

To Kato, With many thanks  
for a beautiful paper

Herman

**PROBLEMS OF TRANSFERENCE IN  
CHILD ANALYSIS**

*reported by* HEIMAN VAN DAM

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## SCIENTIFIC PROCEEDINGS — Panel Reports

### PROBLEMS OF TRANSFERENCE IN CHILD ANALYSIS

reported by

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Samuel Ritvo opened the discussions by giving working definitions of transference and transference neurosis, which he hoped would be redefined as a result of the day's work. By transference he understood a tendency to repeat in the psychoanalytic situation with the analyst the relationships with the original objects of childhood. The transference neurosis he defined as the repetition of neurotic conflicts of earlier times in the psychoanalytic situation and in relationship to the analyst.

The views of the role of the transference neurosis have changed greatly since the earliest days of child analysis. Ritvo contrasted Anna Freud's 1926 views with her most recent statements on the subject. In 1926 she stated that only transference reactions occurred in child analysis, because the original objects were still real and available for libidinal and aggressive discharges. In addition, the analyst does not behave as a shadowy figure, and has frequent contact with the parents for information; both these factors were felt to interfere with the development of a transference neurosis.

Anna Freud's current views, as expressed in *Normality and Pathology in Childhood*, are that a transference neurosis with children does develop but that it does not equal "the adult variety in every respect." This change of her position has been brought about by experience, the elimination of the introductory phase, and the use of defense analysis with children. The child's inability to free-associate, the preponderance of aggressive transference reactions, the use of the analyst by the child as a real object, and the child's externalization of his psychic structures onto the analyst, all combine to make the transference neurosis in child analysis less distinct.

Held at the Fall Meeting of the American Psychoanalytic Association, New York, December, 1965. Chairman: Samuel Ritvo, M.D.

Ritvo then reviewed the work of the Panel on Latency<sup>1</sup> in which Selma Fraiberg noted that in instances in which the child analytic method is close to that of adult analysis, a transference neurosis similar to the adult variety develops. However, such cases are infrequent. In an earlier Panel on Child Analysis at Different Developmental Stages,<sup>2</sup> Marjorie Harley demonstrated that in child analysis there are not only extensions of the child's current neurosis into the analysis, but the child analytic process can animate earlier libidinal and aggressive strivings now directed toward the analyst. Besides, their redirection toward the original objects does not preclude their expression in the transference neurosis. There are situations in which the re-enactment in the transference is more intense than in the home. On occasion transference neurosis can even be observed in preschool children. During that panel discussion Anthony stressed the problem of reducing the amount of gratification in child analysis as well as the analyst's contact with parents, since both interfere with the development of the transference neurosis.

Calvin F. Settlage then gave a theoretical paper, "The Pertinence of Psychic Structure to the Nature of Transference in Child Analysis," in which he stated that the development of the psychic structure of the child is such that the occurrence of a transference neurosis in children is less common; and if it does occur, it is more circumscribed than in the analysis of adults. A second aim of his paper was to demonstrate the suitability of ego defense analysis in the analysis of children.

Settlage pointed out that a considerable amount of a child's conflict is not yet firmly internalized. As a part of his normal condition, the child makes use of his parents and other adults, including the analyst, to externalize parts of his psychic apparatus. This tends to impede the development of the transference neurosis and may require technical adaptations by the analyst. Of special importance for the development of a transference neurosis are the achievement of object constancy, the development of ego autonomy, and the development of the superego. Once object constancy has been achieved, past experiences are represented intrapsychically and can therefore be expressed in the transference. Object constancy also permits an enduring working relationship with the analyst. Ego autonomy permits more tolerance of deprivation in the analytic situation, reduces the fear of the strength of impulses and affects, and decreases motor discharge. The development of the superego leads to greater independence from the parents and to more intrapsychic conflict. These are prerequisites for the formation of the transference. If any of these developments—object constancy, ego autonomy, or superego development—are delayed, the capacity for transference is correspondingly impaired.

