NEW DIRECTIONS IN
PSYCHOANALYSIS

EDITED BY
MELANIE KLEIN
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NEW DIRECTIONS IN PSYCHO-ANALYSIS
MELANIE KLEIN—1954
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The Significance of Infant Conflict in the Pattern of Adult Behaviour

Edited by
MELANIE KLEIN
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R. E. MONEY-KYRLE

With a Preface by
Ernest Jones

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MR. KLEIN'S work of the past thirty years has been attacked and defended with almost equal vehemence, but in the long run its value can be satisfactorily estimated only by those who themselves make comparable investigations. As is well known, I have from the beginning viewed Mrs. Klein's work with the greatest sympathy, especially as many of the conclusions coincided with those I reached myself; and I have all along been struck by the observation that many of the criticisms have been close echoes of those with which I had been made familiar in the earliest days of psycho-analysis. A good many of her findings and conclusions had been adumbrated in quite early days by Freud, Rank and others, but what is so distinctive and admirable in her work is the courage and unshakable integrity with which she has quite unsparingly worked out the implications and consequences of those earlier hints, thereby making important fresh discoveries in her course.

It is a matter for wide satisfaction as well as for personal congratulation that Mrs. Klein has lived to see her work firmly established. So long as it was simply deposited in what she herself had published there was always the hope, but by no means the certainty, that it would be taken up by future students. The situation has now moved beyond that stage; her work is firmly established. As a result of her personal instruction, combined with the insight of those who decided to accept it, she has a considerable number of colleagues and pupils who follow her lead in exploring the deepest depths. To the papers that many of them have contributed to New Directions in Psycho-Analysis I have the pleasure of adding this envoi.

ERNEST JONES.
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INTRODUCTION

A special issue of *The International Journal of Psycho-Analysis* was published in March, 1952, and dedicated to Melanie Klein on the occasion of her seventieth birthday. It consisted of a number of original essays by some of those who have been either associated with her work from the beginning or numbered among her pupils. The present book is a revised reproduction of eleven of these essays enlarged by the addition of ten more, including two by Melanie Klein herself.¹

To those in the psycho-analytic field, it will need no further introduction. But, for the benefit of a wider audience, some preliminary remarks about the development of psycho-analytic theory and technique and Melanie Klein’s part in this development would seem to be desirable.

* * *

Although we now know that there is no precise boundary between the states ordinarily described as mental health and mental illness, we have always tended to make one.² Indeed, until comparatively recent times mental illness seemed so unnatural a phenomenon that it was placed in the realm of the supernatural. The ill person was felt to be possessed by powerful spirits. As such, he was always feared; but whether he was honoured with gifts and appeals for help, or became the victim of relentless persecution, depended on the superstitions of his culture.

The first step from this to the more modern attitude was made by the early hypnotists who became prominent, especially in France, at the end of the eighteenth century and developed their technique throughout the nineteenth.³ It was to two of their famous schools,

¹ The new papers are those numbered 1, 3, 6, 7, 9, 12, 13, 17, 20, and 21.
² Mental health can be precisely defined as a limiting concept. But the class so defined however useful it may be in psycho-analytic theory, is found to have no actual members.
³ See Flugel, J. C., *A Hundred Years of Psychology*, 1933.
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Charcot’s at the Salpêtrière and Bernheim’s at Nancy, that Sigmund Freud, at that time a brilliant young neurologist from Vienna, turned in 1885 and 1889, for help in the treatment of his patients.¹ But his initial satisfaction in using suggestion, as demonstrated by the French psychiatrists, was soon ended by the new discovery that the easy and seemingly miraculous cures he effected by its means were not lasting and had to be frequently repeated.

Meanwhile, he had become interested in the work of an older colleague in Vienna, Josef Breuer, who in treating the hysterical symptoms of a young woman had used hypnotism in a different manner, not to suggest away the symptoms, but to question her about them, and had noticed that they could be relieved if she could be induced to express in words the affective phantasy by which she was at the moment dominated."² So now, in his dissatisfaction with a purely suggestive use of hypnotism, he repeated Breuer’s experiment with a similar patient and, by its means, achieved a most encouraging measure of success.

For a time, Breuer and Freud collaborated in what had become the initial steps in the exploration of the unconscious, until Breuer, becoming anxious about the strength and nature of the forces that could be released from its depths, abandoned the research he had so brilliantly begun. Then Freud carried on for some years alone and in an atmosphere increasingly hostile to this work. It is not easy for those who now enjoy the more friendly attitude of their contemporaries—which is a direct result of his discoveries—to understand the enormous opposition he had to overcome, or the integrity required to maintain against it a balanced attitude, at once critical and confident, towards his own developing hypotheses. Yet, in this period of about ten years, when he seemed to have raised the entire academic world against him, he succeeded in laying the foundation on which analytic practice has been built.

His first advance beyond the point already reached by Breuer was a change, and a vast improvement, in technique. He abandoned hypnotism altogether and in its place developed the “free association” method which remains the only satisfactory way at once of exploring the unconscious and making it conscious to patients, and so relieving them of its irrational effects. With this new implement of research

¹ These brief notes are taken from Freud’s Autobiographical Study. But for a full account the reader is referred to Ernest Jones' detailed biography: Sigmund Freud—Life and Work, Vol. I (London, 1933).
at his disposal he made rapid progress in mapping out its hitherto uncharted depths.

It will perhaps be sufficient if the principal stages of Freud's exploration into the unconscious are very briefly listed. After the discovery of the Oedipus complex and of the existence of early sexuality, his next step was to follow, at first only in broad outline, the course of its development from its early oral and anal to its final genital form. Then came his discovery of the super-ego. That man was a moral being whose freedom was restricted by a conscience, a kind of mentor within but distinct from himself, had of course been recognized from very early times. What was new was Freud's discovery that this super-ego is a far more formidable and archaic being than the "conscious conscience", which is only a small part of it; new also was his theory of its origin. Since one of its most universal functions is to repress the incestuous and parricidal impulses of the Oedipus complex, he linked its origin with the conscious disappearance of this complex. When, from about the age of three to five, these impulses are at their height, their overt expression is certainly impeded by a more or less conscious fear of the parent of the same sex, whom the child wishes to displace; and Freud believed that this fear of a real external figure—not necessarily as it was but as the child imagined it to be—must be, at that age, the only ontogenetic force opposed to them. So when, at a somewhat later age, they are found to be wholly repressed and inhibited by an unconscious fear of the super-ego, he concluded that the super-ego must be the image of the same feared parent which had now been "introjected". Exactly how this process of "psychological incorporation" came about remained obscure. But from the beginning Freud regarded it as at least analogous to an oral process of physical incorporation.\(^1\)

The last of his most important discoveries was that of the basic role played by aggression in the unconscious. This "Death Instinct", as he called it, is felt first as an indefinite threat to the self from within the self; but it is quickly "projected" outwards and felt as an external threat. There it can be dealt with more easily. The ego can seek to escape it, or to destroy it—in which case it becomes, as it were, its own object. But it was Melanie Klein who first made use of this discovery to explain the archaic severity of the super-ego, which is so much more ruthless than even the most brutal of real parents. When,

\(^1\) Moreover, and this seems much more questionable, he believed that it was based on a phylogenetic memory of cannibalistic attacks on primal fathers—a theory which is perhaps itself a projection into the racial past of what was later recognized as an oral-cannibalistic phase of early infancy.
Introduction

at the height of his Œdipus complex, the child turns against the parent he wishes to displace, he projects his own aggression upon this parent, who in his imagination becomes a veritable ogre and is, as such, introjected to form his super-ego.

By this time the period of Freud’s isolation had long been over, and he was surrounded by a large school of co-workers, with branches in almost every country. One of the most brilliant of these co-workers was Karl Abraham who, as a result of his own work with the severest types of mental illness, and under the influence of Freud’s new discoveries about the importance of aggression, was able to go a stage further in the reconstruction of the earliest stages of development. But unfortunately his own death, when he had barely reached the most productive period of his life, prevented him from completing his work.

Melanie Klein was his pupil, and during his life he encouraged and supported her work in the direct application of analysis for the treatment of children. Her first task was to develop a special technique for the purpose. It would have been futile to ask children who can hardly talk to give verbal “free associations”. So she provided them with toys, and encouraged them to “play freely” instead. She then “interpreted” their play, that is, she described to them the feelings and phantasies which seemed to be expressed by it.

With this new technique at her disposal she was at once able to achieve therapeutic results that surpassed those usually obtained with adults. She was also in a position, as it were, for the first time to observe the early stages of development at close quarters, and so to map it out in much greater detail than had ever been possible before. Abraham was not slow to recognize the significance of this new development. In 1924, at the first Congress of German psychoanalysts, in summing up the paper on the Erna case (The Psycho-Analysis of Children, Chap. 3) he said: “The future of psycho-analysis lies in play-technique.” In the thirty years that have elapsed since then, his prediction has come true. Play technique has profoundly influenced analysis.

The analytic picture of mental development as enlarged, and in some points modified, by Melanie Klein’s work, is not easy to summarize without distortion. But a brief mention of its two principal stages need not be misleading provided we remember that earlier stages co-exist or alternate with later ones—owing to “fixation” and “regression”. To emphasize this fact Melanie Klein herself speaks of the successive “positions”, rather than stages, of development.
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The first of these results from the infant's unintegrated, and violently conflicting, attitudes to the vital objects of his world, particularly his mother's breasts. Both because her breasts are sometimes gratifying and sometimes frustrating and because the child's own impulses are projected into, or felt to come from, these objects, they are themselves felt to be sometimes good and loving, sometimes bad and dangerous. And since he also "introjects" or incorporates them in phantasy, he feels himself to be possessed, as well as surrounded, by alternatively protective and persecutory objects. The persecutory anxiety, which always arises in this period, retards, and often temporarily disrupts the gradual integration of his ego. In short, the early stage is characterized by what Melanie Klein has appropriately named the paranoid-schizoid position.

The next stage results inevitably from the increasing integration of the infant's impulses, so that he begins to realize, at first only intermittently, that the gratifying objects he needs and loves are but other aspects of the frustrating ones he hates and in phantasy destroys. With this discovery he begins to feel concern for these objects and to experience depression. This "depressive position" is so painful that to escape it he tends to deny either that his destroyed good objects are good or that they have been injured. In other words, he tends either to regress to the older persecutory position or to adopt a "manic defence" in which concern and guilt are strenuously denied. But so far as he can tolerate depressive feelings, they give rise to reparative impulses and to a capacity for unselfish concern and protective love. The extent to which he achieves or fails to achieve this normal outcome determines the stability of his health, or his liability to illness.

