

Complicating Disorder: The Play of Interpretation and Resistance in Melanie Klein's *Narrative of a Child Analysis*

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Abstract

This essay explores the challenge to the order/disorder binary offered by the dynamics of the psychoanalytic session, specifically one of Melanie Klein's child analyses. It argues that the perception of psychoanalysis as normalizing is considerably complicated by the play of interpretation and resistance between analyst and child.

Résumé

Cet essai explore le concept binaire de normal/trouble offert par la dynamique de la session psychanalytique, plus particulièrement l'une des analyses sur l'enfant de Melanie Klein. Il argumente que la perception de normalisation de la psychanalyse s'avère considérablement compliquée par le jeu d'interprétation entre analyste et enfant.

What is disorder? The prefix “dis-” indicates that disorder is the reversal of, or, more strongly, negation or absence of, order, when order is understood as the regular and harmonious functioning of things (OED). The order/disorder binary—like other binaries such as mind/body and reason/passion—has structured thinking, at least in the West, about disease and “madness,” seeing them as dangerous and anarchic, as the absence of health and sanity. Feminist critique has deconstructed such binaries foundational to Western medical and psychiatric discourses in order to expose their operation in reinforcing normative therapeutic practices and perpetuating the power relations—the systemic inequalities of gender, sexuality, race, and class—that characterize these practices. This article investigates the meaning of disorder—the vicissitudes of the order/disorder binary—in the context of psychoanalysis as a practice. The Freudian model of psychosexual development has been attacked, of course, from a gendered perspective as pathologizing non-masculine and non-hetero sexualities. As well, one line of critique regarding psychoanalysis as a therapeutic practice has seen it as normalizing: its interpretation of individual neurotic and hysterical symptoms as manifestations of disorder reduces the potential meanings of these “texts” to those sanctioned by the psychoanalytic institution and a society intolerant of mental difference, all in the interests of returning the patient to docile health or adaptation.

While such a critique has been necessary in feminism's work of analyzing patriarchal structures, I do think that it tends to overlook the complexity of psychoanalysis as a practice and the many directions it has taken in its evolution up to the present time. However, my purpose in this essay is not to defend psychoanalysis but rather to explore

what happens to the meaning of disorder, and indeed to the order/disorder binary itself, in the analytic situation. I will argue that the perception of psychoanalysis as a normalizing and disciplinary practice is considerably complicated by the emotional dynamics of an actual analysis, with its interplay of transference and counter-transference—of interpretation, resistance, and counter-resistance—between analysand (patient) and analyst.

It is true, of course, that analysis—especially child analysis—is grounded in a structure of authority; it is an unequal relationship, ensuring that the analyst, as a well-trained professional, is presumed to be the one who knows what is “normal” and what is not. In this relationship, the analyst is the one who interprets the patient’s unconscious phantasies, who “reads” the symptoms for their latent meanings. And the analyst is the one who conveys this knowledge to the patient and helps her or him emerge from illness. Drawing upon Melanie Klein’s *Narrative of a Child Analysis* (1961), an account of Klein’s analysis in 1941 of Richard, a ten-year-old boy, I will suggest, however, that in the moment-by-moment unfolding of analysis as she practised it, the question of who knows and who doesn’t (want to) know, who interprets and who resists is not always easily answered. Klein’s *Narrative* is a very detailed and lengthy reconstruction of a child analysis based on the extensive notes she made after sessions; it allows one to follow a child’s analysis, with its interplay of resistance and interpretation on both sides, over the course of many sessions. By drawing on examples from the case, I will focus on how the child, Richard, responds to and often resists Mrs. K.’s graphic Oedipal interpretations of his play and drawings, how Mrs. K. responds, and how Klein as author frames Richard’s resistance in her narrative of the analysis, reconstructing it years after the event and not long before her death. I will suggest that this narrative can be read for its moments of disavowal of the patient’s resistance, that is, its own points of counter-resistance. Richard, his analyst Mrs. K., the author Melanie Klein—and to these I would add the reader of *Narrative*, responding emotionally to frequently shocking

Oedipal interpretations—all take part in the analysis, an “uncanny encounter” (Kristeva 2001, 144) that can never be controlled entirely. Jacqueline Rose argues that analysis “makes of the analyst a fool and a fantasm” (1993, 169–70); to explore what happens to the meaning of disorder, and indeed to the order/disorder binary itself in the relationship between analyst and analysand, I will argue that the perception of psychoanalysis as a normalizing and disciplinary practice is considerably complicated by the emotional dynamics of an actual analysis.

