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Revisiting Melanie Klein's *Narrative of a Child Analysis*: some thoughts about contemporary approaches to clinical practice in the light of Klein's fearless approach to interpretation

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When I decided on this title for my talk today, I was thinking about my recent observations of a tendency among today's practitioners of child psychotherapy to be quite cautious about giving interpretations of the sort that Klein gave to her child patients. I was asking myself whether we have lost our nerve, or whether we have become appropriately more tentative or gradual in our way of working, or whether changes in our underlying theories of development explain the shifts I notice. I also suspected that any explanation would turn out to be quite complicated, probably having elements of all these factors and more besides.

A second line of thought was to do with the fact that Klein analysed her patient Richard during war-time and that the world we live in now often seems to face children with serious worries about its stability, their own and their family's safety, and to evoke fears that grown ups do not seem to be able to be relied on to contain the external threats that abound. Richard was frequently preoccupied with the progress of the war and worried about its



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outcome, as Klein herself must have been, living away from London during 1941-2 at the height of the German assault on London. She did not evade the reality of his fears about the uncertain future, but she also worked tirelessly to explore the internal factors in Richard which intensified his anxieties about the world outside. Many of us are now faced with children and young people who have much to be afraid of, and our technique in responding to our patients' reality fears raises issues of the kind that Klein struggled with. For example, I have noted in the relatively privileged children I see intense fears following the Brexit vote, alarm and disbelief following the election of Trump as US president, and recurrent worry about climate change and the survival of our planet. Colleagues who work in NHS clinics are faced with the starker realities of, for example, refugee children with no long-term right of residence, and the children of London traumatised by the Grenfell tower fire, reminding me of much of my past work at the Tavistock.

When child psychotherapy students at the Tavistock read Klein's *Narrative* on a week by week basis, immersing themselves in the enormous detail of her sessional record, while some are fascinated and impressed by the psychoanalytic rigour and imaginativeness of her work with Richard, the boy whose analysis she recounts, others express shock and unease about her immediate plunge into analytic interpretation of the child's sexual phantasy and her readiness to address the negative transference. Of course the psychoanalytic world of 1942 was very different from ours, with the contributions of Bion, Winnicott and attachment theorists yet to come, and the contemporary preoccupation with neuroscience not yet on the horizon, but I found myself thinking about whether we may also have lost something vital which we can rediscover through attention to Klein's earlier practice.

Klein always emphasised that her starting point was clinical observation. Her theory grew from what she saw in the consulting room, and this emphasis on close observation has remained a characteristic of British child psychotherapy



practice, widely seen as what differentiates it from more theoretically driven styles of thought and from looser clinical description which does not include narrative detail and make clear what the child actually said and did and how the therapist responded. Observation acquired an extra significance in training following Bick's invention of the method of infant observation. Of course Bick was Klein's patient and it was most illuminating to read Sue Sherwin White's recent paper in the IOJ which spells out Klein's own extensive interest in infant and young child observation. It includes many lovely vignettes of observations Klein made in everyday non-clinical contexts, which reveal with delightful immediacy the feelings and imaginings of the babies and children whose behaviour she described in a way very familiar to those of us who teach infant and young child observation.

I have always been deeply impressed by what the discipline of infant observation has contributed to psychoanalytic theory. It is no coincidence that Bick's pioneering approach to observation was contemporary with Bion's formulations about the early development of mind and its necessary roots in the mother / infant relationship. His theorisation of the communicative function of preverbal emotional expression by the infant, of maternal reverie and the mother's receptivity to her baby's feeling state, of alpha function as he named the mental process by which thoughts could emerge, and of the fundamental containing role of the mother now seem the cornerstone of our approach. These ideas have proved particularly pertinent since the majority of children seen for psychotherapy in more recent years have either had very disrupted early lives, often broadly described as suffering from attachment difficulties, or have a diagnosis which is a statement of severe disturbance or failure of development. The absence of containment and indeed the consequences of disturbed parental projections into their children are what we are most often confronted by.