It should be mentioned at this point that, in her view, those two great discoveries of Freud, the Oedipus complex and the super-ego, have their roots in these periods of development and so begin much earlier than he thought.

The insight now gained into these positions and defences of early development enables us to recognize them as recurring in every analytic transference—that is, in a patient's changing attitudes to his analyst—where they can be pointed out and modified by being brought to light. The deeper understanding we owe to Melanie Klein has therefore substantially increased the power and range of both applied and clinical analysis. Moreover, by passing through some of the analytic limits accepted as impassable a few decades ago, her work encourages us to hope that others still impassable may in time be passed.

R. E. MONEY-KYRLE.

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PART ONE

PAPERS IN CLINICAL PSYCHO-ANALYSIS
THE PSYCHO-ANALYTIC PLAY TECHNIQUE: ITS HISTORY AND SIGNIFICANCE

MELANIE KLEIN

In offering a paper mainly concerned with play technique as an introduction to this book, I have been prompted by the consideration that my work both with children and adults, and my contributions to psycho-analytic theory as a whole derive ultimately from the play technique evolved with young children. I do not mean by this that my later work was a direct application of the play technique; but the insight I gained into early development, into unconscious processes, and into the nature of the interpretations by which the unconscious can be approached, has been of far-reaching influence on the work I have done with older children and adults.

I shall, therefore, briefly outline the steps by which my work developed out of the psycho-analytic play technique, but I shall not attempt to give a complete summary of my findings. In 1919, when I started my first case, some psycho-analytic work with children had already been done, particularly by Dr. Hug-Hellmuth. However, she did not undertake the psycho-analysis of children under six and, although she used drawings and occasionally play as material, she did not develop this into a specific technique.

At the time I began to work it was an established principle that interpretations should be given very sparingly. With few exceptions psycho-analysts had not explored the deeper layers of the unconscious—in children such exploration being considered potentially dangerous. This cautious outlook was reflected in the fact that then, and for years to come, psycho-analysis was held to be suitable only for children from the latency period onwards.

1 Based on a paper read to the Royal Medico-Psychological Association on 12th February, 1933.
3 A description of this early approach is given in Anna Freud’s book Einführung in die Technik der Kinderanalyse, 1927 (Introduction to the Technique of Child Analysis, Nervous and Mental Disease Monograph Series, No. 48, 1929).
Melanie Klein

My first patient was a five-year-old boy. I referred to him under the name "Fritz" in my earliest published paper.¹ To begin with I thought it would be sufficient to influence the mother's attitude. I suggested that she should encourage the child to discuss freely with her the many unspoken questions which were obviously at the back of his mind and were impeding his intellectual development. This had a good effect, but his neurotic difficulties were not sufficiently alleviated and it was soon decided that I should psycho-analyse him. In doing so, I deviated from some of the rules so far established, for I interpreted what I thought to be most urgent in the material the child presented to me and found my interest focusing on his anxieties and the defences against them. This new approach soon confronted me with serious problems. The anxieties I encountered when analysing this first case were very acute, and although I was strengthened in the belief that I was working on the right lines by observing the alleviation of anxiety again and again produced by my interpretations, I was at times perturbed by the intensity of the fresh anxieties which were being brought into the open. On one such occasion I sought advice from Dr. Karl Abraham. He replied that since my interpretations up to then had often produced relief and the analysis was obviously progressing, he saw no ground for changing the method of approach. I felt encouraged by his support and, as it happened, in the next few days the child's anxiety, which had come to a head, greatly diminished, leading to further improvement. The conviction gained in this analysis strongly influenced the whole course of my analytic work.

The treatment was carried out in the child's home with his own toys. This analysis was the beginning of the psycho-analytic play technique, because from the start the child expressed his phantasies and anxieties mainly in play, and I consistently interpreted its meaning to him, with the result that additional material came up in his play. That is to say, I already used with this patient, in essence, the method of interpretation which became characteristic of my technique. This approach corresponds to a fundamental principle of psycho-analysis—free association. In interpreting not only the child's words but also his activities with his toys, I applied this basic principle to the mind of the child, whose play and varied activities—in fact his whole behaviour—are means of expressing what the adult

expresses predominantly by words. I was also guided throughout by
two other tenets of psycho-analysis established by Freud, which I
have from the beginning regarded as fundamental: that the explora-
tion of the unconscious is the main task of psycho-analytic procedure,
and that the analysis of the transference is the means of achieving
this aim.

Between 1920 and 1923 I gained further experience with other
child cases, but a definite step in the development of play technique
was the treatment of a child of two years and nine months whom I
psycho-analysed in 1923. I have given some details of this child’s
case under the name “Rita” in my book, *The Psycho-Analysis of
Children*. Rita suffered from night terrors and animal phobias, was
very ambivalent towards her mother, at the same time clinging to
her to such an extent that she could hardly be left alone. She had a
marked obsessive neurosis and was at times very depressed. Her
play was inhibited and her inability to tolerate frustrations made her
upbringing increasingly difficult. I was very doubtful about how to
tackle this case since the analysis of so young a child was an entirely
new experiment. The first session seemed to confirm my mis-
givings. Rita, when left alone with me in her nursery, at once
showed signs of what I took to be a negative transference: she was
anxious and silent and very soon asked to go out into the garden.
I agreed and went with her—I may add, under the watchful eyes of
her mother and aunt, who took this as a sign of failure. They were
very surprised to see that Rita was quite friendly towards me when
we returned to the nursery some ten to fifteen minutes later. The
explanation of this change was that while we were outside I had been
interpreting her negative transference (this again being against the
usual practice). From a few things she said, and the fact that she was
less frightened when we were in the open, I concluded that she was
particularly afraid of something which I might do to her when she
was alone with me in the room. I interpreted this and, referring to her
night terrors, I linked her suspicion of me as a hostile stranger with
her fear that a bad woman would attack her when she was by herself
at night. When, a few minutes after this interpretation, I suggested
that we should return to the nursery, she readily agreed. As I men-
tioned, Rita’s inhibition in playing was marked, and to begin with
she did hardly anything but obsessively dress and undress her doll.

1 (London, 1932). See also *On the Bringing up of Children* (London, 1936), and “The
Œdipus Complex in the Light of Early Anxieties”, *Int. J. Psycho-Anal.*, Vol. XXVI (1945),
also in *Contributions to Psycho-Analysis*. 

5
Melanie Klein

But soon I came to understand the anxieties underlying her obsessions, and interpreted them. This case strengthened my growing conviction that a precondition for the psycho-analysis of a child is to understand and to interpret the phantasies, feelings, anxieties, and experiences expressed by play or, if play activities are inhibited, the causes of the inhibition.

As with Fritz, I undertook this analysis in the child’s home and with her own toys; but during this treatment, which lasted only a few months, I came to the conclusion that psycho-analysis should not be carried out in the child’s home. For I found that, although she was in great need of help and her parents had decided that I should try psycho-analysis, her mother’s attitude towards me was very ambivalent and the atmosphere was on the whole hostile to the treatment. More important still, I found that the transference situation—the backbone of the psycho-analytic procedure—can only be established and maintained if the patient is able to feel that the consulting-room or the play-room, indeed the whole analysis, is something separate from his ordinary home life. For only under such conditions can he overcome his resistances against experiencing and expressing thoughts, feelings, and desires, which are incompatible with convention, and in the case of children felt to be in contrast to much of what they have been taught.

I made further significant observations in the psycho-analysis of a girl of seven, also in 1923. Her neurotic difficulties were apparently not serious, but her parents had for some time been concerned about her intellectual development. Although quite intelligent she did not keep up with her age group, she disliked school, and sometimes played truant. Her relation to her mother, which had been affectionate and trusting, had changed since she had started school: she had become reserved and silent. I spent a few sessions with her without achieving much contact. It had become clear that she disliked school, and from what she diffidently said about it, as well as from other remarks, I had been able to make a few interpretations which produced some material. But my impression was that I should not get much further in that way. In a session in which I again found the child unresponsive and withdrawn I left her, saying that I would return in a moment. I went into my own children’s nursery, collected a few toys, cars, little figures, a few bricks, and a train, put them into a box and returned to the patient. The child, who had not taken to drawing or other activities, was interested in the small toys and at once began to play. From this play I gathered that two of the
The Psycho-Analytic Play Technique: its history and significance

toy figures represented herself and a little boy, a school-mate about whom I had heard before. It appeared that there was something secret about the behaviour of these two figures and that other toy people were resented as interfering or watching and were put aside. The activities of the two toys led to catastrophes, such as their falling down or colliding with cars. This was repeated with signs of mounting anxiety. At this point I interpreted, with reference to the details of her play, that some sexual activity seemed to have occurred between herself and her friend, and that this had made her very frightened of being found out and therefore distrustful of other people. I pointed out that while playing she had become anxious and seemed on the point of stopping her play. I reminded her that she disliked school, and that this might be connected with the fear that the teacher would find out about her relation with her schoolmate and punish her. Above all she was frightened and therefore distrustful of her mother, and now she might feel the same way about me. The effect of this interpretation on the child was striking: her anxiety and distrust first increased, but very soon gave way to obvious relief. Her facial expression changed, and although she neither admitted nor denied what I had interpreted, she subsequently showed her agreement by producing new material and by becoming much freer in her play and speech; also her attitude towards me became much more friendly and less suspicious. Of course the negative transference, alternating with the positive one, came up again and again; but, from this session onwards, the analysis progressed well. Concurrently there were favourable changes, as I was informed, in her relation to her family—in particular to her mother. Her dislike of school diminished and she became more interested in her lessons, but her inhibition in learning, which was rooted in deep anxieties, was only gradually resolved in the course of her treatment.

II

I have described how the use of the toys I kept especially for the child patient in the box in which I first brought them proved essential for her analysis. This experience, as well as others, helped me to decide which toys are most suitable for the psycho-analytic play technique.1 I found it essential to have small toys because their

1 They are mainly: little wooden men and women, usually in two sizes, cars, wheelbarrows, swings, trains, aeroplanes, animals, trees, bricks, houses, fences, paper, scissors, a knife, pencils, chalks or paints, glue, balls and marbles, plasticsine and string.
Melanie Klein

number and variety enable the child to express a wide range of phantasies and experiences. It is important for this purpose that these toys should be non-mechanical and that the human figures, varying only in colour and size, should not indicate any particular occupation. Their very simplicity enables the child to use them in many different situations, according to the material coming up in his play. The fact that he can thus present simultaneously a variety of experiences and phantasied or actual situations also makes it possible for us to arrive at a more coherent picture of the workings of his mind.

