

**‘PSYCHOANALYSIS FOR THE MANY’:
MELITTA SCHMIDEBERG’S WORK WITH
OFFENDERS IN PSYCHOANALYTIC FREE CLINICS**

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In current histories of psychoanalysis, Melitta Schmideberg still lives under the shadow of her mother, Melanie Klein.¹ If Schmideberg’s name is mentioned at all, it is in the context of the so-called Controversial Discussions that took place at the British Psychoanalytical Society in the early 1940s. During these discussions and in the preceding years, Schmideberg accused her mother and her supporters of dominating the British Psychoanalytical Society and trying to exclude any analysts who held opposing views (King & Steiner, 1992). In earlier papers, Schmideberg questioned some aspects of the Kleinian approach. She cautioned that insisting every patient must pass through a phase of depression could strengthen masochistic ideas, religious phantasies of atonement and excessive guilt feelings in some patients (Schmideberg, 1935a). She also spoke about the patient’s idealization of the analyst or of the analytic process as a form of denial that needed to be worked through (Schmideberg, 1938). Finally, she stressed the role of reassurance

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in therapy and how important it is that the patient has the impression of speaking to a real person rather than a blank mirror or a couch (Schmideberg, 1935b). Even today, these criticisms are not given due consideration. In historical representations, Schmideberg's attacks on her mother are described as 'savage' (Spillius, 2009, p. 1147) or 'spectacular' (King & Steiner, 1992, p. 696), while others follow Klein in referring to Schmideberg's 'illness' as a way of discrediting her ideas (Roazen 2000, pp. 54–5).² In terms of psychoanalytic contributions, Schmideberg's decades-long work with juvenile and adult offenders is barely mentioned at all. The similarities between her early work and that of her mother are stressed, and their later differences are dismissed as the result of Schmideberg's allegedly excessive desire to gain independence from her mother.

The first in-depth studies of Schmideberg's work were undertaken by Gabriele Cassullo (2006) and Michal Shapira (2013, 2017a). Cassullo focuses on Schmideberg's early work on the genesis of paranoia and Shapira published a more general article devoted to Schmideberg's life and career in *Psychoanalysis and History* (2017a). She also repeatedly refers to Schmideberg in her book *The War Inside: Psychoanalysis, Total War and the Making of the Democratic Self in Post-War Britain* (2013). However, there is still a lot of research to be done, especially when it comes to the original methodology of Schmideberg's work with offenders as well as the metapsychological foundations of her treatment of antisocial and so-called maladjusted children. While Shapira primarily focused on Schmideberg's contributions to the UK approach to delinquency (particularly at the Institute for the Scientific Treatment of Delinquency), this article will also explore her career in the United States as well as her ways of addressing the class structure in foster care and the institutional care system.

Unlike the first sociological and psychoanalytic theories, which mostly explained the offender's disobedience through the lack of inhibitions or internalized social norms (i.e. an inadequately developed superego) (Aichhorn, 1951 [1925]; Freud, 2012[1914], p. 89), Schmideberg offered a more complex image of the offender's internal world. She understood that the available methods of psychoanalytic therapy (whether Freudian or Kleinian) would not work with antisocial patients and developed her own methodology of working with this patient group, a methodology that was applied by other practitioners in offender therapy (Sokol, 1954, p. 282). Likewise, her practical advice on how to improve the lives of children in care is still relevant today. Instead of focusing on Schmideberg's relationship with Klein, I wish to contribute to a different historical account of Melitta Schmideberg that is only beginning to emerge: that of a socially engaged, passionate, original analyst who devoted her life to working with anti-social children and young people and who helped to found two highly successful

2. On Klein's references to Schmideberg's illness, see Cohen (2017, p. 80) and Shapira (2017b, p. 184).

institutes for the psychological treatment of offenders, one in the UK and another in the USA.

Two Institutions for Offender Treatment

The first of these, the Institute for the Scientific Treatment of Delinquency (ISTD) was founded in 1932 by a group of psychoanalytically oriented researchers, including Edward Glover, Melitta Schmideberg and Käte Friedländer. The idea originated from Grace Pailthorpe, an artist and psychoanalyst who carried out a psychological investigation in Birmingham and Holloway women's prisons. What Pailthorpe found was that a large number of prison inmates suffered from severe psychological difficulties that were amenable to psychoanalytic treatment (Pailthorpe, 1932). The aims of the institute included, among other things, the provision of a free clinical service to which cases could be referred from the courts; the establishment of educational facilities for the study of delinquency and crime; and an international organization that would promote knowledge exchange among similar institutions in all parts of the world (Glover, 1944). Although its founding members were psychoanalysts, the clinic was multidisciplinary from its inception. The treatment offered to patients often consisted of a combination of psychoanalytic psychotherapy, environmental therapy, special educational methods, occupational play and work therapy. There was also an active collaboration between psychologists, psychiatrists, social workers and probation officers (Franklin, 1966, p. 16; Shapira, 2013, p. 145). In 1947, the clinic received 272 new cases. Twenty-seven per cent of the prisoners treated were women and the clinic's success rate, in spite of severe financial difficulties, war and staff shortages, remained around 50 per cent (Glover, 1944; Franklin, 1968).

Little is known about Schmideberg's career and connections in the United States, where she moved in 1945 after completely distancing herself from the British Psychoanalytical Society in the aftermath of the Controversial Discussions. However, it seems to have been an enormously productive time during which she published dozens of articles, continued intensive work with patients, founded the *International Journal of Offender Therapy and Comparative Criminology* (in 1957) as well as another institution for the treatment of offenders. While some of the activities of the ISTD have been recorded in Shapira's book (2013), the significant innovations of the second institution Schmideberg founded remain almost completely unknown in psychoanalytic history. The Association for the Psychiatric Treatment of Offenders (the APTO) was founded by Schmideberg and her colleague Jack Sokol in New York in 1950 (Anon., 1951; Sokol 1954). Following her relocation, Schmideberg continued treating offenders for free. Initially she did so in her private practice, 'accepting for the most part major offenders with serious criminal records and prison experiences' (Sokol, 1954, p. 279). Then, in 1949, she was contacted by a mother who asked her whether she could treat her son. He was about to be released from prison and she was certain he would get into trouble again unless he received therapeutic attention.

Schmideberg, however, was unable to treat him as she currently did not have the time to take on another patient. The mother became indignant and complained about the fact that there was no organization to deal with such cases. Prompted by this conversation, Schmideberg and Sokol, her long-term collaborator in offender therapy, decided to found one.

