anxieties and phantasies which the child is constantly managing in the here-and-now of the analytic setting. Transference interpretations should be given early in the analysis and should be deep, while addressing all aspects of the transference. Klein (1937) gives a good summation of the transference process in the analytic setting as well as the importance of timely, deep, and positive and negative transference interpretations:

> All the hate as well as the love which the individual has felt from his earliest days onwards, and which has been partly repressed, [is] transferred onto the analyst. All the bad phantasy figures which have existed in the patient's mind...all these bad phantasy figures, and also the good ones, become related to the person of the analyst and thus may be brought to consciousness. By bringing this to the patient's attention while the feeling is still present, and by the patient's understanding of how his anxieties of these bad figures came about in the past, these figures now lose some of their power over the mind, and in this it is possible to bring about a diminution or resolution of fundamental and deep-rooted anxieties. The success of an analyst works both with the negative and with the positive transference. (pp. 234-235)

Transference and its Interpretation in Child Treatment

Secondary Literature on Anna Freud

The secondary literature describes how Anna Freud's position on transference interpretation stems from her theoretical orientation of ego psychology. Salomonsson (1992) and Zetzel (1956) describe how Anna Freud focuses on the role of the ego and defense analysis. While Anna Freud believes transference interpretations are important, they do not play as central a role as they do for Klein; for example, Anna Freud proposes that other interpretations of unconscious material, like defense interpretations, are important and not necessarily part of the transference. Zetzel (1956) describes how

the Freudian analyst would place great importance on how the patient uses defense mechanisms to modulate his anxiety in the analysis. Therefore, Anna Freud's focus is on the ego and its defensive operations as an intrapsychic process, rather than on a transference situation that involves object relations to internal and external objects.

Fries (1937) and Greenson (1974) elucidate Anna Freud's technique of slow and deliberate transference interpretations. Fries (1937) emphasizes Anna Freud's interest in the child's present and past reality experiences as well as its internal conflicts. Fries describes Anna Freud's technique in obtaining information about the child's daily life from the child and parents. Only after such information is obtained, should the analyst consider interpreting the symbolic material and the interpretations will be "not in general terms but in relation to the child's own personal experiences" (pp. 233-234). Fries' statement is an argument with Klein's technique of early and frequent interpretations of all play, and Klein's almost exclusive focus on intrapsychic conflicts. Contrarily, early transference interpretations in an Anna Freudian child analysis would be highly unlikely, since the analyst would not be able to interpret the material within the appropriate personal context. Furthermore, while Anna Freud employed her introductory phase in the treatment, she would not have interpreted the transference during this early period (Salomonsson, 1997).

Greenson (1974) also argues with the Kleinian technique of early and deep transference interpretations. He supports Anna Freud's contention that transference interpretations should be made only after a transference neurosis and therapeutic alliance have been established. Then, analysts can

> begin their interpretive work with those derivatives of deep unconscious conflicts which are closest to consciousness, and only proceed to deeper layers as the conscious ego becomes able to tolerate less distorted derivatives...We allow the transference to develop, and then we interpret from the surface to the depth; handling the resistances before the content and the ego aspects before the id. (Greenson, 1974, pp. 39-40)

Greenson elaborates by stating that transference interpretations will be useful for the patient only if the patient's observing ego is receptive, which necessitates a therapeutic alliance between the patient and analyst. The patient will be capable of utilizing the transference interpretation only when the interpretation feels plausible and the patient can cope with his emotional response to the interpretation. Greenson (p. 40) proposes that the way Freudians accomplish successful transference interpretations is to initially interpret close to the patient's conscious ego ("less strange interpretations") in order to build ego strength. Then, the patient can begin managing deeper interpretations, since his ego will have the strength to master his responses to the less familiar and more unconscious material.