In keeping with the simplicity of the toys, the equipment of the play-room is also simple. It does not contain anything except what is needed for the psycho-analysis. Each child’s playthings are kept locked in one particular drawer, and he therefore knows that his toys and his play with them, which is the equivalent of the adult’s associations, are only known to the analyst and to himself. The box in which I first introduced the toys to the little girl mentioned above turned out to be the prototype of the individual drawer, which is part of the private and intimate relation between analyst and patient, characteristic of the psycho-analytic transference situation.

I do not suggest that the psycho-analytic play technique depends entirely on my particular selection of play-material. In any case, children often spontaneously bring their own things and the play with them enters as a matter of course into the analytic work. But I believe that the toys provided by the analyst should on the whole be of the type I have described, that is to say, simple, small, and non-mechanical.

Toys, however, are not the only requisites for a play analysis. Many of the child’s activities are at times carried out round the wash-hand basin, which is equipped with one or two small bowls, tumblers, and spoons. Often he draws, writes, paints, cuts out, repairs toys, and so on. At times he plays games in which he allot roles to the analyst and himself such as playing shop, doctor and patient, school, mother and child. In such games the child frequently takes the part of the adult, thereby not only expressing his wish to reverse the roles, but also demonstrating how he feels that his parents or other people in authority behave towards him—or should behave. Sometimes he gives vent to his aggressiveness and resentment by being, in the role of parent, sadistic towards the child, represented by the analyst. The principle of interpretation remains the same whether the

1 It has a washable floor, running water, a table, a few chairs, a little sofa, some cushions and a chest of drawers.
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phantasies are presented by toys or by dramatization. For, whatever material is used, it is essential that the analytic principles underlying the technique should be applied.

Aggressiveness is expressed in various ways in the child’s play, either directly or indirectly. Often a toy is broken or, when the child is more aggressive, attacks are made with knife or scissors on the table or on pieces of wood; water or paint is splashed about and the room generally becomes a battlefield. It is essential to enable the child to bring out his aggressiveness; but what counts most is to understand why at this particular moment in the transference situation destructive impulses come up and to observe their consequences in the child’s mind. Feelings of guilt may very soon follow after the child has broken, for instance, a little figure. Such guilt refers not only to the actual damage done but to what the toy stands for in the child’s unconscious, e.g. a little brother or sister, or a parent; the interpretation has therefore to deal with these deeper levels as well. Sometimes we can gather from the child’s behaviour towards the analyst that not only guilt but also persecutory anxiety has been the sequel to his destructive impulses and that he is afraid of retaliation.

I have usually been able to convey to the child that I would not tolerate physical attacks on myself. This attitude not only protects the psycho-analyst but is of importance for the analysis as well. For such assaults, if not kept within bounds, are apt to stir up excessive guilt and persecutory anxiety in the child and therefore add to the difficulties of the treatment. I have sometimes been asked by what method I prevented physical attacks, and I think the answer is that I was very careful not to inhibit the child’s aggressive phantasies; in fact he was given opportunity to act them out in other ways, including verbal attacks on myself. The more I was able to interpret in time the motives of the child’s aggressiveness the more the situation could be kept under control. But with some psychotic children it has occasionally been difficult to protect myself against their aggressiveness.

III

I have found that the child’s attitude towards a toy he has damaged is very revealing. He often puts aside such a toy, representing for

1 Instances both of play with toys and of the games described above can be found in The Psycho-Analysis of Children (particularly in Chapters II, III and IV). See also "Personification in the Play of Children", Int. J. Psycho-Anal., Vol. X (1929) also in Contributions to Psycho-Analysis.
instance a sibling or a parent, and ignores it for a time. This indicates
dislike of the damaged object, due to the persecutory fear that the
attacked person (represented by the toy) has become retaliatory and
dangerous. The sense of persecution may be so strong that it covers
up feelings of guilt and depression which are also aroused by the
damage done. Or guilt and depression may be so strong that they
lead to a reinforcing of persecutory feelings. However, one day the
child may search in his drawer for the damaged toy. This suggests
that by then we have been able to analyse some important defences,
thus diminishing persecutory feelings and making it possible for the
sense of guilt and the urge to make reparation to be experienced.
When this happens we can also notice that a change in the child’s
relation to the particular sibling for whom the toy stood, or in his
relations in general, has occurred. This change confirms our impres-
sion that persecutory anxiety has diminished and that, together with
the sense of guilt and the wish to make reparation, feelings of love
which had been impaired by excessive anxiety have come to the
fore. With another child, or with the same child at a later stage of the
analysis, guilt and the wish to repair may follow very soon after the
act of aggression, and tenderness towards the brother or sister who
may have been damaged in phantasy becomes apparent. The im-
portance of such changes for character formation and object rela-
tions, as well as for mental stability, cannot be overrated.

It is an essential part of the interpretative work that it should keep
in step with fluctuations between love and hatred; between happiness
and satisfaction on the one hand and persecutory anxiety and depres-
sion on the other. This implies that the analyst should not show
disapproval of the child having broken a toy; he should not, however,
encourage the child to express his aggressiveness, or suggest to him
that the toy could be mended. In other words, he should enable the
child to experience his emotions and phantasies as they come up.
It was always part of my technique not to use educative or moral
influence, but to keep to the psycho-analytic procedure only, which,
to put it in a nutshell, consists in understanding the patient’s mind and
in conveying to him what goes on in it.

The variety of emotional situations which can be expressed by
play activities is unlimited: for instance, feelings of frustration and of
being rejected; jealousy of both father and mother, or of brothers
and sisters; aggressiveness accompanying such jealousy; pleasure in
having a playmate and ally against the parents; feelings of love and
hatred towards a newborn baby or one who is expected, as well as
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the ensuing anxiety, guilt, and urge to make reparation. We also find in the child’s play the repetition of actual experiences and details of everyday life, often interwoven with his phantasies. It is revealing that sometimes very important actual events in his life fail to enter either into his play or into his associations, and that the whole emphasis at times lies on apparently minor happenings. But these minor happenings are of great importance to him because they have stirred up his emotions and phantasies.

IV

There are many children who are inhibited in play. Such inhibition does not always completely prevent them from playing, but may soon interrupt their activities. For instance, a little boy was brought to me for one interview only (there was a prospect of an analysis in the future; but at the time the parents were going abroad with him). I had some toys on the table and he sat down and began to play, which soon led to accidents, collisions, and toy people falling down whom he tried to stand up again. In all this he showed a good deal of anxiety, but since no treatment was yet intended, I refrained from interpreting. After a few minutes he quietly slipped out of his chair and saying “Enough of playing”, went out. I believe from my experience that if this had been the beginning of a treatment and I had interpreted the anxiety shown in his actions with the toys and the corresponding negative transference towards me, I should have been able to resolve his anxiety sufficiently for him to continue playing.

The next instance may help me to show some of the causes of a play inhibition. The boy, aged three years nine months, whom I described under the name “Peter” in The Psycho-Analysis of Children, was very neurotic.¹ To mention some of his difficulties: he was unable to play, could not tolerate any frustration, was timid, plaintive, and unboyish, yet at times aggressive and overbearing, very ambivalent towards his family, and strongly fixated on his mother. She told me that Peter had greatly changed for the worse after a summer holiday during which at the age of eighteen months he shared his parents’ bedroom and had opportunity of observing their sexual intercourse. On that holiday he became very difficult to manage.

¹ This child, whose analysis was begun in 1924, was another of the cases that helped to develop my play technique.
Melanie Klein

slept badly, and relapsed into soiling his bed at night, which he had not done for some months. He had been playing freely until then, but from that summer onwards he stopped playing and became very destructive towards his toys; he would do nothing with them but break them. Shortly afterwards his brother was born, and this increased all his difficulties.

In the first session Peter started to play; he soon made two horses bump into each other, and repeated the same action with different toys. He also mentioned that he had a little brother. I interpreted to him that the horses and the other things which had been bumping together represented people, an interpretation which he first rejected and then accepted. He again bumped the horses together, saying that they were going to sleep, covered them up with bricks, and added: "Now they're quite dead; I've buried them." He put the motor-cars front to rear in a row which, as became clear later in the analysis, symbolized his father's penis, and made them run along, then suddenly lost his temper and threw them about the room, saying: "We always smash our Christmas presents straight away; we don't want any." Smashing his toys thus stood in his unconscious for smashing his father's genital. During this first hour he did in fact break several toys.

In the second session Peter repeated some of the material of the first hour, in particular the bumping together of cars, horses, etc., and speaking again of his little brother, whereupon I interpreted that he was showing me how his Mummy and Daddy bumped their genitals (of course using his own word for genitals) and that he thought that their doing so caused his brother to be born. This interpretation produced more material, throwing light on his very ambivalent relation towards his little brother and towards his father. He laid a toy man on a brick which he called a "bed", threw him down and said he was "dead and done for". He next re-enacted the same thing with two toy men, choosing figures he had already damaged. I interpreted that the first toy man stood for his father whom he wanted to throw out of his mother's bed and kill, and that one of the two toy men was again the father and the other represented himself to whom his father would do the same. The reason why he had chosen two damaged figures was that he felt that both his father and himself would be damaged if he attacked his father.

This material illustrates a number of points, of which I shall only mention one or two. Because Peter's experience of witnessing the sexual intercourse of his parents had made a great impact on his mind,
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and had aroused strong emotions such as jealousy, aggressiveness and anxiety, this was the first thing which he expressed in his play. There is no doubt that he had no longer any conscious knowledge of this experience, that it was repressed, and that only the symbolical expression of it was possible for him. I have reason to believe that if I had not interpreted that the toys bumping together were people, he might not have produced the material which came up in the second hour. Furthermore, had I not, in the second hour, been able to show him some of the reasons for his inhibition in play, by interpreting the damage done to the toys, he would very likely—as he did in ordinary life—have stopped playing after breaking the toys.

There are children who at the beginning of treatment may not even play in the same way as Peter, or the little boy who came for one interview only. But it is very rare for a child completely to ignore the toys laid out on the table. Even if he turns away from them, he often gives the analyst some insight into his motives for not wishing to play. In other ways, too, the child analyst can gather material for interpretation. Any activity, such as using paper to scribble on or to cut out, and every detail of behaviour, such as changes in posture or in facial expression, can give a clue to what is going on in the child’s mind, possibly in connection with what the analyst has heard from the parents about his difficulties.