They imagined a 'small, closely knit group with volunteer doctors treating offender patients in their own private offices' (Sokol, 1954, p. 280). They contacted a number of psychiatrists in New York City who were known to them through their publications. At the first meeting, seventeen clinicians turned up and, although not all of them were able to take on patients, they were keen to share their insights and discuss the techniques of offender treatment. This resulted in regular scientific meetings, and, eventually, a volunteer clinical team of fifteen psychiatrists, five psychologists and ten workers in related fields was established. At the second meeting, Sokol and Schmideberg decided to expand the call to social workers and trained correctional staff, which resulted in a turn-out of over forty people. Consequently, regular meetings for social workers, parole officers and probation officers were started. Finally, a forum for 'enlightened laymen' was founded, which primarily served to interest and educate the wider public, as well as to win support for the organization (Sokol, 1954, pp. 281–3). Patients were seen privately and individually, free of charge, and the frequency of sessions ranged from one to three sessions a week. They were mostly referred by official agencies in New York City: probation departments, New York State training schools for boys and girls, Society for the Prevention of Crime, Magistrates Court and others (Sokol, 1954, p. 281). The working model of the new organization was in many ways similar to that of the ISTD: it was interdisciplinary; it relied on a combination of several forms of psychotherapy including an adapted version of psychoanalysis; the patients were treated free of charge; and the institution offered lectures for professionals as well as the general public. As was the case with the ISTD, the first patients regularly sent to the clinic, and recognized to be in need of psychoanalytic help, were sex offenders, whereas judges remained sceptical about those incarcerated for violent crimes or crimes against property (Sokol, 1954, p. 283; Glover, 1944). Another group referred with increasing regularity, beginning in the 1950s, were addicts whose criminal activities served to procure drugs. While Schmideberg and her colleagues were aware that the problems of addiction were not always the same as those of antisocial behaviour, the work with this group prompted significant discussions surrounding technique.

It was concluded that group therapy, initially organized for these patients, did not produce promising results (Sokol, 1954, p. 284–8). Individual therapy seemed to work better, but was still inadequate if the patient was able to rely solely on the therapeutic relationship. This conclusion helped to formulate a principle that Schmideberg and others had already established in their work with antisocial children and young people: if the offender (or addict) is to be helped, they need a team of people working with them therapeutically as well as assisting them in their daily life until they are in a position to build such a network of supportive

relationships themselves. In her 1968 article on techniques of offender therapy in Britain and the USA, Schmideberg explicitly formulated this view:

There should be steady co-ordination and co-operation between those interested. In a child's life, in addition to the parents, there are grandparents, neighbours, uncles, aunts, and other children. This is the basis of social life. The patient can react differently to different workers, and they will enhance and complement each other as long as they work in the same direction and harmonize. The New York A.P.T.O. Clinic had therapists, psychologists, social workers, reading instructors and clergymen on its staff. [...] Of course, we did not have sufficient staff for all our needs, but we worked with the courts and probation services and tried to utilise the latent helpfulness in the community and family. (Schmideberg, 1968, pp. 123–4)

The contrast was therefore not so much between an individual and a group approach, but rather between a single, isolated and precisely timed source of support and a multifaceted network of supportive people who were able to respond to the patient's needs in their different individual ways whenever a critical situation arose. Effectively, what the APTO – as well as various institutions related to the ISTD – attempted to provide was the framework of supportive relationships that more stable individuals grow up in and are thus in a position to build for themselves in later life. Schmideberg and her colleagues called this 'group therapy in reverse' because, rather than a single therapist providing help to a group of people in need, the aim was to 'utilize the impact of as many therapeutically oriented persons as possible' (Schmideberg, 1968, p. 123) to help a single individual.

Money, Space, Time and Transference

Group therapy in reverse was just the beginning of the methodological changes Schmideberg introduced in her work with offenders. In outlining the differences between her patients and the middle-class, neurotic patients who were (and still are) more readily associated with psychoanalysis, she outlined three key points. The first was that patients come to therapy regularly and by appointment. Being unable to adapt themselves to the norms of social life, most of Schmideberg's patients would regularly miss appointments and, while this caused a number of practical problems, it was something that was taken as a matter of course. Patients were encouraged to attend, but there were no sanctions if they failed to do so (Sokol, 1954, p. 280). Equally, the timing of the sessions was more flexible than is usually the case within the psychoanalytic framework. Rather than strictly keeping to the time frame, sessions were prolonged or shortened if this was possible for the therapist and the patient felt there was a need for it. Additional sessions were offered in crisis situations (Schmideberg, 1935b, p. 314).

Second, all patients were treated free of charge. On the one hand, the organizations Schmideberg worked for (the Berlin Policlinic, the ISTD and the APTO) all understood themselves to be institutions that provided a public service and thus the funding had to come from the state, from charitable sources or from

private individuals, but not from the patient's own pocket (Sokol, 1954; Danto, 2005; Shapira, 2017a). There was a close connection between the free clinics started in Berlin and Vienna and those later founded in the UK and the USA. When writing about the work of the ISTD, for instance, Marjorie Franklin, one of the clinic's major analysts, asserted that August Aichhorn, the Austrian pioneer in residential work with young offenders, 'greatly influenced the work in this country by his writings and pupils' (Franklin, 1968, p. 3). There was also a certain ethical and social awareness that circulated between these clinics and influenced their approach to offender treatment. The basic premise of this approach was that money should not become a hindrance to treatment, a reason to stop therapy or to punish the less affluent patient. As Schmideberg put it, 'I believe that with most patients a deep analysis is possible only if they are sure that the analyst treats them not merely for their fees and would not stop if the patient could not afford them any longer.' She then explained that she had 'omitted for many months to give [her] account to a patient who would have been able to pay but had little money and grave worries over money. It is bad if the patient has only the bare living and has to sacrifice all small luxuries for his fees' (Schmideberg, 1935b, p. 309). Asking for money in the situation Schmideberg outlined would only reinforce the social exploitation, and the associated hierarchy, in which the patient found themselves, whilst placing the analyst on the side of the exploiting forces. Avoiding this impasse was a necessary condition of the work: most patients Schmideberg treated were not able to earn enough to pay for therapy (for psychological reasons as well as due to their economic background), even if they had personally decided to look for psychological help (Sokol, 1954, p. 279). This links to the third point: many offender patients did not come of their own volition, but were referred through the courts or via the probation service. What this meant was that a lot more effort needed to be invested in keeping the patient in therapy, convincing them that they were in need of it and establishing a transference relationship.

A number of analysts in the inter-war and post-Second World War period, especially those who worked with antisocial or 'maladjusted' children and adolescents, emphasized the difficulty of establishing a positive transference and a trusting relationship (Aichhorn, 1951, pp. 117–42; Wills, 1967, pp. 118–34). In order to achieve this, many of them were willing to bend the rules of traditional psychoanalysis, as well as traditional residential treatment. Aichhorn wrote to the children during holidays, visited them in their family homes, tried to influence the parents and concocted complicated scenarios, including one where he deliberately let a boy escape the residential establishment, only to welcome him again in his home several days later and assure him that he would still be accepted and treated with kindness (Aichhorn, 1951, pp. 117–65). In *The Hawkspur Experiment*, Wills described inviting one of the aggressive boys to his house (1967, pp. 94–7), letting another steal his pencils (pp. 131–3), regularly driving a third one to therapy, and chasing after runaways to convince them that their presence at the camp mattered to him (pp. 135–50). While it is crucial to keep in mind the differences between life in a therapeutic community and therapy conducted in the context of an analytic

session, as well as the differences between the work with children and with adults, Shapira points to at least two ISTD analysts whose methods of individual treatment were just as active and personal.

