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## The Psychoanalytic Study of the Child

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### The Contributions of Child Psychoanalysis to Psychoanalysis

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THE GRADIENT FOR LEARNING, IN THE NORMAL COURSE OF EVENTS, extends from the experienced adult to the inexperienced child, and this proclivity then becomes a built-in model for the transmission of knowledge. Extrapolated to the professional sphere, the same inclination is assumed to hold: that professionals who work with children derive their knowledge base from those who work with adults, whether they be child psychiatrists, child analysts, or pediatricians. In psychoanalysis, however, where the nuclear tenet is that the child is father to the man, one would take it for granted that the analysis of children, together with the analytic observation of children, would have something basic to offer that might not otherwise be available. For the field to advance as a whole, there needs to be an essential understanding between the two component parts and for this to happen, competition must be eschewed, efforts must be cooperative. Adult and child analysts must work together in professional synergy.

### THE CONJOINT CONTINUOUS CASE CONFERENCE: REPORT FROM THE CANDIDATES

In some institutes, unfortunately not all, continuous case seminars are conducted jointly by an adult and child analyst, and this is what takes place in my institute. Candidates soon learn that the retrospective and prospective analytic vision brings different

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<sup>1</sup> It should be emphasized that this was an informal, nonobtrusive study in which 30 candidates were invited to discuss their reactions to the joint seminar in open forum focusing on differences between the two teachers. They appointed their own chairperson and reporters who summarized consensus opinions after a 2-hour group discussion.

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types of material into focus which often offer a more complete picture of the patient and his conflicts. At times, the two viewpoints work together to enrich the understanding, but at other times, some unusual divergences may appear. According to the candidates, the child analyst presents the following differences: (1) his analytic interest veers almost imperceptively but predictably toward the preoedipal period where he seems to be "at home" with the pregenital content; (2) his analytic eye is very easily caught by the mother transference, and he will seem to give it an undue amount of attention, particularly its negative aspects and the ambivalent dependency; (3) although alive to the psychosexual vicissitudes of libido, there is greater emphasis on aggressivity and its endless displacements and reversals; (4) the analysis of defenses is often more systematically undertaken and more meticulously explored than in the case handled by the adult analyst; (5) the transference neurosis is not so easily recognized and the early symptoms of this are often missed; (6) there is more recognition of the "real" analyst and the "real" environment containing parents, siblings, spouses, and families; (7) trauma is looked at with a fairly wide-angled lens so that what looks at first like a single disturbing event is expanded into an entire stage of development, implying that one enema does not create a fixation or regression; (8) because of the nature of childhood and the temporospatial limitations set to the horizon, the here and now is brought very much to the forefront of technique, there is altogether less reliance on memory work and reconstruction, and the child analyst is more content to work with nonverbal cues and communications; (9) insight is not pursued as relentlessly and understanding is left in a more nebulous and feeling state with very little of the "ah-ha" drama about it; (10) the child analyst always appears peculiarly sensitive to the most miniscule countertransferences and prepared to detect their operations at all levels of the analysis; (11) there is much less hurry, on the part of the child analyst, to translate the dynamic process continuously in flux in the analytic situation into the language of structure.<sup>1</sup>

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### WHAT IS AND MIGHT HAVE BEEN: THE CONTRIBUTIONS OF CHILD ANALYSIS TO PSYCHOANALYSIS ACCORDING TO ANNA FREUD

For Anna Freud, the new perspective offered by child analysis was a most important feature. As she put it, it was hard to convey "how dramatic was this period in the history of psychological treatment." For the first time "what had been merely guessed

at and inferred became a living, visible, and demonstrable reality... The oedipus complex was seen displayed toward the living parents in the external world as well as in ongoing fantasies and in the transference." Furthermore, what had appeared in reconstruction with the adult patient as a single traumatic event revealed itself in child analysis "as a sequence of such upsets, telescoped by recollection into cover memories" (1970p. 210f.) This first-hand view of the nuclear complex allowed the analyst for the first time to take a closer look at all the preoedipal events that led up to the oedipal combination. Yet, Anna Freud was surprised and very disappointed by the reactions of the adult analyst. One might have anticipated, she thought, that they would not only be "highly interested in these findings" but eager to have a grandstand view themselves and thus compare what emerged directly in child analysis and indirectly in reconstructive work. In brief, one might have imagined the plethora of candidates applying for child analytic training, but this was far from being the case. Adult analysts remained "more or less aloof" from child analysis, "almost as if it were an inferior type of professional occupation" (p. 211) (child psychiatrists will recognize a similar reaction in their adult colleagues). It is of course, true that child patients were more difficult to obtain than adult ones; it was harder for them to attend during school hours; the parents had to bring them and found this onerous; and the work with the parents involved a lot of extra effort. The most striking, and perhaps unfair, indictment of child analysis was that it lacked a clear-cut technique that could be systematically put into

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practice. Anna Freud felt that all the excuses were "shallow"; these adult analysts "vastly preferred the childhood images which emerged from their interpretations to the real children in whom they remained uninterested" (p. 211f.) This is not the whole story. There are many adults who have lost the connection with their childhood or have set it aside as a regressive interlude about which they felt vaguely ashamed and which they preferred to forget. Furthermore, additional training does act as a deterrent. As one candidate remarked to me: "It would be nice to learn directly about sources, but I simply could not afford another three or four years more of time and money." Why, indeed, would they want to learn a technique where free association was nonexistent, where transference was shared with the parents, where there was a minimum of insight, a maximum of resistance, where the therapeutic alliance was unstable and precarious, where parents were needed to keep the child in treatment, where action took the place of words, and where the analyst's attention could not be concentrated on the patient exclusively but needed to be extended to his environment (A. Freud, 1970).

