

FROM THE SHELL-SHOCKED SOLDIER TO THE NERVOUS CHILD: PSYCHOANALYSIS IN THE AFTERMATH OF THE FIRST WORLD WAR¹

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After moving from London to Pitlochry in Scotland in June 1940, the child analyst Melanie Klein hired a local hall so she could resume treating children. Two of her patients had followed her from London and in April 1941 she began analysis with a further patient, 'Richard', a ten-year-old child who, like Klein and her other patients, had been re-located from his home to escape the bombing. Klein began the first session by telling Richard that she understood he had come to visit her because he had some difficulties. He talked about his fear of going out on his own and meeting boys in the street. He was preoccupied by the war (Klein, 1998, pp. 16, 19). Richard told Klein that a bomb had fallen near their garden, blowing in some windows and destroying their greenhouse. Cook had been on her own in the house all day; she had been very

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frightened and had slept in a friend's house that night. Hitler had done terrible things to the Poles and might do the same elsewhere. As he talked about Hitler, Richard got up and studied the map on the wall. He told Klein that he sometimes feared a nasty man, a tramp, would break in during the night and try to kidnap his mother, and he imagined going to her aid, scalding the tramp with hot water and making him unconscious (Klein, 1998, pp. 20–1).

Klein then offered Richard an interpretation. The tramp that hurt his mummy was like Hitler who had frightened Cook in the air-raid, and been cruel to people in the countries Germany had conquered. Richard's worries about his mother were actually worries that 'when his parents went to bed something would happen between them with their genitals that would injure Mummy' (Klein, 1998, p. 21). Richard did not appear to know the word 'genital', but he told Klein what he knew about how babies were born, and assured her that his father was a nice man and would never hurt his mother. Klein responded that the tramp might actually represent his father, who was doing something bad and dangerous to his mother.

This first encounter set the tone for the following ninety-two sessions of Richard's analysis. He had a detailed knowledge of the war's progress and it continued to worry him. He would relate his anxieties in words and drawings and Klein would respond by linking his fears to deep Oedipal conflicts. Rather than offering sympathy and reassurance for Richard's difficulties she was convinced that 'the analysis of the anxieties stirred up by his fears of the war was the only means of helping him' (Klein, 1998, p. 19). It was the destruction wrought by the war that filled Richard's mind, but the causes of his difficulties preceded the war, Hitler and the tramp functioning as stand-ins for the primal scene.

This paper investigates the development of child analysis after the First World War. It argues that the First World War provided an indirect stimulus to child analysis, and that this was a significant legacy of the conflict – the elaboration of the child's psyche, and the setting up of therapeutic treatments for children, becoming focal points for the diffusion of psychological ideas in Britain between the wars. The Second World War is commonly regarded as the moment in the twentieth century when psychoanalysis in Britain gained a purchase on public beliefs and social policies concerned with children, as civilian bombing and the mass disruption of families exposed the psyche of the child. In this chronology the First World War and interwar years are seen as little more than precursors of the major mid-century developments (Riley, 1983; Shapira, 2013; Zaretsky, 2005). Meanwhile, the significance of the First World War within the history of psychology is debated, and claims that it challenged existing explanatory paradigms are widely disputed (Loughran, 2009;

Loughran, 2012).² For example, Edgar Jones and Simon Wessely argue that the treatment of shell-shock did not result in significant long-term advances in psychological understanding. After the war the psychoanalytic community in Britain ‘retreated into itself’ and so ‘failed to contribute fully to the general psychological debate’ (Jones & Wessely, 2003, p. 137). It would not be until a generation later, during the Second World War, that the psychological lessons of the First World War were ‘fully assimilated’ (Jones & Wessely, 2003, p. 147).

In such accounts the Second World War features as an epiphany in psychological thought and practise, yet it was after the First World War that the theories of infantile subjectivity circulating later in the century began to be elaborated. Once the historian moves beyond the institutional bounds of medicine and military psychiatry to consider the applications of psychoanalysis in work with children, the legacies of the First World War seem more present, and the impact of psychoanalysis less marginal. As early as 1925, in his introduction to a pioneering psychoanalytic study of juvenile delinquency, Freud remarked that ‘children have become the main subject of psychoanalytic research and have thus replaced in importance the neurotics on whom its studies began’ (quoted in Young-Buehl, p. 101). Within some histories of psychoanalysis this shift is understood in largely internal terms, the early interpretations of children’s psychic life and development made by Freud and others largely on the basis of adult analysis, giving rise to research on children after the war. In Claudine and Pierre Geissmann’s *History of Child Psychoanalysis* (1998), for example, the First World War barely warrants a mention. While interest in child analysis predated the war and the post-war developments reflected issues and pre-occupations that were particular to psychoanalysis, at the same time, the aftermath of the First World War and the emergence of child analysis were more culturally and emotionally tangled than this kind of narrative suggests. Seth Koven concludes in his study of the treatment of disabled children and soldiers in early twentieth century Britain that war ‘precipitated an uncanny convergence of rhetoric and policy as children became soldiers and “soldier boys” became childlike victims’ (Koven, 1994, p. 193). The convergence that Koven notes in relation to physical maladies might equally stand for psychological ones: rather than the child *replacing* the neurotic, as Freud suggested, in the trajectory of scientific developments from the First to the Second World

2. Loughran, however, whilst emphasizing the diversity of pre-war psychology, and arguing against the First World War as a watershed in the reception of Freudian psychology, suggests that the *post-war* impact of shell-shock on medical culture may have been more significant than some historians believe, and requires further research (2009, p. 91).

War, the anxious child was pre-figured in the shell-shocked soldier, and the traumatized veteran in the post-war child.

As some historians have observed, the First World War contributed to a preoccupation with death, mourning and aggression in psychoanalysis between the wars (Thomson, 2006; Overy, 2009; Lerner and Newcombe, 1982; Richards, 2000). It was within the psyche of the child that these preoccupations would be pursued most fully. As we shall see, Klein's analysis of Richard was not her first encounter with 'the war inside': her first child analysis took place at the end of the First World War, while the phantasies of her early patients (in fact, her own children) reflect historical legacies of military violence and death. The First World War and its aftermath furnished some of the material of the anxious and aggressive urges that would preoccupy Klein as a child analyst, and would become national concerns on the home front war during the Second World War.

It is by taking a biographical view, and thinking about the wartime experiences of those who later developed an interest in psychoanalytic work with children that the significance of the First World War for later developments in psychoanalysis emerges. War touched some through their own war service, while others had serving brothers, fathers and husbands. Dislocation and shortages on the home front, particularly in mainland Europe, coupled with the political instability of the immediate post-war years, formed the personal context in which many later child analysts and child psychologists began working with children. While after the war psychoanalysis drove back to the infant's earliest emotional experiences, at the same time I would suggest that this movement also had an historical imperative, driven by the personal disruption and traumas of the war. Klein's insistence that Richard's concerns about the Second World War were the manifestation of a drama whose roots lay not in the external conflict, but in his unconscious repeated the psychic injunction she constructed amidst the aftermath of the First World War.

The remainder of this article has three parts. The next section describes the growth of child analysis between the wars, and relates this to the personal experiences of war among the founders of child analysis. Part two focuses on perceptions of war neuroses among psychoanalysts and military psychiatrists, and shows how the treatment of shell-shocked soldiers contributed to the post-war focus on the psyche of the child. Part three reveals the legacy of the First World War in the models of subjectivity proposed by Klein and other child analysts.