Before turning to Klein’s *Narrative*, I will look briefly at some meanings of interpretation, resistance, transference, and counter-transference, and at the interplay of these processes in the analytic situation. Freud’s thinking about these concepts developed over his years of clinical experience, and as psychoanalytic practice in general has evolved and changed, as in Klein’s development of the play technique and child analysis, so have the meanings of these concepts. However, the understanding of interpretation as the process of apprehending and making explicit latent meanings, of “render[ing] the unconscious conscious,” has remained much the same (Segal 2008, 123). In his essays on psychoanalytic technique, Freud addresses the transference relationship that develops between analyst and patient. The aim of analysis is therapeutic insight: put simply, the analyst interprets the unconscious meanings of the patient’s associations or play and communicates these insights. Ideally, the patient becomes conscious of repressed phantasies and desires, and of the unconscious defences by which she or he has kept these repressed. Such knowledge emerges in the dynamic interplay, often conflict, of the patient’s and analyst’s perspectives. Central to this interplay is the patient’s transference to the analyst of unconscious love and hatred, which was originally experienced in relation to the earliest objects, the parents. For Freud, transferences are “new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity...that they replace some earlier person by the person of

the physician" (1905, 116). This process of making "facsimiles," of making the present analyst a copy of a past person and transferring the phantasies associated with that person onto the analyst, is central to the therapeutic relationship in which change can occur. At the same time, however, inasmuch as it repeats the past, the transference is the patient's means of resistance to insight, change, and movement into the future; thus, it is "the most powerful medium of resistance" to success (Freud 1912a, 101).

Freud suggests that in seeking insight into the sources of the patient's distress, "we [analysts] enter a region in which the resistance makes itself felt....It is at this point, on the evidence of our experience, that transference enters on the scene" (1912a, 103). Giving up one's infantile phantasies is resisted, not surprisingly. As Freud puts it, "The resistance accompanies the treatment step by step....[E]very act of the person under treatment...represents a compromise between the forces that are striving towards recovery and the opposing ones" (1912a, 103). Resistance, understood as a force opposing recovery, is what makes analysis "interminable"; in Freud's view near the end of his life, the resistance put up by the transference is evidence of "a force...which is absolutely resolved to hold on to illness and suffering" (1937, 242) and to keep the patient ignorant of happier alternatives. Freud's earlier view was that "[t]he task of the treatment lies in combating these resistances" (1910, 7); analysis involves a war between the powers of order and disorder, knowledge and ignorance. Yet in 1937 he was pessimistic, or at least a little more pragmatic, about the actual power of analysis to win this war and effect a cure, questioning whether "it [is] possible by means of analysis to attain to a level of absolute psychical normality" (1937, 219–20).

Analysts after Freud have shared his frustration with the wily ways by which patients resist insight. As British analyst Betty Joseph puts it, certain patients are in the grip of a "destructive anti-understanding" (1983, 291): envious of the analyst's knowledge, they are ready to "beat down and devalue what the analyst has...shown them" (1983,

294). They may run resistance by asking her personal questions or by "distorting" her interpretations. They may "act and talk as if stupid" (1983, 295) or, on the other hand, offer their own interpretations, "convinced that they should be psychotherapists or analysts" themselves (297). Joseph sees such patients as "deeply encroaching," although she does not consider here that in their "anti-understanding" or resistance, patients might themselves be defending against psychic encroachment, resisting the trauma of "internaliz[ing]...the analyst's interpretive function" (Bass 2000, 251).

