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Reading Anna Freud



Nick Midgley

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Reading Anna Freud

What place do Anna Freud's ideas have in the history of psychoanalysis? What can her writings teach us today about how to work therapeutically with children? Are her psychoanalytic ideas still relevant to those entrusted with the welfare of infants and young people?

Reading Anna Freud provides an accessible introduction to the writings of one of the most significant figures in the history of psychoanalysis. Each chapter introduces a number of her key papers, with clear summaries of the main ideas, historical background, a discussion of the influence and contemporary relevance of her thinking, and recommendations for further reading.

Areas covered include Anna Freud's writings on:

- The theory and practice of child analysis and 'developmental therapy'
- The application of psychoanalytic thinking to education, paediatrics and the law
- The assessment and diagnosis of childhood disorders
- Psychoanalytic research and developmental psychopathology

Nick Midgley draws on his extensive experience as a child psychotherapist and a teacher to bring Anna Freud's ideas to life. He illustrates the remarkable originality of her thinking, and shows how analytic ideas can be used not only in child psychotherapy, but also to inform the care of children in families, hospitals, classrooms, residential care and the courtroom.

Reading Anna Freud will be of interest to child therapists, child analysts and psychoanalysts, as well as others working in the field of child and adolescent mental health, such as clinical psychologists, child psychiatrists and educational psychologists. It also has much to offer to those entrusted with the care of children in a wide range of settings – including teachers, nurses and social workers – for whom Anna Freud was always keen to demonstrate the value of a psychoanalytic approach.

Nick Midgley trained as a child and adolescent psychotherapist at the Anna Freud Centre, where he now works as a clinician and as Programme Director for the MSc in Developmental Psychology and Clinical Practice. Nick has written articles on a wide range of topics and is joint editor of *Minding the Child: Mentalization-based Interventions with Children, Young People and their Families* (Routledge, 2012) and *Child Psychotherapy and Research: New Directions, Emerging Findings* (Routledge, 2009).

THE NEW LIBRARY OF PSYCHOANALYSIS

General Editor: Alessandra Lemma

The New Library of Psychoanalysis was launched in 1987 in association with the Institute of Psychoanalysis, London. It took over from the International Psychoanalytical Library which published many of the early translations of the works of Freud and the writings of most of the leading British and Continental psychoanalysts.

The purpose of the New Library of Psychoanalysis is to facilitate a greater and more widespread appreciation of psychoanalysis and to provide a forum for increasing mutual understanding between psychoanalysts and those working in other disciplines such as the social sciences, medicine, philosophy, history, linguistics, literature and the arts. It aims to represent different trends both in British psychoanalysis and in psychoanalysis generally. The New Library of Psychoanalysis is well placed to make available to the English-speaking world psychoanalytic writings from other European countries and to increase the interchange of ideas between British and American psychoanalysts. Through the *Teaching Series*, the New Library of Psychoanalysis now also publishes books that provide comprehensive, yet accessible, overviews of selected subject areas aimed at those studying psychoanalysis and related fields such as the social sciences, philosophy, literature and the arts.

The Institute, together with the British Psychoanalytical Society, runs a low-fee psychoanalytic clinic, organizes lectures and scientific events concerned with psychoanalysis and publishes the *International Journal of Psychoanalysis*. It runs the a training course in psychoanalysis which leads to membership of the International Psychoanalytical Association – the body which preserves internationally agreed standards of training, of professional entry, and of professional ethics and practice for psychoanalysis as initiated and developed by Sigmund Freud. Distinguished members of the Institute have included Michael Balint, Wilfred Bion, Ronald Fairbairn, Anna Freud, Ernest Jones, Melanie Klein, John Rickman and Donald Winnicott.

Previous general editors have included David Tuckett, who played a very active role in the establishment of the New Library. He was followed as general editor by Elizabeth Bott Spillius, who was in turn followed by Susan Budd and then by Dana Birksted-Breen.