War, Psychoanalysis and the Child, 1914–1930

In his address to the fifth meeting of the International Psycho-Analytical Congress in Budapest in 1918, Freud remarked on how war neuroses had helped to put psychoanalysis on the map among medical men hitherto

sceptical of its claims. The idea that the symptoms of the shell-shocked soldier were due to unconscious conflicts, and that illness provided a means of alleviating psychological conflicts was now widely accepted. Yet he also noted that the interest in war neuroses was fast waning – this episode, he remarked, ‘was now a thing of the past’ (Freud, 1921, p. 1). Freud believed that for the future of psychoanalysis to be secure, it must reach beyond the clinic and the private patient to areas of social life hitherto untouched by Freudian ideas, as had begun to occur in the work with war neurosis victims. In his address to the Congress the following year – its playful title ‘Lines of advance in psychoanalytic theory’ suggesting a military-style operation – Freud set out his vision of psychoanalysis in peacetime (Young-Bruehl, 1988, p. 81). Klein and Anna Freud were both present at this address. Klein later recalled the deep impression it made on her, and ‘how the wish to devote myself to psychoanalysis was strengthened’, while Anna considered that her turn to child analysis was a response to her father’s call to broaden the reach of psychoanalysis beyond the clinic (Grosskurth, 1986, p. 71; Viner, 1996, p. 6).

The development of child analysis during the next decade would bear out Freud’s vision, though it would equally be a cause of deep rifts within the movement. Just as rapidly as the victim of war neurosis slipped from public view, the anxious child replaced him as an object of psychoanalytic investigation and a source of hope for its future. Psychoanalysis had been little concerned with the treatment of children before the 1920s. Freud himself never attempted to analyse a child. The nearest he came to it was his study of little Hans, a five-year-old boy who suffered from a phobia of horses, but Freud had not treated Hans himself, compiling his findings largely through consultations with the boy’s father (Gay, 1995, pp. 255–261). Slight though it was, Freud’s 1909 essay became the benchmark against which child analysts would appraise one another’s approaches between the wars (Viner, 1996, p. 5). In Britain, the co-founder of the British Psychoanalytical Association, David Eder, had sought to apply psychoanalytic ideas to children as early as 1914. However, the paper that he co-wrote with his wife Edith on ‘The unconscious mind in the child’ so shocked the readership of *Child Study* that it had to be withdrawn (Thomson, 2011, p. 71).³ In Vienna and Berlin, psychoanalytic studies of children were more advanced: Hermine Hug-Hellmuth had published

3. For developments before 1918, see Raitt (2004, pp. 63–85) and Geissmann & Geissmann (1998, pp. 9–75). There were halting attempts to apply Freudian ideas during the war itself, for example in the large study of children’s dreams conducted by C.W. Kimmins, the Chief Inspector of the education department at the London County Council, which included a category of ‘war dreams’ (1920). Apart from recognising that children’s dreams had an unconscious element, Freud’s influence was marginal in the study.

her first book on the topic in 1913, but she was cautious about applying the techniques of adult analysis to children, while in the same year Karl Abraham had begun to analyse his daughter Hilda (Geissemann and Geissemann, 1998, pp. 34–6).

By contrast, the 1920s saw rapid developments in the psychoanalytic understanding of children. As Anna Freud's biographer Young-Bruehl puts it, 'The field of child analysis grew up in the 1920s' (Young-Bruehl, 1988, p. 161). The shift from the shell-shocked soldier to the child is documented in the *International Journal of Psychoanalysis*, the publication that Freud's committee set up in 1919 with Ernest Jones as its editor. The 1920 issue lists two publications on war neuroses and two on children, a pattern largely repeated in 1921. The 1922 journal lists four publications on war and twelve on children. By 1924 there were seventeen on children and just three on war, while the 1926 issue cited twenty publications on children and none on war neuroses, a pattern which would continue largely unaltered until the Second World War.

The pattern of journal publications reflected broader shifts in psychoanalytic enquiry. In Vienna, Hug-Hellmuth was analyzing children in their homes and noticing how the troubles of the parents revealed themselves in their children. In autumn 1919 Siegfried Bernfeld set up a nursery for Jewish children orphaned and made homeless by the war (Young-Bruehl, 1988, p. 160). August Aichhorn, an expert on juvenile delinquency, was using psychoanalysis in his clinical work and arguing against the view that delinquency was due to hereditary degeneration (Young-Bruehl, 1988, p. 100). Anna Freud, having begun her career as a teacher, resigned after she contracted tuberculosis during the war. She commenced an analysis with her father in autumn 1918. Together with Aichhorn and Bernfeld, with whom she had worked in war nurseries, she set up an informal study group on child analysis in the early 1920s. In November 1924 she began treating the children of her friend Dorothy Burlingham, and the two women set up a school where the Burlingham children and her nephew Ernst Hallberstadt were educated along psychoanalytic lines (Sayers, 1991, pp. 149, 152, 160). The lecture series on child analysis that she began at the Vienna Psychoanalytic Training Institute in 1924 was based on her treatment of the Burlingham children and formed the basis of her first book, *Introduction to the Technique of Child Analysis* (Sayers, 1991, p. 145; Young-Bruehl, 1988, p. 166). Anna Freud's route into child analysis was as a daughter and her father's analysand and then as a child analyst, something with which Ernest Jones and Klein's supporters would later taunt Freud, claiming that Anna's reluctance to apply adult techniques to children was due to transference that Freud had failed to properly analyze, and emphasizing Klein's greater clinical experience in treating children (Viner, 1996, pp. 9, 13).

Melanie Klein's route into child analysis was concurrent with Anna's, but stemmed from quite different personal circumstances. Her mother died in late 1914 when her third child Erich was around five months old and throughout the children's early lives she suffered from depression (Grosskurth, 1986, p. 66). Having been 'enraptured' by Freud's essay on dreams in 1914, in her early thirties she began an analysis with Sandor Ferenczi, who at the time was head of a psychiatric section of a military hospital, and was treating shell-shocked soldiers (Grosskurth, 1986, p. 3; Brunner, 1995, p. 113). Ferenczi also had an interest in child analysis, having lectured on the role of education and the child's instinctual life before the war (Young-Bruehl, 1988, p. 160). While in analysis Klein began to analyze her son Erich, and the paper that gained her admission to the Hungarian Psychoanalytic Society in July 1919, later published as 'The development of a child', was based largely on Erich, though she suppressed his identity in later versions (Grosskurth, 1986, pp. 75, 80, 91; Sayers, 1991, p. 211). After moving with Erich to Berlin in early 1921, she began to treat the children of colleagues in the Berlin Psychoanalytic Society (Sayers, 1991, p. 216). In 1924 she commenced a second analysis with Karl Abraham, Freud's collaborator and ex-President of the International Psycho-Analytical Association. During the war Abraham had run a medical unit in East Prussia for military psychiatric cases and in 1920 he set up a psychoanalytic clinic with Max Eichhorn to treat shell-shocked veterans (Grosskurth, 1986, p. 93; Brunner, 1995, p. 113). While Klein's interest in child analysis clearly developed from her experience as a mother and analysand, it was also conditioned by the war, not least her own husband's war service and being part of a psychoanalytic culture that was absorbed in the treatment of soldiers.

In 1925 Klein visited London to give a series of lectures on child analysis. The response among the British Psychoanalytic Society was very positive, and in 1926 Klein, having broken with her husband, moved to London. 1927 brought child analysis to the fore within psychoanalytic circles, marking out developmental lines – and lines of dispute – that would be reprised in the 'Controversial Discussions' during the Second World War, and would reverberate for the remainder of the century. Anna Freud's *Introduction to the Technique of Child Analysis* was published in early 1927 (Viner, 1996, p. 4). Her address to the Berlin Society on child analysis techniques in March 1926 was openly critical of Klein's approach, but Klein's own contribution was not discussed by the Society (Viner, 1996, p. 6; Maddox, 2007, p. 187). In response, in May 1927 Ernest Jones organised a symposium on child analysis in London. This opened with a robust critique of Anna's approach by Klein, followed by further critical commentaries from leading lights of the British Society, among them Joan Riviere, Ella Sharpe, Nina Searle and Edward Glover. In his address, Jones effused about the rapid strides being made in the psychoanalytic

study of the mind of the young child, which, he told his audience, justified 'the hope that we shall experience this last triumph of psycho-analytic theory and practice' (in Maddox, 2007, p. 188).⁴ This was no mere hype but a personal conviction: within weeks of Melanie Klein's arrival in Britain in 1927, Jones had arranged for his wife and two children to undergo analysis with the pioneer of child analysis (Maddox, 2007, p. 185).