But where else could one learn directly about the psychosexual stages, about the process of separation-individuation, about the changing nature of defenses, about the emergence of ego functions and self-attributes, and about the origins of structure? It is only the beginnings that are susceptible to a preventive approach, and it is in the beginnings that one can observe the gradual making of the personality.

## THE CONTRIBUTIONS OF CHILD ANALYSIS TO PSYCHOANALYSIS ACCORDING TO FREUD

Like many offspring, the birth of child psychoanalysis was something of an "accident," somewhat unexpected; and it certainly was not expected to grow to maturity. When Freud undertook the supervision of the first child analytic case of little Hans, he regarded it as a serendipitous event with little therapeutic significance since it was a matter of pure chance that a psychoanalytically oriented physician was father to a phobic child and enthusiastically interested in treating him under Freud's guidance. How

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did this first child analysis make a contribution to psychoanalysis? Freud's response (1909) was clear: "Strictly speaking," he said, "I learnt nothing new from this analysis, nothing that I had not already been able to discover (though often less distinctly and more indirectly) from other patients analysed at a more advanced age" (p. 147). However, this first analysis of a child offered confirmatory evidence and this was a contribution. It was the confirmatory value that he stressed and reiterated most frequently. "It was a *very great triumph* when it became possible years later to confirm almost all my inferences about the analysis of very young children—a triumph that lost some of its magnitude as one gradually realized that the nature of the discovery was such that one should really be ashamed of having had to make it" (1916-17). This brings up an interesting if speculative question: if childhood is the prerogative of the child analyst, and if Freud had started as a child analyst, would he have discovered the oedipus complex more quickly and with less effort? He remarked on another valuable contribution, that of consolidating psychoanalytic tenets: "Every analysis of a child strengthens the convictions upon which the theory of psychoanalysis is founded, and rebuts the re-interpretations made by both Jung's and Adler's systems." Here child analysis was being used not only to confirm Freudian theory, but also to disconfirm rival systems.

When Freud worked on the case of the Wolf-Man (1918), his enthusiasm for new therapeutic departure became even more pronounced. He began to compare and to contrast the retrospective and prospective modes of analysis, pointing to the advantages and disadvantages of both approaches. For example, it seemed to him that the analysis of the child appeared to be more trustworthy, although the material often lacked in richness. Furthermore, not only were there linguistic and cognitive limitations,

but the child's inability to introspect rendered the deepest strata of the mind impenetrable to consciousness. It was true that adult analysis was relatively free from these impediments, but, on the other side, the method of recollection involved distortion and confabulation. It may be, he concluded, that child analysis furnished more convincing results, but adult analysis was far more instructive. Here he makes a subtle distinction that is not

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easy to grasp, but one takes it to mean that conviction can be based on bare facts, provided they stand out clearly, directly, and uncontaminated by the elaborate superstructure that the mind builds up defensively over time and that renders the adult analysis such a maze of complexity. One learns much more than the bare bones of the nuclear complex: the entire apparatus of the mind and all its endless ramifications are brought into play; accordingly, one stands to learn a great deal more: hence, the accent on "more instructive."

At this point, he recognized that the difficulty of feeling one's way into the mental life of the child set the analyst "a particularly difficult task"; but even allowing for such built-in obstacles, he maintained that the analysis of a child's neurosis would "claim to possess a specially high theoretical interest" since they provided a better understanding of adult neuroses in the same way as children's dreams complete our understanding of adult dreams. But then Freud touched on a point that continues to buoy child analysis. Admittedly, he said, the task may be difficult, but "so many of the later deposits are wanting in them that the essence of the neurosis springs to the eyes with unmistakable distinctness" (1918). It is this distinct, close-up view of the relatively undefended neurosis that will allow the child analyst to delineate the disorder more distinctly and thus make an invaluable contribution to the nosology of the neuroses.

By 1919, Freud was becoming more aware of the significance of child analysis as a *therapeutic contribution* and even made a suggestion on analyzability. "Children for whom there is no choice between running wild or neurosis may be made capable by analysis" (of gaining greater control and working more effectively). Children who run wild, but are not hyperkinetic are more amenable to analytic treatment than adults who "run wild." But clearly the treatment was eminently worthwhile because he predicted that at some future date, the state would recognize its efficacy and ensure that children would be treated analytically without cost.

In 1933, he pointed out that child analysis had made a *contribution to psychoanalysis* by confirming "on the living subject what we had inferred (from historical documents, as it were) in the case of adults. But the gain for the children was also very satisfactory. It

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turned out that a child is a very favourable subject for analytic therapy; the results are thorough and lasting" (p. 148). He did acknowledge (presumably after much discussion with his daughter) that adult technique must be modified for children since the latter were psychologically different. Their consciences, their associative capacities, their transferences (since the real parents were still around) were still in the process of development; in addition to the internal resistances encountered in adult analysis, in children the child analyst was also faced by external difficulties constituted by the parents.