Settlage next considered transference from the viewpoint of ego psychology and stressed the importance of defense analysis for the layer-by-layer, stepwise approach to unconscious conflicts and repressed fantasies. Defense analysis also increases one's awareness of latent transference phenomena. The

<sup>1</sup> *This Journal*, 13:584-590, 1965.

<sup>2</sup> *This Journal*, 12:135-150, 1964.

problem of making the analyst and patient aware of the transference is more difficult in child analysis, in part because some of the revived material is redirected to the original objects. As a result, the analysis of the transference does not occupy the crucial position it has in adult analysis, but is only one part of child analytic technique. Settlage concluded by asking whether a major difference between child and adult analysis is not the necessity (at times) in child analysis of interpreting the emerging transference material toward the still present parents as well as that directed toward the analyst.

E. James Anthony opened the discussion of Settlage's paper with the comment that a child's psychic structure may be "good enough" for everyday life but not for psychoanalysis. The child's relationship to his parents during analysis has a positive side—namely, it permits further growth and development, including increased capacity for analysis. Anthony seriously questioned whether the continuity of the analysis of the child is dependent on the analyst's relationship to the parents. In his experience, a strong therapeutic alliance with the child is the best protection. He expressed the view that the use of the parents as a news service interferes with the transference and may create problems concerning confidentiality. He finally asked what might be the earliest time when the transference neurosis can develop. Is it at the completion of superego development or can it appear earlier, at the time of the formation of superego nuclei or superego precursors?

Anna Maenchen found herself in agreement with Settlage. She expressed the opinion that although the interpretation of the transference in child analysis is important, it is nevertheless not the only road to the unconscious. She questioned the existence of the specific difference postulated by Settlage between adult and child analysis.

Van Dam observed that different views are held today about the position of the transference neurosis in child analysis. Settlage had mentioned two of them, the view that the transference neurosis in child analysis is identical with that of adults; and in contrast to this, Settlage's view that the intensity of the transference varies and that a transference neurosis occurs only at certain times. Van Dam understood Anna Freud's current view to be intermediary between these; namely, a transference neurosis does develop in children, but the form it takes is different from that in the adult. According to Van Dam, the transference neurosis in child analysis becomes blurred for a number of reasons—externalization, the use of the analyst as a real object for further growth and development, and the acting out of revived conflicts outside the analytic situation, especially with the original objects. These three conditions also pertain to adult analysis, but to a far lesser extent. In child analysis as well as in adult analysis, the transference neurosis may invade the therapeutic alliance and this may then become the focal point for analysis.

Anthony then presented a paper, "Vicissitudes in the Development of the Transference Concept in Child Analysis." The concept of transference neurosis needed an optimal time in the history of child analysis to be discussed fruitfully, and that time has come. Transference neurosis in child

analysis has gone unrecognized, has been denied, has been given partial or full recognition, had been restricted to various age groups, etc. In 1962 Anthony recognized its intermittent appearance in child analysis.

Because of several factors the earliest beginnings of the transference neurosis may go unrecognized. It may begin with an interest in the therapeutic environment and the person of the analyst, may lead to imitation and identifications, may be revealed in slips of the tongue, and many finally culminate in a powerful resistance. This resistance, when analyzed, reveals the presence of transference fantasies, often of a homosexual nature. Interfering with the recognition of transference are the nontransference elements in the relationship to the analyst, and the actuality of the parents. The analyst serves a reality role, supplementing the ego and superego. He is a visible participant in the child's play. Anthony recommends that the child analytic situation be "de-realized" by the exclusion of the parents from the analysis, and by the assumption by the analyst of a fixed position in the room. He should participate only as a commentator, clarifier, and interpreter. Such a position facilitates the free-floating attention of the analyst. The maintenance of a sedentary position is less exciting to the child when instinctual transference fantasies are interpreted. The analyst should alternate between serving as a real object for externalizations and as a transference object.