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The disorganised states of mind and an incapacity to play that we see in so many children sometimes leads us to retreat to the position of observer faced with their inability to take in what we might try to put into words. If words are not experienced as conveyors of meaning but instead as concrete things, psychotherapeutic technique has to be reframed to find a way through. Perhaps however we sometimes get stuck in the safer ground of therapist as observer and fail to push towards verbalisation and to making the interpretations which can serve to relieve the child's unconscious anxieties. Our fears of provoking unmanageable acting out can be seriously inhibiting. This is made more difficult by the contemporary emphasis on quick improvement in awkward symptoms and the aversion to risk which bedevils public institutions. There is little tolerance for the necessary exploration and understanding of the deeper structures which underlie difficult behaviour. This is inevitably particularly hard for inexperienced therapists, whose natural wish to get it right makes them more nervous in relation to prevailing managerial and parental demands and less able to take risks.

I have noticed such difficulties in a number of recent supervisions, for example one in which the case being presented is of a four-year-old child seen in a nursery for ongoing intensive therapy. He was often reluctant to come to his sessions, and his therapist found herself becoming quite passive in dealing with this, looking for help to the nursery workers and anxiously avoiding any possible confrontation which might lead to the child refusing to come altogether or to his running out if he did once enter the room. The humiliation she felt exposed to in this battle of wills, which is how she experienced the situation, was so painful that she drew back from talking to her patient and struggling to work through the repeated impasse between them. Her meticulous notes describing all this made it clear how closely she could observe what took place but she seemed stuck at that point. Sadly this left the child alone with his feelings of mistrust and persecution, probably



feeling that she was as little able to bear feelings of rejection and failure as he was. Much effort was needed to shift this pattern of failed engagement.

I think one of the factors which can be important in this sort of situation is confusion about the meaning of the concept of containment. In everyday usage it can be almost indistinguishable from the idea of “managing” behaviour. Police “contain” protesters, indeed prison walls “contain” prisoners, and parents “contain” toddlers in a tantrum. By this we mean physical management of behaviour seen as potentially destructive or dangerous. This is a far cry from what Bion meant by containment and from what Klein practised with her acting out child patients. Psychoanalytic containment involves the container/ mother/ therapist engaging in thought and thereby giving meaning to the frantic anxiety-driven behaviour that requires containment. In other words interpretation is at its heart. This may not be a verbal interpretation in the classic sense. What Bion helped us to theorise was the nature of the mother’s mental functioning which can transform an infant’s distressed state into one ameliorated by the understanding expressed through appropriate maternal care. In therapy, we try to help the distressed infantile aspect of the patient to become able to verbalise the anxious feelings, to find words for mental pain instead of evacuating it or being overwhelmed by it.

The active features of maternal containment were very well described in a classic paper by Pamela Sorensen arising from her interest in understanding the early mother- infant relationship more fully and in using infant observation as a basis for early intervention. These she defines as starting with observation itself, the noting of what is there to be noticed. This can require enquiry to gain clarification, in the interest of coming to understand more precisely what has been observed. Behind these active thinking processes lies the openness to emotional resonance, including receptivity to primitive communication, potentially primitive both in its form and in content. If we work with these features in mind we shall be using observation in the service of



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meaning-making, and truly engaging with the transference / countertransference field, the entry point to psychoanalytic understanding. This takes me straight back to Klein and Richard.

I first wrote a paper about the *Narrative* some years ago for a seminar of historians of psychoanalysis. Since then two very important books have appeared which explore in detail Klein's earlier analytic work with children, her discovery of the play technique and the theories she developed on the basis of these child analyses. These are Claudia Frank's book which contains transcriptions of Klein's handwritten clinical notes (a fantastic feat of scholarship) and Sue Sherwin-White's recent volume *Revisiting Melanie Klein* which utilises Frank's book, Klein's published papers and the treasure trove of unpublished material in the Klein Welcome archive to set out the revolutionary nature of her approach. The work of these two scholars enable us to grasp much more fully the staggering extent of her clinical experience, and to recognise the range of children and adolescents she saw in Berlin and London. In Berlin many of the children were seen in the Polyclinic, and there was also the experiment with Rita, her youngest patient, who she saw in her own home, which made it all too clear to Klein that a setting separate from the child's family life was needed to allow the analytic work to unfold within recognisable boundaries.