I have said much about the importance of interpretation for play technique and have given some instances to illustrate their content. This brings me to a question which I have often been asked: “Are young children intellectually able to understand such interpretations?” My own experience and that of my colleagues has been that if the interpretations relate to the salient points in the material, they are fully understood. Of course the child analyst must give his interpretations as succinctly and as clearly as possible, and should also use the child’s expressions in doing so. But if he translates into simple words the essential points of the material presented to him, he gets into touch with those emotions and anxieties which are most operative at the moment; the child’s conscious and intellectual understanding is often a subsequent process. One of the many interesting and surprising experiences of the beginner in child analysis is to find in even very young children a capacity for insight which is often far greater than that of adults. To some extent this is explained by the fact that the connections between conscious and unconscious are closer in young children than in adults, and that infantile repressions are less powerful. I also believe that the infant’s
intellectual capacities are often underrated and that in fact he understands more than he is credited with.

I shall now illustrate what I have said by a young child’s response to interpretations. Peter, of whose analysis I have given a few details, had strongly objected to my interpretation that the toy man he had thrown down from the “bed” and who was “dead and done for” represented his father. (The interpretation of death-wishes against a loved person usually arouses great resistance in children as well as in adults.) In the third hour Peter again brought similar material, but now accepted my interpretation and said thoughtfully: “And if I were a Daddy and someone wanted to throw me down behind the bed and make me dead and done for, what would I think of it?” This shows that he had not only worked through, understood and accepted my interpretation, but that he had also recognized a good deal more. He understood that his own aggressive feelings towards his father contributed to his fear of him, and also that he had projected his own impulses on to his father.

One of the important points in play technique has always been the analysis of the transference. As we know, in the transference on the analyst the patient repeats earlier emotions and conflicts. It is my experience that we are able to help the patient fundamentally by taking his phantasies and anxieties back in our transference interpretations to where they originated—namely, in infancy and in relation to his first objects. For by re-experiencing early emotions and phantasies and understanding them in relation to his primal objects, he can, as it were, revise these relations at their root, and thus effectively diminish his anxieties.

In looking back over the first few years of my work, I would single out a few facts. I mentioned at the beginning of this paper that in analysing my earliest child case I found my interest focusing on his anxieties and defences against them. My emphasis on anxiety led me deeper and deeper into the unconscious and into the phantasy life of the child. This particular emphasis ran counter to the psycho-analytical point of view that interpretations should not go very deep and should not be given frequently. I persisted in my approach, in spite of the fact that it involved a radical change in technique. This approach took me into new territory, for it opened up the
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understanding of the early infantile phantasies, anxieties and defences, which were at that time still largely unexplored. This became clear to me when I began the theoretical formulation of my clinical findings.

One of the various phenomena which struck me in the analysis of Rita was the harshness of her super-ego. I have described in The Psycho-Analysis of Children how Rita used to play the role of a severe and punishing mother who treated the child (represented by the doll or by myself) very cruelly. Furthermore, her ambivalence towards her mother, her extreme need to be punished, her feelings of guilt and her night terrors led me to recognize that in this child aged two years and nine months—and quite clearly going back to a much earlier age—a harsh and relentless super-ego operated. I found this discovery confirmed in the analyses of other young children and came to the conclusion that the super-ego arises at a much earlier stage than Freud assumed. In other words, it became clear to me that the super-ego, as conceived by him, is the end-product of a development which extends over years. As a result of further observations, I recognized that the super-ego is something which is felt by the child to operate internally in a concrete way; that it consists of a variety of figures built up from his experiences and phantasies and that it is derived from the stages in which he had internalized (introjected) his parents.

These observations in turn led, in the analyses of little girls, to the discovery of the leading female anxiety situation: the mother is felt to be the primal persecutor who, as an external and internalized object, attacks the child’s body and takes from it her imaginary children. These anxieties arise from the girl’s phantasied attacks on the mother’s body, which aim at robbing her of its contents, i.e. of faeces, of the father’s penis, and of children, and result in the fear of retaliation by similar attacks. Such persecutory anxieties I found combined or alternating with deep feelings of depression and guilt, and these observations then led to my discovery of the vital part which the tendency to make reparation plays in mental life. Reparation in this sense is a wider concept than Freud’s concepts of “undoing in the obsessional neurosis” and of “reaction-formation”. For it includes the variety of processes by which the ego feels it undoes harm done in phantasy, restores, preserves, and revives objects. The importance of this tendency, bound up as it is with feelings of guilt, also lies in the major contribution it makes to all sublimations, and in this way to mental health.
In studying the phantasied attacks on the mother's body, I soon came upon anal- and urethral-sadistic impulses. I have mentioned above that I recognized the harshness of the super-ego in Rita (1923) and that her analysis greatly helped me to understand the way in which destructive impulses towards the mother become the cause of feelings of guilt and persecution. One of the cases through which the anal- and urethral-sadistic nature of these destructive impulses became clear to me was that of "Trude", aged three years and three months, whom I analysed in 1924. When she came to me for treatment, she suffered from various symptoms, such as night terrors and incontinence of urine and faeces. Early on in her analysis she asked me to pretend that I was in bed and asleep. She would then say that she was going to attack me and look into my buttocks for faeces (which I found also represented children) and that she was going to take them out. Such attacks were followed by her crouching in a corner, playing that she was in bed, covering herself with cushions (which were to protect her body and which also stood for children); at the same time she actually wetted herself and showed clearly that she was very much afraid of being attacked by me. Her anxieties about the dangerous internalized mother confirmed the conclusions I first formed in Rita's analysis. Both these analyses had been of short duration, partly because the parents thought that enough improvement had been achieved.

Soon afterwards I became convinced that such destructive impulses and phantasies could always be traced back to oral-sadistic ones. In fact Rita had already shown this quite clearly. On one occasion she blackened a piece of paper, tore it up, threw the scraps into a glass of water which she put to her mouth as if to drink from it, and said under her breath "dead woman". This tearing up and soiling of paper I had at the time understood to express phantasies of attacking and killing her mother which gave rise to fears of retaliation. I have already mentioned that it was with Trude that I became aware of the specific anal- and urethral-sadistic nature of such attacks. But in other analyses, carried out in 1924 and 1925 (Ruth and Peter, both described in The Psycho-Analysis of Children), I also became aware of the fundamental part which oral-sadistic impulses play in destructive phantasies and corresponding anxieties, thus finding in the analysis of young children full confirmation of

1 Cf. The Psycho-Analysis of Children.
2 Rita had eighty-three sessions, Trude eighty-two sessions.
Abraham's discoveries. These analyses, which gave me further scope for observation, since they lasted longer than Rita's and Trude's, led me towards a fuller insight into the fundamental role of oral desires and anxieties in mental development, normal and abnormal.

As I have mentioned, I had already recognized in Rita and Trude the internalization of an attacked and therefore frightening mother—the harsh super-ego. Between 1924 and 1926 I analysed a child who was very ill indeed. Through her analysis I learned a good deal about the specific details of such internalization and about the phantasies and impulses underlying paranoid and manic-depressive anxieties. For I came to understand the oral and anal nature of her introjection processes and the situations of internal persecution they engendered. I also became more aware of the ways in which internal persecutions influence, by means of projection, the relation to external objects. The intensity of her envy and hatred unmistakably showed its derivation from the oral-sadistic relation to her mother's breast, and was interwoven with the beginnings of her Oedipus complex. Erna's case much helped to prepare the ground for a number of conclusions which I presented to the Tenth International Psycho-Analytical Congress in 1927, in particular the view that the early super-ego, built up when oral-sadistic impulses and phantasies are at their height, underlies psychosis—a view which two years later I developed by stressing the importance of oral-sadism for schizophrenia.

Concurrently with the analyses so far described I was able to make some interesting observations regarding anxiety situations in boys. The analyses of boys and men fully confirmed Freud's view that castration fear is the leading anxiety of the male, but I recognized that owing to the early identification with the mother (the feminine position which ushers in the early stages of the Oedipus complex) the anxiety about attacks on the inside of the body is of great

2 Ruth had 190 sessions, Peter 278 sessions.
3 This growing conviction about the fundamental importance of Abraham's discoveries was also the result of my analysis with him, which began in 1924 and was cut short fourteen months later through his illness and death.
4 Described under the name 'Erna' in The Psycho-Analysis of Children, Chapter III.
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importance in men as well as women, and in various ways influences and moulds their castration fears.

The anxieties derived from phantasied attacks on the mother’s body and on the father she is supposed to contain, proved in both sexes to underlie claustrophobia (which includes the fear of being imprisoned or entombed in the mother’s body). The connection of these anxieties with castration fear can be seen for instance in the phantasy of losing the penis or having it destroyed inside the mother—phantasies which may result in impotence.

I came to see that the fears connected with attacks on the mother’s body and of being attacked by external and internal objects had a particular quality and intensity which suggested their psychotic nature. In exploring the child’s relation to internalized objects, various situations of internal persecution and their psychotic contents became clear. Furthermore, the recognition that fear of retaliation derives from the individual’s own aggressiveness led me to suggest that the initial defences of the ego are directed against the anxiety aroused by destructive impulses and phantasies. Again and again, when these psychotic anxieties were traced to their origin, they were found to stem from oral-sadism. I recognized also that the oral-sadistic relation to the mother and the internalization of a devoured, and therefore devouring, breast create the prototype of all internal persecutors; and furthermore that the internalization of an injured and therefore dreaded breast on the one hand, and of a satisfying and helpful breast on the other, is the core of the super-ego. Another conclusion was that, although oral anxieties come first, sadistic phantasies and desires from all sources are operative at a very early stage of development and overlap the oral anxieties.¹

The importance of the infantile anxieties I have described above was also shown in the analysis of very ill adults, some of whom were border-line psychotic cases.²

¹ These and other conclusions are contained in the two papers I have already mentioned, "Early Stages of the Oedipus Conflict" (Int. J. Psycho-Anal., Vol. IX); and "The Importance of Symbol-Formation in the Development of the Ego" (Int. J. Psycho-Anal., Vol. XI). See also "Personification in the Play of Children" (Int. J. Psycho-Anal., Vol. X (1929)). All these papers are reprinted in Contributions to Psycho-Analysis.