Another factor which renders the recognition of the transference more difficult is the limitation in the free associations and verbalizations of the child patient. The seated position of the analyst promotes the child's forgetting of the latter's presence. He is then more likely to think aloud. When a little girl thought the analyst was asleep, she revealed an interesting cannibalistic fantasy about acquiring her brother's penis. When she felt too guilty, she interrupted her solitary play and projected her anger onto the analyst, accusing him angrily of not being asleep.

Analysts have obscured the transference neurosis by making symbolic interpretations instead of defense interpretations. Transference can be displaced onto the play situation, the microsphere, the microanalyst. This defense needs to be interpreted in order to clarify the transference neurosis.

Countertransference problems are more pervasive than in adult analysis and tend to obscure the transference neurosis further. Acting out, especially with parents, and the child's pre-causal thinking may interfere with the analytic process.

Anthony has constructed a two-phase paradigm to understand the relationship between transference reactions and the transference neurosis. The first phase is a diatrophic anaclitic phase with a symbiotic transference, whereas the second phase showed an intermittent transference neurosis. Austerity and continuity in the therapeutic setting, internalization of conflict in the child, the "gift for analytic work" in the analyst, a favorable home environment, and certain metapsychological factors bring about the shift from phase I to phase II. These metapsychological factors consist of the analyst's

making use of the oedipal-genital myth and the doctor game, both of which feed into the transference neurosis.

Anna Maenchen opened the discussion of this paper by agreeing that the reality role of the child analyst should be kept to a minimum. She liked the new term "de-realization." However, she was in disagreement on a number of points. For instance, contact with parents is required to conduct child analysis, not just to keep the child in analysis. She agreed fully that with advances in our theoretical understanding changes in technique should be considered. More experimentation with the fixed position of the child analyst seems necessary, especially an evaluation of what it means to the child. The clinical data presented by Anthony clearly demonstrate an impressive burst of free association. Children often need distance from the analyst to express transference feelings and fantasies. In addition to displacement of the transference neurosis into the microsphere, at times children can express themselves better when closing their eyes, or in writing instead of talking. Maenchen felt that the factors which lead to phase II of child analysis need further discussion. It seems that phase II is child analysis proper, of which the transference neurosis is a part. It seems as if Anthony considers the child almost a miniature adult. He stresses differences between child analyst and adult analyst in part to explain the differences between the transference in adult and child analysis. The flexible technique of child analysis has its dangers. It has been misused by applying nonanalytic methods to deal with acting out in child analysis. Maenchen ended her discussion by stating that phase I is prominent with children in certain diagnostic categories and in comparing the same child during analysis before certain ego masteries have been attained.

Settlage questioned whether many children, including adolescents, can tolerate the inactivity and silence described in the paper by Anthony. Contact with parents is often very important in the beginning of the analysis, but can usually be diminished when the parental support of the analysis becomes firm and as the child's ego development is resumed, and when the child participates in the analysis with increasing understanding and effectiveness. In the ideal child analytic case, the parents continue to be cathected with libido appropriate to the ongoing development, whereas libido from unresolved conflicts becomes directed toward the analyst in the transference. While in agreement with Anthony about the importance of object constancy for the development of the transference neurosis, he felt that using Piaget's concept of object constancy confuses the issue.

Van Dam questioned whether one should strive for a technique in which the child forgets about the presence of the analyst. The transference neurosis is an intrapsychic process woven around an object representation, not around a shadow. The clinical example seemed to indicate that the child used the seated analyst as a transference object, namely, as the sleeping parent or the parent who is too busy to play with the child, yet who overhears everything.

Anthony then clarified his statement regarding direct symbolic interpretations as the main tool of child analysis. This referred to the practices of

certain British colleagues, which need to be considered in a discussion on transference. The danger of a flexible child analytic technique is that one may not know how flexible to be. The personality of the analyst has a definite bearing on the development of the transference neurosis, and some candidates report that they have never seen one develop in their case material.