The *Narrative* is not very widely read within the psychoanalytic community. In the contemporary context of demands for empirical evidence it is extraordinary to have a book which describes in such detail almost every session of an analysis, together with the analyst's subsequent reflections on the material in the form of notes appended to sessional material which had set Klein's thinking in new directions. Here we have 93 sessions and reproductions of many drawings made by the child. Nearly all the sessions are written up in very close detail and even those she notes as more briefly recorded or slightly incomplete provide a substantial narrative of the session.



Klein discusses in her preface the question of the accuracy of her notes and acknowledges the likelihood of some errors of sequence or precise wording but argues against both note-taking in the session and mechanical recording, on the grounds that both undermine the analytic frame. She summarises: 'For all these reasons I am sure that notes taken as soon as possible after each session provide the best picture of the day-to-day happenings in the analysis, and therefore of the course of the analysis. Hence I believe that ... I am giving in this book a true account of my technique and of the material' (p.11-12).

The circumstances in which this four-month period of analysis took place were exceptional. In 1941 in the relatively early days of the war, Klein moved to Pitlochry. Her patient, Richard, then aged ten, was a severely neurotic boy who was very frightened of other children and consequently unable to attend school. The outbreak of war had increased his anxieties. He was hypochondriacal about both his own and his mother's health and often depressed and manifestly unhappy. He was the younger of two boys, and his older brother seemed by contrast to take life easily. Richard had always been a delicate child and at the time Klein met him his personality was a combination of marked, even paranoid, anxiety and inhibition and rather precocious verbal and artistic capacities. He liked best the company of adult women, which no doubt played a part in his initial hopefulness about how Mrs Klein might help him. Richard and his mother came to live close to Klein in a hotel and they went home for weekends to the family's nearby war-time home away from London. Klein found a room she could rent as a playroom which also served the local Girl Guides. There was therefore a good deal of evidence of their activities in the room (books, pictures, maps etc.). There was no waiting room available, and Richard would sometimes meet Mrs K. on the way to his session and watch her unlock the room or walk back to the village with her afterwards. All this made for differences in the analytic setting which must have been difficult for her to adapt to, but which also attest to her flexibility of mind and her capacity to adapt technique to circumstance. Her



evacuation away from her practice in London no doubt also gave her the greater time availability necessary for the very detailed recording of Richard's sessions.

For both patient and analyst, the progress of the war was a vital background preoccupation. Richard was very well-informed and very anxious about the fate of British forces and about the bombing of London. Neither of them knew what would be the timescale of their stay in Pitlochry or what they might find on returning to London. For Klein, this temporary loss of her home and established surroundings must have stirred many complex memories of previous moves. For Richard, the external events of the war served to make terrifyingly real the internal conflicts which the analysis revealed. The intensity of their experience as well as Richard's unusually vivid and communicative abilities and profound involvement in the analysis must have been important in Klein's decision to devote much time to preparing the book for publication in the last months of her life. This final piece of writing had a special place in her life's work, since it records work done in 1941 and Klein's reflections of 1958-60, many of which track some of the later theoretical developments she had written about.

The unique nature of the book concerns not only the matter of the complete clinical record it offers but also its one-off status from other angles. Just as one cannot really imagine anything quite like Freud's indirect analysis of Little Hans ever occurring again, so the possibility of a repetition of a six times a week analysis of a child which lasts only a few months and takes place in wartime conditions is profoundly improbable. However, elements of its particularity throw light on contemporary work in settings comparable in some respect. We have an account of a child separated at times from his family, of a child living in very anxious times for the whole population, and exposed to awareness of death in the intensified atmosphere of war. Richard also had to cope with his father's serious illness during his treatment. Klein's weaving



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together of the meaning of these wider world and family events with their inner reverberations for Richard – the personal significance they had for him – is a remarkable example of her understanding of the nature of the internal world, continuously under development in consequence of the projective and introjective activity of the mind, and therefore always in a dynamic relationship to the world beyond the self.