He seemed to be much better acquainted with the potentials of child analysis now that he shared offices with his daughter and observed the growth of her work. He was thus able to say that even small children could be analyzed without risk, and he pointed to the pleasure of analyzing a preschool child and the decreasing pleasure of dealing with the child during latency. ("I have an impression," Freud remarked with delightful candor, "that with the onset of the latency period they [children] become mentally inhibited as well, stupider ... many children lose their physical charm" [1926p. 215]. My own impression is that many children who suffer from latency disorders do seem to regain their charm with analysis.)

By 1925, looking back on the patchwork of his life's labors, Freud added a postscript about child analysis that had gained "a powerful momentum owing to the work of Mrs. Melanie Klein and of my daughter, Anna Freud" (p. 70).

By this time, child analysis was on a voyage of discovery and he downplayed its confirmatory and secondary role to psychoanalysis. The educator could call the psychoanalyst in for help when dealing with a particular child, but child analysis was not a substitute for education, he said. The analytic situation, unlike the didactic situation, required the presence of certain psychical structures and a particular attitude on the part of the analyst. He was quite intrigued by some of the insights covered by child analysts. "Among the observations made by child psychoanalysis, there is scarcely one that sounds so repugnant and unbelievable as that of the boy's feminine attitude to his father and the fantasy of pregnancy that arises from it." He seemed a little surprised by this contribution and one wonders why since it

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represents a piece of psychopathology that could very well be recovered from an adult analysis.

He had been much impressed by this burgeoning new discipline and predicted that it would become still more important. "*From the point of view of theory, its value was beyond question. It gave unequivocal information on problems that remained*

*unsolved in the analyses of adults; and it thus protects the analyst from errors that might have momentous consequences for him."* So here we have the founder of psychoanalysis emphasizing the following points regarding the contribution of child psychoanalysis to psychoanalysis:

1. He foresaw that it would become even more important as time went on.
2. Theoretically, it had become invaluable in giving unequivocal information on problems that remained unresolved in the analyses of adults and alerted the adult analyst to possible errors in his work.
3. It permitted us to observe neurosis in the making when the picture was still relatively uncontaminated by subsequent psychological developments.
4. It could be applied to children who had no clear-cut neurotic symptoms but were moody, refractory, inattentive, nervous, anorexic, or sleepless—indications which went well beyond the simple phobia that had initiated the whole child analytic movement.
5. Of even greater importance was the fact that if children with incipient neuroses were treated analytically, adult analysis might become unnecessary. A child analysis could then become "an excellent method of prophylaxis."

Freud did not think that every analyst could or should become a child analyst, but that the treatment was best carried out by those who were not embarrassed to find themselves in the child's world and not at a loss to find their way into the child's mind. This latter comment was a far cry from a recommendation he had made about 20 years earlier when he referred a child to Binswanger and suggested that he should be treated, analytically, as in the manner of little Hans, by a nurse who had sustained a serious neurosis and had recovered with the help of analysis. In 1933, he had made the point that children had turned out to be very favorable subjects for analytic therapy and

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that the results were comparable to those of adults and lasting. The external difficulties were certainly present, but psychoanalysis might still be able to count the analysis of children among its greatest successes.

In his last great work, *Moses and Monotheism* (1939), which he carried with him to London, he stated that "the analytic study of the mental life of children has provided an *unexpected wealth of material for filling the gaps in our knowledge of the earliest times*" (p. 84; my italics). What greater tribute could there be to the contributions of child analysis to psychoanalysis? Moreover, consider that Freud started with a view that did nothing more than confirm what was already known to the point when he believed that it made an invaluable contribution to psychoanalysis both theoretically and technically, and that potentially it might make adult analysis unnecessary. Ernest Jones (1955) noted the leap in Freud's assessment, beginning with his cautious statement about the case of Little Hans. "The brilliant successes of child analysis ... prove that here Freud's customary insight had deserted him. It seems a curious thing to say of the very man who explored that child's mind to an extent that had never before been possible that he should nevertheless have retained some inhibitions about coming to too close quarters with it. It is as if some inner voice had said thus far and no farther. We remarked earlier on the slowness with which Freud was willing to admit the existence of infantile sexuality, particularly in its allo-erotic aspects, and to the end of his life he displayed certain reservations about the limits of what it was possible to accomplish in child analysis and the exploration of the more remote and hidden regions of the earliest mental processes" (p. 261).

I do not agree with this comment at all. As I see it, Freud responded positively to each step in the development of child analysis, and if Jones could say that he had inhibitions about coming close to infantile sexuality, one needs only to remember that mankind before him (and many after him) suffered from the most repressive inhibitions; and if he displayed some reservations about the limits of child analysis, one needs to remember that there are many adult analysts today who are much more dubious about its value and who question its authenticity as an analytic method. There are many today who find it difficult to

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listen to child analytic material, read it, or even begin to understand it; and there are many institutes in which child analysis continues to receive short shrift and where child analysts are treated with quite a degree of condescension. As always, so it seems to me, Freud was amazingly ahead of his time. Even back in 1909, while he thought that "the investigation of childhood life will for some time yet be dominated by the knowledge we gain from adults," he added: "but that is not the ideal state of affairs." Distance may bring enchantment to the view, according to the poet, but it also brings obscurity and obfuscation. Yet the view from childhood itself was not entirely flawless and he wondered to what degree the parent's neurosis built a wall around the child's neurosis.