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Nick Midgley

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And to the memory of
Pat Radford (1921–2012) and Elisabeth Young-Bruehl (1946–2011)

CONTENTS

<i>Acknowledgements</i>	xii
<i>Anna Freud: a chronology</i>	xiv
1 Introduction: Anna Freud, her life and work	1
2 Psychoanalysis with children	18
3 The application of psychoanalytic ideas to education	32
4 The Ego and the Mechanisms of Defence	54
5 The Hampstead War Nurseries	69
6 Psychoanalytic research and the observation of children	83
7 The psychoanalytic treatment of adults	101
8 The assessment and diagnosis of childhood disturbances	118
9 Developmental psychopathology	130
10 Child analysis and developmental therapy	145
11 Psychoanalysis and paediatrics: The care of children in hospital	166
12 Children and family law	182
13 Conclusion: The legacy of Anna Freud	197
<i>Bibliography</i>	205
<i>Index</i>	222

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ANNA FREUD: A CHRONOLOGY

Year	Biography	Key publications
1895	<i>Born, December 3rd, in Vienna, Austria. Sixth child of Martha and Sigmund Freud</i>	<i>Studies on Hysteria</i> (by Sigmund Freud and Josef Breuer)
1911	<i>Graduates from her high school, the Cottage Lyceum</i>	
1914	<i>Visits England for the first time. Begins her apprenticeship as a teacher. First World War begins</i>	
1917	<i>Suffers from tuberculosis, requiring period of recuperation</i>	
1918	<i>Attends the International Psychoanalytical Association Congress (Budapest) for the first time. Begins first analysis with Sigmund Freud</i>	
1919	<i>Stops teaching and takes up a post in the Psychoanalytische Verlag, as assistant. Volunteers at Bernfeld's Baumgarten Children's Home</i>	
1920	<i>Sophie, Anna's sister, dies. Attends IPA Congress in the Hague, where Hug-Hellmuth gives a talk on child analysis</i>	
1921	<i>Friendship with Lou Andreas-Salomé begins</i>	
1922	<i>Becomes a member of the Vienna Psychoanalytic Society</i>	'Beating Fantasies and Daydreams'

Year	Biography	Key publications
1923	<i>Begins working psychoanalytically with children. Sigmund Freud diagnosed with cancer. Death of her nephew, Heinele</i>	
1924	<i>Attends ward rounds at Psychiatric Clinic of Vienna General Hospital</i>	
1925	<i>Begins teaching a seminar on the technique of child analysis at the newly founded Vienna Psychoanalytic Institute. Dorothy Burlingham and her children move to Vienna</i>	
1926	<i>Helps to found the Zeitschrift für Psychoanalytische Pädagogik (Journal for Psychoanalytic Education)</i>	
1927	<i>Becomes General Secretary of the IPA. Establishes the 'Matchbox School'. Attends symposium on child analysis in London</i>	<i>Introduction to the Technique of Child Analysis</i>
1928	<i>First meeting of the 'Kinderseminar' (seminar on child analysis)</i>	'The Theory of Child Analysis'
1929	<i>Alongside Melanie Klein, speaks at the IPA Congress in Oxford on child analysis</i>	
1930	<i>Buys cottage in the Semmering with Dorothy Burlingham</i>	<i>Four Lectures on Psycho-Analysis for Teachers and Parents</i>
1932	<i>The 'Matchbox School' closes</i>	
1935	<i>Becomes director of the Vienna Psychoanalytic Training Institute. Edits special issue of Psychoanalytic Quarterly on child analysis</i>	
1936		<i>The Ego and the Mechanisms of Defence</i>
1937	<i>Establishes the Jackson Nursery. Lou Andreas-Salomé dies</i>	

Year	Biography	Key publications
1938	<i>Austria annexed by the German Reich. Jackson Nursery closes. Escapes from Vienna with her family and arrives in London</i>	
1939	<i>Second World War begins. Sigmund Freud dies</i>	
1941	<i>With Dorothy Burlingham, establishes the Hampstead War Nurseries. Minna Bernays (aunt) dies</i>	
1942	<i>Start of the Freud–Klein debates in the British Psychoanalytical Society</i>	<i>Young Children in War-Time: A Year's Work in a Residential War Nursery</i> (with Dorothy Burlingham)
1943		<i>War and Children</i> (with Dorothy Burlingham)
1944		<i>Infants without Families: The Case for and against Residential Nurseries</i> (with Dorothy Burlingham)
1945	<i>The War Nurseries close. Helps to found the 'Psychoanalytic Study of the Child'. Falls ill with pneumonia</i>	'Indications for Child Analysis'
1946	<i>Addresses meeting of UNESCO</i>	'Freedom from Want in Early Education'
1947	<i>With Kate Friedlander, establishes the Hampstead Child Therapy Training Course</i>	
1949	<i>August Aichhorn dies. First post-war IPA Congress takes place in Zurich</i>	'Notes on Aggression'
1950	<i>First visit to the US. Ernst Kris sets up a laboratory at the Yale Child Study Center</i>	'The Significance of the Evolution of Psychoanalytic Child Psychology'