Klein's first aim is to establish the analytic situation. To this end she pays attention to Richard's anxiety as something to explore and understand rather than to be diminished. She introduces him to his inner world of concrete unconscious phantasy. She is working with her recent theory of psychic positions at the back of her mind, the constellation of anxieties and defences which she believed determined crucial attitudes towards objects. In the *Narrative*, she writes of 'overcoming the depressive position' by which she means tolerating depressive anxieties, and she emphasises the experience of 'pining' which is the painful anxiety during separation about the state of the object following unconscious attacks. Pining includes feelings of guilt, remorse and loneliness. Klein's interest in loneliness was deep and long-lasting.

The play room setting is understood as representing mother's body. Klein sees Richard's curiosity as both intrusive (aiming to control his object) and linked with his thirst for knowledge of the truth (the epistemophilic instinct). He is very vulnerable to overwhelming depressive anxiety, and during the analysis first an illness of his mother's, and later a much more serious one of his father's highlights this difficulty, and mobilises his search for help. He turns to drawings to show Klein what is happening in his mind. The iconography of war allows him to represent the internal conflicts which disturb and paralyse him. Klein brings him small toys as a further tool for communication, and Richard uses these and frequently adds a fleet of ships of his own to expand the range.



Klein tackles Oedipal themes from the start and speaks straightforwardly of Richard's curiosity, jealousy and envy in relation to his parents and his brother, and to herself. Gradually his more deeply disturbed, hypochondriacal and paranoid feelings become available for analysis. His inner persecution is relieved through this work, and more genuine reparative wishes emerge alongside depressive anxiety.

Probably because of the time-limited nature of the work, there is a sense of intense whirlwind in many of the later sessions. Klein interprets a huge amount of complex material to Richard. Sometimes we see him clearly growing in insight and tolerance of his nature and of reality, understanding for example the damaging consequences of his hostile projections into his object and of his greed. Despite the brevity and intense pace of the analysis, there is a powerful sense of some working through having been achieved, and some internalisation of the capacity for inquiry and understanding which Klein had provided.

Here are some excerpts from Klein's text to bring alive how things developed.

Session 2

Richard arrived a few minutes early and waited for Mrs K. on the doorstep. He seemed eager to start. He said he remembered something else he often worried about, but added that it was very different from the things he had talked about yesterday, altogether far away. He feared there might be a collision between the sun and the earth and the sun might burn up the earth; Jupiter and the other planets would be pulverized; and the earth, the one planet with living people on it, was so important and precious ... He again looked at the map and commented how awful it was what Hitler did to the world, the misery he caused. He thought Hitler was probably gloating in his room because others were suffering and he would enjoy having people



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whipped ... He pointed at Switzerland on the map, saying it was a small neutral country that was 'encircled' by the huge Germany. There was also little Portugal, a friend. (He had mentioned, by the way, that he read three newspapers every day and listened to all the news on the wireless.) Brave little Switzerland had dared to shoot down planes, German or British, which flew over her territory.

Mrs K. interpreted that the 'precious earth' was Mummy, the living people her children, whom he wanted as allies and friends; hence his references to Portugal, the small country, and to the planets. The sun and earth in collision stood for something happening between his parents. 'Far away' meant near by, in the parents' bedroom. The pulverized planets stood for himself (Jupiter), and Mummy's other children, if they came between the parents.

So here is Klein at work on Richard's Oedipal phantasies. One has of course to imagine that it took her some time to describe to him all that she summarises in her text, the many things she had understood from what he had told her.

A note to session 8

On other occasions, too, although not always specifically referred to, Richard obtained marked relief through the lessening of the repression of his phantasies, and the ensuing increase in capacity to express them symbolically. In ordinary play, where the child remains largely unconscious of the content of his incestuous and aggressive phantasies and impulses, he nevertheless experiences relief through the very fact that he expresses them symbolically; and this is one of the factors which make play so important for the child's development. In analysis we should aim at getting access to deeply repressed phantasies and desires and thus helping the child to become conscious



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of them. It is important that the analyst should be able to convey to the child the meaning of his phantasies—whether they are deeply repressed or nearer consciousness—and to verbalize them. My experience has shown me that in doing so we meet closely the child's unconscious needs. I believe it to be a fallacy that there could be any harm to the child or to his relation to his parents from translating, as it were, his unconscious incestuous and aggressive desires and his criticism into concrete words.