## **BEYOND THE ANALYTIC COUCH, OR THE ADAPTATION OF PSYCHOANALYSIS TO CHILDHOOD**

In the last years of her life, Anna Freud was stressing the importance of collaboration between child and adult analysts and



instituted a series of annual meetings whereby major psychoanalytic concepts could undergo mutual examination, with one side stimulating the other to further contributions. The discourse was not only of a high order but it was novel in combining both retrospective and prospective viewpoints and attempting to synthesize them. There seemed to be an inherent belief that the two viewpoints were essential for the healthy and productive growth of psychoanalysis. The forum was conducted without rivalry and acrimony and each party appeared to profit from the experience. I would hope that every psychoanalytic society would create a similar type of forum to tackle some of the present unknowns in psychopathology.

There is no doubt that technical difficulties, as Freud pointed out, often help to open up new theoretical considerations regarding the essential nature of the psychoanalytic process and the structure of the psychic apparatus. At first reading of the classical child analytic literature, one must logically conclude that the child is unanalyzable. He is not aware of suffering, not motivated to getting better, not prepared to postpone gratification, not inclined to seek help, not equipped to develop insights,

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not yet independent of his parents, not able to form a sustaining therapeutic alliance, nonintrospective, incapable of free association, inept at working through or working with dreams, and scarcely (or only rarely) able to experience a transference neurosis that can be systematically interpreted—in fact all the reasons, quoted earlier, why adult analysts refrain from becoming child analysts. There are further anacritically off-putting tendencies on the child's part, such as eschewing the couch, remaining face-to-face, keeping on the go, and making predominant use of nonverbal communications.

All these have raised questions even in the minds of adult analysts benignly oriented toward child analysis as to whether the child is truly analyzable and whether child analysis is at best applied analysis or at worst "wild" analysis. How then can one do psychoanalysis without using prescribed psychoanalytic methods? How can good practice with children be bad practice with adults and vice versa? And how can one carry out psychoanalysis with children when the parents are constantly hovering intrusively over one's efforts? As mentioned earlier, Freud eventually became convinced that not only was child analysis genuine psychoanalysis as he had more or less shaped it, but that children were often more successful analysts than adults and that the unconscious urge to complete development on the part of the child represented a stronger therapeutic factor than the conscious motivation of the adult patient to get well.

The history of child analysis can be understood as an extraordinary attempt to render the apparently nonanalyzable analyzable, and the success of this venture had its repercussions on other seemingly nonanalyzable groups of patients such as delinquents, psychotics, borderline patients, and severe character disorders with a large narcissistic component. All of these are currently being subjected to psychoanalysis through the use of so-called "parameters" in the child analytic situation since its technique must, of necessity, undergo changes from stage to stage and yet remain psychoanalytic in essence and correctly regarded as psychoanalysis and not psychoanalytically oriented psychotherapy. Although the "parameters" used by adult analysts for poorly analyzable patients have received a certain amount of discussion, there have been heated arguments about whether the diagnosis

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was correct and whether the technique was genuinely psychoanalytic. Child analysis could perform a basic service to psychoanalysis by defining and clarifying the dimensions and boundaries of what constituted a psychoanalytic approach. Child analysis has become something of a paradigm for cases that do not respond to the "classical" adult mode of treatment.

In the early years of child analysis, Anna Freud (1927) introduced the ideas of a "preparatory phase" that could help to make a child analyzable, but today this is no longer deemed necessary except in rare instances. Aichhorn (1925) had already pointed out that delinquents were not susceptible to the usual technique and needed "preparation" during which the analyst attempted to make himself indispensable to the patient and to cultivate a gratifying relationship through the portals of pathology. At a certain point, the approach was reversed, with the analyst assuming the posture of relative neutrality, precipitating a neurotic crisis in the delinquent subject which then became amenable to psychoanalysis. Eissler (1958) applied a similar method and rationale to another hard-to-reach group with some success.

## THE CONTRIBUTIONS OF CHILD PSYCHOANALYSIS TO THE ANALYTIC SITUATION

Let me try to itemize the areas in which child analysis has made a contribution to a better understanding of the analytic situation:

1. There is the area of the "real" relationship in the analytic situation which is an acceptable and workable phenomenon in child analysis when, from time to time, the analyst, as the child perceives him, seems to step out of his transference role to become a real person, belonging to a real world, and obviously functioning in a real manner. This occasional shift from the deeper image that is becoming part and parcel of the internal conflict carries with it a certain degree of reassurance. I believe that child analysis, through Winnicott, has demonstrated that there is not only an internal analyst and an external analyst, but, in some intermediate area, a transitional analyst who can mediate between inside

and outside, between fantasy and reality, and, in the situation of mutual play, can help the child patient to deal

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with his conflictual situation more creatively. In the same context, Greenson (1972) asked whether adult patients suffering not from structural conflicts but structural deficiencies in the formation of the ego and essentially "preneurotic" should be afforded stable or real objects to build up a stable ego as a prerequisite before a conflict-uncovering analysis could be undertaken. Winnicott (1954b), speaking as a child analyst, advocated some degree of "management" in such cases interspersed with psychoanalysis, and Anna Freud (1965), also with the perspective of a child analyst, had this to say: "With due respect for the necessary strictest handling and interpretation of the transference, I still feel that somewhere we should leave room for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other," but she recognized that such a comment might be regarded as "technically subversive" and to be "handled with care!"