The psychoanalyst Hedwig Schwarz used to send paints and knitting wool to her patient to counteract her boredom at the hostel, persuaded her probation officer to find her a job near Schwarz's consulting room and travelled to the north of England to see her, all in order to 'establish a positive relationship' and make the patient 'aware of her problems' (Shapira, 2013, p. 175). The second analyst, Ethel Perry, took her patient for walks or meals, hoping to 'offer a word of wisdom' between 'mouthfuls of Argentine beef' (Shapira, 2013, p. 178). The point to stress here is that the reason these analysts used such methods with their often extremely distrustful, traumatized and deprived patients was because they seemed to work better than a more impersonal approach. Furthermore, as Shapira points out, since Schwarz's case study 'was published in the *British Journal of Delinquency* without noted reservations from readers, it seems safe to assume that the case was not entirely exceptional' (Shapira, 2013, 177). Whatever we might think of their methods, these analysts and educational workers took the task of gaining (and keeping) the trust of deprived patients with the seriousness and determination it deserves, which is a question that needs to be returned to (and is being returned to) today.³

Schmideberg's methods were very much a part of this trend. She was willing to lend the patient books and to accept small presents without analysing the action. She went to see a patient's lecture, visited another analysand in hospital. She exchanged recipes with the mother of a child patient, was willing to help in reality matters, to offer occasional advice, went to see a patient and his wife when they had a baby, often prolonged sessions or offered an extra session if the patient was struggling (Schmideberg, 1935b, p. 313; Shapira, 2017a, p. 336). She did not require her patients to lie on the couch, and did not reproach them if they did not keep to the rule of free association or avoided talking about something (Schmideberg, 1935b, p. 313). In therapy she behaved fairly spontaneously and did not attempt to hide personal matters of little importance. For instance, if the patient noticed that she was tired, she would readily confirm that this was true before going on to interpret the observation. This, she claimed, was particularly important for patients struggling with the sense of reality for whom it was at times beneficial to know that the analyst's perception of people and events was in accordance with their own (Schmideberg, 1935b, p. 311).

A further important aspect concerned the spatial framework of the sessions. While the ideal spatial setting varied for each patient, Schmideberg warned against a quiet or impersonal consulting room, as 'a bare clinical setting makes the

3. For a recent example of how the psychoanalytic frame is being rewritten in a feminist context in Latin American free clinics, see Carolina Besoain's article 'When Latin American Feminism Shapes Psychoanalysis: Acts, Defiance and Appropriations' (2024).

frightened patient still more uneasy' (Schmideberg, 1965, p. 178). Instead, with most of her patients she tried to emulate, as much as possible, a relaxed and homely atmosphere. She 'had her cat around', showed her books and paintings to those patients that were interested, got up to pop into the kitchen during sessions, did needlework while she talked, avoided staring at the patient and did not take notes during sessions (*ibid.*). Combined with what was said earlier about her willingness to visit her patients, share everyday personal information and take other steps to cancel out the impersonality of the analyst, we can see how, for Schmideberg, a successful treatment amounted to a supportive – though not a passive or condoning – relationship of one person with another, rather than the more usual asymmetrical dynamic in which the patient reveals all their thoughts, feelings and associations while the analyst serves as an impersonal mirror for the patient's conflicts.

Indeed, in Schmideberg's consulting room, the analyst played a very active role. With patients who were reluctant to speak, she would take the initiative, make small talk or pose questions that required a simple answer (Schmideberg, 1968, p. 120). She was willing to discuss the patient's everyday problems or common interests since these were instrumental in establishing a relationship (Schmideberg 1935b; 1968, p. 121). This was in line with the policy of the APTO which saw supporting patients in their daily life as one of its main tasks. Before the patient was to have a job interview, for instance, the therapist would take on the role of the employer and would practise interview techniques with them (Schmideberg, 1968, p. 122). Since the goal was to make the patient more independent and resilient, they had to be taught how to handle situations, as well as actively encouraged in the pursuit of friendships and interests:

The aim of the therapy is to involve the patient into socialising situations, such as a job, training, hobbies, friendships, a good marriage etc. The incentives and rewards of such situations make themselves felt and help to root the patient. This is the desirable conclusion of all therapy. (Schmideberg, 1968, p. 122)

Active encouragement and assistance thus replaced passive listening, in Schmideberg's approach to offender therapy.

An equally hands-on attitude was expected if the patient was in a crisis situation. Schmideberg asked patients to phone her if they were in trouble or upset. This was likely to deepen the relationship as well as to prevent excessive acting out. As she pointed out, 'most people are more ready to respond to a sympathetic ear when they are distressed or in trouble' and thus one visit in prison 'might achieve more than months of enforced therapy' (Schmideberg, 1968, p. 121). In discussing technique, Schmideberg explicitly rejected passivity on the therapist's part. The analyst's ability to tolerate the patient's bad condition, she claimed, was of no help to the patient and too much self-effacement only 'created an unnatural atmosphere' (Schmideberg, 1968, p. 126) and made the analyst seem uninterested. 'Some therapists pride themselves on their "symptom tolerance"', she continued. 'But if my dentist tolerates too readily that I suffer pain, I will change my dentist' (*ibid.*).

Schmideberg's flexibility in terms of the spatial, financial and time frame as well as her emphasis on the active, practical and personal involvement of the analyst were in line with her view of the offender's internal world. Here too, we encounter a questioning of hierarchies internal and external as well as the subversion of established truisms on 'criminal psychology'.

Offender Morality and Its Psychosocial Origins

In the early 1920s, when Schmideberg began her work with young offenders and antisocial children at the Berlin Policlinic – the first clinic to offer free psychoanalysis in Europe – it was a widespread belief that offenders possessed an inadequately developed sense of guilt due to an underdeveloped superego. This view was put forward not only by Freud (2012, p. 89), but also by August Aichhorn (1951, pp. 225–6), whose book *Wayward Youth* (1925), founded on his residential work with delinquent boys near Vienna, is quoted in almost every publication that succeeded it. Cyril Burt, another early authority on criminal behaviour, claimed that 'defective discipline' was a crucial factor in antisocial development (Hayes, 2007, p. 136). After the Second World War, this claim was again taken up by several psychoanalysts, including Donald Winnicott, who claimed that the antisocial child is in search of a strong father figure (the foundation of the superego) and that the 'criminal offends against society in order to re-establish control from the outside' (Winnicott, 2012[1956], p. 113). According to Winnicott, the antisocial child would only thrive 'under strong management', 'but give him freedom and he soon feels the threat of madness' (ibid.). There were, of course, significant differences between Aichhorn's, Burt's and Winnicott's approaches. Aichhorn's methods, for one, were hardly regimental. If there was a framework in Aichhorn's residential home, it was a very flexible one, and punitive methods were completely out of the question. What these accounts do have in common, however, is the assumption that the antisocial child is at the mercy of their instincts; that they have, for whatever reason, not adequately internalized the values represented by parental figures or societal norms. Schmideberg believed that such an explanation was far too simplistic. 'To state, as some psychoanalysts have done, that criminals lack a superego is merely saying in scientific terminology that they have no conscience' (p. 272), she proclaimed in her article 'Is the Criminal Amoral?' in 1954. Instead of explaining the apparent lack of guilt in terms of the presence or absence of the offender's superego, Schmideberg focused on the superego's nature and genesis, which she directly related to the influence of the child's early environment.