During the 1920s, psychoanalytic ideas were taken up more widely within British social agencies working with children. The Tavistock Clinic, founded in 1920, contained an adult and a children's department from the outset, and the first patient was a child (Dicks, 1970, p. 2). Its first director, Hugh Crichton-Miller, was in the Royal Army Medical Corps during the First World War, as was his successor, J.R. Rees, and among its early staff were a number of medical doctors who had seen war service. The clinic aimed to provide for civilians the kind of outpatient treatment that had been given to shell-shocked soldiers, who were also among its clients. The Child Guidance Clinics, of which there were some fifty operating in England and Wales, and thirteen in Scotland by the Second World War, had their origins more in social work than psychoanalysis, but included staff with interests in psychoanalysis (Hendrick, 2003, pp. 4–5; Stewart, 2007, p. 115). Emanuel Miller, who opened the first clinic in London, was one. He had served in the RAMC during the war, working with shell-shock victims, and until 1925 was a neurological specialist with the Ministry of Pensions before turning his attention to children in the late 1920s (Hartley, 2001, p. 176). Margaret Lowenfeld founded her Institute of Child Psychology in 1928, pioneering a form of play therapy using sand boxes. It was treating hundreds of children by the early 1930s, and although Lowenfeld is now less wellknown than Anna Freud or Klein, between the wars she was 'at the spearhead' of developments in child psychology (Urwin and Hood-Williams, 1988, p. 8). Her approach was eclectic but drew loosely on Freudian ideas, particularly Freud's insights in *Beyond the Pleasure Principle* about the role of play in mastering anxiety (Urwin and Hood-Williams, 1988, p. 75). More psychoanalytic in orientation, the Institute for the Scientific Treatment of Delinquency was established in 1931, with Emanuel Miller and the analysts J.A. Hadfield, Edward Glover and others playing an active role (Dicks, 1970, p. 45).

Psychoanalysis also had a significant impact on progressive education. In the early 1920s, the psychoanalyst Susan Isaacs established the Malting House School in Cambridge, a residential school for children between three and six which allowed her to observe and record the psychological

4. Summing up developments in Britain to Freud in 1925, Jones remarked that 'Prophylactic child analysis appears to me to be the logical outcome of psychoanalysis' (quoted in Maddox, 2007, p. 183).

life and activities of the children in detail. Freudian ideas also influenced A.S. Neill's philosophy and leadership of Summerhill school in Suffolk, and the 'free schools' Bedales, Dartington Hall, and the Caldecott Community, all of which were established in the 1920s (Urwin & Hood-Williams, 1988, p. 6). Some of the wilder incarnations of Freudianism in progressive education were responsible for a BMA investigation of psychoanalysis in the late 1920s (Maddox, 2006, pp. 198–201).

The connections between the end of the war and the development of therapeutic work with children were not just institutional. Some of the practitioners of child analysis were themselves responding to personal disruption and losses as they turned their attention to children. In later life, Margaret Lowenfeld acknowledged the connections. During her medical training in the war she had dealt with many wounded soldiers. Shortly after the armistice was declared she went to Poland to work with refugees and orphaned children. She recalled visiting an orphanage where the children had 'lost everything a human child can have, language, nationality, family, "roots", and anyone with whom to share their childhood experiences' (quoted in Urwin & Hood-Williams, 1988, p. 32). Lowenfeld became caught up in the Bolshevik invasion, helping to provide food and clothing to Polish troops, prisoners of war and refugees, returning to Britain in 1921 (Urwin, 1991, p. 379). That experience, she reflected

opened doors on to an interior world I would not otherwise have reached . . . I realized that living in a constant atmosphere of fear, and with a lack of any overall direction, is of the essence of the experience of unhappy children and the black misery of prisoners of war is very like the depressions of infancy. (Urwin and Hood-Williams, 1988, pp. 33–5)

Margaret Lowenfeld's interest in psychotherapy and the personality of the child, concludes Cathy Urwin, 'was precipitated by wartime experiences' (Urwin, 1991, pp. 380–1). Among other practitioners, the connections between war and the emotional troubles of children were more implicit. Sigmund Freud had good reason to worry about his children during the war. Oliver was serving in the Army Engineer Corps, Martin, a gunner in the Austrian Army, was made a POW and was away from his family for five years, Ernst caught TB in the trenches and was sent to a sanatorium, and as we have seen, Anna also contracted TB (Young-Bruehl, 1988, p. 65). In January 1919, Freud's daughter Sophie died from influenza. After her death, Anna was frequently at the Halberstadt household looking after Sophie's two children, Ernst and Heinerle, who were then aged six and thirteen months. Anna took a special interest in Ernst, who was bewildered and unsettled by his mother's death, and she even considered adopting him. The Freud family was thrown into turmoil again in June 1923 when Heinerle died of military TB (Young-Bruehl, 1988, pp. 92–3; p. 118). These bereavements thrust Anna into the close observation and care of her

nephews, just as she was developing an interest in child analysis. The war was certainly present in Anna's analysis during this time: as she wrote to her father in August 1918, 'It seems that now mostly dire things happen in my dreams – killing, shooting or dying' (Young-Bruehl, 1988, p. 48). War also formed part of the personal context in which Sigmund Freud adjusted his clinical thinking. His earlier work, Gay concludes, 'had not had enough death in them – or, more precisely, they had not integrated what they had to say about death into his theory' (Gay, 1995, p. 394). In his 1915 essay 'Thoughts for the times on war and death', Freud reflected on the capacity for violence among modern societies, concluding that so-called 'civilized' man was 'psychologically speaking, living beyond his means.' (Freud, 2001, vol. 14, p. 284). *Beyond the Pleasure Principle*, Freud's essay of 1919, which set out his new theory of an innate death drive, was partly derived from observing a wartime separation. In the essay Freud passes straight from a discussion of war neurosis victims to a description of his eighteen-month-old grandson's play. The link he makes between the adult and the child evokes larger historical shifts. Freud asks why it is that the victims of war neuroses should want to repeat in their nightmares the horrific events thought to have caused their condition. The pleasure principle, he suggested, did not govern on its own: there was a primitive force, the death instinct, which sought to undo life and was absorbed in un-pleasure.

Ernst Halberstadt's game involved a wooden reel bound with string, which he would throw away so it was concealed, and then pull back with the exclamation 'da!' (there). The game, Freud interpreted, was directed towards dealing with the trauma of separations from his mother, for he never showed any emotion when she was away. It was a means of managing the separation, giving a sense of control over the trauma with the objects within his reach, but Freud thought it might also have a more destructive aspect, the throwing away of the reel suggesting 'All right then, go away! I don't need you. I'm sending you away myself.' (Freud, 2001, vol. 18, p. 16). To adduce further evidence for this destructive instinct, Freud described Ernst's behaviour a year later, when he would hurl his toys onto the floor and say 'Go to the Front' (Freud, 2001, vol. 18, p. 16). The phrase, concluded Freud, expressed the hostility attached to the boy's Oedipal victory over his absent father. The working of the death instinct is linked in Freud's mind to war, to the impulse to destroy, the traumas of separation, and the damaged psyche's tendency to repeat painful experiences. It is within the mind of the child that the primitive roots of destructive impulses are revealed.

As Peter Gay observes, Freud's re-formulation of psychoanalysis in 1919 to admit the idea of a death instinct may have owed something to the losses in his family, though Freud insisted at the time that he had drafted the essay before Sophie's death (Gay, 1995, p. 395). It was not just the private trauma of family bereavements, however, but the broader context of war,

separations and loss which animated Freud's imaginative leap from the shell-shocked soldier, through the child, to the startling conclusion that 'the aim of all life is death' (Freud, 2001, vol. 18, p. 38).