2. Next we come to the "real" environment as it encroaches on the encapsulation of the analytic situation, thereby, according to purists, contaminating it. In my own analytic work with children, I practice encapsulation and teach it as a necessary but not essential condition for a fuller unfolding of the transference, but even then I keep a wary eye on the environment, especially in its familial part (Anthony, 1980), (1981). Anna Freud (1965) knew that child analysts could be plotted along a spectrum at the one end of which the environment was almost totally disregarded from the intimacy of treatment along with all its distracting appurtenances such as parents, while at the other end the parents and the environment were included in the treatment, even permitted to participate in some sessions, and utilized as a "news service" from the outside. The analyst located at this latter pole was able to learn something of the subtle and complex interplay between the home situation and the analytic situation, and the fact that the child habitually externalized his intrapsychic conflicts made his behavior in analysis easier to understand. Children, in fact, have a limited capacity for internalization and an inordinate capacity for externalization, but there are many adult patients who present in a similar fashion. Anna Freud (1965) pointed out that adult analysts have been trained to exclude the environment and focus their attention on the psyche. She

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viewed them as "too eager" to see all current happenings in terms of resistance and transference and to discount their value in reality. For her, there was more balance in the analysis of children and such adult patients who are in a pressing relationship with the object world and the associated environmental influences, such as borderline cases where it may be important to take into account not only the internal fantasies but also current events, family quarrels and upsets, frustrating and anxiety-arousing actions, and ongoing sexual problems. As she put it, "The child analyst who interprets exclusively in terms of the inner world is in danger of missing out on his patient's reporting activity concerning his—at the time equally important—environmental circumstances" (p. 51). And this would be true of some disordered adult patients. How to do this with due psychoanalytic procedure is something that the analyst can hope to learn from the child analyst.

3. The process of free association has aroused much analytic attention since Freud first introduced it as an integral part of the psychoanalytic method. The degrees of "freedom" show a wide variability among adult patients: some seem to fall into it very readily as if saying what came into their minds as part of their general spontaneity in life; some acquire it during the course of analysis when their defenses and resistance to the process have been adequately dealt with; some manifest it during termination leading analysts to regard it as a criterion for stopping treatment; and some obsessional types seem never to acquire it at all. Its relation to the primary process has never been clarified; did it indicate that the patient was in touch with his unconscious life or was it simply a "cognitive style" typifying "liberated" personalities? Could child psychoanalysis throw any light on its origins and connections? Schiller regarded it as a tool of creativity and Freud's first reading of it in the literature suggested that "anyone" might become creative if they allowed their free-floating minds to hover over a blank sheet of paper! Sir Francis Galton (1882), the prominent Victorian scientist, experimented with free association and concluded that it was analogous to exploring a house: there was life upstairs but quite another kind of life downstairs, the "antechamber of consciousness," and if you pursued the process further, it *invariably* carried you not only into

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the area of plumbing and sewage, but also into the childhood past—not quite the place for a Fellow of the Royal Society! It seemed to represent a kind of adult play in an easy relationship with fantasy and symbolic functioning, and it was therefore not a big step for child analysts to take to regard it as not alien to childhood but as the very quintessence of the early years. The component parts were all familiar to this age: play, daydreaming, symbolism, spontaneity, creativity. Was the child not nearer to unconscious processes than the adult? Did not Piaget (1922) demonstrate (and

present to Freud) the fact that the child's thinking was intermediate between primary and secondary process and was characteristically syncretic, juxtapositional, transductive, and egocentric, all of which, it might be argued, were ingredients of free association.

Klein (1927), pointing to the accessibility of unconscious fantasies and symbols, felt that play was equivalent to free association and therefore treated it similarly as an analytic communication. One could agree that young patients talk more freely, spontaneously, and less defensively in the language of play since they seem to regard this special realm, preconsciously, as once removed from the pressures and demands of everyday life. When the connection is pointed out to them, a "disruption" in their communication may occur and they may switch to a less playful and more banal approach in a manner not dissimilar to the adult's retreat into reality when his free associations are understood at a more latent level by the analyst. The child analytic world is much more than a world of words. The patient makes use of both words and activities as in play and will move from the "microsphere" of little family and household figures to activities with water, play, drawing, and acting. What one finds is that the associations to a dream, for example, may make their appearance successively in all these different media so that the discerning therapist can follow the chain of ideas throughout a session. For analytic purposes, this represents an invaluable mode of "free" communication. Having observed this, one can begin to see that the nonverbal activities of the adult patient on the couch may continue a train of associations that have apparently dried up in the verbal sphere. The child analyst may be able to help in elucidating some of the vagaries and connections that are covertly

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contained in the free associations. The child analyst, specializing as he does in the area of nonverbal communication, can help to sensitize adult analysts to the nuances of this rich, parallel communication system that is so often overlooked in the predominantly verbal analyses of adults (Anthony, 1977).