This note succinctly summarises Klein's belief in the efficacy and necessity of verbal interpretation.

Session 21

Richard met Mrs K. on the way to the playroom. He was delighted to find that she had the key to the house. It now appeared that yesterday's incident [the room had been unavailable the day before] meant to him that the playroom might never again be available. He said with feeling, 'Good old room, I am very fond of it and glad to see it again.' He asked Mrs K. how long he had been with her.

Mrs K. replied that it was three and a half weeks. Richard was very surprised. He said it seemed so much longer; it seemed to have been going on for a very long time. He settled down contentedly to play with the fleet and said that he was happy.

Mrs K. interpreted his fear of losing the 'old playroom' as the fear of losing Mrs K. through death. She referred to the time (Ninth Session) when she and Richard had to fetch the key; after that he had told her his dreams about the black and deserted car, and switched the electric fire on and off which, as Mrs K. had pointed out, expressed his fear of Mrs K. and Mummy dying. The fear of losing the old room also



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expressed his grief about the death of his granny. Regaining the room meant to him that Mrs K. would remain alive and that Granny was revived.

Richard interrupted his play with the fleet and looked straight at Mrs K., saying quietly and with deep conviction, 'There is one thing I know and that is that you will be a lifelong friend of mine.' He added that Mrs K. was very kind, that he liked her very much, and that he knew that what she was doing with him was good for him, although sometimes it was very unpleasant. He could not say how he knew it was doing him good but he felt it.

Mrs K. interpreted that her explaining to him his fear of her death and his sorrow for his granny gave him the feeling that his granny was still alive in his mind—a lifelong friend of his—and that Mrs K., too, would remain alive for ever in this way, because he would contain her in his mind.

Here we see Klein's flexible movement between addressing features of Richard's internal and external reality. The transference and the relationship to current family issues are linked very clearly.

Session36

Richard was in a thoughtful but friendly mood. He showed Mrs K. his new cap and asked whether she liked it. He had mentioned once before that his old cap was too small and that the peak was broken. He also asked what she thought about his 'mixture'—his blazer, grey shorts, and tie. His mother did not think it was too good.

Mrs K. interpreted that the broken peak of his cap meant his damaged genital, that he hoped it was improving and growing, but that he



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wondered how the more grown-up penis would fit in with the rest of him, with his whole person; hence the 'mixture'. He wished Mrs K., standing for the good Mummy, to reassure him about his growing up, which implied permitting him to become an adult and have sexual desires, while he felt that his own mother did not trust him.

Richard replied that he had thought, while he was speaking to Mrs K., that she would explain it the way she did. Mrs K asked whether he thought the explanation was correct. Richard said with conviction, 'Oh yes.' Then he added, with embarrassment, but obviously determined to speak out, that last night his genital had been very red and that he had been annoyed about this.

Mrs K. asked if he had done anything to make it red. Richard replied that he scratched it, but that it was sometimes red, in any case. Mrs K. interpreted that in one of his earlier drawings, red had already represented himself in the empire drawings. She suggested that red had also meant his injured and broken genital, damaged by his masturbation; he was very worried about this, not only annoyed. She asked what he thought about when touching or scratching his genital. Richard did not reply to this, but did not deny that he had been masturbating.

This is a good example of her plain speaking, and straightforwardness about children's feelings and sexual activity.

Note to session77

His regret that the pretty conductress wore a uniform also expressed his wish that his mother, and now the analyst, should remain feminine, that is to say not containing her husband (Daddy), the male uniform standing for the internal male object. In his mind only the breast-mother



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could give him the feeling that she was by herself, unmixed with the father. His fear and dislike of the female genital connected with the feeling that the male genital was inside it. Such feelings play an important role in impotence and in disturbance of potency.

The above is a passage in which she discusses the developmental trajectory of childhood phantasy and adult sexual life.