Year	Biography	Key publications
1951	<i>Martha Freud dies. Buys a cottage in Walberswick with Dorothy Burlingham</i>	‘The Contribution of Psychoanalysis to Genetic Psychology’; ‘Observations on Child Development’; ‘An Experiment in Group Upbringing’ (with Sophie Dann)
1952	<i>The Hampstead Child Therapy Course and Clinic opens. Delivers the Harvard Lectures on second visit to US</i>	‘The Role of Bodily Illness in the Mental Life of Children’
1953	<i>Siegfried Bernfeld dies</i>	
1954	<i>Start of Hampstead Index project. Dorothy Burlingham sets up kindergarten for blind children</i>	‘Problems of Technique in Adult Analysis’; ‘Psychoanalysis and education’; ‘The Widening Scope of Indications for Psychoanalysis’
1955		‘The Concept of the Rejecting Mother’
1956	<i>Celebrations of centenary of Sigmund Freud’s birth. Hampstead Clinic expands to include second house</i>	‘The Assessment of Borderline Cases’
1957	<i>Ernst Kris dies</i>	‘The Contribution of Direct Child Observation to Psychoanalysis’
1958	<i>Ernest Jones dies</i>	‘Child Observation and Prediction of Development’; ‘Adolescence’
1960	<i>Melanie Klein dies</i>	‘Discussion of John Bowlby’s Work on Separation, Grief, and Mourning’; ‘Entry into Nursery School’
1961	<i>Invited to join the Yale Law School as a Visiting Lecturer</i>	‘Answering Pediatricians’ Questions’
1962		‘The Assessment of Pathology in Childhood’; ‘The Theory of the Parent–Infant Relationship’

Year	Biography	Key publications
1963	<i>Visits Yale Law School for first time</i>	
1965	<i>Gives paper on obsessional neurosis at the IPA Congress in Amsterdam</i>	'Children in the Hospital'; <i>Normality and Pathology in Childhood</i>
1966	<i>Becomes Honorary President of European Psychoanalytic Federation</i>	'Psychoanalysis and Family Law'; 'A Short History of Child Analysis'
1967	<i>Awarded CBE by the Queen. Willi Hoffer and Martin Freud both die</i>	'About Losing and Being Lost'; 'Comments on Psychic Trauma'
1968	<i>Hampstead Clinic expands to include a third house. First volume of <i>The Writings of Anna Freud</i> published</i>	'Indications and Contraindications for Child Analysis'
1969		'Adolescence as a Developmental Disturbance'; 'Difficulties in the Path of Psychoanalysis'
1970	<i>Ernst Freud and Heinz Hartmann die</i>	'The Infantile Neurosis'; 'The Symptomatology of Childhood'
1971	<i>Returns to Austria for first time since 1938 for opening of the Freud Museum and to attend IPA Congress in Vienna</i>	
1972		'The Widening Scope of Psychoanalytic Child Psychology, Normal and Abnormal'
1973	<i>Elected honorary president of the IPA. Hampstead Clinic refused official status as a training clinic by IPA</i>	<i>Beyond the Best Interests of the Child</i> (with J. Goldstein and A. Solnit)
1974		'Beyond the Infantile Neurosis'; 'A Psychoanalytic View of Developmental Psychopathology'

Year	Biography	Key publications
1975	<i>Begins to suffer from chronic iron deficiency anemia. Manna Friedmann retires as head of the Nursery School at the Hampstead Clinic</i>	'On the Interaction between Pediatrics and Child Psychology'
1976	<i>Clifford Yorke and Hansi Kennedy appointed co-directors of the Hampstead Clinic</i>	'Changes in Psychoanalytic Practice and Experience'; 'Dynamic Psychology and Education'
1978	<i>Her sister, Mathilde, dies. Bulletin of the Hampstead Clinic established, edited by Joseph Sandler</i>	'The Principal Task of Child Analysis'; 'A Study Guide to Freud's Writing'
1979	<i>First Scientific Colloquium of the Hampstead Clinic takes place. Dorothy Burlingham dies</i>	'Child Analysis as the Study of Mental Growth, Normal and Abnormal'; <i>Before the Best Interests of the Child</i> (with J. Goldstein and A. Solnit)
1980	<i>Marianne Kris dies</i>	<i>The Technique of Child Analysis: Discussions with Anna Freud</i> (with J. Sandler, H. Kennedy and R. Tyson)
1982	<i>Anna Freud dies, October 9th</i>	'The Past Revisited'
1984	<i>Hampstead Clinic re-named the Anna Freud Centre</i>	