In her 1932 article on the psychology of antisocial children and young people, she argued that guilt can only result from the child's internalization of a good object, facilitated by a supportive and loving parental figure. While the child's aggression towards the good object calls forth feelings of guilt and the desire for reparation, aggression towards the bad object – based on a parental figure who

behaves in an aggressive or abusive manner – leads to anxiety.⁴ One of the ways to deal with this anxiety is outward aggression, which Schmeideberg explained by way of identification with the aggressor.⁵ Such open aggression, however, generates the fear of retaliation and the subject therefore remains locked in a vicious circle of aggression and persecutory anxiety (Schmeideberg, 1932, pp. 500–1; 1947). This was the case with one of Schmeideberg's first patients at the Polyclinic, an eight-and-a-half-year-old boy named Willy (a pseudonym) who would neither talk nor play in therapy, but was very aggressive and frequently attacked other patients, Schmeideberg herself as well as the furniture in the consulting room. Schmeideberg soon realized that the boy lived in a state of constant persecutory fear. He perceived all people and objects as potential attackers. His aggression served him as a defensive measure to pre-empt the expected attacks from persons in his surroundings, but he would then become even more frightened because he assumed that the assaulted objects would get back at him, which in turn fuelled further aggression (1932, pp. 476–7). While obviously exaggerated, Willy's fears did not simply materialize out of his unconscious. The boy's early history included domestic violence, being abandoned to an orphanage at the age of two, sexual abuse by a group of older boys, and a foster-family that took care of his basic physical needs but where the parents were quite strict and unaffectionate, whilst showing a visible preference for their biological children (1932, p. 480). Willy's aggressiveness and his sadistic sexual fantasies were thus a reflection of real-life events, in combination with his paranoid mindset. His lack of trust and inability to form relationships were based on the nearly complete absence of good objects and of reliable, loving and trustworthy adults in his childhood.

In general, Schmeideberg asserted that all her antisocial patients had 'an unrealistic or weak belief in good objects and could only behave in a socially acceptable manner as long as this weak belief persisted' (1932, p. 501). Every disappointment was unbearable because it activated the earlier conflicts. She gave the example of a young girl named Ruth who would promise to behave well every time she was moved to a new foster-family. Unlike other people who worked with her, Schmeideberg believed that Ruth's promises were not deliberately deceitful (1932, p. 489). She had honestly tried to behave every time she was moved, but the inevitable little disappointments encountered in her new home dissipated her hope in good objects, made her defences flare up, caused the parents to become stricter

4. Schmeideberg's greater emphasis on the contribution of external objects (in contrast to, or constitutive of 'internal objects') will be discussed later.

5. Sándor Ferenczi first spoke of identification with the aggressor in his seminal paper 'The Confusion of Tongues between Adults and the Child', originally published in 1924 (Ferenczi, 1999[1933], p. 162). Schmeideberg was, via Klein and others, familiar with these ideas (for a comparison of Ferenczi's and Klein's notions of splitting, see Soreanu, 2018, pp. 421–44). As we will see, Schmeideberg also directly refers to Ferenczi in her work (1932, 1935b).

and the whole situation to deteriorate to the point of becoming unmanageable. Ruth's defences consisted of lies, greediness, stealing and occasionally sexually explicit behaviour that also resurfaced in the therapeutic relationship. When Schmideberg began working with her, Ruth was housed in a home for 'difficult girls'. She had difficulty in forming relationships, was withdrawn and suspicious. Schmideberg concluded that Ruth's behaviour represented a different solution to the situation Willy also found himself in. Her stealing and lying were a way to simultaneously appease and escape her aggressive impulses. She would steal objects she perceived as dangerous in order to be able to control them. The stealing equally served the purpose of building up the delusion of being loved (1932, pp. 482–5). She would pretend that the stolen objects had been given to her as presents by the parental figures whose love she craved. Ruth's lies thus represented 'unconscious wishes' and were a way of escaping 'the conflicts caused by deprivation' (p. 483) as well as the accompanying feelings (anxiety and anger). While Willy's outward aggression was a manner of dealing with the same emotions by projecting his aggression into objects perceived as persecutory, Ruth's solution consisted in both denying her feelings by refusing to acknowledge the situation that gave rise to them and simultaneously finding an outlet for them through control or possession of the objects she had stolen.⁶

Going back to the question of the offender's morality, then, it seems clear from Schmideberg's account that the offender does not suffer from a missing superego, but from a punitive superego, arising to a large degree from their childhood experiences. The goal of analysis was to 'libidinise' (Schmideberg, 1932, p. 503) this superego, so that a fear-based view of the world and relationships could be replaced by a more positive and integrated one. In the case of both Ruth and Willy, Schmideberg recognized the children's antisocial traits to be 'a defence against psychosis' (1932, p. 487). 'The liar's modification of reality,' she explained, 'is only quantitatively different from the denial of reality present in psychosis' (ibid.). But if both children needed to modify reality to be able to live, it was partly because reality was the problem. In both cases, Schmideberg stressed that any attempt at a cure needed to involve a modification of external circumstances by providing a stable relationship where their love, as well as their aggression, could be expressed without the fear of retaliation (1932, p. 504; 1935b). Sometimes, even this modification would not be sufficient without an accompanying change in the children's parental home and general environment. Of Ruth it was explicitly said that she was only able to tolerate reality when she felt that it had some hopeful aspects (1932, p. 503).

In 1948, Schmideberg thus echoed David Wills and the British psychoanalyst Marjorie Franklin (Franklin, 1966, pp. 13–22) – the founders of one of the

6. Like Willy's, Ruth's history included many instances of parental abandonment (including being given into care), possible sexual abuse by a female carer and severe emotional neglect.

first residential camps for young offenders in the UK⁷ – in calling for a ‘planned environment therapy’ (Schmideberg, 1948, p. 56) in which, much like in the APTO, all of the child’s relationships could serve a therapeutic purpose and their problems and fears could be deduced from play, dreams, emotions, reactions to certain situations as well as their general behaviour. Of course, piecing together a holistic account of the child’s thoughts, behaviours and relationships required the cooperation of a team of people in its surroundings. What this also meant was that Schmideberg’s approach to child analysis was, from the beginning, more encompassing, and more socially aware, than that of her mother.