4. There is another phenomenon of the analytic situation that has become a cornerstone of psychoanalytic treatment, namely, the transference, with its almost inevitable and ubiquitous counterpart, the countertransference. In the beginning, transference was somewhat left out of child psychoanalysis. Although it was clear that Little Hans projected a strong transference onto Freud as the invisible and omniscient interpreter and explicator, nothing was made of this in the treatment since the concept was still generating in Freud's head. When formal work with children began in the 1930s, the emphasis was more on the immaturity of the child and the consequent deficiencies in his analytic functioning. There was thus a tendency to assume what he was unable to do rather than to take note of what he was able to do in the analytic situation. Since the therapeutic alliance was considered to be the prominent factor in the child's treatment, the negative transference was "tucked away under the carpet" to prevent it from interfering with the formation of the alliance, which gave the reports of child analysis an unreal quality. The child patients appeared to do better than they should. The crucial development of the transference neurosis was theoretically excluded from the analytic situation with the child because his real parents were waiting outside to take him home. As transference became a major issue in child psychoanalysis, it was looked at in novel ways. During development, the child's parental needs, particularly with respect to the mother, showed a gradient with the greatest need for the actual parent located in the earliest years and with a gradual tapering off during the school years into adolescence. The gradient for transference would seem to be the opposite of this: as the actual parents become less essential to the daily life of the child, the psychic recreation of the parent in the transference increased. This suggested that transference was not entirely a function of the repressed unconscious operating at the culmination of the nuclear complex: the availability of the actual parents and their necessity to the child also

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played important roles. Child analysts also investigated the transferences from the current parents which might possibly operate in two steps: the transference from the deeply buried oedipal parents to the contemporary parents, and a displacement from the latter to the analyst. The mechanisms are probably easier to explore in child analysis, and the findings may be applicable to the adult case.

It is sometimes said that the countertransference generated in analytic work with children is more intense and pervasive than any encountered in adult work. The analyst may take the child as a transference object, or react to the child's transference to him as manifested erotically or aggressively; or he may identify with the child's parents and become overcontrolling or oversolicitous, or he may find incestuous fears and fantasies stirring as a result of direct body contact with the child. Such countertransferences are the daily bread-and-butter of the child analyst, and if he is as insightful about himself as he is about his patient, he will be alert to such reactions constantly, and at times even able to utilize them for a better understanding of the analytic process. One would like to say that this area of analysis has been illuminated by contributions from child analysis, but unfortunately the reverse is true. Child analytic publications rarely mention the phenomenon, clearly regarding it, at all times, as a contaminant. This is especially

surprising in view of the mutuality of the therapeutic relationship in child analysis. It has been left to those working with psychotic patients, like Searles (1965), to scrutinize this element objectively as a complex ingredient of the analytic situation and peculiarly tied to the vicissitudes of transference. As Glover (1955) once remarked, in all case reports, we are only being presented with one-half of the analytic story. The "toileting" of countertransference stimulates insights in the analyst in parallel with his patient. There is no doubt that child psychoanalysis could make a significant contribution to this mutually evolving interplay in insights.

5. The insights that one encounters in child analysis are of a different order to those found in adult work. If insights are a product of affect and cognition working in unison, one would expect developmental trends, and one finds them. For true insight, there needs to be some understanding of causality, some

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degree of operational thinking, in Piaget's terms, and some sense of responsibility. At the intuitive level of development, true insight is not expectable, and in its place one often encounters what Neubauer (1979) calls "uncanny feelings"—a diffuse mixture of knowing and not knowing it affectively but not cognitively. If the child is challenged about a supposedly insightful pronouncement, he will invariably deny it because he is unable to recognize it. If his analyst reformulates his "belly feelings" in the full array of secondary process thinking, it will be forthrightly rejected. During latency, especially early latency, insights may have a transient quality, even when couched in very concrete and verbally simple terms. For example, the statement "You're mad with me because you saw my patient outside in the waiting room, just as you were mad with your mom when she brought your baby brother home from the hospital; you're very jealous now, you must have been very jealous then" may be accepted at first hearing and then totally rejected subsequently, or vice versa, and the acceptance-rejection does seem to reflect the state of the transference. Since child analysts are working with the rudiments of insight, they could help to clarify the various categories of insight (since the childhood varieties are also met within the nascent insights of adults), the vagaries of insight, and the relationship between the insights generated by the patient within himself and the insights that are conveyed by the analyst's interpretation. In both child and adult analysis, the analyst's insights into himself and into his patient are helpful to the ongoing analytic process even when the patient has failed to acquire any insights for himself. There is still a feeling of reassurance that "at least someone knows what is happening in this murky situation!"

## THE CONTRIBUTIONS OF CHILD PSYCHOANALYSIS TO PSYCHOANALYTIC PSYCHOLOGY

There are two areas of psychoanalysis that have profited especially from child psychoanalysis—the ego and its mechanisms of defense. In both, the efforts of Anna Freud have been in the forefront. Since many of the patients in the early phase of child analysis were latency children, the developing and consolidating

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defense structure was very apparent and yielded maximum information about the variety of strategies that the embattled ego erects against the onslaughts of conflict. Whether the child analyst will eventually be able through his observations in treatment to outline a chronology of the defenses that cover the personality like a series of onion skins remains to be seen, but it would represent a contribution that would be of help to the adult analysts in their use of defense analysis.

Since analysis of children provides a grandstand view of the development and resolution of the oedipus complex, it also supplies a vantage point for observing the construction of the mental apparatus, particularly with regard to the emergence of the moral (superego and ego ideal) system, and along with this the beginnings of shame, disgust, and guilt. In dealing with the problem of disgust, Freud (1950) pointed out that direct observation in nurseries could tell us something of the coprophilic phase that preceded the development of disgust; in his work on shame (1950), he retrospectively discovered the existence of a shameless period; presumably there also is a guiltless period antecedent to later guilt. All these transformations, so crucial for our understanding of psychosexual development, might be observed in the nursery by highly sophisticated observers, but there could be no better laboratory for investigating this than in child analysis. As Freud would have undoubtedly agreed, this would be an important offering to the field.