1

INTRODUCTION

Anna Freud, her life and work

Introduction: The curriculum vitae of a lay analyst

Anna Freud was born in Vienna in 1895, the sixth (and last) child of Sigmund and Martha Freud. From the very beginning, her life was inextricably linked with the history of psychoanalysis: she was born in the year that her father published his first major work (with Josef Breuer), *Studies on Hysteria*, and she made her first appearance in the psychoanalytic literature before the age of five, when her dream about eating strawberries was included in *The Interpretation of Dreams* (Freud, 1900). By the age of 14 she was already sitting in on the meetings of the Vienna Psychoanalytic Society and listening to the discussions taking place between Freud, Adler, Rank, Ferenczi, Jung and others; she was in her own analysis with her father at the age of 22; and by the age of 26, having already worked as an elementary school teacher for a number of years, she was herself accepted as a member of the Society, and soon took up senior positions in both the Vienna Society and the International Psychoanalytical Association (IPA). For the rest of her life Anna Freud was to maintain a position at the forefront of the psychoanalytic movement, becoming Honorary President of the IPA in 1973, a position that she retained until her death in 1982. When the City University of New York conducted surveys among American psychiatrists and psychoanalysts in 1971, in which they were asked to nominate their most 'outstanding colleague', Anna Freud's name was at the top of both polls (Peters, 1985: xiv).

Yet despite this acclaim, Anna Freud was in certain respects a very private person. She never wrote a memoir of her life, despite the many requests for her to do so. When speaking with her old friend and colleague, Muriel Gardener, about the idea of writing an account of her life, she told her that 'there is too much feeling bound up with the past, and above all the part of the past in which others would be interested' (quoted by Gardiner, 1983: 65). However, at various points she did speak or write about certain key memories and experiences (most often when writing the many tributes to friends and colleagues who passed away prematurely), and she has been well-served by her biographer, Elisabeth Young-Bruehl, who has written a masterly account of her life and times (Young-Bruehl, 1988/2008).

What kind of person was Anna Freud?

As the youngest of six children, all born within eight years of each other, Anna Freud struggled to get attention when growing up, and she was especially jealous of her sister, Sophie, two years older than her and always considered the ‘beauty’ in the family. In later years, Anna Freud spoke with feeling about the childhood experience of ‘being left out by the big ones, of being only a bore to them, and of feeling bored and left alone’ (quoted by Young-Bruehl, 1988/2008: 37). Within a year of her birth, her aunt, Minna Bernays, came to live in their spacious home at 19 Berggasse in Vienna, becoming, in a certain sense, a second mother to Anna and her siblings; but in her memories of her early childhood, it was her nurse, Josefine, who was remembered with the greatest warmth and affection.

From her childhood, Anna felt closer to her father – who took delight in his ‘naughty’ little girl – than to her mother. Although a good student at school, Anna’s passion as a child was in making up stories, which in adolescence turned into a tendency to daydream as she created elaborate worlds inspired by her favourite authors, such as Karl May and Rudyard Kipling. (The analysis of the ‘nice stories’, which she elaborated endlessly, was later to become the material for her first publication, ‘Beating Fantasies and Daydreams’ [1922]). At the age of 15 she completed her schooling, leaving her with a lifelong consciousness that she lacked the classical education provided to her brothers. But she never lost her voracious interest in learning – including the learning of languages, for which she showed a particular talent.

Although she had a number of suitors, Anna Freud never married, and she lived with both her parents until their deaths. Once he had been diagnosed with cancer in 1923, Sigmund Freud famously described Anna as his ‘Antigone’ – the child who, in Sophocles’ telling of the tale, led the blinded Oedipus out of Thebes and accompanied him until his death at Colonus. Anna Freud has been justly described as ‘her father’s daughter’ (Dyer, 1983), but this does not mean that she did not have her own life. She had a series of important friendships with mother-like figures, starting with Lou Andreas-Salomé, who acted as both a mentor and friend throughout Anna Freud’s young adulthood. In the mid-1920s Anna Freud began a lifelong friendship with Dorothy Burlingham, a wealthy American who had come to Vienna with her four children to escape a difficult marriage and to seek therapeutic help for her children. Dorothy became Anna’s companion – escaping with her to London in 1938 when Freud and his family were forced to flee Vienna, and working alongside her until Dorothy’s death in 1979. Anna Freud became almost a surrogate mother to Dorothy’s children, and Dorothy and Anna shared a number of holiday homes, where they would swim, take long walks and ride horses when the opportunity arose.