It is important to examine the exact similarities and differences between Klein’s and Schmideberg’s approach to the psychological genesis of antisocial behaviour. Klein famously also vouched for the existence of a primitive, persecutory, punitive superego: she saw it as a developmental stage that is later overcome, with the original persecutory fear and aggression being (partially at least) replaced by depressive guilt and desire for reparation. In her own short text on criminality, she even referred to the vicious circle of aggression and persecutory anxiety that we have just described in Willy’s case: ‘the child’s anxiety impels it to destroy its objects, this leads to an increase of its own anxiety, and this once again urges it on against its objects’ (Klein, 1934, p. 312). This, according to Klein, was the foundation of both criminal behaviour and psychosis. However, while Schmideberg emphasized that the continuing presence of persecutory figures in the child’s mind was directly related to abusive and neglectful experiences or the absence of loving and supportive figures in their life, Klein put much greater stress on ‘innate factors’ (1975[1957], p. 230). Even though, in ‘Envy and Gratitude’, she admitted that ‘experiences of love surmounting hatred’ were ‘an essential condition of the ego’s tendency to integrate itself’ (1975, p. 36), the only environmental factors Klein really pointed to were ‘a difficult birth and unsatisfactory feeding’ (p. 229), which greatly differs from the experiences Schmideberg mentioned in her studies: parental abandonment, emotional abuse or neglect, physical and sexual abuse, frequent relocation, material and emotional deprivation and so on, whose relevance to the psychological mechanisms of defence she often explained in detail. In matters of technique, the differences between Schmideberg and Klein were even more pronounced.

Reassurance and Non-retribution: Moving away from Klein

Schmideberg, therefore, placed greater stress on the child’s actual experiences in enabling it to achieve the capacity for integration and reparation. In 1932, she

7. This was Hawkspur Camp. For more information on the uses of psychoanalysis at Hawkspur Camp, see my ‘Psychoanalysis at Hawkspur Camp and Other Therapeutic Communities for Antisocial Children and Young People’ (Tomčić, 2024). See also David Jones and Craig Fees’s recent article ‘Necessary Conjunctions: Hawkspur Camp and the Transdisciplinary Roots of the Therapeutic Community’ (2023).

emphasized that ‘the fear of the superego will be increased through fear of certain real persons, just as the love of the ego-ideal will be increased through the love of external objects’ (p. 500). Equally – and this is where her methods diverged from Klein’s (and Winnicott’s) – she advised against retaliation and disciplining in situations where aggression emerges in the child or the adolescent. A strict or rejecting attitude on the part of the parental figure would only confirm the child’s expectations and increase their persecutory anxiety: ‘A good object is the person who loves the child in spite of their aggression and does not retaliate’ (1932, p. 504). This non-retributive attitude, she explained, was the foundation of Aichhorn’s success with a group of aggressive, antisocial boys in his residential school in Austria (Aichhorn, 1951, pp. 167–85; Schmideberg, 1932, p. 505). By renouncing punishment and remaining kind to the boys even when they were extremely destructive and violent, Aichhorn was partially able to restore their trust in good objects, encouraging the children to identify with him and thus to behave more socially.

For Schmideberg, the same non-avenging attitude was necessary when faced by displays of extreme aggression in analysis. In several of her papers, she mentioned the experience of analysing a young psychotic man (also a patient at the Berlin Polyclinic) who once threatened to kill her:

He was deeply impressed when I assured him that I would continue with the treatment, in spite of his intentions, and said, ‘Then I ought to love you!’ From this moment, the persecutory ideas ceased and he developed a normal emotional attitude towards me. (Schmideberg, 1935b, p. 308; 1954, p. 278)⁸

Like Aichhorn and Wills, Schmideberg believed that an accepting, non-avenging attitude was of primary importance in order to establish trust between the analyst and their antisocial analysand. An additional key factor, and a further point where she explicitly contradicted Klein, was Schmideberg’s belief in reassurance as a necessary precondition in the treatment of offenders and antisocial children.

Klein asserted that ‘techniques based on reassurance are seldom successful’ (1975, p. 225) and were there to assuage the analyst’s needs, rather than the patient’s: ‘Identification may tempt the analyst to take the mother’s place and to give in to the urge to alleviate the patient’s anxieties’ (p. 226). This could cause the analyst to ‘reinforce the positive and avoid the negative transference, to strengthen the feelings of love by taking the role of the good object which the patient had not been able to establish securely in the past’ (p. 225). Klein believed that such an attitude would assuage instead of resolve the patient’s anxieties and would hinder progress in analysis. Schmideberg, by contrast, argued that until the analyst had managed to establish for themselves the position of the good object, the whole

8. Interestingly, in Aichhorn’s book, too, we are faced with a death threat as the final test before the establishment of a trusting relationship between him and one of the extremely aggressive boys in his residential institution (1951, p. 175).

interpretative process was of little avail. Of course, this did not cancel out the need to challenge the patient, and a sustained avoidance of negative transference would certainly prove detrimental. However, if the internalization of good objects enabled the desire for reparation and the ability to withstand frustration, this needed to be firmly established before any analytic work could be done. In patients whose belief in and introjection of good objects was weak or non-existent, analysis could not be conducted under frustration as very little frustration could be withstood. Instead of challenging their defences, throwing interpretations at such a patient would only increase their anxieties and deteriorate their psychological state. As Schmilberg put it,

I believe that under unfavourable conditions even correct interpretations will have unfavourable effects. A very inhibited boy was told by his mother that he avoided work to make her upset. This correct interpretation only increased his anxiety and his inhibition. [...] An interpretation of hostility and resistance will have a curative effect only if the patient is sure he isn't being reproached by the analyst. [...] Sometimes only reassurance makes it possible for the patient to accept the interpretation. (1935b, p. 307)

In general, Schmilberg claimed that the value of an interpretation was dependent on what the interpretation was able to do emotionally. If the patient was unable to accept it, if it did not motivate them to change certain things in their life, then it was not of much significance (1968, p. 120). The analyst's active assistance, as well as their reassurance and non-retaliation, would eventually enable the patient to gain trust and let the interpretations affect them on a deeper level.

The methodological adjustments outlined were to a great extent conditioned by the type of patients Schmilberg worked with: antisocial adults and children, patients with psychosis and borderline patients. In her paper on reassurance from 1935, Schmilberg explained that the reason why more intrusive methods did not work with these patient groups was that her patients regularly struggled with overwhelming amounts of anxiety and had no good defences in place to deal with it (partly due to the lack of good objects internalized in childhood). Therefore, 'if the patient cannot deal with anxiety due to the lack of satisfactory defences, the analyst should lend them to him' (1935b, p. 306). There were several situations in which this proved to be necessary:

with patients who suffer from intense anxiety from the beginning or whose anxiety has been unduly stimulated either through external events or through analysis [...] or with a certain type of patient whose intense anxiety had prior to analysis been overcome by a good reality adaptation, but who now, when his defence mechanisms have been upset, is unable to stand his anxiety. (ibid.)

If the patients' anxiety was not alleviated by way of a supportive attitude, this would cause them to leave analysis and to increase the acting out within the sessions or in their daily life.