Freud's formulation of the death instinct at the end of the war would greatly influence Melanie Klein's thinking about children during the 1920s and 30s, and as with the Freud family, personal disruption brought about by the war would play a role. Her youngest son Erich was born weeks before the outbreak of the war. In 'The development of a child', Klein concluded that Erich's neuroses stemmed from the repression of his incestuous urges towards his mother (Grosskurth, 1986, p. 75; pp. 91–6). There was a historical backdrop to the Oedipal drama however. Arthur Klein was called up into the Austro-Hungarian army in late 1914 and was invalided back to Budapest in 1916 with a leg wound (Grosskurth, 1986, pp. 64, 72). Casualty rates among Habsburg officers were among the highest in the Central Powers during Klein's period of service, with missing or lost constituting as much as 48 per cent of the total military force, and it seems unlikely that the family would have been ignorant of, or unaffected by, knowledge of such risks (Herwig, 1997, p. 139; Watson, 2014, p. 565). Arthur's absence covered the period in Erich's life from six months to two years, which Klein would identify as key to the psychic constitution of the child (Grosskurth, 1986, pp. 96–7).⁵ The family was separated again in 1919, forced to flee Budapest after the violent counter-revolution led to widespread outbreaks of anti-Semitism.⁶ Arthur Klein lost his job and went to Sweden for work, while the three Klein children moved in with his parents in Czechoslovakia (Grosskurth, 1986, pp. 82–3).

The father plays a rather negative role in Klein's early case-studies. In 'A contribution to the psychogenesis of tics', based on her first son Hans (born 1907 and called Felix in the study), she describes how the eleven-year-old boy's father, 'newly returned from the war', threatened his son for cowardice and poor performance at games, and lay in wait to catch him masturbating (Grosskurth, 1986, p. 98; Klein, 1994, p. 107). Arthur Klein's behaviour appears to have been harsh and suspicious, and a cause of tension between husband and wife, who separated and then attempted a reconciliation in Berlin before eventually divorcing in 1926, on the eve of Klein's departure to Britain (Grosskurth, 1986, p. 109). It is possible that his experiences in the war contributed to Arthur's oppressive behaviour as a father, though he had often complained of nerves and there were

5. Grosskurth states that Erich was three when his father went to the war, but in 1915 he must have been aged one, and two when he returned.

6. Anti-Semitic outbreaks were a feature throughout the war in Budapest, intensified by the influx to the city of up to 20,000 Galician Jewish refugees from the East (Watson, 2014, p. 370).

long-standing conflicts between him and Melanie, due to his probable infidelity and her passionate devotion to psychoanalysis, which Arthur believed was responsible for driving a wedge between himself and Hans (Grosskurth, 1986, pp. 49, 53, 99). Although Klein was surrounded by the political and personal legacies of war as she turned her attention to the child's psyche in the early 1920s, she situated the origins of neuroses within the unconscious.

Legacies of war neuroses, 1917–1923

If, as Freud believed, the treatment of neuroses cases had given a fillip to psychoanalysis during the war, what were the implications for how the psychic world of the child would be conceived afterwards? I shall now discuss the concepts of infantile subjectivity proposed within the wartime investigations of shell-shocked soldiers, and suggest how the debates surrounding the aetiology of war neuroses encouraged the post-war turn to the child within psychoanalysis.

Most experts dealing with cases of war neurosis, asserted Ernest Jones in his 1918 address to the Psychoanalytic Association Congress, 'would surely agree that fear is the central problem they have to deal with. By fear is here meant rather the mental state of dread and apprehension, increasing even into terror, and accompanied by well-marked bodily manifestations' (Jones, 1921, p. 56). Many of the military psychiatrists treating shell-shock victims during the war would have concurred with Jones. 'War strain', asserted Grafton-Elliot Smith and T.H. Pear in their 1917 study of patients at the Maghull Hospital in Merseyside, was in essence a problem of fear. Trench warfare aroused intense fear, while the repeated attempt to suppress it, and its effect in depriving men of sleep, further increased 'mental excitability' (Smith and Pear, 1918, pp. 6–9). Fear showed itself in physical ailments: among the manifestations described by the American psychiatrist John MacCurdy were giddiness, nightmares, shakes and stomach pain (MacCurdy, 1918, p. 93).

Those suffering from war neurosis were seen to experience anxiety without a specific object; the term 'reasonless dread' was coined by the military psychiatrist W.H.R. Rivers, and was also used by soldiers themselves, to describe this quality. Like Smith and Pear, Rivers thought the condition was caused by a vicious cycle in which men were worn down by having to control their apprehension (Rivers, 1920, p. 245). 'Reasonless dread' or 'horrible dread' would come flooding back in nightmares which had been blotted from consciousness during the day, and the consequent fatigue would further erode the soldier's state of mind (Rivers, 1920, p. 186). Soldiers succumbed to the grip of their nightmares, losing the ability to distinguish fantasy from reality (Rivers, 1920, p. 243).

The extreme fear shown by the victims – their tremors, stuttering, and above all their nightmares – brought to mind the child. Like the child, said Rivers, the soldier was subjected to situations that aroused fear, but unlike most adults he was powerless to do anything about it, as social standards required him to stay fighting and the expression of fear was ‘regarded as reprehensible’ (Rivers, 1920, p. 208). In his 1923 book *Conflict and Dream*, Rivers explored further, through his therapeutic work with soldiers, the significance of night terrors, concluding that Freud had been wrong to conceive of dreams as wish-fulfilment. Night terrors revealed a process of regression, a ‘throwing back in sleep’ to early ‘modes of expression and mental activity’ (Rivers, 1923, p. 75). The night terrors of shell-shock victims, Rivers believed, returned the adult to the primitive modes of functioning of the child, stripping away the veneer of adult functioning and exposing the psychic core of infancy. Rivers was not alone in seeing the regressive effects of anxiety. To illustrate ‘to what an extent regression can go’, the psychoanalyst Karl Abraham described one of his patients who, after being in a mine explosion, had behaved ‘like a terrified little child.’ For weeks after, all he could say were two words: ‘mine bombs’. The man had ‘gone back to the mode of expression of a child hardly two years old’ (Abraham, 1921, p. 26). MacCurdy described patients who claimed to have suffered convulsive fits, but whose behaviour was actually ‘much more like tantrum reactions, and similar to the performances of a child who lies on the floor and kicks when particularly upset’ (MacCurdy, 1918, p. 27). Such behaviour created new interest in the concept of regression.⁷ The psychologist McDougall, though hostile to psychoanalysis and its monopoly of the term ‘regression’, was clearly fascinated by the child-like behaviour of his patients, who, under pressure of ‘nameless’ dread, had become mute or could not walk (McDougall, 1920, p. 136). The burlbles of one man, his incomprehension when spoken to, habit of crawling on his buttocks and inability to feed himself, McDougall reckoned, was akin to an infant of twelve to eighteen months (McDougall, 1920, pp. 137–8). In his state of ‘childish distress’, a second patient kept repeating that he wanted ‘to go home’, a third cried like a baby, rubbing his knuckles in his eyes, and a fourth found comfort in playing with small dolls (McDougall, 1920, pp. 141–151).

Despite his rejection of the idea that these patients were expressing an ‘unconscious desire to return to the womb’, McDougall struck rather a psychoanalytic note in concluding that his patients were not just behaving *as if* they were children, but had really returned to early modes of

7. For a detailed account of the development of the concept of regression see Bar-Haim (2014).

functioning (McDougall, 1920, p. 155). The American army psychiatrist William White took a similar view: the ill patient, he believed, 'has returned to certain infantile ways of reacting' (White, 1919, p. 33). War had exposed a universal emotional truth. '[D]eep in the unconscious of man there always lurks that desire', wrote White, for the 'feeling of safety we once knew as children when we were able always to flee from danger to the fostering care of a mother' (White, 1919, p. 67).