Greenson (1974), Salomonsson (1997), and Zetzel (1956) link Anna Freud's technique of aiming the transference interpretation at the ego to her theory of anxiety. According to Salomonsson (1997, p. 10), Anna Freud views anxiety as resulting from the ego's maneuvers to "signal the approach of forbidden instinctual impulses." Greenson (1974) describes anxiety as a signal to the ego, warning of dangers from the external world, the superego, or id and elucidates Anna Freud's theory of how the ego strongly defends itself from "painful derivatives of deeply unconscious material" (p. 39). Again, these authors reveal how Anna Freud first looks to the ego in order to understand the more unconscious id material. Her interpretive technique parallels her observational technique of the ego; that is, in order to lessen anxiety, she aims her interpretations at the ego and very gradually probes deeper.

Anna Freud's Writings

Because Anna Freud does not believe that children develop immediate transferences to their analysts, the transference and its interpretation does not take on the central role which it does for Melanie Klein. Transference and its interpretation are important elements of children's treatment, but Anna Freud proposes that the transference develops slowly and often incompletely, and therefore,

the interpretations must address the transference gradually and in step with the development of the child's ego. In other words, interpretations are generally made from surface to depth, first concentrating on the child's more conscious defenses and slowly moving to the more unconscious id and superego elements. Clearly, transference interpretations are not made at the onset of treatment, since children do not immediately transfer their current object relations onto their analyst.

> ...there is also a warning against interpreting transference too early, and this was also directed against the Kleinian technique, in which, from the first hour onward, whatever the child did was taken as transference, and was explained to the child in those terms. This was never our technique....after all the child does not immediately form a transference. (A. Freud in Sandler and A. Freud, 1985, pp. 64-65)

In general, the secondary literature characterizes Anna Freud as always interpreting from surface to depth; the literature, however, does not describe in detail Anna Freud's position on the subject. While Anna Freud (1927/1946d, 1936/1946a, 1985) does emphasize the greater value of ego or defense interpretations, she also proposes that transference interpretations of both the id and ego are necessary. She (1936/1946a) states that there are two categories of transference interpretations--interpretations of the "id-contents and ego-activities" (p. 22). She postulates that, for adults, both types of transference interpretations are needed, depending on

whether it is a transference of libidinal impulses or transference of defense. Furthermore, she (1936/1946a) argues the importance of keeping a balanced approach to interpretation:

> He [the analyst] directs his attention equally and objectively to the unconscious elements in all three institutions. To put it in another way, when he sets about the work of enlightenment he takes his stand at a point equidistant from the id, the ego and the super-ego. (p. 30)

The interpretations of the transference of libidinal impulses enable patients to understand that disturbing conflicts belong to a past infantile affective experience. Once comprehended, these transferences help the patient and analyst "fill up an amnestic gap in the patient's past and provide us with fresh information about his infantile instinctual and affective life" (p. 19). These transference interpretations give insight into the id exclusively.

The interpretation of the transference of defense, however, yields information about both the id and ego. When the patient is primarily transferring his defensive structure, Anna Freud recommends that the analyst shift the focus from the id to the ego and begin interpreting the defensive material. Then, if the observations and subsequent interpretations successfully repeat "the path followed by the instinct in its various transformations," (p. 21) both id and ego material will emerge. Anna Freud extols the benefits of these transference defense interpretations by

emphasizing that they will

> ...fill in a gap in the patient's memory of his instinctual life...and in the history of his ego development or, to put it another way, the history of the transformations through which his instincts have passed. (p. 21)

Anna Freud cautions analysts to avoid an interpretive technique which is too "one-sided" (p. 26); that is, observations and interpretations should not be more heavily focused on either the unconscious id or more conscious ego. She posits, however, that a defense analysis which interprets the ego's unconscious resistances and defenses is the best way to maintain equidistance from the id, ego, and superego, since the id derivatives and superego responses will manifest themselves in the ego's defensive maneuvering.

Anna Freud postulates that there are some unique problems to consider when working with children. She argues that not only is Melanie Klein mistaken in her theory that children's play can be treated as free associations, but that she is wrong to interpret a majority of their play symbolically and to interpret the transference early in the treatment. Therefore, Anna Freud states that these classical avenues for discovery (free association, interpretation of symbols, transference interpretation) are restricted.