As we saw from her earlier mention of identification with the aggressor, Schmilberg was, like Klein, familiar with the work of Sándor Ferenczi. Unlike Ferenczi, however, Schmilberg did not advocate deliberately increasing tension

or encouraging acting out when the analytic process seemed to have reached an impasse. This was originally the foundation of Ferenczi's active technique, first introduced in 1919 (Ferenczi, 1999[1919]). In active technique, the analyst would prohibit certain actions or would suggest to the patient to perform others in order to increase psychic tension and provoke enactments, which could then be interpreted once the new material had entered the consulting room. While she understood that a certain amount of acting out was inevitable, even necessary, Schmitzberg claimed that the test for whether the support they received was right for the patient consisted in assessing if the quantity of their acting out had decreased, in reality as well as in therapy (1935b, p. 317). Significantly, in the later stages in his career, Ferenczi too showed some reservations about his active technique. He became aware that it could reinforce the patient's resistance, increase their masochism and even endanger the transference if not applied carefully or at the right time (Ferenczi, 1994[1926]). In this context, it is interesting that Schmitzberg had precisely the same reservations about the use of techniques that rely on frustration, abstinence and the imposition of the analyst's authority. With both analysts, we can thus see a gradual shift from the insistence that the patient face their unconscious fears, accompanied by an almost forceful breaking of defences, towards a patient, unconditionally supportive attitude where the hierarchical, impersonal relationship between the patient and the analyst is radically put into question.

Even though some of Schmitzberg's methods might strike analysts today as exceptional, it is important to note that contemporary therapists have also established the need to take more initiative, be more supportive and reassuring, as well as less impersonal when working with borderline psychotic, autistic, avoidant, compulsive or paranoid patients (i.e. the very patient groups Schmitzberg engaged with). In *Live Company*, Anne Alvarez talks about her work with an autistic boy during which she also felt the need to 'be more active' and where 'neutrality, adaptation or reverie' (2006, p. 54) were inadequate solutions to his problems, simply because he was too chronically withdrawn to react to these in the way a less deprived neurotic patient would. Like Schmitzberg, Alvarez stresses the need to at times directly 'indicate agreement of thought and feeling' between the patient and the analyst, particularly with patients who struggle with the sense of reality (p. 110). The most striking similarity between Alvarez's and Schmitzberg's interventions into psychoanalytic technique, however, is the fact that both suggest that methodological changes are especially necessary with patients who did not get the chance to securely internalize a good object. In such cases, what takes precedence over everything else is the need for the analyst to provide 'solidity', 'substantiality', 'assurance', 'protective qualities' and the 'capacity to ensure feelings of safety' (p. 117). Before attempting to achieve the integration of good and bad objects in the patient's internal world, one needs to make sure that their belief in the good is adequate. 'The integration of the bright and dark sides of one's nature is only possible when there is adequate development of both the idealising and persecutory strands. There are quantitative issues here,' Alvarez argues (p. 121). Ultimately then, what both Schmitzberg and

Alvarez claim is that those patients whose early-life experience primarily consisted of deprivation and frustration will not improve nor learn anything by being exposed to more of the same. And this is where the classed nature of psychoanalysis particularly comes into play.

Class and Children in Care

Schmideberg's questioning of hierarchies within the analytic relationship was directly related to her questioning of social hierarchies, particularly when it comes to the issue of class. Psychoanalysts active in the ISTD often took part in public debates and gave advice on burning social issues (Shapira, 2013, pp. 185–97). Thus, in the aftermath of the 1946 Curtis Report on the welfare of children in care in England and Wales, Schmideberg wrote a book endorsing many of the points made in the report (the preference for housing children with families rather than institutions, the need for small-scale institutions and better education for childcare staff), but also adding a series of further measures that the report had neglected to mention. In the introduction to *Children in Need* (Schmideberg, 1948) – a now largely forgotten but seminal work suggesting psychosocial interventions to improve abandoned and deprived children's chances of growing up into happy individuals – Edward Glover stressed the key place class played in Schmideberg's work as a psychoanalyst, along with the fact that this interest was too rarely encountered in psychoanalytic circles:

In the past, too many books have been written by psychologists, or for that matter psychoanalysts, whose practice has been confined to the middle and leisured classes and whose vision has, in consequence, been contracted. Being concerned mainly with [...] the hidden causes of maladjustment, they tend to neglect social factors which must be taken into account if any large-scale measures of prevention are to be brought into fruition. (Schmideberg, 1948, p. 9)

Too great a focus on the patient's internal world rather than the connection between the internal and the external was thus not only a point of contention between Schmideberg and her mother, but, more generally, between Schmideberg and analysts who worked predominantly with middle-class patients. For Schmideberg, there was no way of approaching her patients' psyches without taking into account the wider social context of their lives as well as those of their families. Her book was a wake-up call, a passionate critique and, at the same time, a practical guide outlining the changes that needed to be made to better the lives of socially and emotionally deprived, neglected and traumatized children. The first pages of *Children in Need* concisely define delinquency as 'a coefficient of the friction between an individual and the community' (1948, p. 15) and largely shift the responsibility for this friction to the community, rather than the individual. In Schmideberg's words, '[There are] about half a million children [in the UK], [...] who are so inadequately trained and above all receive so little love that they have almost no chance of growing up into happy and self-respecting citizens'

(1948, p. 17). Before long, she warned, 'they will be out of their slums and institutions and into the world [...] and that day will repay us in kind what we give them now, good for good and evil for evil' (ibid.). If the community does not provide for children whose families are unable to care for them, does not allow for circumstances in which they will receive love rather than merely food and housing, antisocial behaviour should be considered one of the expected outcomes.

Like her colleagues at the ISTD, Schmideberg believed that antisocial behaviour was largely due to social or psychological causes, to a lack of love and safety experienced by children whose parents lived in a world they perceived as hopeless or hostile. The parents' lack of self-respect would be reflected in their attitudes towards, and their treatment of, their children (1948, p. 35). If the children stayed with their families (which Schmideberg, following the wartime research of Anna Freud and Dorothy Burlingham, recommended), any help to the child needed to involve an intervention into the parental circumstances. She named an example of a boy from a poor family, the son of a young mother, whose neglect had driven him to stealing. If the money spent to keep him at borstal had been given to the family, Schmideberg argued, and the mother was given psychological help, it was very unlikely that the boy would get into any further trouble (1948, p. 26). In another instance, a man who had beaten a crying baby was sentenced to six months' imprisonment. He told the judge that he had been torpedoed three times in the war and his nerves were very bad. The baby's crying got on his nerves and he couldn't help himself. 'His nerves,' concluded Schmideberg, 'are likely to be worse when he gets out of prison. It would be more in the interest of the man and his family, as well as of the community, if he were given psychological treatment and a bigger flat' (1948, p. 31). Yet, in Schmideberg's time, much like today, such interventions were mostly hampered by two obstacles: the public's pleasure in punishing the offender (along with the forbidden desires that the offender represents) and the class prejudice present in the social care system.

At this point, it is useful to go back to Schmideberg's theory of the punitive superego, reinforced through the internalization of real violent or punishing figures. We will remember that such a psychic constellation produces an excess of anxiety. One of the ways of dealing with this anxiety, as we saw in Willy's case, is projecting the superego's aggression onto external objects, which are then destroyed. The obedient citizen, on the other hand, equates the punitive superego with social norms and assuages their anxiety by punishing or controlling their expunged desires, represented by the offender. People who are excessively law abiding often zealously turn their aggression onto those who do not play by the rules, precisely because their own anxiety (and consequent aggression) is reflected in the law breaker. Indeed, most analysts who worked at the ISTD agreed that the reason for the existence of the prison system was not so much the need to reform the offender or even to protect the community, but rather to assuage the sadistic, retributive phantasies of respectful citizens: 'The significance of punishment lies in its psychological value to non-criminals, who derive sadistic satisfaction first from the crime itself and then from the punishment inflicted for it'

(Schmideberg, 1947, p. 475). In therapy, the only solution to this issue was the libidinization of the superego (by internalizing objects that were loving and supportive, rather than fear-inducing). In the social context, the goal was the replacement of a morality based on fear with one based on love, but this, as we saw earlier, required the renunciation of the retributive, disciplinarian attitude, inviting a reform of the borstal and the prison system.