² It is possible that the understanding of the contents of psychotic anxieties and of the urgency to interpret them was brought home to me in the analysis of a paranoid schizophrenic man who came to me for one month only. In 1922 a colleague who was going on holiday asked me to take over for a month a schizophrenic patient of his. I found from the first hour onwards that I must not allow the patient to remain silent for any length of time. I felt that his silence implied danger, and in every such instance I interpreted his suspicions of me, e.g. that I was plotting with his uncle and would have him certified again (he had recently been de-certified)—material which on other occasions he verbally expressed. Once when
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There were other experiences which helped me to reach yet a further conclusion. The comparison between the undoubtedly paranoid Erna and the phantasies and anxieties that I had found in less ill children, who could only be called neurotic, convinced me that psychotic (paranoid and depressive) anxieties underlie infantile neurosis. I also made similar observations in the analyses of adult neurotics. All these different lines of exploration resulted in the hypothesis that anxieties of a psychotic nature are in some measure part of normal infantile development and are expressed and worked through in the course of the infantile neurosis.¹ To uncover these infantile anxieties the analysis has, however, to be carried into deep layers of the unconscious, and this applies both to adults and to children.²

It has already been pointed out in the introduction to this paper that my attention from the beginning focused on the child's anxieties and that it was by means of interpreting their contents that I found myself able to diminish anxiety. In order to do this, full use had to be made of the symbolic language of play which I recognized to be an essential part of the child's mode of expression. As we have seen, the brick, the little figure, the car, not only represent things which interest the child in themselves, but in his play with them they always have a variety of symbolical meanings as well which are bound up with his phantasies, wishes, and experiences. This archaic mode of expression is also the language with which we are familiar in dreams, and it was by approaching the play of

¹ I had interpreted his silence in this way, connecting it with former material, the patient, sitting up, asked me in a threatening tone: "Are you going to send me back to the asylum?" But he soon became quieter and began to speak more freely. That showed me that I had been on the right lines and should continue to interpret his suspicions and feelings of persecution. To some extent a positive as well as a negative transference to me came about; but at one point, when his fear of women came up very strongly, he demanded from me the name of a male analyst to whom he could turn. I gave him a name, but he never approached this colleague. During that month I saw the patient every day. The analyst who had asked me to take over found some progress on his return and wished me to continue the analysis. I refused, having become fully aware of the danger of treating a paranoid without any protection or other suitable management. During the time when I analysed him, he often stood for hours opposite my house, looking up at my window, though it was only on a few occasions that he rang the bell and asked to see me. I may mention that after a short time he was again certified. Although I did not at the time draw any theoretical conclusions from this experience, I believe that this fragment of analysis may have contributed to my later insight into the psychotic nature of infantile anxieties and to the development of my technique.

² As we know, Freud found that there is no structural difference between the normal and the neurotic, and this discovery has been of the greatest importance in the understanding of mental processes in general. My hypothesis that anxieties of a psychotic nature are ubiquitous in infancy, and underlie the infantile neurosis, is an extension of Freud's discovery.

³ The conclusions I have presented in the last paragraph can be found fully dealt with in The Psycho-Analysis of Children.
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the child in a way similar to Freud’s interpretation of dreams that I found I could get access to the child’s unconscious. But we have to consider each child’s use of symbols in connection with his particular emotions and anxieties and in relation to the whole situation which is presented in the analysis; mere generalized translations of symbols are meaningless.

The importance I attributed to symbolism led me—as time went on—to theoretical conclusions about the process of symbol formation. Play analysis had shown that symbolism enabled the child to transfer not only interests, but also phantasies, anxieties, and guilt to objects other than people.¹ Thus a great deal of relief is experienced in play and this is one of the factors which make it so essential for the child. For instance, Peter to whom I have referred earlier, pointed out to me, when I interpreted his damaging a toy figure as representing attacks on his brother, that he would not do this to his real brother, he would only do it to the toy brother. My interpretation of course made it clear to him that it was really his brother whom he wished to attack; but the instance shows that only by symbolic means was he able to express his destructive tendencies in the analysis.

I have also arrived at the view that, in children, a severe inhibition of the capacity to form and use symbols, and so to develop phantasy life, is a sign of serious disturbance.² I suggested that such inhibitions, and the resulting disturbance in the relation to the external world and to reality, are characteristic of schizophrenia.³

In passing I may say that I found it of great value from the clinical and theoretical point of view that I was analysing both adults and children. I was thereby able to observe the infant’s phantasies and anxieties still operative in the adult and to assess in the young child what his future development might be. It was by comparing the severely ill, the neurotic, and the normal child, and by recognizing infantile anxieties of a psychotic nature as the cause of illness in adult neurotics, that I had arrived at the conclusions I have described above.⁴

³ This conclusion has since influenced the understanding of the schizophrenic mode of communication and has found its place in the treatment of schizophrenia.
⁴ I cannot deal here with the fundamental difference which, besides common features, exist between the normal, the neurotic and the psychotic.
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VI

In tracing, in the analyses of adults and children, the development of impulses, phantasies, and anxieties back to their origin, i.e. to the feelings towards the mother’s breast (even with children who have not been breast-fed), I found that object relations start almost at birth and arise with the first feeding experience; furthermore, that all aspects of mental life are bound up with object relations. It also emerged that the child’s experience of the external world, which very soon includes his ambivalent relation to his father and to other members of his family, is constantly influenced by—and in turn influences—the internal world he is building up, and that external and internal situations are always interdependent, since introjection and projection operate side by side from the beginning of life.

The observations that in the infant’s mind the mother primarily appears as good and bad breast split off from each other, and that within a few months, with growing ego integration the contrasting aspects are beginning to be synthesized, helped me to understand the importance of the processes of splitting and keeping apart good and bad figures,1 as well as the effect of such processes on ego development. The conclusion to be drawn from the experience that depressive anxiety arises as a result of the ego synthesizing the good and bad (loved and hated) aspects of the object led me in turn to the concept of the depressive position which reaches its climax towards the middle of the first year. It is preceded by the paranoid position, which extends over the first three or four months of life and is characterized by persecutory anxiety and splitting processes.2 Later on, in 1946,3 when I reformulated my views on the first three or four months of life, I called this stage (making use of a suggestion of Fairbairn’s)4 the paranoid-schizoid position and, in working out its significance, sought to co-ordinate my findings about splitting, projection, persecution and idealization.

1 “Personification in the Play of Children”, Int. J. Psycho-Anal., Vol. X (1929); also in Contributions to Psycho-Analysis.
Melanie Klein

My work with children and the theoretical conclusions I drew from it increasingly influenced my technique with adults. It has always been a tenet of psycho-analysis that the unconscious, which originates in the infantile mind, has to be explored in the adult. My experience with children had taken me much deeper in that direction than was formerly the case, and this led to a technique which made access to those layers possible. In particular, my play technique had helped me to see which material was most in need of interpretation at the moment and the way in which it would be most easily conveyed to the patient; and some of this knowledge I could apply to the analysis of adults. As has been pointed out earlier, this does not mean that the technique used with children is identical with the approach to adults. Though we find our way back to the earliest stages, it is of great importance in analysing adults to take account of the adult ego, just as with children we keep in mind the infantile ego according to the stage of its development.

The fuller understanding of the earliest stages of development, of the role of phantasies, anxieties, and defences in the emotional life of the infant has also thrown light on the fixation points of adult psychosis. As a result there has opened up a new way of treating psychotic patients by psycho-analysis. This field, in particular the psycho-analysis of schizophrenic patients, needs much further exploration; but the work done in this direction by some psycho-analysts, who are represented in this book, seems to justify hopes for the future.

1 The play technique has also influenced work with children in other fields, as for example in child guidance work and in education. The development of educational methods in England has been given fresh impetus by Susan Isaacs' research at the Malting House School. Her books about that work have been widely read and have had a lasting effect on educational techniques in this country, especially where young children are concerned. Her approach was strongly influenced by her great appreciation of child analysis, in particular of play technique; and it is largely due to her that in England the psycho-analytic understanding of children has contributed to developments in education.
A CONTRIBUTION TO THE RE-EVALUATION OF THE ÒEDIPUS COMPLEX—THE EARLY STAGES\(^1\)

PAULA HEIMANN

Introductory Remarks

For the purpose of this paper I have decided to concentrate on the early stages of the ÒEdipus complex which Melanie Klein has discovered in her analyses of young children. Her contributions also influence the assessment of the later stages, but I think that the most useful way of approaching divergences of opinion lies in discussing the field in which they originate.

Although my presentation seems to emphasize the controversial points in our views on the ÒEdipus complex, this does not mean that we underrate the amount or the significance of the ground we share.

Before dealing with my subject matter I wish to define our position with regard to some basic concepts and to outline briefly the period preceding the ÒEdipus complex.

The Theory of the Instincts

All understanding of psychological phenomena rests on Freud’s discovery of the dynamic Unconscious. The two primary instincts of life and death, the borderland entities between soma and psyche, from which all instinctual impulses are derived, are the source of mental energy; all mental processes start from an unconscious stage.

Freud’s concept of an inherent antithesis in the deepest and the most dynamic levels of the mind is fully born out by Melanie Klein’s work. More than this, her work has produced many observations which substantiate his theory, but precisely on this account major divergences between her views and classical theory have arisen.

I am referring to the position that the mental facet of the instinctual urges, which we call “unconscious phantasy”, occupies in Melanie Klein’s work.

\(^1\) Read before the Seventeenth International Psycho-Analytic Congress at Amsterdam in August, 1951, as part of the Symposium on the Re-evaluation of the ÒEdipus complex.
Paula Heimann

Unconscious Phantasies

By the term unconscious phantasies we mean the most primitive psychic formations, inherent in the operation of the instinctual urges; and because these are inborn, we attribute unconscious phantasies to the infant from the beginning of his life. Unconscious phantasies occur not only in the infant, they are part of the unconscious mind at any time, and form the matrix from which the pre-conscious and conscious processes develop. In the earliest stages they are almost the whole of psychical processes, and, of course they are pre-verbal, or rather non-verbal. The words which we use when we wish to convey their contents and meaning are a foreign element, but we cannot do without it—unless we are artists.

Unconscious phantasies are associated with the infant’s experience of pleasure or pain, happiness or anxiety; they involve his relation with his objects. They are dynamic processes, because they are charged with the energy of the instinctual impulses, and they influence the development of ego mechanisms. For example, introjection develops from the infant’s unconscious phantasy of incorporating the mother’s breast, which accompanies the desire for the breast and the actual sensation of sucking and swallowing when in contact with it.

Conversely, the mechanism of projection develops from the phantasy of expelling an object.

In order to understand the infant’s psychic development and many of his physical processes, we must appreciate his unconscious phantasies.