While their clinical experience may lead analysts to feel that, as Adam Phillips puts it, "the only ambition that sustains people is the ambition to repeat the past" (Freud 2002, xxiv) and to resist understanding, analysts are people, too, and they are not exempt from being caught up in this process of unconscious repetition, that is, the counter-transference. As it has developed, psychoanalysis has increasingly recognized the counter-transference, which Paula Heimann defines as "the analyst's emotional response to his patient within the analytic situation" (Heimann 1989, 74)—as illustrated in Joseph's sense of some patients as "deeply encroaching." Such a response, Heimann says, can be used as "an instrument of research into the patient's unconscious" (1989, 74). No longer neutral, no longer what Freud called the "opaque" analyst, "a mirror...show[ing patients] nothing but what is shown to him" (Freud 1912b, 118), the analyst is a participant in the emotional dynamics of the analysis. While the counter-transference should be controlled, not freely expressed, for the analyst it is "a most valuable means of checking whether he has understood or failed to understand his patient" (Heimann 1989, 75). As the analyst's emotional reaction to the patient, the counter-transference complicates the picture of analysis as a cure carried out by a neutral interpreter who can penetrate to the unconscious meanings of a non-enlightened patient. Resistance accompanies knowledge for both participants in the analytic encounter. "Primary disavowal," the inertia that clings to wish or illusion over reality, "is an always active force on both sides of the couch" (Bass

2000, 271); an awareness of this process is crucial if psychoanalysis is to know itself.

Klein did not share Heimann's view that the counter-transference is "one of the most important tools" in the analyst's work (Heimann 1989, 74), although she does acknowledge in an unpublished source that in their often hostile and "non—co-operative" attitudes, in their disorderly conduct, schizophrenic patients can arouse "counter-transference feelings" in the analyst—a reaction, she adds drily, that is "inclined to be a negative one" (quoted in Hinshelwood 2008, 111–12). On the whole, while her theories diverged from Freud's, in her writings on clinical practice Klein is like Freud in that both tend to emphasize the authority and knowledge of the analyst as the one who interprets, not the one who is interpreted. For Klein, the analyst discerns the unconscious meanings of the child's symbolic play and conveys these meanings to the child. "Deep" interpretations (ones that expose the most anxiety-provoking sadistic phantasies) are interventions aimed at reducing the child's anxiety and freeing him or her from inhibitions in play and speech (Klein 1932). She worked on the assumption that, as long as they are addressed in simple, non-technical language, children can understand Oedipal interpretations of their play as doing things with breasts and penises; for example, they can understand that bumping toy carriages together symbolizes parents "bump[ing] their 'thingummies'...together" (1932, 17). They can understand these things because they are from birth sexual and aggressive beings: the vision of the asexual, innocent child, for Klein as for Freud, is a myth or fairy tale. Some analysts objected that such graphic sexual interpretations would sharply increase a child's anxiety. However, Klein claims in *The Psycho-Analysis of Children* that such interpretations actually alleviate children's anxiety, as demonstrated when, after an interpretation, they return to their play, their symbolic theatre of love and hate, life and death, with greater relish and creativity.

In child analysis as in adult, the transference resists "the psycho-analytic procedure...as it begins to open up roads into the patient's unconscious" (Klein 1997a, 48).

In the playroom, the child patient is often more transparent than the adult; anxiety and resistance can be much more evident, as the younger child screams, breaks toys, wets herself, hides, or runs to mother in the waiting area. These are all forms of negative transference, in Klein's view—points at which the child sees the analyst as a fearful bad mother, points at which she must be quick to intervene with an interpretation. According to Juliet Mitchell, Klein's clinical premise is that whatever is causing the anxiety "can be understood and put into words in an interpretation which can bring clarity and relief" (Klein 1986, 21). Timely interpretation can be effective "even when it does not appear to have been taken in consciously" (Klein 1932, 8). The analyst, then, would appear to be the one who knows, who clarifies disorder and relieves intense anxiety. Yet Donald Meltzer claims that, in her actual practice, Klein interpreted "unashamedly in the dark" (Meltzer 1998, 167), trying out ideas and discarding them. And in practice, the analyst's authority may be challenged constantly, even by the smallest child.