Anna Freud (1945/1946b, 1936/1946a) states that the absence of free association especially hampers the analyst's investigation into the child's psyche. She (1936/1946a) proposes

that a slightly altered technical approach is necessary in order to begin the defense analysis: "I believe that analysis of the transformations undergone by the child's affects may fill the gap" (p. 41). Anna Freud describes how children are expected to have certain affective reactions to specific situations. For example, if a sibling is favored, the child will be jealous, or if the child knows he will be punished, he will feel anxious. Children are assumed to react to these situations with these particular affects. If, however, the child fails to respond in these expected ways, Anna Freud (1936/1946a) contends that "something has happened to the normal process; the ego has intervened and has caused the affect to be transformed" (p. 42). By analyzing the child's defense against his affects, his relationship to his instinctual impulses and the development of his symptom-formation will be revealed. Therefore, for Anna Freud, a close scrutiny of the child's affective life can substitute for the scrutiny of the adult patient's free associations:

> It is therefore a fact of peculiar importance in child-analysis that, in observing the affective processes, we are largely independent of the child's voluntary co-operation and his truthfulness or untruthfulness in what he tells us. His affects betray themselves against his will. (p. 42)

She (1936/1946a) concludes by stating that the analysis of the defenses against affects in children corresponds to the analysis of ego resistances in adult's free associations. By bringing the defenses

against affects into consciousness, the analyst will render them ineffective, and insight into the child's id will be more available.

Because of Anna Freud's theory that children do not immediately develop transferences, and of the necessity of building a positive working alliance with her child patients, she does not interpret the positive or negative transference at the beginning of the treatment. In fact, Anna Freud (Sandler and A. Freud, 1985) contends that early negative reactions to the analyst are not transference but the child's natural response to meeting a stranger and being asked to do new and sometimes, uncomfortable things. She (Sandler, 1980) recommends that these anxieties and negative reactions be interpreted in order to relieve the child's anxiety and build a positive therapeutic alliance, so that the child can proceed with treatment with a minimum of resistance. Later, in the treatment, when the child may develop a negative transference to the analyst, Anna Freud suggests a similar approach; that is, interpret the negative transference, encourage the therapeutic alliance and decrease resistance:

> The analyst's goal is to maintain the patient's willingness to work together at a level which will make it possible to deal with whatever comes up. There are moments when the analyst may interrupt the analytic work to say, 'I think we have worked hard enough at that today; let's play a little now.' It is important not to put too much pressure on the child, or to raise the child's anxiety too high. It has to be kept at a level which the child is willing to endure. (A. Freud, in

Sandler, 1980, p. 52)

In general, Anna Freud would not interpret the positive transference, as Klein would, since she is attempting to foster and maintain the positive transference throughout the entire treatment.

> ...the affectionate attachment, the positive transference as it is called in analytical terminology, is the prerequisite for all later work. The child in fact will only believe the loved person, and it will only accomplish something to please that person. (A. Freud, 1926/1946c, p. 31)

Anna Freud, however, does caution against the erotic transference being mistaken for a positive transference (Sandler, 1980). She describes the danger of the patient desiring to act out his love for the analyst in reality, outside of the treatment. She states that the erotic transference occurs when the positive transference has exceeded what is considered the treatment alliance and involves the patient's eroticized wish to love the analyst. In these cases, the erotic transference presents a resistance to the analytic treatment and, therefore, must be analyzed for the treatment to successfully proceed.

In summary, Anna Freud believes that transference interpretations should be made later in the child's treatment, once real transference reactions or a transference neurosis has developed. In general, the interpretations should start with the defensive material of the ego and gradually focus on the more unconscious id

material. Throughout the treatment, positive transference should not be interpreted but should be nurtured. On the other hand, negative and erotic transference should be interpreted in order to maximize the treatment alliance and minimize resistance. These views contrast Klein's position that children develop immediate transferences to their analysts and that all aspects of the transference should be interpreted from the onset of treatment.