Perhaps the most sensitive observer of the associations between the traumatized soldier and the child was Sandor Ferenczi, the Hungarian psychoanalyst who had been Klein's first analyst. Ferenczi thought that the terror, anxiety and outbursts of anger that he observed among soldiers suffering from war neuroses suggested a kind of narcissistic injury, which he described as a 'reversion into the childish stage of self-love'. While this was more likely in a man with pre-existing narcissistic tendencies, it was possible for anyone suffering a shock to succumb, given the fraught nature of the development of the libido during childhood. The shell-shocked soldier's anxiety was a sign of this narcissistic wound (Ferenczi, 1921, pp. 18–19). Ferenczi drew close parallels between the behaviour of the child and the regressed adult:

The entire personality of most of the victims of trauma corresponds therefore to the child who is fretting, unrestrained, and naughty in consequence of a fright. The excessive importance which almost all the persons suffering from trauma attach to good food fits in with this picture. The slightest neglect in this respect may produce in them the most violent outbreaks of affect and even induce fits. Most of them are unwilling to work, they wish to be supported and provided for like a child' (Ferenczi, 1921, p. 19).

For Ferenczi, then, the subjectivities of the shell-shock victim and the child were identical. The former had not only regressed in a formal sense to the 'childish stage' of self-love, but behaved as a child. His difficulties in walking reprised the infant's state of 'not-being-able-to-walk', and his temper tantrums were 'analogous to those observed in the period of suckling' (Ferenczi, 1921, p. 19). Ferenczi felt he had discovered quite a lot about child-patients through working with regressed adults suffering from war neuroses. The patient who has 'gone off into his trance', he would later comment, 'is a *child indeed*, who no longer reacts to intellectual explanations, only perhaps to maternal friendliness' (quoted in Bar-Haim, 2014, p. 70).

Ferenczi and others might have disagreed about how far the particular complex of early unconscious conflicts was recapitulated in the adult, but there was broad agreement about the resemblance between the shell-shocked soldier and the fearful child. The experience of intense anxiety had exposed the fragile mental constitution of the adult, and the tendency of the mind under pressure to revert to earlier modes of functioning.

The shocks of trench warfare had exposed the anxious child in the soldier, and in so doing, exposed the child in the adult.⁸

The importance accorded to regression among those treating war neurosis contributed – alongside Jung’s work on the mother archetype and Otto Rank’s work on birth trauma – to the growing interest among psychoanalysts in the maternal relation. David Eder, working at a shell-shock hospital in Malta during 1916, was one of the first to spot the larger implications of the regressive tendencies he had observed among his patients. Freud had built his theories around the father, yet war had revealed the ‘desire to return to the infantile dependence on the mother and the undisputed claim to her whole care and tenderness’ (Eder, 1917, p. 73). Eder described a case in which paralysis was brought on by a patient’s conflict between the desire to tell his mother about his injury, and the desire not to cause her further worry. The cause of his neurosis had been revealed during treatment by the emergence of a memory of making cakes with his mother. Such cases showed, Eder argued, ‘how powerful was the maternal allegiance’ (Eder, 1917, p. 76). In another study of treating ‘war shock’ using psychoanalytic methods, Paul Dane claimed that in no less than 90 per cent of cases of amnesia, the victim had been thinking of his mother in the instant preceding his loss of memory. One patient recalled his pleasure in lying semi-conscious on the ambulance train, which Dane believed had ‘revived the memory of his mother rocking him in her arms whilst on the breast’ (Dane, 1927, p. 72).

Many of the differences between military psychiatrists and psychoanalysts centred on the status of the traumatic event itself, and the extent to which the onset of shell-shock depended on an earlier history. Ernest Jones neatly summed up the three elements in play: there was the ‘current difficulty’, heredity, and unresolved infantile conflicts (Jones, 1918, p. 31). However, there was disagreement about the relative impact of each factor. Child analysts between the wars would take their cue from the debates about war neuroses, and in particular the way in which Freud and his followers conceptualised the relation between external events and emotional troubles.

Mindful of the accusations that shell-shock was a form of malingering, military psychiatrists who had worked with victims during the war tended to assert the importance of the external shock and downplay heredity and psychological pre-dispositions. Psychoneuroses, Smith and Pear believed, ‘may be produced in almost anyone if only his environment can be made “difficult” enough for him’ (Smith & Pear, 1917, p. 72). David Eder was also preoccupied by the question of whether the war shock victim’s mind

8. On the distinction between the adult male and the child in medical understandings of shell-shock, see Meyer (2009).

was more sensitive than a 'normal person's', and although recognising (as a psychoanalyst himself) the significance of pre-dispositions, he emphasised the 'stress of external conditions' (Eder, 1917, pp. 1, 14).⁹

MacCurdy was of a firmer view about the role of earlier neuroses: among the victims there 'may or may not' be a pre-history, but in general, those who had shown neurotic tendencies as a child were more likely to become unstable than those who had not. For MacCurdy, in contrast to Jones, it was not the case that the war had stirred up the psychic compromises and conflicts of childhood all over again, but simply that an earlier weakness was a predictor of a later one. Men who had suffered from fear of thunder as children, MacCurdy thought, were 'more apt to become fearful' in the trenches (MacCurdy, 1918, p. 31).

At the International Congress in 1918, those in Freud's circle reiterated the psychoanalytic orthodoxy. In addition to the horrors of the war itself, there must be some 'constitutional predisposition', remarked Ferenczi (1921, p. 19). Jones concurred: the 'painful features of war', he argued, could not be a sufficient cause of war neurosis, as among those exposed to the same difficulties, only some broke down. Neurosis always entailed a combination of 'the present and the old', and the key to understanding war neurosis was the unresolved unconscious conflicts of childhood (Jones, 1918, p. 31). Jones took issue with Rivers and MacCurdy, who had seen breakdown as stemming from warring instincts, the emotions of fear and shame conflicting with the ego ideals of loyalty to the group. These commentators, while drawing on Freudian ideas of unconscious conflict, had entirely missed the 'infantile and altogether repressed and unconscious' factors at work in neuroses (Jones, 1918, p. 32). For Jones, Ferenczi, Abraham and Freud then, the ultimate cause of neurosis was not present conflicts, but 'balked and repressed wishes belonging to older conflicts', which had merely been pushed to the surface by current difficulties (Jones, 1918, p. 31). These infantile conflicts were sexual in nature, typically relating to unresolved homosexual urges. For Jones, the key principle of psychoanalytic theory, and one which always provoked the most opposition, including among those dealing with shell-shock victims, was that 'the primary repressed wish ultimately responsible for neurosis is always of a sexual nature' (Jones, 1918, p. 32). In Simmel's view too, the 'psycho-sexual constitution of a person' was the key issue in understanding their pre-disposition to neurosis (Simmel, 1921, p. 31). Accounts of war neurosis became less frequent after the flurry of publications between 1917–1921, which had debated the significance of regression and

9. Martin Stone points out that Rivers, Myers, McDougall and Brown all tended to emphasise the 'emotional world of the battlefield' rather than sexual life and drives (1985, p. 255).

unconscious sexual conflicts in the aetiology of war neuroses. Later publications tended to pursue broadly Freudian lines. For example in a detailed case-study published in 1923, H. Sommerville concluded that ‘the homosexual complex’ was at the root of his patient’s breakdown. He had been suffering from dizzy bouts and had developed phobias about the dark. For Sommerville, these fearful symptoms reprised the man’s early unconscious conflicts. His hallucinations – like those of other victims of war neuroses – gave expression ‘in camouflaged form’ to a ‘homosexual complex’ (Sommerville, 1923, p. 316).¹⁰

Freud and his followers did not believe that the horrors of trench warfare provided a full explanation of why men broke down. The war was merely a trigger, re-activating traumas that lay in the unconscious conflicts of early childhood. This was a theoretically cogent position, which did not brook the watering down of psychoanalytic understanding such as the military psychiatrists Rivers and MacCurdy had attempted in their theories of instinctual conflict. At the same time, as Tracey Loughran points out, the stress on the early internal conflicts of victims tended to ‘exculpate the war of blame for neurotic disorders’ (Loughran, 2009, p. 86). As we shall now see, this view that the roots of trauma lay within the unconscious conflicts of early childhood, and that – no matter how destructive – the external conditions simply set in train the recrudescence of an original trauma, would have consequences for the development of child analysis in the 1920s and 30s.