In her 1940 analysis of Richard, recounted twenty years later in *Narrative of a Child Analysis*, Klein was working with these assumptions about the analyst's interpretive role and the inevitable interplay of interpretation and resistance, assumptions she had held, more or less, since the beginning of her practice. However, just before this time, she published her major essay "Mourning and its Relation to Manic-Depressive States" (Klein 1998). In the narrative, Mrs K. as well as Richard and his mother have moved away from London during the war, and the sessions take place in a rented playroom in their temporary location. Mrs K.'s analysis of Richard takes into account his mourning for his lost home and way of life, and interprets his defences against this painful emotional state. The analysis works on the assumption that, in Hanna Segal's words, "symbol formation is the outcome of a loss" (Segal 2008, 76). From the beginning of her practice with children, Klein ensured that each child had access to aids to symbol formation: "little toys" (small wooden male and female figures, animals, cars, trains), paper and pencils for

drawing, plus a sink and running water (Klein 1932, 32–33). But Richard, being ten, is not initially interested in these little toys Mrs. K. has to offer; rather, he is anxiously following the war, bringing a set of model battleships to the sessions and drawing U-boats and bombers. Mrs. K. interprets his battleship play and his drawings as symbolizing Oedipal conflicts. She also interprets Richard's talk and questions about the war, his frequent recourse to a map of Europe on the wall, the personal questions he put to her about her life and her past, and even his fidgety rituals such as turning the electric fire on and off and checking the clock. Everything the boy says and does is interpretable in Oedipal terms, especially his moments of anxiety and resistance to interpretation. While Mrs. K. acknowledges and refers to Richard's fears of Hitler and German bombs, she sees his depression as arising not so much from the war as from the Oedipal anxieties that these conscious fears have "stirred up" (1961, 19). Or, as Lyndsey Stonebridge writes, for Klein the war will not stay in the external world: it "fails to remain objective and becomes entangled with early anxiety and guilt" (1998, 199). To put it more bluntly, in every case, "the child's worries signif[y] something else" (Hinshelwood 1994, 38), and Richard will overcome his fears only when his worries, questions, and dreams about the war and Hitler are interpreted in terms of the Oedipal war within.

Narrative of a Child Analysis gives an excellent illustration of Klein's analytic method, summarized by the sequence "**anxiety-interpretation-response**" (Hinshelwood 1994, 38). The child plays and produces symbolic material for interpretation; the analyst presents an interpretation as soon as the child shows, by an evident surge in anxiety, that a dangerous phantasy is close to consciousness; the child responds to this interpretation in words or further play; the analyst interprets this response; and so on, in a sequence that is only limited by the clock—the end of the session. The sequence is taken up again the next day and the next—in Richard's case for 93 sessions, but usually for even longer—as long as it takes for the child's symptoms and distress (for instance,

night terrors or fear of other children) to diminish. Klein's clinical method has been described as involving "continual interpretation...[a] constant working over and reevaluation of data" (Segal and Meltzer 1963, 512)—a process of "sorting things out and throwing things away, and turning up new ideas," a "serial approximation" (Meltzer 1998, 167–69) that proceeds in the dark.

Let us turn to a few examples in *Narrative* of Klein's method of "deep" interpretation and Richard's responses.

In the third session, Richard begins talking about developments in the war:

He soon turned to the map and expressed his fears about the British battleships being blockaded in the Mediterranean if Gibraltar were taken by the Germans. They could not get through Suez. He also spoke of injured soldiers and showed some anxiety about their fate. He wondered how the British troops could be rescued from Greece. What would Hitler do to the Greeks; would he enslave them? Looking at the map, he said with concern that Portugal was a very small country compared with big Germany, and would be overcome by Hitler.

Mrs. K. interpreted that he also worried unconsciously about what might happen to Daddy when he put his genital into Mummy. Daddy might not be able to get out of Mummy's inside and would be caught there, like the ships in the Mediterranean.... [The following recalls material from the two earlier sessions.] He was also afraid that Mummy would be hurt by the tramp-Daddy....His dog Bobby stood for himself wanting to take his father's place with Mummy...and whenever he felt jealous and angry, he hated and attacked Daddy in his thoughts....

Richard smiled agreement at Mrs. K.'s saying that the dog stood for himself, but disagreed emphatically with the other part of the interpretation, because he would never *do* such a thing (1961, 27–28).