Conclusion

The present study examined how Melanie Klein and Anna Freud applied their transference theories to two aspects of child treatment: children's suitability for treatment, and transference and its interpretation. The study found that their divergent theories of human development formed a foundation for both their theories of transference and child treatment. For example, Melanie Klein's emphasis on object relations, unconscious phantasy, and primitive anxiety, and Anna Freud's emphasis on the ego and its defenses are inextricably tied to both their theories of transference and child treatment. In order to understand their theoretical positions, I will conclude this study with an analysis and summary of the important distinctions in their human development and transference theories, and how these theories influence their theories of child treatment.

Perhaps the most salient distinction between Melanie Klein's and Anna Freud's human development theories is Klein's premise that object relations are present from birth versus Anna Freud's premise that children are born into a state of primary narcissism that is governed by the pleasure principle and is not object related. This theoretical difference sets the stage for many of their other theoretical positions including: the development of the ego and superego, their theories of anxiety, and their theories of transference.

Melanie Klein's and Anna Freud's theories of ego and superego development have a direct impact on their theories of child treatment. While Klein posited early ego and superego development, Anna Freud posited a more gradual development. For Klein, the ego exists at birth and the superego begins to develop after the first year along with the pre-genital Oedipus complex. For Anna Freud, the ego develops gradually as the drives interact with the reality principle, and the superego develops out of the ego at the resolution of the Oedipus complex at approximately age five to six. Anna Freud theorizes that the superego in the child continues to be influenced by the parents, and therefore, only reaches full development when the child becomes an adult and independent from his parents.

Klein's theory of early ego development supports her contention that children develop transference and are suitable for a similar treatment as adult patients. On the other hand, Anna Freud's theory of a more gradual ego development supports her position that not all children develop transference or are suitable candidates for treatment. Klein believes that the child's early ego functions make it possible for early and deep transference interpretations to be effective. She theorizes that interpretations strengthen the underdeveloped ego as anxiety and splitting lessen and the patient is able to move from the paranoid-schizoid to the depressive position. Anna Freud envisions a more fragile ego

which can be fragmented by interpretations that are made before sufficient ego strength has occurred. Furthermore, Anna Freud posits that an important goal of transference interpretations--lessening the severity of the superego--can not be fully accomplished with children because of their underdeveloped superegos and their ongoing attachment with their parents.

Similar theoretical differences can be seen in Melanie Klein's and Anna Freud's positions on anxiety. While they both contend that the mitigation of anxiety is an important treatment goal, their theories of anxiety as well as the means to lessen it differ. Their positions on the development of anxiety are consistent with their developmental theories According to Klein, the infant immediately experiences anxiety since anxiety originates from the infant's unconscious phantasies that are present from birth. Anna Freud theorizes that anxiety can only exist after some ego development has occurred. Again, Klein's concepts of early psychic mechanisms contrast with Anna Freud's more developmental concepts.

Melanie Klein's and Anna Freud's views on anxiety also greatly affect their treatment techniques. Klein viewed anxiety as the pathological manifestation of the struggles of the paranoid-schizoid and depressive positions. Thus, she regarded the mitigation of anxiety as the primary treatment goal. Klein advocated interpreting the anxiety immediately and as deeply as possible. She speculated that aiming the transference

interpretations at the most primitive layers would lessen anxiety, improve object relations, and strengthen and mature the ego. Anna Freud, on the other hand, viewed anxiety as resulting from the drives either being in conflict or from not being satisfied. She also thought of anxiety as a signal, alerting the patient to a danger resulting from unconscious conflict. The patient's ego would then attempt to defend against the conflict in order to keep the conflicted and unacceptable instinctual wishes in the unconscious. Contrary to Klein, Anna Freud believed that interpretations should generally begin at the level of the ego, or the defenses, and gradually work down to the more primitive and unconscious levels. She postulated that Klein's early and deep interpretations of anxiety could create further anxiety and harm the ego, rather than strengthen the ego as Klein contended.