Although Anna Freud did not write a memoir of her early life, it is now widely accepted that the case vignette of ‘the young governess’ in *The Ego*

and the Mechanisms of Defence (1936) is a disguised self-portrait. As a child, the governess had been very demanding:

She wished to have and to do everything that her much older playmates had and did – indeed, she wanted to do everything better than they and to be admired for her cleverness. Her everlasting cry of ‘Me too!’ was a nuisance to her elders.

(1936: 134)

As a young adult, however, what struck those who met the young governess was ‘her unassuming character and the modesty of the demands which she made on life’ (p. 134). She was unmarried and childless, dressed somewhat shabbily, and avoided competition with others whenever possible. Although careless of herself, the governess took an interest in the love life of her women friends and colleagues, to whom she often acted as a confidante and match-maker; she also ‘displayed a lively interest in her friends’ clothes . . . [and] was devoted to other people’s children, as was indicated by her choice of profession’ (p. 135). The case vignette shows how the governess is in certain respects ‘too good’, dealing with her own jealousy and envy by displacing those feelings onto others and appearing to surrender her own needs. But rather than repression, Anna Freud shows how the governess actually ‘gratified her instincts by sharing in the gratification of others’, using the mechanisms of projection and identification (p. 137). She describes this particular combination and use of defence mechanisms as a form of ‘altruistic surrender’, used to overcome the remnants of the young child’s ‘narcissistic mortification’:

It was only after analysis [that] she found that she ardently desired to live long enough to furnish her new home and to pass an examination which would secure her promotion in her profession. Her home and the examination signified, though in a sublimated form, the fulfilment of instinctual wishes which analysis had enabled her to relate once more to her own life.

(p. 146)

If the governess is a self-portrait, then Anna Freud’s capacity to analyse her own characteristic defences also helped her to modify them, so that as she grew older she was able to enjoy attention, even if she remained an intensely private person. Those who trained under her, or worked alongside her at the Hampstead Clinic in the 1960s and 1970s, remember Anna Freud as an impressive and inspiring figure, but one who was somewhat shy and awkward in more informal, social situations. (The exception to this was when she was speaking to children, where many remark on her extraordinary capacity to engage them and make them at ease with her.) But despite her apparent formality, Anna Freud had a great passion for life itself, and she always enjoyed

the challenge of taking on new tasks and solving new problems; of meeting new people and finding ways to communicate with those whom she encountered. Indeed, she worked tirelessly; retirement was an option she never seriously considered.

Anna Freud's commitment to her work, however, did not stop her from maintaining other interests. She loved being by the water, and was over eighty when she swam in the sea for the last time (Yorke, 1983b); she kept several much-loved dogs in her home, owned and rode a horse, and enjoyed going walking in the mountains and in the Irish countryside where she and Dorothy Burlingham owned a cottage. She had a passion for knitting, crocheting and weaving (she kept a loom in her home in London, and many of the rugs and cushions in her house were home-made); she read crime-fiction and detective stories at an incredible rate; and she took great delight in the music of Mahler, Brahms and Mozart, among others (Valenstein, 1983).

Among those who knew her directly, friends and colleagues most often commented on her phenomenal memory and clarity of thought; the delight she took in speaking and listening to children; her dedication to work and to psychoanalysis; her stoicism and courage in the face of adversity; and her liveliness and curiosity about the world. They also focus on her wit and humour, which does not often appear in her professional writing but might be seen as a remnant of her childish 'naughtiness'.

Between two cities: Vienna and London

Anna Freud's life can be divided into two periods. For the first 43 years of her life she lived and worked in Vienna, and this time and place has been aptly described as the 'cradle of her creativity' (Yorke, 1983c: 15). In 1938, following Hitler's entry into Austria (the *Anschluss*), she escaped to England with her elderly father, who died in London the following year. Anna Freud lived in London for the following 45 years, until her death in 1982. One life in Vienna, and another in London:

Between the two phases came the *Anschluss*; and it was the dislocation in terms of geography and circumstance that formed the dividing line. The work itself, in spite of the tragic upheaval, was a continuum.