As might be expected, the child defends himself stoutly against the analyst's suggestion that he wants to attack his "tramp-Daddy" and be a husband to his Mummy. From the analyst's point of view, this

resistance springs from his guilt and anxiety about his own aggression, anxiety that will eventually be moderated and contained by further interpretations, leading to a better “adjustment outside the analysis” and an “improve[ed]...sense of reality” (Meltzer 1998, 237–38).

Richard is described by Klein as a hypochondriac. In the fifth session, he sneezes and becomes anxious that he is getting sick with a cold. Klein records his words: “‘He knows his blows’, meaning to say, ‘He blows his nose’....” (1961, 34). Taking advantage of his amusement when she points out this “slip of the tongue,” Mrs K. interprets his anxiety over a cold as involving fear of “something bad inside him, hence the blows” (34). Richard’s response to this punning interpretation is to look upside-down at the map of Europe; he comments that the new, “funny” shape Europe has from this perspective is “‘not proper’...[it is] ‘muddled and mixed up’” (34). Mrs K. takes a leap: his real meaning is his parents “‘muddled and mixed up’ in sexual intercourse....This was what he meant by ‘not proper’, ‘funny’” (34–35). Not surprisingly, Richard “show[s] anxiety” upon this interpretation and starts moving around the room, looking at things and talking about them. Then “Mrs K. interpret[s] that this exploring the room [stands] for the wish to explore her [Mrs K.’s] inside” (35)—that is, he is transferring to Mrs K. his desire to explore his mother’s inside. Richard’s response to this interpretation is to continue exploring the room, hence, for Mrs K., confirming her interpretation.

André Green takes a critical view of this process of constant interpretation: “[A]n analysis conducted solely through interpretations of the transference often puts the patient under unbearable pressure. The analysis takes on an aspect of persecution even if these interpretations are designed to help the patient understand what is happening within him” (Green 1997, 298–99). We might also ask what effect such interpretations have on the reader, for instance, when Mrs K. tells Richard that he wishes to have sexual intercourse with her (and Mummy). Can the reader remain neutral? A Kleinian analyst reading the narrative might focus on Mrs K.’s

technique and not be surprised at the content of her interpretations. Another reader might judge Mrs K. to be a “fool and fantast” (Rose) for interpreting the boy’s upset over re-settlement and his war anxieties—at a time when Britain feared invasion by Germany—in these Oedipal terms. Another might be squeamish at some of her assertions or horrified by them: how can a therapist talk to her child patient about his wanting to have sex with her? (The margins of my own copy of the book are full of exclamation points and comments such as “Ugh!”) Reading *Narrative* can indeed seem an “intimate journey to the end of the night” (Kristeva 2001, 8), the reader swept up counter-transferentially in the murky dynamics of the analysis itself. Yet, if Mrs K. seems quite foolish or even mad at points, some might see her interpretive excesses as the beginning of insight. Kristeva argues, following in the tradition of the Romantics, Rimbaud, and Artaud, that “[m]adness must not be ignored or brushed aside, but spoken, written, and thought”; from her perspective as a psychoanalyst, she sees “madness...[as] quietly lurk[ing] inside us...encourag[ing] excesses and limitations - but also innovations” (2001, 8).

Richard’s responses to Mrs K.’s interpretations take a number of forms. He denies the interpretation, or laughs. He gets up and walks around, turns the fire on and off, goes to the tap and drinks. Or he goes out into the garden: for instance, in response to an interpretation that turning the fire off means “stopping life [killing babies] inside Mummy and Mrs K.,” he protests “that he [cannot] listen to this and he [wants] to go outside” (1961, 291). (Here, however, he sees only weeds.) For Richard, sometimes no response is best, as when he is silent after an interpretation or, as Klein notes often, does not appear to be listening. He does not respond, for instance, after listening to Mrs K.’s interpretation of a dream in which he is at a law court before a judge and then kicks some “tumbled-down buildings” with “his enormous black shoe”: Mrs K. states that this dream is really indicating his guilty desire to attack his parents, “stealing Daddy’s genital and also taking Mummy’s breast” (232). A moment later, Richard points to one of his

drawings, demonstrating another mode of resistance that a child (or indeed an adult) can use: he can distract the analyst. But Mrs K. immediately interprets the distraction, so then the boy has to find another way to make her stop: he interrupts her. Breaking into her interpretation of his positive transference—that Mrs K. has become a “good Mummy”—he tells her he knows how much his mother pays her (233). This interruption recasts his relationship to Mrs K. as taking place in the context of a financial transaction between his real mother and Mrs K., her paid help.