Melanie Klein's theory of total transference and Anna Freud's theory of transference, transference neurosis, and the therapeutic alliance add further evidence to support their child treatment theories. Klein's theory of total transference proposes that transference is not simply something from the past that is repeated in the present, but is something from the internal world that is played out in the external world. Therefore, the entire emotional life of the patient (child or adult), which was created from the earliest object relations and unconscious phantasies and anxieties will form the transference and become the basis for the treatment. According

to Klein, every communication by the patient contains transferential elements and is indicative of early anxiety situations of the paranoid-schizoid and depressive positions. Since object relations are at the core of the patient's psychic life and include his relationship with the analyst, interpretations of transference within the object relationship are always the preferred method. Anna Freud does not believe that all communications are transference material and limits her definition of transference to repetitious impulses and defenses that are produced with the analyst, because of the analytic situation. Transference is the repetition of a past external object relationship acted out in the present with the analyst. Anna Freud distinguishes between transference reactions and transference neurosis and posits that a positive therapeutic alliance is necessary for a full-blown transference neurosis to occur.

Melanie Klein's and Anna Freud's distinctive transference theories directly impact their theories of child treatment. Melanie Klein's theory of total transference applies equally to children and adults, and supports her position that all children develop transference and are therefore suitable for treatment. For Klein, transference is the most important aspect of a child's treatment (as in an adult's treatment) and needs to be consistently interpreted. The analyst uses the transference as a vehicle to understand and interpret the child's early object relations, unconscious phantasies, and anxieties. Transference interpretations are crucial to the

treatment's success, and in order to be effective, they need to be consistent, deep, and address all possible transference situations--including the positive, negative, and erotic transferences.

Anna Freud posits that there are many obstacles preventing analysts from conducting a traditional transference analysis with children. She believes that not all children develop transference neuroses with their analysts. The child's relationship to the parents, the psychoeducational role that the analyst must adopt in order to treat children, and children's inability to verbally free associate prevent some children from developing transference neuroses--especially early in the treatment. As a result, Anna Freud proposed alternative methods to a traditional adult analysis in order to manage the obstacles she faced while treating children.

Because Anna Freud believes that the transference develops slowly and often incompletely, transference interpretations must be made gradually and in line with the child's ego development. She supports developing a positive therapeutic alliance with the child so the child will begin the treatment with a positive transference and a desire for the treatment (independent from the parents desire). As the treatment progresses, she suggests interpreting the negative and erotic transferences in order to encourage the therapeutic alliance and decrease resistance. She, however, does not interpret the positive transference, believing that it is the foundation for the analytic work. In general, she relies on defense analysis, gradually

working from the more conscious layers of the ego down to the more unconscious id and superego elements. Because the id derivatives and superego responses will manifest themselves in the ego's defense mechanisms, Anna Freud proposes that defense analysis is the best method to maintain equidistance from the id, ego, and superego, and therefore, to conduct a successful treatment.

Clearly, Melanie Klein and Anna Freud had distinct theories and methods for treating children. Though they debated acrimoniously over theoretical and technical issues, their debate likely stimulated and furthered their thinking. While the emphasis of this study has been to point out their differences, it is also important to note that they were both psychoanalysts working during the same period, and they developed theories that were initially based on Sigmund Freud's drive theory and his topographical and structural models. Though their theoretical and technical approach differed, they were equally interested in reaching the unconscious, making the unconscious conscious, and relieving anxiety. While this study addressed their theories of transference and its influence on their theories of child treatment, it did not address whether their actual technique matched their theories of treatment. This important question could be answered by a future study that carefully analyzes their case material to determine whether their methods correspond to their theories.

Melanie Klein's and Anna Freud's distinguished

contributions to child psychoanalysis helped transform child treatment from a relatively undeveloped field to a highly respected and important field of treatment. As therapists working in the twenty-first century, we are fortunate in our work with children to have the use of the richly textured theoretical foundation that Melanie Klein and Anna Freud developed. Their followers have continued to expand on their contributions, and many of the initial questions and answers that fueled their debate continue to be debated today.

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