Earliest Object Relations

The first childhood period is characterized by the infant’s maximal dependence on his mother and by the maximal immaturity of his ego. The instinctual urges and the phantasies which they imply reign supreme. Perception of the reality of the self and of objects is poor, and phantasy flourishes the more. To obtain satisfaction, the infant needs his object. He wills it when he experiences his needs. He omnipotently possesses it when he is satisfied. When he is caressed and gratified, he has the ideally good breast. He loves this breast, he could eat it. He incorporates the gratifying breast and is one with it. He goes to sleep with his loved object. If things go well, he will do the same thing in adult life.

In states of hunger or pain, he does not believe that the pain is part of himself; it is the malicious breast which is responsible, and he hates
A Contribution to the re-evaluation of the Õedipus Complex

it. His attempts at introjecting and keeping the good breast, and projecting his pain and the bad breast, have been without avail. He feels persecuted by the bad breast within his own self.

Throughout, in Melanie Klein's work, the focus has been on anxiety as the most dynamic element in frustration and conflict. By consistently analysing the phantasies associated with anxiety, and the defences determined by these phantasies, she discovered that the most primitive type of fear is the fear of persecutory objects (at first the bad breast), and that splitting mechanisms are amongst the earliest ego defences.

She has termed these early processes the paranoid-schizoid position, thus pinpointing the character of the anxiety and of the defences against it, which prevail during the first few months of life, and which underlie later schizophrenic illnesses.

Lack of cohesion in the early ego and the use of splitting mechanisms lead to the infant's living with a good and a bad double of his object, which correspond with his feelings of gratification or frustration.

Love, hate, and fear, the fundamental units of psychological experience, develop in the wake of instinctual urges and physical sensations.

The Whole Object Stage

At this stage, which begins roughly in the second quarter of the first year, the infant's ego is stronger and more coherent. Perception leads to more integrated objects. The infant sees more at the time, and remembers more of the past. He recognizes his parents as whole objects, that is, as persons. He has lost some of his omnipotence and gained more sense of reality. This holds not only for the external world of objects, but also for internal psychic reality.

The conflict of ambivalence begins to play its part in the infant's emotional life. Melanie Klein regards it as the nucleus of the infantile depressive position.

The infant begins to realize that when he loves and hates his mother, it is one and the same person whom he desires and attacks. He feels unhappy and guilty, he suffers from the pain which his destructive impulses inflict on her, and he fears that he will lose her and her love. These feelings concern also his internal mother.

Hatred against the loved object matters so much, because at this stage the belief in the omnipotence of evil outweighs the belief in the power of love. It is depressive anxiety that the infant now experiences.
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The "infantile depressive position" represents the fixation point for later manic-depressive illness.

Normally the infant's depressive moods pass off quickly. Amongst the defences we distinguish a regressive type, the "manic defence", which revolves upon denial and flight, and a progressive one, which consists of the drive for reparation and attempts at inhibiting destructive impulses, in particular, greed, in order to spare the mother.

Moreover, other factors implied in the many advances at this stage of development help the child.

This leads to my main theme. When the infant begins to realize that his parents are persons, he also feels that they are not only objects for his needs and wishes, but that they have a life of their own, and with one another. With the widening of his emotional and intellectual orbit, the infant enters upon the triangular stage of his relation with his parents. He does not merely add the whole object to his part objects, it is also the relationship between his mother and his father which becomes a highly significant factor in his life. This first establishment of an emotional triangle with his parents is the beginning of the Ædipus complex. Increasingly the infant's emotions, impulses, and phantasies, centre upon the parental couple.

This new focus of interest in his life, which stimulates and exercises his mental energies, operates as another means of defence against the depressive position.

The Early Stages of the Ædipus Complex

The beginning of the Ædipus complex coincides with the polymorphously perverse condition of the child's instinctual impulses. Excitations from all parts of his body are active, and because the erotogenic zones are also the seat of the destructive impulses, the child fluctuates not only between one erotic desire and another, but also between libididinal and destructive aims. Such movements and fluctuations are characteristic for this phase.

The phantasies that accompany these excitations have specific contents. The child wishes to experience the gratification of each of his manifold urges by specific oral, anal, and genital contacts with his parents.

Under the dominance of the libido the child's phantasies are pleasurable. He imagines the fulfilment of his polymorphous desires. But this holds only up to a point, and polymorphous wishes recur as polymorphous fears, not only because his parents do in fact frustrate many of his desires, but because the destructive components of his
wishes, his cruel cravings, are in phantasy experienced as actions, and lead to destroyed and destructive objects in his inner and outer world. At the beginning, the oral impulses lead in this orchestra of polymorphous urges, and, together with the urethral and anal zones, overshadow the genital for a time, so that genital excitations are in part linked with pre-genital phantasies. In the second half of the first year, however, genital stirrings gain in strength, and the wish for genital gratification includes the wish to receive and give a child. In our observation a child of eleven months is not only capable of feeling rival hatred and jealousy of a baby brother or sister, as Freud described, but the child himself desires the baby and envies his mother. His jealousy is double edged.

It is to this phase that we attribute the origin of the unconscious equation of breast, penis, faces, child, etc., and the infantile sexual theories, which Freud discovered and related to the child aged three to five years. In our view these equations and theories express the infant’s phantasies at the polymorphous stage of instinctual development, when the excitations from all bodily zones and libidinal and destructive aims rival one another.

Thus the theory of parental intercourse as a feeding or excretory act, of babies being conceived through the mouth and born through the anus, show the overlapping of oral, excretory, and procreative urges and phantasies. The notions of the “primal scene”, or of the castrating phallic mother, betray the fusion of libidinal and cruel impulses characteristic of early infantile genitality.

A three-year-old child is capable of verbalizing some of these phantasies, but the time at which he expresses them does not coincide with the date of their origin. The three-year-old child who has achieved a considerable degree of organization has largely overcome the polymorphous condition of his instinctual impulses.

Our clinical observations in the analysis of children and adults have shown us that the most crucial contents of the ÒEdipus complex, and the most severe conflicts and anxieties, relate to the primitive impulses and phantasies which form the early stages of the ÒEdipus complex.

In passing I would mention that, apart from dreams, we can see the phantasies of this early stage clearly in certain states both of normal and of pathological regression. Adolescence normally shows the re-emergence of early infantile sexuality. When the adolescent in horror turns away from his impulses, it is not only because he discovers his incestuous object choice, the wish to sleep
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with his mother, but because he becomes aware that he is attracted and excited by perverse and cruel phantasies.

The regressed schizophrenic often expresses polymorphously perverse phantasies without any disguise and attributes his bizarre bodily sensations to his internalized parents and their intercourse.

After these general observations let us consider some features of the early Ædipus complex in more detail.

Melanie Klein holds that both the boy and the girl begin the Ædipus complex in the direct and in the inverted form.

The Early Ædipus Complex in the Boy

The boy’s “feminine position” is due to several factors. The conflicts of the depressive position concern predominantly the mother, and act as an incentive for seeking another love object. In addition, he is in many ways frustrated by her, and particularly during weaning.

The loss of the external breast intensifies the identification with the mother which has been going on all along. In the triangular relationship with his parents this identification strengthens the homosexual component of the boy’s bisexuality.

Predominant in his many desires for his father are the impulses for the father’s penis, which at first is largely equated with the breast. The boy wants to suck, swallow, and incorporate it orally, as well as through his anus and penis, which he treats as receptive organs. There are also active versions of such phantasies; the boy wants to enter with his own penis the father’s body, mouth, anus, and genital. In the latter part of the first year the desire to receive a child from the father plays an important part.

These wishes represent the roots of male homosexuality. In his feminine position the boy is his mother’s enemy and rival.

The man’s envy of the woman, of her ability to bear and feed children, has been underrated in classical theory. Yet the analyses of fathers give ample evidence of such envy. Whilst the occurrence of the “couvade” has been acknowledged, the conclusion has not been drawn that this manifestation of the man’s desire to be a woman has its origin in the infant’s early inverted Ædipus complex.

Envy and hatred of the mother, which accompany the first homosexual impulses in the boy, form an important source of the man’s fear of the woman. The familiar notions of the vagina dentata and the so-called cloaca theory bear witness to the infant’s jealous attacks on the mother’s genital, and specifically to those phantasies in which the attacks are carried out by teeth and excrements.
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Phantasies of attacking the mother's genital may lead to inhibition of heterosexuality in both the boy and the girl. For the boy, the woman's genital assumes qualities which threaten his penis; the girl, who identifies her own genital with that of her mother, comes to regard it as a dangerous organ, which she must not use with the man she loves.

The boy's feminine wishes for his father are in sharp conflict with his masculine desires for his mother.

In our view the infant assumes the existence of the vagina from his own genital sensations. His urge to penetrate is connected with phantasies about a corresponding genital opening in the mother's body. His primary libidinal desires for her are secondarily intensified by repressive tendencies. The drive to make amends to her by giving her genital pleasure and children contributes in the course of development a great deal to the establishment of the boy's heterosexual genitality.

These masculine impulses are associated with rival hatred against the father and with the corresponding fears of the father's retaliation.

In both his feminine and masculine position, the boy's desires are frustrated; and frustration is maximal when the infant witnesses or imagines that his parents are united in intercourse. The "combined parental figure" is the object of many phantasies in which libidinal and destructive aims are combined and opposed. Almost simultaneously, the infant aims at destroying both parents, and also at destroying only his rival while desiring the other parent. These phantasies lead to severe anxiety, the fear being that he destroys the desired object, be this mother or father, in the same attack which is aimed at the other parent, and his anxieties are multiplied because, owing to his incorporation phantasies, he feels that this hated "primal scene" takes place inside himself as well.

Anxieties of this kind play an important part in the boy's phallic manifestations. Pride in his penis is not only derived from his unconscious knowledge of its creative and reparative function. Such knowledge, we find, is a strong incentive for libidinal phantasies of intercourse with his mother. The narcissistic pleasure he derives from masturbation, urinary games, or exhibitionism is partly used as a defence against his fears of the mother's body which, as a result of his attacks, has become a battle ground, full of dangerous objects. And by his contempt for the female genital and denial of the vagina, he tries to escape from all notions about the inside of the body, his own as well as the mother's, because of the fears connected with
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internal persecutors. The sight of his penis and its functions gives him again and again the reassurance that all is well with him, and that he need not be afraid of persecutory objects in his own body.

In this connection I would refer to Ernest Jones's lucid exposition of the factors which result in the "secondary nature of narcissistic phallicism".

Castration Complex

I have already described many of the anxieties that the boy experiences in connection with his early ÒEdipal impulses; when these anxieties are taken into consideration, Jones's suggestion that it is aphanisis which is dreaded, and not merely the loss of the penis, gains in significance. As far as the specific fears for the penis are concerned, in the early stages the boy is afraid of both parents.