Kenneth Gordon compared the diminishing need for contact with the parents in an ongoing child analysis to the increasing skill of the adult patient to free associate.

The afternoon session was devoted to clinical papers designed to supplement the theoretical papers of the morning. The first paper, "Repression and Repetition in Child Analysis," was given by Selma Fraiberg. An eight-year-old child, Nancy (described in the Panel on Latency), utilized the transference exclusively to recall a trauma consisting of observing a primal scene at three. Yet the same child relived other memories outside the analysis. The hypothesis is advanced that the kind and degree of repression of memories determine whether the repetition will occur in the transference. Extending her investigation to four cases, Fraiberg asserted that in none of them did the first revival of oedipal longings occur in the transference neurosis; it first appeared at home. In three of these cases the oedipus complex had been obliterated, but repression had not completed its work. Defenses against affects were formidable. Two cases were described in detail. Suzanne, aged eight, suffered from severe asthma, which served as a signal of strongly repressed affects. When she was able to reveal the secret of her guilt over the mutilation of a sister's finger, she experienced dramatic relief from her asthma. Her fear of her own aggression could then be interpreted and as a result she gave up her defenses against affects. Oedipal fantasies began to appear. At home she became flirtatious with her father, but the analyst was not assigned any role in these oedipal longings. The difference between Nancy and Suzanne was the nature of the repression. Nancy's primal scene memories were, properly speaking, repressed. A third case, Roger,<sup>3</sup> showed a true transference neurosis in the fourth year of the analysis. He was asymptomatic, but relived, through messy and destructive behavior in the analysis and anxiety-laden transference dreams, conflicts with his mother from the anal phase of his development. He had surrendered his phallic masculine strivings toward the mother in favor of a passive anal wish toward his father. In the transference it had its parallel in the danger of agreeing, i.e., surrendering to the mother analyst. He feared a loss of identity, which was successfully interpreted. To agree with his mother was to become like her. The resolution of these anal conflicts led to a sublimation, namely, a scientific interest in growing bread molds, a specimen of which he brought to the analyst. According to Fraiberg, one of the great difficulties in studying transference in children is that often a child cannot report reliably alien thoughts and fantasies about the analyst.

In Roger's case as well as in other latency cases, she found that parts of the child's neurosis did not seek repetition in the transference. Only if "total

<sup>3</sup> Described in detail in *This Journal*, 10:338-367, 1962.

repression" has occurred, it seems, does the oedipal conflict reappear in the transference neurosis, regardless of the availability of the original object. By "total repression" is meant the abolition of the connection between drive derivatives and their objects. When the analysis uncovers such impulses, they flow toward the analyst. Additional evidence for this hypothesis comes from analyses of institutionalized children. Some conflicts in these children are repeated in the transference, others with the ward personnel. The evidence again seems to point to the crucial role of the nature of the repression.

Anthony wondered if perhaps we are just more aware in child analysis how much of the revived material flows toward objects outside the analysis. In adult analysis, spouses, children, and other objects may have a similar function. In Suzanne's case, he wondered how much of the involvement with the analyst after the revelation of the secret was due to lifting of repressions and how much to a sudden spurt in development, comparable to L. Frankl's observations on the sudden development of Albanian infants after the release from swaddling. In Roger's case, the question of the sex of the analyst must be considered. In a similar case, Anthony saw a forward shift from pre-oedipal to oedipal transference, in contrast to Roger, whose analysis seemed to shift in the opposite direction.

Maenchen commented that Fraiberg brought child analysis closer to the adult model by her use of verbalization and the position of neutrality. Gradually, the child's language and thought seem to replace play, and a transference neurosis becomes possible. She asked whether one can speak in child analysis of a revival of the infantile neurosis. Roger seemed to transfer pre-oedipal, not oedipal, material. It would be unacceptable for this child to regress libidinally to an anal level outside the analysis; reliving through play was acceptable. While agreeing with Fraiberg's thesis that total repression is required for a repetition in the transference, Maenchen closed her remarks with the observation that oedipal material is repeated outside the analysis and not in the transference.