In addition to silence (no response or not listening), distraction, and interruption, there are other modes of resistance. For instance, Richard develops a sore throat, sniffles, and tummy ache, which are likely psychosomatic symptoms. At times he is given to bursts of aggressive acting-out (he stamps on plants in the garden, throws furniture around, shouts, and kicks); at times he defaces the text under interpretation (he scribbles over certain drawings). Verbal resistance can involve direct denial: when Richard puts a battleship representing his father alongside a cruiser representing himself, and Mrs K. interprets that the Daddy and Richard ships are “put[ting] their genitals together,” “Richard strongly object[s]...[saying] he could not have such desires, he would not like to do such things with his genital at all” (286). On another occasion he protests (perhaps too much), “But I am an innocent child” (269). When he does assent to an interpretation, he may use flattery in order to keep ahead, telling Mrs K. that she is “very clever to find...out” that a snake in a drawing is actually an octopus, their agreed symbol for Daddy (248). Sometimes Richard tries to get ahead of his analyst, as when he asks her “appealingly, ‘What are your secrets?’” His question does not elicit Mrs K.’s secrets, of course; she tells him he is curious about what she and his parents “are doing at night” (272). At one point he questions her about psychoanalysis itself: “It seemed such a secret to him. He would like to get to the ‘heart of it’” (231). He is told that the heart stands for his parents’ secrets and their genitals.

Richard’s most effective mode of resistance to Mrs K.’s interpretations is to

play along. If the analysis is a kind of play itself, tossing out colourful interpretations, if it is a game with Oedipal rules, then Richard (who is very bright) is soon interpreting the symbolic meanings of his own play. In doing so, he is anticipating Mrs K.’s interpretations. For instance, after arranging his toy battleships into allies vs. enemies—hesitating over which side Mrs K. is on, as she speaks German—Richard points to the Germans and says, “This is the bad Mummy with the bad children” (270–71). Again, when he touches the Mummy destroyer with the Richard destroyer, and Mrs K. tells him this means having intercourse with his mother, Richard points out that five smaller destroyers are his babies with Mummy (173). In another example, when Mrs K. tells him that a drawing portrays his genital inside hers, he points out four more of his genitals, more than his father and brother have (177). Thus, in making his own interpretations, Richard shifts the text of the analysis—which, however playful, is single-authored—and makes it one that he writes with her. His playing along is just as much a form of resistance as direct denial is; however, Klein seems to take his interpretations as confirming those of Mrs K.

At points, interestingly, Richard overturns the rules of the game and insists that certain things are *not* symbolic. For instance, when he draws a little fish close to a bigger fish, Mrs K. suggests that the little fish is a “baby...feeding at its mother’s breast and that was one reason why he [is] jealous of it” (260). With the common sense of childhood, Richard tells her “that a fish has not got breasts, it has fins” (260). Sometimes a fish is just a fish.

Of Mrs K.’s counter-transference during these analytic sessions, Klein does not say a great deal. In one session near the end, during which Richard is acting up destructively, Mrs K. “[becomes] impatient” with him, “which, being unusual, frighten[s] him very much” (419). In his week-by-week discussion of the case, Meltzer refers to “the urgency of the counter-transference situation, related to the shortness of time,” as the end of the analysis is always in sight (1998, 229). Given that the end is approaching, sometimes the boy

needs reassurance, and it would seem the analyst's neutrality might shift a bit. In fact, Klein does acknowledge that she "had given a very direct reassurance which [she] on the whole deprecate[s]....My knowledge that he might not, for years to come, have any opportunity for analysis...no doubt had an influence on my counter-transference" (1961, 325–26). However, the counter-transference appears to be, on the whole, a mistake for correction, and Mrs K. is presented as being emotionally rather neutral. This de-emphasis of the analyst's responses accords with Klein's de-emphasis of the counter-transference in her writings on practice. While she includes notes commenting on each session, she addresses mostly the theoretical implications of her findings. Further, Klein's use of the persona "Mrs K." instead of "I" in recounting the sessions would appear to be a way of neutralizing the counter-transference.