In response to his own oral and anal attacks he fears that his penis will be bitten off, soiled, and poisoned.

After the establishment of the genital organization, his leading anxiety is castration by his father. This anxiety too has depressive as well as persecutory qualities; it is not only the fear of being deprived of the organ and power for sexual pleasure, but also the fear of losing the means for expressing love, reparative, and creative impulses. This depressive component is evidenced in the well-known equation between being castrated and being completely worthless.

The Early ÒEdipus Complex in the Girl

To turn now to the girl: her position in the early stages of the ÒEdipus complex is in many respects similar to that of the boy. She, too, oscillates between heterosexual and homosexual positions, and between libidinal and destructive aims, and experiences corresponding anxiety situations. She has the same motives for turning away from her mother, and in her case identification with the mother intensifies the heterosexual impulses.

Here we consider merely the genital aspects of her early ÒEdipus phantasies.

Our observations are that vaginal sensations occur at this stage, not only sensations in the clitoris. Moreover, the clitoris has a conductor function and its excitations stimulate the vagina. Oral, urethral, and anal impulses also lead to vaginal sensations and phantasies.

The phantasies associated with vaginal urges have a specific
feminine character. The little girl wishes to receive and incorporate the father’s penis, and to acquire it as an internal possession, and from here she soon arrives at the wish to receive a child from him. These wishes, partly because they meet with frustration, alternate with the desire to possess an external penis.

The masculine component of the sensations and phantasies connected with the clitoris can only be fully assessed if the girl’s conflicts and anxieties which follow from her feminine position are taken into account.

When jealousy stimulates phantasies of attacking her mother’s body, these attacks recoil upon herself, and she feels that her own genital will be mutilated, soiled, poisoned, annihilated, etc., and her own internal penis and children stolen from her by her internalized mother. These fears are the graver because she feels that she lacks the organ (i.e. the external penis), which could adequately placate or restore the avenging mother, and because she has no evidence that in reality her genital organs are unharmed. We consider that there is here a psychological consequence of the anatomical difference between the sexes which is of the greatest significance for the development of the girl.

We distinguish several sources for masculine drives in the little girl. Frustration of her feminine desires gives rise to hatred and fear of the father and drives her back to the mother. Anxieties related to her external and internal mother lead her to concentrate on phallic activities and phantasies. Her primary homosexual trends are thus most strongly increased by failure in her feminine position. She then comes to find that her male organ is inferior, that it is not a proper penis, that it cannot rival the father’s penis. Because her phallicism is largely a secondary and defensive phenomenon, she comes to develop penis envy at the expense of femininity. She disowns her vagina, attributes genital qualities exclusively to the penis, hopes for her clitoris to grow into one and meets with disappointment. Devaluation of femininity underlies the overvaluation of the penis.

The familiar grievances of the girl against her mother for withholding the penis from her and sending her into the world as an incomplete creature are based on her need to deny her attacks on the mother’s body and her rivalry with both parents. With her laments that she has come too short she protests that she never was greedy, never usurped the mother’s position with her father, never stole the father’s love, penis, and children from her.
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To say this does not mean that we underrate the girl's intense admiration for the penis, or her greed, which makes her want to have whatever she regards as desirable. Nor do we doubt that penis envy plays an important part in female psychology. My point is that penis envy is a complex fabric of which only certain threads have been generally acknowledged.

The analysis of penis envy in a woman with pronounced rivalry with men shows us so clearly that it is built on the failure to master persecutory and depressive anxieties arising from her early femininity, and that these early anxieties lend the compulsive character to her demand that she must have a penis.

The conclusions from our work which I have here presented differ from Freud's view that there is a long period of pre-Œdipal mother fixation in the girl. The phenomena that Freud described under this heading in our view represents the inverted form of the girl's Œdipus complex, which alternates with the direct Œdipus complex.

The girl who shows an exclusive attachment to her mother, and hostility against her father, has failed to cope with the frustration of her first feminine wishes.

Our observations also lead us to disagree with the view that the woman's wish for a child takes second place to that for possessing a penis.

The Role of Introjection

I have endeavoured to show that throughout his development the child internalizes his parents, and that his internal objects have both a good and a bad aspect for him. In relation to the good internal object, he experiences a state of well-being, and in the earliest period, the good internal object fuses with the self; whereas states of anxiety of a persecutory or depressive kind are connected with the bad or destroyed internal objects.

This relation between the child and his parents prevails throughout the early stages of the Œdipus complex, and therefore the development of the Œdipus complex is throughout influenced by his feelings about his internal parents, by fears of being persecuted by them, and by guilt for harming them.

According to Freud, the super-ego is the result of the child internalizing his parents at the decline of the Œdipus complex; the tension between the ego and the super-ego is experienced as guilt and fear of retaliation.

Melanie Klein holds that all processes of internalization enter into
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the formation of the super-ego and that it begins with the first internalized object, the mother’s breast. In her view there is throughout an interaction between the development of the ego, the Ædipus complex, and the super-ego.

Conclusion

In the light of Melanie Klein’s work the Ædipus complex which Freud discovered appears as the final stage of a process which begins in early infancy. Its roots are set in a crucial phase of development. The child makes the first steps towards recognizing the reality of other persons, the first steps towards establishing full emotional relationships; he meets the full impact of the conflict of ambivalence; in his first experience of the triangular relationship with his parents his instinctual impulses are polymorphously perverse, and he oscillates between a heterosexual and a homosexual object choice.

In the early stages of the Ædipus complex the scales are weighted for the first time. Much of the way in which the child will enter and leave the final stage depends on the interplay of forces at this early period.

The understanding of the child’s problems in the early infantile Ædipus complex makes us realize all the more the truth of Freud’s discovery that the Ædipus complex is the nuclear complex in the individual’s life.

POSTSCRIPT ON THE POLYMORPHOUS STAGE OF INSTINCTUAL DEVELOPMENT

When preparing the above contribution to the Symposium on the Re-evaluation of the Ædipus Complex, I was compelled to think again, very thoroughly, about familiar matters. That is always a salutary experience because it counteracts the tendency to use terms glibly instead of thinking afresh about the conditions and processes to which these terms refer. I then found that certain topics came up in my thoughts, and one of these I wish to bring forward here.

It concerns the problem of the instinctual stages. Melanie Klein’s discoveries which have necessitated a re-evaluation of the Ædipus complex lead also to a re-examination of our views on the course of instinctual development.

1 Read before the British Psycho-Analytical Society, 16th January, 1952, as an Appendix to the Congress Paper.
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In his *Three Essays on the Theory of Sexuality* (1905), which are the foundation of psycho-analytic theories of infantile sexuality, Freud speaks of the polymorphously perverse disposition of infantile sexuality. I shall quote only one passage. In his summary he says:

"Experience further showed that the external influences of seduction are capable of provoking interruptions of the latency period or even its cessation, and that in this connection the sexual instinct of children proves in fact to be polymorphously perverse; ..." (My italics.)

Abraham in his *Development of the Libido* (1924) carried our knowledge of infantile sexuality further, mainly in three ways: (1) by showing the subdivisions of the oral and the anal stages; (2) by correlating the different sexual stages with the development of object-love; and (3) by stressing the development of the destructive strivings. As to the third point, I regard it as noteworthy that, although his book appeared four years after *Beyond the Pleasure Principle*, Abraham does not refer to the death instinct. It seems to me possible to conclude that Abraham did not accept, or perhaps had not yet accepted, the theory of the death instinct, and this to my mind would explain why he maintained the idea that the first oral stage, the sucking stage, is free from destructive impulses, "pre-ambivalent", although in other connections he described the vampire type, i.e. the tendency to kill the object by sucking it to death. In passing I would repeat, what has often been pointed out before, that Melanie Klein's work does not endorse the view of a pre-ambivalent stage as Abraham describes it, but that her findings of the early splitting mechanisms which create an ideal and a persecutory breast represent an important modification of Abraham's concept of the pre-ambivalent stage. But this is only in passing, because my main interest in these short notes concerns the fact that in Abraham's scheme the notion of the polymorphously perverse disposition is not included.

As I endeavoured to show above, in Melanie Klein's work this notion is of considerable importance. She has often pointed out that the trends from the diverse zones overlap, and that this overlapping characterizes the instinctual climate of the early stages of the Oedipus complex.

We can to-day define the notion of a "polymorphously perverse" disposition in more detail. The infant tends to experience in an uncoordinated manner excitations from all parts of his body and to crave for their simultaneous gratification; further, equally he

simultaneously experiences and seeks to satisfy libidinal and destructive impulses.

The polymorphously perverse disposition arises thus from the fact that the infant from the beginning of life is under the influence of the two primary instincts of life and death. Their derivatives in the form of self-preservative and libidinal impulses on the one hand and of destructive and cruel cravings on the other are active from the beginning of life.

Both primary instincts operate in the infant’s contacts with his first object, and thus begin in the manner which in respect of the libido Freud called “anaclitic”. Freud attributed erotogenic qualities to all parts of the body. Melanie Klein’s observations in the analyses of young children showed that there were also immensely cruel phantasies related to all parts of the body. It therefore follows from her work that Freud’s statement about the way the libido operates has to be expanded to include the operation of the destructive impulses—a point which follows theoretically from the concept of the primary death instinct.

In addition, she has shown that the anxieties roused by the combination and opposition of the libido and the destructive impulses lead from the beginning to the development of ego-mechanisms, defence mechanisms.

The conclusion I wish to put forward here is that the transition from the oral to the anal stage is not direct, but that there is interpolated a period in which the infant’s polymorphously perverse disposition becomes actually manifest and dominant.

This polymorphous period, or stage, occupying roughly the second half of the first year, could be regarded as one of the intermediate stations—in Abraham’s analogy—which his time-table of the express trains does not mention.

I find it easy to bring the notion of this polymorphous period in line with Abraham’s first anal stage, the stage in which the aim is to eject completely and annihilate the object. This tendency would appear as a kind of reaction formation against the turmoil which results from the simultaneous operation of so many inherently conflicting, inherently frustrating impulses with their corresponding anxiety situations. The developmental process which consecutively brings the different zones into a leading position implies a growing mastery by the ego of the instinctual urges and thus serves in part as a defensive function. The aim of the first anal stage of “relieving” the self by the complete evacuation of the internalized parents, equated
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as persecutors with the infant's own faeces, can be appreciated as a reaction to the overwhelming impact of the first Oedipal strivings (during the polymorphous stage). The experience of eliminating and getting rid of a bodily substance would come to occupy a central position, because in addition to the organ pleasure—libidinal pleasure—there is an emotional experience of relief. Many clinical observations suggest strongly that anal interests and gratifications are secondarily heightened for defensive purposes.