I think what is evident here is the subtle balance in Klein's judgement about what is happening – she sees a fluid mix of fear and co-operation in Richard's attitude to her and she describes both his loving and his hostile feelings towards his parents. This analysis might be extended somewhat when one considers the meaning of Richard's preoccupation with Klein's clock and its relevance to Father Time. The clock surely represents his link to a good father who will support and protect his good relationship to mother. The clock which she brings to the session helps Richard to maintain a link to external reality while his inner anxieties are exposed within the confines of the analysis. He is not living in the timeless world of unconscious phantasy, but in a world bounded by differentiated times and spaces. Time and generational difference are frustrating realities which we can omnipotently wish to ignore, but they are also evidence of sources of safety and a bulwark against chaos (Money-Kyrle, 1968, 1971).

These small excerpts, I think, provide good examples of Klein's careful recording of Richard's responses to her interpretations and also demonstrate the space her method creates for further exploration of the meaning of their exchanges. In much analytic writing the reader can feel that every interpretive base has been covered and that the omnipotent insight of the analyst is subtly implicit, but here the detail and enormous range of Richard's ways of responding to Klein as well as her subsequent reflective notes encourage the reader to find his own response. Thus, Klein's book both shows us her own



scientific attitude to her work and provides material for others to study and evaluate.

Of special interest is the matter of Klein's flexibility and thoughtfulness in sustaining the setting in very unusual circumstances. The playroom she used gave access to a little kitchen and to an outside space. Richard used all these spaces at different times and Klein followed him around including joining him to look out of the window at people passing by about whom he often talked. She did not mind assisting him with practical things that were difficult for him (the stiff taps in the kitchen, for example), she accepted the additional toys he brought with him, she apologised when she forgot to bring something with her, she answered quite a lot of his questions, including information about her visit to London in the course of the treatment. The rigidity often attributed to Kleinian technique seems markedly absent, but she is all the time pondering on the impact of all these events, sometimes feeling she made the wrong decision.

One striking episode is her agreeing to see him one Sunday to replace a session. The account of this session (no. 33) is fascinating because it records Richard's growing ease in owning his aggression – he vividly described various fights, real and imagined, with other boys, for example – and his enjoyment of the analysis and this special Sunday session. Klein interpreted his wish to have Mummy all to himself and his doubts that Daddy would agree to that. She notes 'Richard was very amused at the idea' (p. 161).

Interestingly he asks her to date the drawings he had done, which perhaps picks up the theme of the importance of location in time and its link to father's role in the internal world.

Shortly after this Klein met his mother who described a striking change in Richard after this session: at home he was both very aggressive but also more friendly and much easier to get on with. Richard's own way of putting



this change to Klein in session 33 went like this: 'He said that when he woke up that morning he felt very happy in spite of not being at home on a Sunday. He thought that the work was doing him good after all. He felt so much more brave.'(p. 157). 'He said all this with conviction", she writes. Klein does not specifically speculate on what this Sunday session meant to Richard, but the kindness in her attitude to him was surely part of it. Because he had previously been ill and missed several sessions and was now spending a weekend not at home, she was in effect offering to accompany him in dealing with the losses all this entailed. The generous quality of her concern for him is most evident, and one might suggest that his kinder attitude to himself is related to an internalisation of this more benign figure. Klein had reflected after session 15 on the despair and hatred of themselves which small children can feel when their lack of skill in constructive play hampers their efforts. Her appreciation of the pain children feel when a mess or 'disaster' or impasse in a game exposes them to fears of the power of their destructive impulses, and their helplessness to contain such forces or to put things right made her very sensitive to the support that is necessary for development to take place. She saw that Richard often felt overwhelmed by 'loneliness, anxiety and guilt' at such moments, which provoked more frantic efforts to destroy the evidence of the internal catastrophe which the mess represented. Her work aims to relieve the savagery of the early superego which she had discovered in her first young child patients.

Another strand of interest, which represents a challenge to the recent psychoanalytic writers who have argued that their focus on siblings brings in a neglected theoretical vertex, is Klein's work with Richard on sibling relationships. Already in session 2 she adds a note about the importance of the child's relationship to members of the extended family, e.g., to grandparents and siblings. She suggests that these significant loved figures strengthen the growth of good internal objects because they are less closely involved in the oedipal conflicts aroused by parental figures. In other words,



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the loving aspect of the relationship to brothers and sisters is highlighted. This develops in session 10 in the context of Richard's anxiety about conflicts between parental figures. (In reality there had been rows between Richard's nurse and the family cook which had led to this nurse leaving the family.) Klein spoke to him about his need for a younger brother or sister to help him when he was frightened about quarrelling grown-ups, that is to help him by sharing his anxiety. She added that he was also afraid of brothers and sisters who turn against him when he felt aggressive towards or jealous of them. So here we have evidence of Klein's interest in both the familiar Freudian emphasis on sibling rivalry and hostility, but also her appreciation of the positive potential of sibling relationships, and her understanding of the feelings of a child who is the youngest in the family without the reassurance of the presence of younger children.