The analysis of very young children, taken on in increasing numbers, promised to bring new analytic knowledge of the obscure preoedipal stage that appeared to be so cut off from the reaches of adult analysis. Not all child analysts, however, have an interest in exploring this phase of development. Anna Freud (1965) had this to say: "So far as I am concerned, the study of this darkest of all ages has never been my predilection. I have always preferred as my subject those phases of development where assumptions can be checked against verbalized material recaptured from the unconscious by the analytic method, or against the facts which are open to view in the direct observation of infants." Other child analysts felt differently, having less compunction at making analytic inferences some of which have startled adult analysts into feeling that there was a lack of psychoanalytic



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discipline and rigor about the techniques used by child analysts. Klein (1930) took note of the earliest reality when "the world is a breast and belly which is filled with dangerous objects, dangerous because of the child's own impulse to attack them." She elaborated a view of this world that had a huge impact on adult analysts drawn to this quasi-psychotic external reality which is largely a mirror of the child's own instinctual life as it appears in the analysis of children between 2½ and 5 years. Whether one agrees with the approach or not, it is a powerful presentation that appears to make sense to the adult analyst confronted with a psychotic or borderline patient. Also brought into psychoanalysis were new conceptualizations regarding object relations: for these very small children, side by side with their relations to real objects are parallel relations to unreal images that are viewed as excessively good or bad, and these two kinds of object relations intermingle and color each other to an ever-increasing degree in the course of development (Klein, 1934). Adult analysts who espouse these Kleinian ideas—and those who do, do so passionately—would be the first to declare that these contributions from child analysis completely dominate their theory and practice of psychoanalysis.

Mahler's (1966) contributions to our understanding of the preoedipal phase has certainly had an impact on the dynamic approach to child development in the United States, although we are still too close to the situation to decide whether the effect has been equally profound on psychoanalysis in providing it with a developmental substratum and so helping to fulfill Hartmann's dream of a general psychoanalytic psychology. Based on direct observation of toddlers but *not* on their analysis, the primary focus as with Klein was on the mother-child relationship and the intrapsychic struggles of the child within this dyad. It is of special interest that the two child analysts, Klein and Mahler, both emphasized the significance of depression (a normative depressive "position" and a "basic depressive mood" during the critical rapprochement crisis) that needed to be resolved before an orderly classical psychosexual development could ensue. As a result, the general psychoanalyst has become more accepting of the concept of depression as a primary affect that makes its presence felt from the earliest years and contributes to later

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psychopathology. Winnicott, another child analyst, had two other offerings for the general field. The wide-ranging concepts of transitional phenomena and playful creativeness have both been assimilated into psychoanalysis operationally. For him, the distinction between child and adult psychoanalysis is reduced to a simple but compelling formula: both types of work are done in the overlap of two play areas, that of the patient and that of the analyst. Play is the major criterion for treatability and analyzability. "If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play" (Winnicott, 1974). What Winnicott has to offer the general psychoanalyst is not systematic theory or details of technique but exciting ideas that are steeped in rich clinical experience. His influence lies in his free-floating and spontaneous approach to psychoanalysis and to patients. What he has to say invariably has meaning for both children and adults, as if he was constantly dealing with the child in the adult and therefore not prepared to differentiate too sharply between them.

Erik Erikson (1950) is a child analyst who has wandered freely through the adult domain and made himself at home in every one of the seven ages of man. This represented a much wider span than workaday analysts were prone to include in their usual frame of reference but within the context of the "wider scope," this psychoanalytically oriented psychosocial theory could quite possibly find a niche in a general psychoanalytic psychology that is still struggling to be born. With its historical, anthropological, literary, and artistic facets, the Eriksonian system has helped to make psychoanalysis more acceptable to a more general public.

All these child analysts have attempted to rewrite small or large portions of psychoanalytic theory and many have introduced startling new insights that have been at variance with classical theory yet, at the same time, keeping faith with the general body of psychoanalytic knowledge. They continue to regard themselves as doing no more than extending traditional conceptualizations.

Generally speaking, child analysts have not done too much with oedipal psychopathology and have not discovered anything new or different regarding the hysterias. Understandably, because

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of their predominant focus on mother and child, they have added considerably to the preoedipal psychopathologies, just as they have contributed to a wider and deeper understanding of preoedipal development.

The origins of depression viewed prospectively have added to the insights stemming from the work of Freud, Abraham, Bibring, and others. Making use of the Hampstead Index (another significant contribution from child psychoanalysis to psychoanalytic research), Joffe and Sandler (1965) found nine pathognomonic items characterizing depression in children and tried to distinguish this clinical reaction from the more basic depressive response and "unhappiness." Unhappy children protest against pain-producing situations, whereas depressed children capitulate and retreat from it. What they discovered in cases of depression was a discrepancy between the actual state of the self and an ideal state of well-being or primary narcissism. The latter is connected with feelings of security, satiation, and contentment, whereas the former has links to chronic discomfort, unrelieved hunger, and frustration. According to them, certain predisposed individuals under certain conditions respond to the latter situation by the

development of a primary psychobiological state that represents the ultimate reaction to the experience of helplessness in the face of unremitting pain. Like Bibring (1953), approaching the issue from the later part of the life cycle, their focus was on the element of helplessness, seen by Bibring as a "narcissistic shock" and by the child analyst as a painful capitulation and retreat. For Mahler (1966) the depressive mood originates during the separation-individuation process and is an exaggeration of the basic depressive response, similar to anxiety, that evolves at this time. During the "practicing" phase, toddlers show a phase-specific elation, but with the next development, depression appears when the toddler becomes more aware of himself and of his parents as separate people, and of his mother no longer administering immediately and magically to all his needs. She is still the omnipotent one, but deliberately withholding her power from him. Based, therefore, on careful, systematic observation and not child analysis, Mahler noted the occurrence of depressive-like reactions, with mental content, in the latter part of the second year of life and considered