As a result of further development in the various spheres of the ego this massive defence by ejection is modified, and Abraham's second anal stage is established in which the predominant aim is to retain the object on the condition that it be dominated and controlled. The stronger the ego, the more can it deal with its sources of conflict intra-psychically and the less does it use the most primitive defence of expelling them.

Whilst I could connect the polymorphous stage easily with the next, the anal stage, I was confronted by difficulties when I tried to see its relation to the oral stage. What troubled me was the notion that if I thought of the polymorphously perverse condition of instinctual life, in which the Oedipus complex starts, as a stage extending for a certain time, if I thought that the oral stage did not proceed directly to the anal stage, I could not account for the powerful operation of the anal trends and mechanisms during the first three to four months of life, namely during the paranoid/schizoid position.

Ejecting—splitting—projecting: these are aims and mechanisms which are to be correlated with the anal function. Their nature is anal, even though there are oral and nasal forms of ejecting, such as spitting or breathing out. This accords with our clinical experience which shows that the phantasies underlying splitting and projecting are predominantly anal: the persecuting object is equated with faeces, the faeces are treated as internal persecuting objects. As long as I thought in terms of a direct transition from the oral to the anal organization I did not see a problem in accounting for the occurrence of anal elements in the stage of oral primacy. The two stages being neighbours, so to say, explained their making loans one from the other. But I then realized that the problem which baffled me was due to a mistake, an omission, on my part. I had failed to distinguish between the operation of trends, in this case anal trends, and that of an organization, in this case the oral organization. This distinction, however, is decisive. And if it is appreciated the question of nearness or distance between organizations becomes irrelevant.
During the first, the oral organization, the oral impulses reign supreme, but, of course, they are not the only ones in existence. Because they are of supreme power, they subordinate the other instinctual trends to their own purpose.

The oral impulses are essentially connected with an inward direction, they are receptive. The oral aim is to acquire and incorporate the object on whom the infant depends: the good, feeding, gratifying breast. Ejection and annihilation are derived from the anal organ and function. Under the predominance of the oral organization these anal trends are used as a complementary technique to achieve the oral aim of maintaining the blissful relation with the good breast with which the self fuses. The caesura of birth, is, as Freud pointed out, less sharp than superficial impression might suggest. The infant strives to continue or regain his pre-natal oneness with his mother with all the means at his disposal. The oral impulses with their inward direction are eminently suitable to achieve it: the good breast is incorporated, loved, and treated as self. But the breast is not always good, the infant experiences a frustrating and persecuting breast and pain from the self, and against this painful experience the anal trends of ejection and annihilation are marshalled and put into operation. What is bad is split off, projected, eliminated; the predominantly oral aim of oneness with the good mother is preserved.

In an odd way, one might say, this aim of the oral organization (viz. to be one with the mother and to regain the pre-natal condition) is even pursued in the realm of splitting and projecting, because these mechanisms, amongst other consequences, result in identification, though of a certain kind—projective identification. The mother into whom the infant projects what he does not want to keep within himself, by this very process again comes to carry him in her body. By means of using the anal trends and mechanisms in a complementary way the infant pursues the policy of a double insurance against loss and separation.

The fact that he does achieve this aim only to a limited degree, and the complex sequela of his oral pursuits, are beyond the frame of my present considerations.

The notion, then, that there is a “polymorphously perverse” stage interpolated between the oral and the anal organization, is not in conflict with the theory of the oral organization of the instinctual impulses. If anything, the acknowledgment of this stage throws into relief how much it takes to undermine oral primacy.
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Before concluding, I wish to refer very briefly to certain observations which can be better evaluated by the assumption that there exists a stage in which the polymorphously perverse disposition is manifest and dominant. These observations concern patients whose mothers became pregnant during this stage of their development, whose siblings were thus younger only by fifteen to eighteen months or so. While in many respects these patients differed in their personalities, they seemed to have in common certain inhibitions in their object-relations. They had the capacity for empathy and sensitivity, the readiness to help and understand the object, and well developed intellectual sublimations, etc., that is, genital character trends. But at the same time there was a very deep underlying resentment and an unforgivingness, an aggrieved attitude of "I do not expect to be loved and cared for. I know I must consider mother and her baby. Not for me the good things in life—but I understand, that is how it has to be"; that is, they also had character traits derived from the oral and anal stages. Much of this attitude could be traced to the OEdipal conflicts of the polymorphous stage heightened by the mother’s pregnancy.

I believe that in the older literature such phenomena were described as a discrepancy between the development of the libido and that of the ego. I find it helpful to think in terms of a too early accentuation of the genital trends during the polymorphous stage when the oral and anal impulses are not yet sufficiently mastered and therefore give rise to particularly strong depressive and persecutory anxieties.

I do not, of course, wish to suggest that a child whose mother is pregnant when he passes through the polymorphous stage of instinctual development must unfailingly develop disturbances in object relationship. I am mentioning my observations because they illustrate the significance of this phase for the formation of character traits and social capacities.

That this stage deserves to be closely studied is also suggested by observations concerning the perversions. But it is not my aim to embark on this vast topic in the frame of these short notes. It is interesting, though, to remember that Freud developed his conclusions about infantile sexuality from the analysis of the sexual aberrations of adults.
A PSYCHO-ANALYTIC CONCEPT OF THE ORIGIN OF DEPRESSION

W. CLIFFORD M. SCOTT

GENERAL interest in the psycho-analytic psychopathology of depression may have been kept in the background for a long time, owing to the rapid development of interest in the psychopathological understanding of the less complex symptoms common in neurosis, such as anxieties, phobias, obsessions, etc. The psychopathology of schizophrenic symptoms where the mechanisms sometimes seemed obvious and apparent, but where psycho-analytic treatment was not then helpful, interested more analysts in the early days than did the psychopathology of manic-depressive symptoms. Nevertheless since 1911, when Abraham first discussed depression, the psycho-analytic psychology of normal sorrow, depression, mourning, and grief, and the psychopathology of abnormal depressions have gradually developed until now concepts have been worked out which are to a considerable degree new and can be stated simply. Such new concepts have been found to be of essential value in psycho-analytic attempts at investigation and therapy of depressed states regardless of the degree of severity, regardless of the sex, and more or less regardless of the age—children as young as two and one-quarter and adults in the sixth decade having been treated.

The earlier work of analytic writers (Abraham, Sigmund Freud, Jones, Rado, etc.) was invaluable. The background of theoretical construction already developed was necessary to make the recent development possible. With the recent work courage was needed to make the new observations. The work done in this country in the past fifteen or twenty years, chiefly by and under the stimulation of

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Melanie Klein, has brought much clarification to the problem of abnormal depressed states, and incidentally points the way to further work with schizophrenia. Mrs. Klein published her first conclusions on this subject in 1935. She has added much to our knowledge of technique of investigation and attempts at therapy and has added to our theoretical constructions.

Most of the views I am putting forward are based on evidence personally obtained during the psycho-analytic treatment of neuroses with depression and with manic-depressive states in different sexes, of different ages from late infancy to late life.

To introduce the subject a brief outline needs to be given as to how the infant develops to a stage which allows depression to appear for the first time. What follows after this stage of development has been reached is the history of the different forms depression assumes at different periods of life. Just as the early stages of love and hate are significant in understanding their later development, so also may the varieties of adult depression come to be understood to a greater degree if we can become clearer about the genesis of depression in human life.

Regardless of different views about the source or nature of instinct, it can be said that from an early age the infant breathes air, sucks milk, passes water and stool, moves about and sleeps. These activities are normally pleasant. If any of these activities is frustrated, the infant becomes angry. Regardless of how intense or diffuse his anger may become, regardless of how many organs he uses to vent his anger, he will first show his anger in the situation where the frustration is; for instance, if breathing is frustrated he will breathe angrily, if sucking is frustrated he will suck angrily.

From the earliest period of life one aspect of each of these pleasant or angry activities is its direction, namely the direction of movement or interchange between what can be called the outer and the inner worlds, or the direction of interchange between this inner world and the outer world, for instance, breathing in, breathing out, swallowing in, vomiting out, etc.

Only slowly in the developing scheme of things are “people”, as the adult knows them, included. Earlier the world consists of what adults would call “parts”—breasts, faces, hands, etc. Only slowly in the scheme of things does a “self” as a “whole person” or do “other people” as “whole people” develop. Only slowly do distinctions between what are later called perceptions, memories, images, etc., arise. Along this line of development, crucial points
A Psycho-Analytic concept of the origin of Depression

can be discovered, and it appears that at one of these crucial points depression becomes possible for the first time. Previously only simpler affects, such as anger, pleasure, pain, fear, are possible. It is in relationship to the manner in which these early depressive feelings arise and are dealt with that we can see the hope of understanding the symptoms of later depressions and understand how they can be dealt with. It is here that we see the beginnings of the development of normal tolerance of depression, of normal ways of dealing with depression, and also the beginnings of pathological depressed states.

Let us follow some of these early sequences in greater detail. Hunger may lead to sucking a breast or breast substitute, and to pleasure. Through the feelings of breathing, sucking, smelling, touching, swallowing, etc., the feeling of a "good something" going into or entering the inner world occurs. Technically this something is customarily referred to as an "object". During or following such an experience the child may pass water or stool or sleep with pleasure without as yet clearly appreciating that there is "a something" or "an object" associated with the experience of evacuation with the same clarity as later it will. Nevertheless he is already beginning to realize that an interchange between the outer world and the inner world, and between the inner and outer, is occurring. The general feeling of an infant feeding and later evacuating and sleeping is that both the inner and the outer world are "good" and that a "good" interchange in each direction has occurred. On the other hand, hunger may not be followed by such a satisfying experience. Instead it may be followed by frustration and bellowing and gnashing of toothless gums, by angry movements, by passing water and stool in his rage, and so forth. This leads to the feeling that the inner and outer worlds are "bad" and that any object differentiation in the inner or outer world is into many "bad" objects, and that any interchanges between the inner and outer world, which may have occurred in either direction, have been bad. Such a bout of anger may, of course, be followed later by satisfaction, but this type of satisfaction will be different from what it would have been had the bout of anger not preceded it. Similar experiences are repeated and repeated. The series of pleasures, frustrations, and annoyances build up on the one hand memories of attitudes to the inner and outer world in which the omnipotent, infantile loving imagination has had free play and, on the other hand, memories of persecutory attitudes to the outer and inner worlds in which