In session 12 she discusses with Richard his feelings about his older brother Paul. This arose from a drawing in which Richard had explored his wish to have more of his mother than father or Paul did. She suggested that when he wanted to take Mummy away from Paul he felt he then had to make up to him. In a note she clarifies that this might be a basis for homosexual feelings between brothers. They also talked about Richard's feelings about being the younger boy – on the one hand, the feeling that Paul is older, cleverer and thus more loved by mother, and on the other that Richard can comfort himself with the idea of being mother's baby. Richard had just checked that Mr. Klein was dead, as he knew to be the case, and now asked if he was her youngest patient. Klein pointed out his wish to be her special baby. Her work with Richard on his real and imaginary relationships with siblings had a special urgency because of the symptomatic importance of his hatred and terror of other children and his great difficulty in tolerating any actual encounters with them, and his consequent isolation and loneliness.



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Klein's attitude to Richard can often be discerned through studying the tone of her comments to him. From the first session, she treated him with absolutely direct seriousness, suggesting 'that he knew why he was coming to her: he had some difficulties with which he wanted to be helped' (p. 19). Responding to this profound respect for his intelligence and the seriousness of his problems, Richard launches in at once, describing his fear of boys in the street and of going out, his hatred of school and his preoccupation with the war. He spoke about Hitler's attack on Poland, looked at a map on the wall and commented that Mrs K. was Austrian as Hitler was too. Her further enquiries about his worries clearly aimed to open up and mobilise his anxieties about his mother's health and safety, and Richard spoke about a nasty tramp he thought might come and kidnap Mummy at night. Klein immediately began to talk about parental sexual relations and Richard's worries about damage to Mummy. Richard's response included shock but also intense interest and he remarked at the end of the session that he liked 'talking and thinking'.

The assumption that this boy could engage in a profound psychoanalytic experience is at the heart of Klein's technique. They had many very grown-up conversations over the months, both about what was happening inside his mind and in their relationship and about external matters. For example, when he learned of her planned trip to London (session 38) he asked her to promise to go to a shelter at once if she heard the sirens. Klein did indeed promise to do so, and also agreed to give him her address when he said he wanted to write to her. He added that if she died, he would go to her funeral, and that he wanted Mrs K. to tell his mother who could continue this work with him if she died. She agreed to give his mother the name of another analyst.

A few weeks later, we get a glimpse of Richard's understanding of the analytic process. He had said that Mrs K.'s dress made him think of search-lights, and he added 'You search, don't you?' The mixture of his desire to be understood



and his fear of what will be seen in the analytic search-light is transparent in their subsequent exchanges. In session 69, they have an extended conversation about Richard's worries about going to school: he asked whether Mrs K. would tell his mother to send him to a big school? 'He could not stand that. He was still very frightened of bigger boys. He would be ill if he had to be frightened all the time' (p. 349). They discussed Richard's preference for a tutor, or maybe a small school, but Richard added sadly that what he would really like would be not even to have a tutor and not to have to learn at all. The absolute frankness of this is very touching. Klein's response gives weight both to the level of Richard's anxiety (she says she would not be in favour of a big school because he was so afraid of it) and to the idea of his development going forward and change in his state of mind being possible. She remarks that 'he might see how he got on during the next year; he might find that he liked being with children better than he used to do' (p. 350).

These exchanges make manifest something Klein felt sure of in her analytic work with children, namely the naturalness and solidity as well as the psychological complexity of the developmental process. Her work was oriented towards facilitating this development, to enabling her child patients to deal better with what was interfering with their engagement with life. In 'Envy and gratitude' which she had completed not long before she worked on the *Narrative*, she made the particular point that destructive envious feelings could be ameliorated and controlled through understanding and this insight confirmed her fundamentally hopeful analytic attitude. Richard's statement that he now felt more courageous is a particularly apt response to the courage which characterised Klein's own analytic attitude.