War and Child Analysis, 1920–39

So far we have seen how the debates about war neurosis, particularly the widespread occurrence of regression in soldiers, generated interest in the psychic formations of childhood. These debates pre-supposed certain features of the child’s subjectivity. The child’s world was dominated by anxiety, and the role of psychoanalysis was to investigate the sources of anxiety in early psychic conflicts.¹¹ Having discovered the child in the shell-shocked soldier in the closing years of the war, during the 1920s child analysts would go on to discover the war in the child.

10. For other cases that adopt a sexual aetiology, see Herbert on ‘post-war neuroses’, which he believed had arisen through the damming up of sexual urges liberated by the war (1921, pp. 1238–9), and Dane on repressed homosexuality (1925, pp. 72–3).

11. The focus on early anxiety was intensified by the way in which Freud reconceptualised anxiety in *Beyond the Pleasure Principle* (1920), as well as by Otto Rank’s thesis, published in 1924 as *The Trauma of Birth*, that the earliest anxiety was separation from the mother during birth and that this trauma laid the blueprint for later anxieties.

In 1919, H.C. Cameron, the physician in charge of the children's department at Guy's Hospital, published a book called *The Nervous Child*. Emotional states that would 'stamp a grown man as a profound neurotic are almost the rule in infancy and childhood', he claimed (Cameron, 1919, p. 53). The mind of the child was inherently 'unstable' (Cameron, 1919, p. 6). Cameron specified the range of complaints that might be suffered by the nervous child, such as 'Broken and disturbed sleep, absence of appetite and persistent refusal of food, gastric pain and discomfort after meals, nervous vomiting, morbid flushing and blushing, headache, irritability and excessive emotional display' (Cameron, 1919, pp. 6, 53). Such complaints may have been recognizable to his readers as the sorts of maladies being suffered by returning soldiers, but Cameron believed they were a constitutional feature of growing up. The child's emotional world was dominated by anxiety. Cameron did not draw direct parallels between the symptoms of the shell-shock victim and the child, but the war hovers in the background. He reports on a child who grew 'intensely excited and exhausted' whilst playing alone at home. The walls of his father's study were surrounded by maps of the war, and the boy had spent the morning, 'with a wealth of imaginative force, in drawing a map of the garden of his house and converting it into the likeness of a war map, filled with imaginary Army Corps.' His excitement in constructing this war scene was a source of concern to Cameron, who worried that such 'excessive expenditure of nervous force' was not good for the boy (Cameron, 1919, p. 37). Cameron's description of this case suggests how adult worries about the aftermath of war, could, via the formulation of a diagnostic language of anxiety, be displaced onto children.

The nervous child was omnipresent in the 1920s. Cameron chaired a discussion on the subject at the British Medical Association's annual conference in 1924 (BMA, 24 November 1923), and at least three shell-shock doctors attended.¹² When Margaret Lowenfeld and her colleagues got parents to describe why their children had come to the Institute for Child Psychology for treatment, they found that 'nervousness' was the single largest complaint, followed by bed-wetting (quoted in Urwin & Hood-Williams, 1988, p. 58). In the mid-1920s the Tavistock clinic offered lunchtime talks on 'nervous and difficult children', which were advertised to medical students (Postgraduate Medical Journal, 1925, p. 182). In his 1922 book *New Psychology and the Parent*, the Tavistock's director, Hugh Crichton-Miller wrote of the importance of bringing the child's fears into the open, and the dangers for the child in repressing its anxieties (Crichton-Miller, 1922, p. 9). Some of those who turned to the study of children's anxieties after the war had worked with shell-shocked soldiers,

12. I am grateful to Tracey Loughran for this reference.

among them Millais Culpin, who in 1926 wrote an essay on 'The nervous child' for *The Lancet*. Culpin's conception of nervousness suggests the broader impact of psychoanalytic ideas about the unconscious: nervousness was 'un-called for emotion', it was not in the child's control and its causes were very likely to be unknown to the child (Culpin, 1926, p. 785).

Anxiety looms in the accounts of parents who wrote to the educationalist and Kleinian psychoanalyst Susan Isaacs in the agony-aunt column she ran in the magazine *The Nursery World* from the late 1920s until the Second World War. Nightmares and night terrors were common, and many children were suffering from phobias, especially fear of the dark. Others were disturbed by loud noises such as cars backfiring. Isaacs devoted an entire section of her book, *Children and Parents*, to phobias and anxieties, and her carefully filed correspondence catalogued them by type: bedtime fears, screaming at bedtime, screaming during the night, screaming fits, night terrors and so on (Isaacs, 1929–1937).

By the 1930s, there was widespread agreement among British child experts about the importance of anxiety in children's emotional troubles. Around 20 per cent of parents, reported C.L.C. Burns, Director of the Child Guidance Clinic in Birmingham in 1937, believed that their children 'suffered from nerves' (quoted in Miller, 1937, p. 177). A book published by the Child Guidance Council in 1939 was littered with references to anxious children. William Moodie, Director of the London Child Guidance Centre, contributed a chapter on 'Anxiety states in children', which specified various types and degrees of anxiety: early childhood, severe general anxiety, anxiety neurosis, anxiety panics, communicated anxiety, simulated anxiety, and adolescent anxiety (Moodie, 1939, pp. 95–115).

The night-terrors, sensitivity to noise, tremors, stutters and stomach complaints suffered by children were similar to those suffered by the shell-shocked soldier, yet by the mid-1920s he had all but disappeared as an object of psychoanalytic investigation. The roots of anxiety were now seen to lie in the unconscious conflicts of early childhood. The manner in which the infant dealt with its anxieties established the psychic scripts of the adult in a path that flowed from the soldier to the child and back again to the adult.

A further link between the war and the interwar child can be seen in the growing interest among child experts in aggression and its sources. For most First World War military psychiatrists, aggression was of less importance than anxiety.¹³ Through the influence of Melanie Klein in

13. MacCurdy, however, did see a link between aggression and war neuroses. His view was that many of the neuroses of war had arisen from the confusion caused to the soldier by the lifting of the norms of civilization. Having learned as a child to sublimate violent urges, the war now called forth and extolled them, undoing the work of civilization (1918, p. 11).

particular, however, child experts increasingly turned their attention to aggression. The 1927 Child Symposium was an important moment in this shift, as it solidified the differences between Klein and Anna Freud about how analysis should deal with children's aggression. For Klein, it was of the utmost importance to the success of the analysis that the child's aggression and violent phantasies should be allowed to emerge. In particular, the analyst had to broach the early hatred of the mother. In play, Klein had found a means through which children could communicate primitive aggression and hostile impulses, and the analyst then had to learn to tolerate and work with these powerful negative emotions, or what she called the 'negative transference'.

For Klein, fear and aggression reflected the existence of a punishing superego, and the work of analysis consisted of trying to modify its persecuting hold through the lifting of repression. By contrast, Anna Freud held that the child's superego was relatively undeveloped and that the work of analysis should consist of positive encouragement in creating a stronger ego ideal. By focusing on the child's aggression and its sources in relations with its parents, Anna Freud believed that Klein would create tensions in the child's life that were difficult to manage, as unlike most adult patients, the child was still under the care and influence of its parents.

During the early 1930s, Klein would capitalise on these differences, making the case for the social value of her approach in a context of concern about the destructive potential of aggression in modern society. In her 1933 essay 'The early development of conscience in the child', she combined an ongoing criticism of Anna Freud for her focus on positive transference in child analysis with a critique of pacifist viewpoints that denied the inherent aggression in humankind:

The repeated attempts that have been made to improve humanity – in particular to make it more peaceable – have failed, because nobody has understood the full depth and vigour of the instincts of aggression innate in each individual. Such efforts do not seek to do more than encourage the positive, well-meaning wishes of the person while denying or suppressing his aggressive ones. And so they have been doomed to failure from the beginning. (Klein, 1994, p. 257)

Klein's ideas about the power of aggression were taken up by followers like Susan Isaacs, who conducted detailed research on children at the Malting House School. The 'less attractive' aspects of their behaviour, she believed, must be investigated, and in a 500-page volume published in 1933, she documented various types of individual and group hostility expressed in children's play, and went on to elaborate a theory of its sources. Like Klein, she believed that difficult feelings in the child – sexual interests, aggressive acts, and guilt – had to be exposed so that neuroses in the adult could be avoided (Isaacs, 1933, pp. 12–13). By the 1930s, these arguments were increasingly being used to justify the value of psychoanalysis in

avoiding war: the 'ubiquity of hatred', wrote Durbin and Bowlby in their 1939 book, *Personal Aggressiveness and War*, which raised the question of the mechanisms that children used to deal with destructive impulses, both in themselves and others (Durbin & Bowlby, 1939, p. 73). For Isaacs, writing in 1937, the adult equivalent of the infant's projection of destructive urges felt to be intolerable was the capitalist, communist, Jew or German enemy (Isaacs, 1938, p. 183).