Klein wrote *Narrative of a Child Analysis* on the basis of notes she had made after each session with Richard. Like any case narrative, Klein's *Narrative* reconstructs the analytic sessions, arranging, adding, and deleting. Such a process of reconstruction is particularly emphasized in a case narrative, like Klein's, written some years after the sessions providing its material. She emphasizes her later perspective by including comments on the implications of each session. For instance, in a note added to the end of the session in which Richard informs Mrs K. that "a fish has not got breasts," Klein is evidently still interpreting his remark: "In retrospect I am struck by the fact that Richard, who usually followed quite closely my interpretations of his symbolic presentation of material, at this point stated that a fish has no breasts. I would now conclude that this was because his envy of the breast led him to deny that his mother ever had breasts" (262).

At the time she was writing *Narrative*, Klein was developing her theory of envy, specifically the idea of the infant's envy of the breast and desire to spoil it; in 1957 she published the essay "Envy and Gratitude" (1997b). In the above passage, she interprets Richard's resistance as based on envy not only of his mother's breast, but also, through the transference, of his analyst's good milk—

her nourishing interpretations. In observing that the boy "usually followed quite closely my interpretations," Klein would seem to be countering the acts of resistance that she records, her comment indicating what Bass refers to as "the countertransference fantasy of controlling the patient" (Bass 2000, 233). She comments on one session, for instance, when Richard is being very negative—saying he did not want to come today, scribbling over his drawings, and shouting (Klein 1961, 260)—that he "had to some extent been listening"; it "was difficult to know what he had heard or taken in. But he quietened down somewhat" (1961, 260). In another such comment, Richard "[does] not disagree" with an interpretation focusing on the genitals of the "octopus-daddy" in a drawing (138). Does this mean he agrees? Such comments, emphasizing Richard's usual compliance or evading the possibility of his non-compliance, suggest a counter-resistance on Klein's part, evidently still operative years after the analysis. As she was working on the narrative in old age (she died in 1960), she may have been attempting to lay the case to rest for the last time.

Thus, a boy of ten can be for his analyst an ongoing source of preoccupation; his remembered acts of resistance provoke her continuing interpretations and drive for knowledge and control. Working through and reinterpreting the sessions twenty years later, Klein demonstrates that Richard's analysis was incomplete: it could have gone on much longer. She acknowledges that due to the war situation, "adequate working-through was not possible" (1961, 13). Yet it is not only war or other external factors that prevent "adequate working-through." It is in the nature of analysis itself to be potentially interminable: as Hugh Houghton puts it, there is a "double commitment to interpretation and resistance to interpretation" (Freud 2003, ix), a commitment to cure and a fascination with that which resists cure. Both resistance and counter-resistance are inevitable in analysis, and "neutrality is never a once-and-for-all achievement" (Bass 2000, 271). Such factors complicate a reading of analysis as solely enforcing norms and judging difference as disorder.

Case narratives such as Klein's show analysis to involve the drive to interpret another

person to the depths so as to bring about a normalizing cure. Yet these narratives also record a process of poetic-symbolic play, a mutual communication from “unconscious to unconscious” (Bollas 2007, 87), which, proceeding in intuitive, associative leaps, shifts the ground of interpretation and authority from moment to moment. Klein saw the hours of play analysis as filled with “colour, life, and complexity” (1932, 34). While I do not think that psychoanalysis in its focus on the unconscious “erases the boundary between the ‘normal’ and the ‘pathological,’” as Kristeva asserts (2001, 8), its practice does complicate this boundary and the associated dichotomy of order and disorder. In Klein’s case, I agree with Deborah Britzman’s paradoxical assessment that “what Klein’s change signified was a radical reconsideration of normality and knowledge through the making of psychoanalytic knowledge” (Britzman 2003, 58). Klein’s *Narrative* shows that in analysis—and in reading analysis—the meaning of disorder could not be more ambiguous.

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