Another aspect that needed to be interrogated was the class-based projections that determined the suitability of foster-parents, or indeed whether the child's own family was good enough for it to remain there. Schmideberg warned that all too often what social workers looked for in foster-parents were indications of middle-class morality, decorum and cleanliness, which were of next to no importance when it came to the child's emotional integration and rehabilitation:

In considering whether we should take the children away from home, there is always the danger that we may be unduly influenced by middle class values of respectability, cleanliness and tidiness. [...] Originally, home-finding was dominated by a moralistic philosophy. This early era coincided with the popular belief that children could be redeemed by an environment unblemished by dirt. [...] The foster-home was considered a vehicle of respectable opportunity by which the poor boy made good. (1948, p. 26)

How much of this middle-class morality remains in the social-care system nearly seventy years later is an important question, which some scholars have discussed (Sales, 2018), but which is still under-researched. Instead of the focus on the visible aspects of home life, Schmideberg emphasized that parental affection was the crucial factor in judging the suitability of families, even in cases where the material resources were very scarce. 'Affection counts more with the child than being washed, given regular meals, a higher standard of living or even morality' (1948, p. 24), she argued. In spite of this, the scarcity of material resources could, and often did, make too high demands on the emotional resources of working-class parents.

The lack of respite from work and parental duties, as well as the risk-laden situations they often found themselves in, drove particularly working-class mothers to breaking point. 'It is indeed a remarkable achievement that most working-class parents manage to bring up their children so well in the face of heavy odds,' warned Schmideberg. 'But the price is paid by working-class mothers, [...] and while they manage under many heavy handicaps, they often fail if additional strain arises' (1948, p. 35). Schmideberg was aware that the conditions of working-class life in the UK were in the background of a great number of preventable family tragedies as well as antisocial behaviour. Given these circumstances, the preponderance of mental health issues among poorer families was a foreseeable result. In her 1930 article 'Psychological Factors Underlying Criminal Behaviour', Schmideberg explicitly emphasized this point:

The fact that delinquency is more frequent among the poor than among the rich is suggestive. After what I have already said about the effects of early frustration, anxiety and a sense of insecurity as instigators of crime, it is obvious [...] that pernicious results

must ensue from lack of food and pleasure, economic uncertainty and unemployment, bad housing conditions, a succession of foster parents and early experiences of seduction and rape. (1947[1930], p. 472)

However, Schmideberg also recognized that the class system was harmful for children on both sides of the social spectrum. While working-class parents who could not take care of their children faced bureaucratic hurdles and risked having their families broken up for good, mistreated children of well-to-do parents often remained invisible and exposed to the 'whims of their parents' (1948, p. 37), precisely because of the veneer of the parents' social position. As long as the material situation was good, no one suspected that anything might be wrong, which, of course, is but another form of class prejudice.

But apart from offering a fierce social critique, Schmideberg's book on children in care outlined a series of measures that might remedy the situation (1948, pp. 30–45, 59–63). On the one hand, these focused on the availability of free psychotherapy and psychoanalytic courses. She argued that there should be child guidance clinics in every town and in every district of big cities; that often whole families, rather than individuals, should be given psychological help; that all children should be examined psychologically upon entering and leaving school; and that free psychoanalytic training should be given to all professionals working with children. While this might strike us as a utopian idea today, we must remember that, after the Second World War, most free clinics, including the ISTD and the Berlin Polyclinic, did organize free psychoanalytic courses for teachers, social workers and probation officers, which led Schmideberg to state, in 1948, that 'social workers and probation officers are taught about neurosis as part of their training' (p. 47). On the other hand, Schmideberg was aware that psychotherapy was often not enough without environmental changes and she consequently also vouched for an improved standard of living. For children growing up in institutions, she advised frequent visits to relatives or even finding adults who would take on this role. In addition, children should be allowed to write to the staff and visit the institution after they leave, just as they would visit their former family home. Every effort needed to be made to build and preserve emotional ties, whereas the system of automatically moving a child from one home to another upon reaching a certain age 'could not be deprecated strongly enough' (1948, p. 23). For working-class families, she demanded better housing, more parks for children to play in, facilities for recreation, swimming baths, more nursery schools, holiday homes, domestic help for mothers, clubs and community centres for adults and children. Based on her psychological knowledge and her work with vulnerable children, young people and adults, Schmideberg presents us with an image of what a compassionate society - one in which the morality of fear is gradually dissolved - might look like.

Her characterization of 'group therapy in reverse', her subscription to a different, and flexible, time-, money- and spatial frame as well as her emphasis on the reassuring, supportive, encouraging, personal role of the analyst were methods she developed gradually in the course of her own work, but which were also in

place in communal or residential settings that worked with similar patient groups in different geographical and historical contexts, such as the therapeutic communities run by Aichhorn, Wills and Franklin mentioned earlier. Uncovering Schmitzberg's work and its legacy is a part of a broader network of alternative psychoanalytic histories and methodologies that offer a useful corrective to the still prevalent story of psychoanalysis for the few. One of the people to recognize this was Schmitzberg's fellow analyst, Augusta Bonnard. Much like Glover's preface, Bonnard's review of *Children in Need* is in no doubt as to the political uses of psychoanalysis in Schmitzberg's book:

Psychoanalysts are often accused of being a remote set of people, akin to bacteriologists, though perhaps less practical, who only study and pronounce upon distorted and minute aspects of Life which, meanwhile, surges painfully unaltered and unassisted, outside their quiet windows. Dr Schmitzberg's book does much to correct this view. It shows how psycho-analytic knowledge can be used as a swift and accurate instrument for the precise exploration and relief of human misery, not for the few, but for the many, and not merely in the timeless shelter of the consulting room, but in the rush of urgent events. (Bonnard, 1948, p. 183)

Perhaps it is no coincidence that the re-emergence of Schmitzberg's legacy is beginning to take place at this point in history, when the urgent need for a 'psychoanalysis for the many' is once again making itself felt.