On the basis of her own clinical experience, Selma Kramer wondered whether, rather than discard the concept of availability of the original love objects, one should refine it and distinguish between actual and fantasied availability.

Settlage pointed out that the completeness of the work of repression is quite variable in different kinds of neurotic problems in both adult and child patients. He questioned whether the nearness in time of the repression was the key factor and whether total repression was the primary determinant for the development of a transference neurosis. He cited his experience with a twenty-five-year-old unmarried male with a strongly repressed oedipal conflict who was still living with his parents. This patient at first directed revived oedipal conflicts and feelings toward his parents rather than to the analyst in the transference. Perhaps the presence of the original love objects serves the purpose of unconscious resistance through avoidance of the re-enactment of the past in the transference where it is subject to scrutiny, recall, and



recognition. Also, apart from the availability of the current love objects, one should consider their suitability for reinvestment.

Van Dam compared Fraiberg's concept of total repression to Freud's and Anny Katan's concept of object removal and suggested that object removal in the case of oedipal and especially preoedipal wishes begins in latency and gains momentum in adolescence. The degree to which this process has taken place determines the capacity to form a transference neurosis. This was a more useful way of looking at the process than the use of the concepts of "strong" or "total" repression. In the case of Roger, the child was able to use the female therapist as a real person as well as a transference object to resume his oedipal development.

Fraiberg closed the discussion of her paper by stating that further research was needed to test her hypothesis.

In "Transference in Child Analysis," Selma Kramer presented three cases which were atypical because of the unusual strength of the transference.

The first child, presented in detail, was an eight-and-a-half-year-old boy, John, referred for a tic, obstinacy, thumb sucking, poor schoolwork, and lack of friends. He had been brought up by a compulsive mother and a demanding father. The analysis centered largely around the transference. At first he would entertain the analyst in various ways, as he did with his mother and schoolteacher. The phallic significance of these exhibitions could be demonstrated. An anal soiling quality to these transference games then became clear as an identification with the father and as a repetition of anal aggression to the mother. When conflicts over masculinity were analyzed in the transference, manifestations of his difficulties became less and less prominent outside the analysis. Eventually a sense of identity became established, again through transference analysis. The child's identity problem was due to conflicting identifications with both parents.

The second patient, Mindy, had previously had a successful once-a-week treatment with another woman analyst for seven months on account of separation anxiety, scholastic problems, and anxiety about flying. At thirteen, severe homesickness led to her analysis. Her initial behavior toward both analysts consisted of mistrust and aloofness related to the mother's depressions associated with the births of Mindy's five younger siblings.

In the analysis, other patients were seen as intruders and "babies," in contrast to Mindy's reaction formation of independence and aloofness. Her defenses against the wish to be mothered were analyzed successfully, and a transference fantasy of being mistaken for the analyst's daughter emerged. Interest in the analyst's family life began to emerge, in part manifested by a comparison of the analyst to the absent working mother. Some of this material was enacted with siblings and with the mother, so that this case was not characterized as having a true transference neurosis. However, the intensity of the transference reactions was often very striking.

The third child, Steve, developed a transference reaction which was attributed in part to the very disturbed relationship of this child to his

father. Steve, aged eight, was referred for eating problems, temper tantrums, and learning difficulties. The father frightened the child by having him pilot his airplane. In the analysis the child was plane and pilot, and the analyst the control tower which rescued him, but also put pressure on him to do dangerous things again as soon as he had been saved. In the analysis the child dared to complain about dangers, which he did not dare do with his father. Talk of the dangerous activities led to discussion of masturbation conflicts. To transfer his conflicts toward the analyst was possible; it was not possible to express them toward his father, who demanded denial of castration fear.