As the threat of war increased during the 1930s, psychoanalysis established its case that the veneer of civilization was thin and that tumultuous impulses lay just beneath its surface (Overy, 2009, p. 173). For some child analysts, there was a prophylactic benefit in confronting the roots of aggression in the child and alleviating the psychic damage caused by repression, so that adults might not project their destructive urges in extreme and socially damaging ways. The psyche of the child was itself now conceived as a war zone: when a child experiences aches and pains, wrote the paediatrician and analyst D.W. Winnicott in 1939, there are two alternatives. Either it must take flight from its fantasy and insist that its pain was real and not psychological, or 'tell something of what it feels is going on inside there: a war, for instance, between Spaniards who are fighting with swords' (Winnicott, 1939, p. 43). Emanuel Miller, writing about the latency period, warned that despite the appearance of quiescence, aggression did not disappear. Rather, there was a truce: 'an unconscious pact of non-aggression, or perhaps a state of suspended hostility' and consequently the parent might feel him or herself to be in a kind of 'no-man's land, sniped here by babyish passions and here startled by rational attacks.' The pre-adolescent child was 'still well armed against us, and their apparent quiescence is merely an armed neutrality' (Miller, 1937, pp. ix–xi). The terminology of the trenches was now applied to the child's mind and its relationships with parents.

Both aggression and anxiety were brought into focus during the 1920s by the First World War, and in the context of growing political tensions in the 1930s, child experts increasingly made the case for psychoanalysis by locating their causes in the unconscious conflicts of childhood. But if in these ways war and child analysis were linked, at the same time, the concepts of the psyche advanced by child analysts placed the First World War at one remove. While the child's world was conceptualised as an internal war, at the same time, the legacies of the last war, present in returned soldier fathers, grieving grandparents, uncles, aunts, and mothers, were scarcely visible. In only one of the fifty-nine psychotic and neurotic patients reported by John Bowlby at the Maudsley in 1933–4 did the war warrant a mention – a man who had suffered shell-shock in the war and had subsequently broken down due to work stress (Bowlby, 1940, p. 147). The children of veterans were similarly absent from Isaac's studies. The lack of recognition of war trauma among the parental generation raises the

intriguing possibility that the anxieties clinicians were observing among children may in some cases have been a form of unconscious transmission, the second generation enacting what the first had sought to repress.¹⁴ While such an interpretation is difficult to demonstrate given the absence of clinical material about parents, it is possible to indicate how developments within child analysis contributed to the absence of traumatised parents from the frame.

Firstly, through the 1920s and 30s there was a more strident assertion of the importance of mothers, as the analytic lens moved back to the earliest months. The most violent conflicts between love and hate, for Kleinians, were played out in the maternal relation. Analysts did not dismiss fathers – in fact in 1938 John Rickman published a thoughtful article on the father in a volume of essays on the bringing up of children. At the same time, the focus on the constitution of subjectivity in the infant, and the pushing back of Freud's Oedipus complex to the first two years, meant that fathers became seen as less psychically powerful actors than mothers. As Klein herself explained, the first sensations taken in by the newborn infant were the good and bad breast, which she termed 'part objects'; as it developed, the child would acquire the capacity to take in the whole mother. At this point, the father and other people in the child's surroundings might also become significant. The crucible of subjectivity was the maternal relation: 'If the child succeeds in establishing within himself a kind and helpful mother, this internalized mother will prove a most beneficial influence throughout his whole life' (Klein, 1938, 39). In the versions of Kleinian analysis circulating within therapeutic contexts in Britain, this could translate into a focus on the mother as the sole figure in the making of subjectivity. Within the first year, the child guidance worker Laura Hutton asserted in 1937, the father 'can hardly be said to play as a rule any important psychological role in the child's life' (Hutton, 1937, p. 83). The memoirs of Doris Lessing, Derek Malcolm and other children of veterans indicate that it was through *fathers* that the disturbances of war were often felt within families, but child analysts prioritized the mother as the source of psychic formation and conflict.

Secondly, its focus on the future allowed psychoanalysis to 'forget' the war.¹⁵ John Forrester has noted the 'spirit of reform and fresh beginnings' that the Armistice brought to the psychoanalytic community (Forrester,

14. For a study of the war's emotional impact on the children of disabled soldiers see Roper (forthcoming, 2015).

15. For a parallel argument about the role of 'forgetting' in post-Second World War reconstruction, see Beiss (2010).

2008, p. 47). In a popular volume of 1920, Barbara Low reflected this mood of optimism. Psychoanalysis, she said, could help to ‘set the feet of the new generations on a more desirable path, leading to a destiny more splendid and satisfying than we can yet dream of’ (Low, 1919, p. 17). Melanie Klein may have held a comparatively gothic conception of the child’s psyche as a tangle of persecutory and sadistic impulses, but even for her, child analysis held out the hope that future citizens would be less damaged by repression than their parents. Of course the argument that psychoanalysis could help create productive and well-adjusted social subjects was made precisely in recognition of the damage the last war had caused, but at the same time the emphasis on children and the prophylactic benefits of analysis encouraged a break with the traumatic past. In fact, it is only within the past couple of decades, in the wake of debates about trauma, that psychoanalysts have turned their attention to the transmission of trauma across generations (Bar-On, 1995; Coles, 2011; Fromm, 2012; Hirsch, 2013).

A third factor that militated against recognition of the war as a factor in the making of subjectivity was the conception of phantasy which, through the growing ascendancy of Klein in Britain from the late 1920s, was widely adopted among those interested in child analysis. Klein and her followers were resolute in their focus on the child’s internal world. The special province of psychoanalysis was its attention to phantasy, to the constructions of the child’s psyche revealed through play and other forms of free association, rather than its relationships with its parents, siblings, teachers and so on. The child’s reports of its experiences in the world were significant mainly as a source of clues as to its state of mind and the underlying Oedipal drama.

The implications of this schema are revealed in an exchange in the late 1920s between Susan Isaacs and the mother of a small boy who had recently been in a car crash. Since the accident, she explained, the sight of any damaged car, smashed or even just broken down on the side of the road, ‘was sheer terror to him’. The mother wanted Isaacs to explain the likely impact of a violent external event such as this. ‘So many people write to you about a child’s fear of the dark, or of some imaginary trouble – all real enough to a child, I know. But what do you advise when a child has been subjected to real terror?’ The woman continued,

There are many children who have been in a bad motor smash and seen blood pouring out like water, or been present at a horrible accident. How can we erase from their minds these memories, so that they shall not brood over them? One does not always feel that because a child has ceased to speak of something he has necessarily forgotten it.

As a child herself, she had once seen a drowned man washed up on a beach. An experience like this, or the ‘sight of an injured person lying in

a pool of blood', she continued, 'may cause a secret horror' to the onlooker that 'will remain with him always' (Isaacs, 1968, 169–70).¹⁶

In the face of this appeal to consider the force of traumatic events, Isaacs reiterated the primacy of phantasy. Accidents and the sight of blood were disturbing to the onlooker because they tapped into early fears:

Put very simply . . . the accident stirs up fright in all of us that goes far beyond what the real danger of injury usually justifies, because it links up with the deepest and most phantastic terrors of childhood that have very little to do with reality. The worst thing about a real experience of this kind in childhood is that in the child's mind it links on to his imaginary terrors and confirms them.

