From Analysis of Children’s Play to Enactment in Adult Psychoanalysis

By

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The analysis of enactment, particularly in the transference and counter-transference is, and has been, a pronounced feature of Kleinian and Post-Kleinian analysis (Rosenfeld, Joseph, Steiner, and Feldman). I think that in large part this has followed naturally from the pioneering analytic work that Melanie Klein did here in Berlin with young children between 1921 and 1926; in other words child analysis modified the analysis of adults. I will quote from two particular papers in order to reveal her thinking on the relationship of play, dramatisation, neurotic repetition, delinquent action to conscious and unconscious phantasy. One is the paper she based on the analysis of a six year old she called Erna that she read at the German psychoanalytic Conference of 1924 and the other is entitled “Criminal Tendencies in Normal Children” published in the British Journal of Medical Psychology in 1927, based on her work in Berlin.

In the latter she brings material from three children, one Gerald she describes as normal, another Peter as severely neurotic and a third a nameless delinquent boy of twelve whom she saw at the Berlin polyclinic who was already guilty of repeated acts of breaking in and stealing and of sexual attacks on little girls. She makes the point that the phantasies eventually exposed in all three of the boy’s play were very similar and also that they resembled the actual criminal acts of two, notorious, perverse, serial, killers. However the relationship of the boys to the phantasies enacted in their play was different. Gerald she said used it as “a refuge...escaping from reality and falling back on phantasy...comforting himself ...for the frustrations of his desires and proving through play and his
fancies that all is well and all will be well” (Klein M 1927 p.180). In his case analytic work was needed to link his imaginary narratives to his real relationships in order for him to have access to his unconscious phantasies and gain relief from the invisible suffering of his everyday life.

Peter was severely inhibited and until his analysis could not play at all such were his fears of his own aggressive and sexual phantasies. He gained that capacity through work in the transference, enabling him eventually to symbolise and sublimate sufficiently to allow the use of his imagination in inventing imaginary characters.

The delinquent boy during the brief period of his analysis stopped his offending behaviour and his analytic play appeared to contain his repetitive violent, phantasies. Sadly during an enforced two month break, for which Klein blamed herself, he re-offended and was lost to analysis by being sent away to a reformatory. This case led her to say “I do not believe in the existence of a child in whom it is impossible to obtain this [positive] transference, or in whom the capacity for love cannot be brought out. In the case of my little criminal, he was apparently utterly devoid of any capacity for love, but analysis proved that this was not so (ibid p.184/5). In his case Klein attributed the fixation of his repetitious, unsublimated enactments and his constant role as aggressor in these, to the traumatic sexual and violent abuse he had actually suffered at the hands of his sister. She thought this fixed his pre-existing sadistic, infantile phantasy to events and enactments in the outside world giving them an inexorable shape.

In considering the other two boys and asking when does phantasy lead to neurosis or to more normal development she postulated that it hinged on the child’s capacity to bear anxiety and conflict. Children she decided were averse to reality and in neurosis there
was a flight from reality, as she put it, “the child resents the unpleasantness of reality and tries to adapt it to his phantasies and not his phantasies to reality (ibid p.180). From Klein’s papers on these children one can see her delineating an ascending progression through play, from acting on the object, to acting on a symbolic representation of it, to symbolic enactment, to verbalised, enacted, narratives. It is a forerunner of Hanna Segal’s conceptualisation of the evolution of symbolism: from thing itself, to symbolic equation where the symbolic representation is treated as the thing itself, to a symbolisation where the original and the symbol are seen alongside each other. Melanie Klein did not allow physical attacks on her person so the children attacked the furniture, broke the toys and so on. She did not accede to Erna’s wishes that she should touch her genitals so the toys became genitalised objects. Erna initially masturbated in her sessions as she did everywhere else, this then gave way to excited use of the toys as genital substitutes and then instead of masturbation, masturbatory phantasies in the form of dramatised narratives. Later still, Klein suggests, verbal expression may become sufficient; Peter says later in his analysis, “pointing to a toy: ‘I can just as easily think I’ve broken that’(1927 p.55 1924). Klein adds that the children could reach a point where humour entered into the analysis in the sense in which Freud used it in his 1910 paper. She wrote, “I have heard quite small children joke, for instance, about the idea that they once really wanted to eat their Mummy or cut her into pieces” (1927 p.13 1932). At one end of this developmental series we have deadly seriousness at the other humour and irony.
In order to make a link between enactment in adult and child analysis I will quote from one particular dramatisation in which the analyst was required to play the part of the mother and then a brief description of the supervision of an adult case. First Erna’s enacted story as described by Melanie Klein in 1924.

“Erna played at being a child that had dirtied itself, and I, as the mother, had to scold her, whereupon she became scornful and out of defiance dirtied herself more and more. In order to annoy the mother still further she vomited up the bad food I have given her. The father was then called in by the mother, but he took the child’s side. Next the mother was seized with an illness called ‘God has spoken to her’; then the child in turn got an illness called ‘mother’s agitation’ and died of it, and the mother was killed by the father as a punishment. The child then came to life again and was married to the father, who kept on praising it at the expense of the mother. The mother was then brought to life again too, but, as a punishment, was turned into a child by the father’s magic wand; and now she in turn had to suffer all the humiliation and ill-treatment to which the child had been subjected before” (1924 p.41 1924).