John's capacity for transference was ascribed to a satisfactory relationship to the mother during the oral phase. His problems arose from the anal and phallic period, as well as from contradictory demands from the parents. The ungratified drives led to an unusual transference readiness in John's case. Mindy's conflict over dependency needs led to a strong transference resistance, which became the focus of the analysis. In Steve's case, the unsuitability of the current father to express revived longings is similar to the behavior of the adult patient, who also utilizes the transference neurosis to express revived infantile material.

Finally, Kramer turned to the role of the analyst, in whom countertransference problems may arise both in terms of the material brought by the child and in the analyst's relationship to the parents. The child analyst may act in such a way as to overstimulate the child's dependency needs and thereby create a pseudo transference.

Anna Maenchen felt that the first case, John, chiefly demonstrated transference reactions as well as communication of father material by means of play, rather than a father transference. She agreed that in Mindy's case no transference neurosis had developed. Steve's case demonstrated what Harley has called the extension into the analytic situation of current reactions to the original love objects. Attainment of object constancy is a prerequisite for transference neurosis, but the variations in the capacity to develop a transference neurosis are due to the nature of the repressions.

Selma Fraiberg's view was that the material presented by Kramer probably represented transference reactions and externalizations. If one were to analyze these transference reactions as defenses and could reach the underlying conflicts, one would be justified in speaking of a transference neurosis.

Abraham Fineman wondered whether one is especially likely to find a transference neurosis in gifted children, in whom the cognitive function is highly developed and who manifest a special quality in their repressions.

Fraiberg felt that the term transference neurosis should apply to repressed conflicts when they are revived in the course of the analysis, transferred to the person of the analyst, and worked through in the analytic situation.

Ritvo then asked why we encounter the transference neurosis so rarely, and why it is so difficult to develop it in the analysis of a child. Some factors have been elucidated: the existence of the original objects, the psychic structure of the child, cognitive phenomena, and the fact that the child's neurosis

is so patchy, not yet well organized. Ritvo linked the cognitive factor to the child's ability to form a therapeutic alliance rather than evade recognition of his conflicts. A gifted child may be better able to do so. In these favorable situations there may be periods in a child's analysis when one can speak of a transference neurosis.

Robert Kohrman wondered whether technical problems prevented the appearance of the transference neurosis in some children who showed transference readiness. He also urged consideration of the problem of how to resolve the transference neurosis.

Fraiberg stated that the concept of transference neurosis in adult as well as in child analysis remains unsettled. To the extent that a transference neurosis in child analysis does occur, the analytic work can benefit and otherwise inaccessible conflicts become available.

Robert C. Prall stated that a parent's ability to tolerate emerging impulses during the child's analysis is a factor in determining whether revived conflicts remain confined to the analytic situation. Fraiberg reiterated her position that this was not a factor. Roger's mother would have tolerated the anal impulses quite well. Institutionalized children do not transfer all emerging conflicts to the analyst either.

Anna Maenchen agreed with Prall that for Roger it was safer to repeat his anal impulses in the analytic milieu because of the analyst's special tolerance for infantile impulses. Traumata, she felt, are especially likely to be analyzed within the transference neurosis.

In an attempt to summarize the work of this panel, one might include in it further clarification of the concept of transference neurosis in child analysis, such as distinguishing it from transference reactions, externalization of parts of the child's psychic structure onto the analyst, extension of the child's current conflicts into the analytic situation, and concurrent developmental processes occurring around the analyst as a real object. In addition, the transference neurosis becomes obscured because of the child's limited ability to verbalize and free-associate.

The relationship of the occurrence of the transference neurosis to certain developmental processes was clarified, and a hypothesis was advanced that a transference neurosis can develop only from those oedipal or preoedipal conflicts which have undergone total repression. The concept of the availability of the original love object was further refined, but its significance as a determinant in the formation of the transference neurosis was seriously challenged. Naturally, the discussion led to questions of analytic technique and qualities in the analyst. Comparing the analytic situation with adult vs. child patients proved fruitful for further understanding and revealed the need for further clarification and study.