References

- Anon. (1951) New association formed. *The Journal of Criminal Law, Criminology and Police Science* 42(1): 84–5.
- Aichhorn, A. (1951[1925]) *Wayward Youth*. London: Imago.
- Alvarez, A. (2006) *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Deprived and Abused Children*. London & New York: Routledge.
- Besoain, C. (2024) When Latin American feminism shapes psychoanalysis: acts, defiance and appropriations. *Studies in Gender and Sexuality* 25(2): 115–28.
- Bonnard, A. (1948) Review of *Children in Need* by Melitta Schmitzberg. *The International Journal of Psychoanalysis* 29: 183.
- Cassullo, G. (2016) The psychoanalytic contributions of Melitta Schmitzberg Klein: more than Melanie Klein's Rebel Daughter. *The American Journal of Psychoanalysis* 76: 18–34.
- Cohen, D. (2017) *Great Psychologists as Parents: Does Knowing the Theory Make You an Expert?* London & New York: Routledge.
- Danto, E. (2005) *Freud's Free Clinics: Psychoanalysis and Social Justice 1918–1938*. New York: Columbia University Press.
- Ferenczi, S. (1994[1926]) Contra-indications to the active psychoanalytical technique. In S. Ferenczi, *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Karnac, pp. 217–30.
- Ferenczi, S. (1999[1919]) Technical difficulties in a case of hysteria. In S. Ferenczi, *Selected Writings*, ed. J. Borossa. London: Penguin, pp. 151–8.
- Ferenczi, S. (1999[1933]) The confusion of tongues between adults and the child. In S. Ferenczi, *Selected Writings*, ed. J. Borossa. London: Penguin, pp. 255–68.
- Franklin, M. (1966) Summary of the methods used. In M. Franklin (ed.), *Q Camp: An Experiment in Group Living with Maladjusted and Anti-Social Young Men*. London: Planned Environment Therapy Trust, pp. 13–22.

- Franklin, M. (1968) The Institute for the Scientific Treatment of Delinquency. Wellcome Collection. Available at: <https://wellcomecollection.org/works/a7sa9npk> [accessed 17 June 2024].
- Freud, S. (2012[1914]) On narcissism: an introduction. In J. Sandler, L. Spector Person & P. Fonagy (eds), *Freud's 'On Narcissism: An Introduction'*. London & New York: Routledge.
- Glover, E. (1944) *The Diagnosis and Treatment of Delinquency: Being a Clinical Report on the Work of the Institute during the Five Years 1937–1941*. London: ISTD.
- Hayes, S. (2007) 'Rabbits and rebels': The medicalisation of maladjusted children in mid-twentieth century Britain. In M. Jackson (ed.), *Health and the Modern Home*. London: Routledge, pp. 127–52.
- Jones, D. & Fees, C. (2023) Necessary conjunctions: Hawkspur Camp and the trans-disciplinary roots of the therapeutic community. *The International Journal of Therapeutic Communities*. Available at: <https://oro.open.ac.uk/94275/3/tc-03-2023-0005.pdf> [accessed 3 September 2024].
- King, P. & Steiner, R. (eds) (1992) *The Freud–Klein Controversies 1941–45*. London: Routledge.
- Klein, M. (1934) On criminality. *British Journal of Medical Psychology* 14: 312–15.
- Klein, M. (1975[1957]) *Envy and Gratitude and Other Works 1946–1963*. New York: Delta Publishing.
- Pailthorpe, G.W. (1932) *Studies in the Psychology of Delinquency*. London: His Majesty's Stationery Office.
- Roazen, P. (2000) *Oedipus in Britain: Edward Glover and the Struggle over Klein*. New York: Other Press.
- Sales, S. (2018) Damaged attachments & family dislocations: the operations of class in adoptive family life. *Genealogy* 2(4): 55. Available at: <https://www.mdpi.com/2313-5778/2/4/55> [accessed 3 September 2024].
- Schmideberg, M. (1932) Zur Psychoanalyse Asozialer Kinder und Jugendlicher. *Internationale Zeitschrift für Psychoanalyse* 18(1): 474–527.
- Schmideberg, M. (1935a) Zur Wirkungsweise der Psychoanalytischen Therapie. *Internationale Zeitschrift für Psychoanalyse* 21: 46–54.
- Schmideberg, M. (1935b) Reassurance as a means of analytic technique. *International Journal of Psychoanalysis* 16(1): 307–24.
- Schmideberg, M. (1938) After the analysis. *Psychoanalytic Quarterly* 7: 122–42.
- Schmideberg, M. (1947[1930]) Psychological factors underlying criminal behaviour. *Journal of Criminal Law and Criminology* (1931–51), 37(6): 458–76.
- Schmideberg, M. (1948) *Children in Need*. London: George Allen & Unwin.
- Schmideberg, M. (1954) Is the criminal amoral?? *The British Journal of Delinquency* 4(4): 272–81.
- Schmideberg, M. (1965) Reality therapy with offenders. *The British Journal of Criminology* 5(2): 168–82.
- Schmideberg, M. (1968) Techniques of offender therapy in Britain and the USA. *International Journal of Offender Therapy* 12(3): 119–26.
- Shapira, M. (2013) *The War Inside: Psychoanalysis, Total War and the Making of the Democratic Self in Post-War Britain*. Cambridge: Cambridge University Press.
- Shapira, M. (2017a) Melitta Schmideberg: Her life and work encompassing migration, psychoanalysis, and war in Britain. *Psychoanalysis and History* 19(3): 323–48.
- Shapira, M. (2017b) Interpersonal rivalries, gender and scientific making of psychoanalysis in 1940s Britain. *History of Psychology* 20(2): 172–94.
- Sokol, J. (1954) A pioneer approach in the treatment of offenders. *The Journal of Criminal Law, Criminology and Police Science* 45(3): 279–90.
- Soreanu, R. (2018) The psychic life of fragments: splitting from Ferenczi to Klein. *The American Journal of Psychoanalysis* 78: 421–44.
- Spillius, E. (2009) Melitta and her mother. *The Psychoanalytic Quarterly* 78(4): 1147–66.

- Tomčić, A. (2024) Psychoanalysis at Hawkspur Camp and other therapeutic communities for antisocial children and young people. *Psychoanalysis and History* 26(2): 187–208.
- Wills, D. (1967) *The Hawkspur Experiment: An Informal Account of the Training of Wayward Adolescents*. London: George Allen & Unwin.
- Winnicott, D. (2012[1956]) The antisocial tendency. In C. Winnicott, R. Shepherd & M. Davis (eds), *Deprivation and Delinquency*. London & New York: Routledge, pp. 103–13.

ABSTRACT

In current histories of psychoanalysis, Melitta Schmideberg still lives under the shadow of her mother, Melanie Klein. If Schmideberg's name is mentioned at all, it is in the context of the so-called Controversial Discussions that took place at the British Psychoanalytical Society in the early 1940s, in which Schmideberg directly questioned Klein's views. In terms of psychoanalytic contributions, Schmideberg's decades-long work with juvenile and adult offenders is barely mentioned. This article attempts to correct this imbalance by looking at Schmideberg's innovations in offender therapy. Schmideberg understood that the available methods of psychoanalytic therapy (whether Freudian or Kleinian) would not suit patients she engaged with (antisocial, borderline and psychotic patients) and developed her own methodology of working with these groups. The article explores Schmideberg's methods, while focusing specifically on the flexibility of the time, money and spatial frame, the role of reassurance, questions of transference as well as what she called 'group therapy in reverse'. It also presents her virtually unknown work at the Association for the Psychiatric Treatment of Offenders, an institution she founded in the USA, and her thoughts on the role of class in the care system.

Keywords: Melitta Schmideberg, psychoanalysis, offender therapy, reassurance, frame, class, USA