Let me now return to a few reflections on where we are now in our 21st century clinical practice. One of the most striking things for me in reading Klein is her clarity of direction, surely rooted in her deep understanding of unconscious mental life and her conviction in the value of analysis for



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children's development. Many paradigms now jostle for our attention in the clinical field. We can find ourselves becoming anxiously preoccupied by behavioural issues or a child's cognitive functioning instead of keeping our focus on his emotionality and inner world and on grasping the specificity of the transference relationship. Another distraction can arise from the often pressing question of psychiatric diagnosis and from service managers' concerns with potential risk.

A third complication can be from the therapist's anxiety to be research and outcome-minded. It is not at all the case that Klein was uninterested in outcome- in fact Sherwin White's book provides an admirable summary of the follow up work she did on her child cases- but she kept separate the ongoing clinical relationship to her patients from the questions as to what was happening to their symptoms externally. She also, in the *Narrative*, shows us her subsequent research on her own practice in the technical and theoretical reflections she appends to the process record. An admirable form of research indeed!

It is, however, problematic when research and therapy get confused. For example, making use of the research-oriented tools of attachment theory in clinical sessions disrupts the steady observation of the transference / counter-transference relationship and the nature of the enquiry and what counts as evidence. A similar confusion of focus can occur if we divert our attention from the child's mind to the question of brain function. It is not that the much greater understanding of brain development which we now have access to is not important, but that its place is not in the consulting room but rather in interdisciplinary discussion which can explore the integration of forms of knowledge generated from these different methods of investigation. Allowing the analytic space to be invaded by the quite different questions which psychologists, psychiatrists, researchers and neuroscientists would naturally



pose threatens to dilute the scientific basis of psychoanalytic therapy and the therapist's relationship to her psychoanalytic identity.

Finally, what of the question I raised earlier about the place of external world matters in child psychotherapy, whether these be the real events of the child's history and current life or larger world events?

I think Klein's capacity to move between the delineation of Richard's inner world of family relationships, with its love and longing, curiosity, jealousy and hatred, and his life in Pitlochry (the hotel where he stayed, the journeys to and fro, the other children he encountered) and his thoughts about the wider world beyond is a pleasure to read and an inspiration. I think it is when these areas of life come together for child and therapist that we feel most satisfaction in our work.

I will end with a brief example of my own to bring us closer to our own times. My patient was a boy of Richard's age but with very different problems and a much more seriously disturbed background. By the time I saw him he had been living with his adoptive family for the four years since he was five. His early years had been both chaotic and tragic, ending in his removal to a foster home from mother's care at age two and a half. One thing which particularly troubled his adoptive mother was his refusal of care or comfort whenever he was ill. He would simply hide in his bed.

In therapy, early sessions were dominated by his desire to possess and control me and my room. Conflict erupted continually. He was an extremely challenging patient. One day we were struggling at the window where he liked to threaten me with a variety of torments- throwing out toys, trying to climb out, standing on the window sill and gesticulating and shouting to attract the attention of those passing below, throwing punches at me. As I restrained him from wriggling out, hot, weary and rather desperate, I said to him " Tom, one



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of my jobs here is to keep you safe, look after your body and mine and try to make sure we do not get hurt. That is why I am holding you now.”

At that moment his enraged battling with me stopped, and the tension in his body gave way to allowing himself to lie quietly, with my hands still holding him. In a very small voice he said “no one ever looked after my body”. I spoke a little more about his now letting me know about a very small long-ago Tom he remembers well who was sure there was no one to care about him and who thought that he had to do it all himself by making himself feel big and fierce and powerful. After a couple of minutes deep peaceful quiet he added, still in little more than a whisper, “ I don’t want to talk about it any more now”. I said that he knows this is what we are here to think about together, but that he wants me to know that that is enough for today. Afterwards we were able to put to rights the room which had been reduced to a total mess earlier in the session before he left. We thus found a moment in which inner and outer, past and present could be linked through an interpretation, to our mutual relief.