He could deal more successfully with the real situation if he were free from terrifying phantasies. That is why the same experience will have different effects on different people. (Isaacs, 1968, pp. 171–2)

The First World War might be the elephant in the room here, a mass experience of blood and horror whose effects on the second generation remained unspoken and un-theorised within psychoanalysis.¹⁷ Isaacs' emphasis on the traumatic event as a trigger for resurgent infantile phantasies was true to the Kleinian approach she espoused, and reflected the role which Klein herself had accorded to external reality in her early attempts at child analysis. In a memoir composed in 1959 when she was in her late seventies, Klein wrote that the First World War had largely passed Hungary by, there being a feeling that 'Civilians were in no danger, the war was happening somewhere else' (Klein, 1959, p. 21). Yet her own clinical writings suggest that for Klein the war was not happening 'somewhere else'. It hovers in the background of her reports of Erich's analysis. 'Fritz' as she calls him, is a five-year-old boy. This dates his analysis at around 1918–19, a period of great turmoil in Budapest, which included the assassination of the ex-Prime Minister, Count Tisza István, by returned soldiers in October 1918, the collapse of Bela Kun's proletariat

16. The mother's comment echoes Anna Freud in her 1928 volume *Introduction to the Technique of Child Analysis*. She too had argued that it was important for the analyst to try and fathom the relation between the child's phantasies and its experiences in the world:

If the child overturns a lamppost or a toy figure, she interprets this action, eg, as an aggressive impulse against the father; a deliberate collision between two cars as evidence of the child having observed sexual intercourse between the parents. . . The child who upsets a toy lamppost may have witnessed some such incident in the street the day before; the car collision may be reproducing a similar happening. [Quoted in Sayers (1991, p. 155)]

17. For a similar argument about the lack of attention to historical traumas among psychoanalytic sociologists after the Second World War, see Matt ffytche (unpublished paper, 2014).

government in summer 1919, and the rise of the anti-Semitic White Terror (Herwig, 1997, p. 437). Klein tells us that as the analysis freed up his repressions, Fritz began to produce 'phantastic stories', which she likened to dreams, and from which derived insights about his state of mind. He imagined soldiers who had been shot and whose comrades would not bury them because 'they are soldiers too' (Klein, 1994, p. 31).

Klein's study provides a glimpse of the psychic impact of demobilization. Fritz appears 'much struck' on learning that his father must give up his bayonet and rifle, and begins to play a game in which peasants try to steal something from soldiers, who then wreak dreadful revenge on them. Fritz's play fights typically involve Indians, robbers or peasants on one side, and soldiers on the other, who shoot, hit, curse their foes and smash things up. Fritz often imagines himself as an officer married to a nurse, or he sees himself in place of his soldier-father, determined to go off to war with his trumpet and revolver if his father won't let him, his rivalrous urges perhaps exacerbated by Arthur Klein's earlier absence at the war (Klein, 1994, pp. 31–2, 36, 37, 38, 42, 43–4). For Klein, these phantasies are Oedipal, concerning castration and sexual desire for the mother: Fritz the soldier had something prickly in his pants, he tells Klein, and she suggests it is his 'wi-wi'; he confirms her interpretation, and tells her how he 'has put out the eyes, or cut off the tongue, of the devil or the enemy officer or the king, and he even possesses a gun that can bite like a water animal' (Klein, 1994, p. 39). The aftermath of war surrounded Klein as she analyzed Erich's sadistic phantasies and prepared her paper for the 1919 Hungarian Psychoanalytic Society. The aftermath reached literally into her own backyard on one occasion, when Erich's brother, twelve year old Hans, found a cartridge case in the garden and was accosted by a soldier who tried to arrest him as he examined it (Grosskurth, 1988, p. 82). In such an atmosphere it was perhaps not surprising that Erich should have had violent phantasies, personifying death in the figure of the soldier, and imagining unburied dead. Yet for Klein, these events were no more significant as sources of subjectivity than fairy tales or cowboys and Indians. She ends her essay with a comment on the Grimm brothers' stories. Whereas some parents find them too violent and upsetting for children, in child analysis they can be used productively to render latent fears more accessible (Klein, 1994, p. 52). The sources of fantasy are here located within fiction, yet it is also possible to read Klein's case-study in a manner that suggests how a violent historical legacy could animate fantasy and psychic conflict.

Concluding Thoughts

I began this paper with a description of Melanie Klein's analysis of Richard during the Second World War, and have concluded it with an account of

her first attempt at child analysis at the end of the First World War. My aim has been to show how the aftermath of the First World War contributed to the developments in child analysis that Klein and others were pursuing. In Klein's analytic work with 'Fritz' in the First World War and Richard in the Second, the children's absorption in the military and personal aspects of war is striking. Equally striking is the abruptness of Klein's interpretations as she moves from the child's attempts to make sense of its external world, to the innermost workings of the unconscious and its violent impulses. While Klein and her followers espoused the value of psychoanalysis in creating pacific subjects through exposing the child's warlike impulses, at the same time, their conception of subjectivity assimilated the psychological impact of the war into the unconscious. The First World War had a profound personal impact on many of the founders of child analysis, and the theories they espoused were animated by this and by the legacy of war neuroses. But while war may have provided a stimulus to child analysis, exposing anxieties that reduced the victims of war to children, the theoretical armoury of psychoanalysis also helped to contain and mediate the violence of the external world. In child analysis the psychological aftermath of the First World War was re-conceived in play and as phantasy.

There is much to be gained in work on the history of psychoanalysis, and more generally in studies of aftermath, by thinking biographically. Many of those involved in translating psychoanalytic ideas for a broader audience during the Second World War had been greatly affected by the First. Late in his life, Donald Winnicott (b. 1897) described the effect on him of deaths during the First World War. He had never felt free from an idea that his being alive was a facet of 'some one thing of which their deaths can be seen as other facets; some huge crystal, a body with integrity and shape intrinsic [*sic*] in it.' 'Knowledge of death', concludes Sally Alexander, 'was the legacy of World War I' (Alexander, 2012, p. 152). The emphasis that John Bowlby (b. 1907) placed on maternal attachments and the emotional damage caused by separation may not have been unrelated to his father's four year absence as a surgeon-general during the First World War, overseeing the treatment of sometimes horrific wounds on the Western Front, or to the young Bowlby's experience of being among mourning adults.¹⁸ Bowlby and his British contemporaries, conclude Lerner and Newcombe, were 'more sensitive to loss because they lived at a time of widespread separation and death' (1982, p. 11). The pioneering work on psychotic states conducted in the 1950s by the ex-tank commander Wilfred Bion (b. 1896), which focused on the quality of the infant's

18. Issroff conjectures that this absence, along with the fact that his father was 'remote', may have contributed to Bowlby's tendency to ignore fathers (2005, p. 16).

anxieties (significantly described by him as ‘nameless dread’) owed much, I have argued elsewhere, to his war experience (Roper, 2012). A biographical perspective illuminates the longer genesis of psychological ideas usually associated with mid-century, the conditions of a home front war and the emotional demands of return. The war within the child was discovered at the end of the First War, only to reappear in the Second.

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ABSTRACT

This article investigates the development of child analysis in Britain between the wars, as the anxious child succeeded the shell-shocked soldier as a focus of psychoanalytic enquiry. Historians of psychoanalysis tend to regard the Second World War as a key moment in the discovery of the 'war within' the child, but it was in the aftermath of the First War that the warring psyche of the child was observed and elaborated. The personal experience of war and its aftermath, and the attention given to regression in the treatment of war neuroses, encouraged Melanie Klein, Anna Freud and others to turn their attention to children. At the same time, however, the impact of the First World War as a traumatic event, with inter-generational consequences, remained largely unaccounted for within psychoanalysis as Klein and others focused on the child's riven internal world.

Keywords: war and psychoanalysis; history of child analysis; Anna Freud; Melanie Klein; shell-shock; First World War legacies