Now the case of Mrs Y who was in analysis with Dr X. who was in her early forties; Mrs Y was a few years older than her analyst. Very soon Dr X found herself to be the target of commands, directions, criticism, and devaluation from her patient who nevertheless was impatient for the sessions to start and barely tolerant of them ending. According to Mrs Y Dr X was saying too little, saying too much, saying things at the wrong time, of being intrusive and of being too diffident.

All these comments, though contradictory struck home and Dr X felt herself to be inept, small and intimidated. The few years by which she was younger than her patient weighed
heavily on her and it was fortified by such comments from her patient as “of course you at your age you must be one of Thatcher’s children, so you would not have much experience of life”. Dr X was under Mrs Y’s scrutiny as she approached the clinic and quite often when she left it. One day she arrived before the session and was seen carrying a super-market bag into the Clinic. “What sort of analytic anonymity and neutrality do you call that?” said Mrs Y. Anything that implied Dr X was a person was taken to be a great intrusion, anything that suggested life outside the consulting room was felt to be an analytic faux pas. Not surprisingly Dr X felt somewhat demoralised and diminished.

In the supervision, with Erna in mind, I asked Dr X what she thought Mrs Y was like when she was six years old. Dr X looked surprised and then said well when she was six they had great trouble with her at school and had to send her home as she wouldn’t pay attention to the teachers; Mrs Y who later became a teacher herself told her that they didn’t know what they were doing. Later in life she said much the same about her colleagues and was still at the time of her analysis surprised and indignant that she had been suspended by her employers.

I suggested to Dr X that she should try to think of her difficult patient in the transference as a six year old coming to her as an adult analyst. Dr X had worked with children as well as adults and was familiar with children who thought they were more knowledgeable that their analyst and found it helpful to compare them.

This did not produce any magical results but it did modify Dr X’s counter-transference. This made it easier for her to verbalise her own thoughts about Mrs Y’s behaviour, to see the reversal through projective identification of their roles and to emancipate herself from unwittingly playing the part of the intimidated child in the transference enactment.
Discussion

I would like now to fast forward from Berlin in the nineteen twenties to the present: this side of the clinical work of Herbert Rosenfeld and Betty Joseph and the metapsychological revision of Bion, and to open for discussion the status of enactment in analysis and its various functions as we might see them now.

For instance when is action simply evacuation of a psychic state? When is it a means of analytic communication, or when is it a means of sustaining gratification? Or when is it a refuge from reality as Melanie Klein described some children’s use of play? This last I see as a psychic retreat as described by John Steiner, a constructed relationship involving both patient and analyst.

To organise this I will put forward suggestions using Bion’s model of psychic organisation and development which some of you will be familiar with as the grid (Bion W R 1963). In this the vertical column represents the progressive stages in the development of thoughts and the horizontal axis describes the use to which they are put. First action as the discharge of proto-mental experience, which Bion called beta elements, level A in the grid column. Roughly speaking this is ridding the mind through some action of arousal and unformulated affect. In clinical practice examples would be, in the child cases, tantrums or Erna’s compulsive, mindless masturbation. In adult borderline patients one meets it in screaming, mindless swearing or physical destructiveness; actions which penetrate the analyst in a visceral way. This is not communication but nevertheless
some understanding of the situation that has taken place may be recoverable by the analyst if he can regain a capacity to think; no easy task.

Moving up Bion’s column on the grid to B we see that action can also be taken as a means of discharge when the rudiments of thought, what Bion called alpha elements, have been developed. This time action is taken as a means of ridding the mind of thoughts as an alternative to thinking them. An element of symbolic representation is included as what Segal called symbolic equations. So for example in the child cases breaking toys, stamping on the couch, throwing things around instead of attacking the analyst. An adult patient of mine who found me impermeable and “couldn’t get through to me” dramatically represented this by breaking the window.

I would distinguish these, either of the first or the second kind where action is an alternative to thinking, from enactment as the expression of organised thought, which I will call narrative. In Bion’s terms we have reached C in the grid column, which he categorises as Dream Thoughts, Dreams, or Myths. In this situation enactment is like the performance of a dream. Examples of these would be Erna’s masturbatory phantasies transformed into plays employing the analyst in some role or character. In adult analysis we find it in enactments in the transference / counter-transference where the analyst is unwittingly cast in a role to play out the patient’s narrative. This, in my view, is particularly characteristic in the analysis of hysteria, but not only in such cases.

This type of enactment can be in the service of communication, or it can be a form of repetition. However it can also be a means of defence and gratification. Klein described it in the play of some children as being a refuge from reality and not the communication of psychic reality. John Steiner has described this as a psychic retreat. Here I believe the
enactment is like a dream in action but the dream is a day-dream not a real dream. A refuge in fact from the reality of analysis: not the dramatisation of psychic reality but an evasion of it through play; making the analytic situation into a game.

References