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these to be the first reactions that could be related to later depression. Klein (1935) carried the notion of a normally occurring depression into the earlier part of the first year of life with the formation of a "depressive position," and this again was not unlike the "depressive constellation" postulated by Benedek (1956) reaching back inferentially to the infant in the first 6 months from the viewpoint of adult retrospection. Both point to the same frustrating alimentary experience, the use of introjection-projection mechanisms, to conflicts based on ambivalence, and, when there is a failure at working through, a persistence of a proclivity toward adult psychopathology. Anna Freud, although unwilling, as mentioned earlier, to elaborate on detailed mechanisms at this early stage of life, did point to the way in which the little child tried to establish rapport with a depressed mother by reflecting her mood (1965), and this found support from Winnicott (1954a) whose clinical focus was always on the mother-infant relationship and the feeding experience. The infant, according to Winnicott, is concerned about two things: what happens to the mother before and after feeding, and what happens inside him as a personal inner experience. He talks of the "complex ideas" at work in the infant's mind. When Freud (1909), an adult analyst, said, "I am aware that I am attributing a great deal to the mental capacity of a child between four and five years of age," there were many skeptics to doubt him, and today, when the child psychoanalyst is making the statements about the "thinking" of infants in the first year of life, there are disbelievers among both adult and child analysts. However, there would be general agreement that child analysts, working through analysis and observation, have opened up a far more complex picture of the preoedipal phase and its disorders than could conceivably be uncovered by the adult analyst. One should add that even in the field of general psychology, infants are now being regarded as far more "competent" than was thought a few decades ago.

But there was more to come, as child analysts delved deeper and earlier, and explored the question of where the relatively common adult sense of persecution originated. It certainly seemed to have no place in the oedipus complex, as classically constituted. Its primitive characteristics suggested a much earlier

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birth. The child analyst, with his hyperempathic resonances to the infant and small child, is inclined to view the torrential weeping of the helpless baby as a daily but distressing disaster. As Winnicott (1952) put it, "We allow the infant this madness," particularly because he is unable to distinguish between inside and outside; but if he were an adult, we might not hesitate to label him truly mad (p. 224). At the moment of this tempestuous disorganization, Winnicott becomes concerned with the baby's precarious position and the danger of "irreversible disintegration." He is considered to be in the Humpty Dumpty situation and not too well put together, and at any moment could come apart. This represents a "paranoid potential" which is a little different from the more complex, not to say convoluted "schizoid-paranoid position" described by Klein to which the classical analyst has taken great exception. The child analyst who treats psychotic and borderline children is constantly aware of how close he is to feelings of persecution and the accompanying anxieties. Winnicott (1952) stated this more strongly: "It is a world of magic, and one feels mad to be in it. All of us who have treated psychotic children of this kind know how mad we have to be to inhabit this world, and yet we must be there, and must be able to stay there for long periods in order to do any therapeutics" (p. 227). I would guess that this would immediately tax the free-floating serenity and neutrality of the general psychoanalyst who would regard this attitude as overinvolved, countertransference, and nonproductive in the service of resolving high degrees of anxiety.

As mentioned earlier, child analysts have their fair share of countertransference, but, oddly enough, this seems to allow them not to become unduly disconcerted by the "monsters" encountered in the small child's murky psyche where the comforts of structure are absent. What child analysis is doing here, as a contribution to analysis in general, is to call attention to the origins of the haunting sense of persecution that stays with some individuals all their lives as well as the black depressions that appear and disappear to old age. With the help of the child analyst, the general analyst can trace the red thread that runs sometimes on the surface and more often subterraneanly from infancy onward. It is my strong belief that psychoanalytic psychopathology

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can be most rewardingly studied by a combination of direct and reconstructive strategies, which implies, of course, a fruitful collaboration between child and adult analysts. How can psychoanalysis learn more fully about the acquired capacities for working

through mourning, about the earliest vicissitudes of narcissism, about the growth of the sense of reality, about the development of the self, about the earliest manifestations of transference, about the prestructural activities of the moral system with the interactions of shame and guilt, about depression and paranoia and a host of other human phenomena at manifest and latent levels, except through this collaborative process. For psychoanalysis, the child analyst is "Our Man in Havana" who can spy on the hidden systems and provide detailed information on the entangled network of forces that work in the shadow of the preoedipal period. So much of this appears to be taken for granted by the adult analyst as the given data of analysis, but these "givens" are already complex developments and need to be disentangled further.

Finally, it may be presumptuous on my part to say that one of the most important contributions of child analysis to psychoanalysis is to keep it in continuous and close touch with the dynamic unconscious since, with our current preoccupations with the ego and the self, we may be in danger of losing contact with it, and, in a sense, forgetting from whence we came when Freud made his first seminal discoveries. It is through the world of play, make-believe, symbolic functioning, and fantasy that the child analyst lives next door and keeps constantly in touch with the bottomless reservoirs of life's energy and drive.

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