(Yorke, 1983c: 15)

Whenever Anna Freud spoke about her life in Vienna, especially of the years following the First World War, when she was part of the newly expanding psychoanalytic movement, she conveyed her sense of the excitement of being part of something momentous. She came of age at an exciting moment in both European and psychoanalytic history. After

qualifying as a psychoanalyst in 1922, she found herself living in an Austrian society – ‘Red Vienna’ – emerging from the horrors of the war, but brimming with ideas about the creation of a better society. Looking back on her life, Anna Freud was later to write:

Back then in Vienna we were all so excited – full of energy: it was as if a whole new continent was being explored, and we were the explorers, and we now had a chance to change things.

(quoted by Midgley, 2007: 939)

From the mid-1920s, the young people around Anna Freud – a mixture of dreamers, radicals and utopians – gathered together to form a ‘*Kinderseminar*’ (children’s seminar; Cohler, 2008) – named not simply because they were exploring the new field of child analysis, but also because they were considered to be in their ‘analytic infancy’ by the more senior analysts in the Vienna Psychoanalytic Society (A. Freud, 1967a[1964]: 513). It was here that the first ideas about the technique of child analysis emerged, while Melanie Klein, in Berlin, was developing equally significant – but radically different – ideas about the psychoanalytic treatment of children (see Chapter 2, this volume). The excitement of opening a whole new field for psychoanalysis was palpable. A member of the ‘*Kinderseminar*’ working with Anna Freud at the time, Anna Maenchen, recalled many years later how someone once complained that the seminar discussions of members’ clinical work often continued until 2 a.m. – Anna Freud had simply smiled, and said: ‘Sleep? What is it?’ (Maenchen, 1983: 61).

Looking back on her early career in Vienna at a conference organised by the Yale Child Study Center in 1966, Anna Freud summed up the key elements that had shaped her professional life. She wrote:

I have been especially fortunate all my life. From the very beginning, I was able to move back and forth between practice and theory. I started out as an elementary school teacher. I changed from that to the field of analysis and child analysis. From then on, I moved constantly back and forth, from the theoretical study of these problems to their practical application.

(1967b[1964]: 225)

For her theoretical education, Anna Freud had been listening to the discussions of her father and his colleagues at their ‘Wednesday meetings’ for some time before she began to read his work as an adolescent. The early 1920s was an exciting period for psychoanalysis, with Freud’s own papers, *Beyond the Pleasure Principle* (1920a), *The Ego and the Id* (1923) and *Inhibitions, Symptoms and Anxiety* (1926[1925]) bringing in a whole new perspective on the mind (the ‘structural theory’ and the concept of the death drive, as

well as new ideas about the role of the ego), while at the same time Freud's colleagues both challenged and developed his ideas in works such as *The Psychology of the Unconscious* (Jung, 1912), *The Development of Psychoanalysis* (Ferenczi and Rank, 1923) or *The Trauma of Birth* (Rank, 1924). Anna Freud learnt about all of these developments at first hand, through both private discussions and public seminars. She also experienced two periods of analysis with her father, first in 1918 and then again in 1924 – the influence of which has been hotly debated by later commentators. (For a balanced view, see Young-Bruehl, 1988/2008, chap. 3.) Like many of her generation, Anna Freud's education as a 'lay analyst' (i.e. one who does not have a medical qualification) did not follow a set programme, as she later explained:

[O]ur training took place at a period before the official psychoanalytic training institutes came into being. We were trained by our personal analysts, by extensive reading, by our own, unsupervised efforts with our first patients, and by lively interchange of ideas and discussion of problems with our elders and contemporaries.

(1967a[1964]: 511)

Alongside this theoretical education, Anna Freud's practical experience in the 1920s and 1930s came first from teaching school for five years and then by gaining a range of clinical experience with both adult and child patients. At the same time, she worked alongside Siegfried Bernfeld at his Baumgarten 'camp school' for children made homeless by the First World War, and in 1926 she set up her own experiment in education, the 'Matchbox' School (also referred to in the literature as the Hietzing School or the Burlingham/Rosenfeld School) (Midgley, 2008a). She also began giving lectures on child analysis as part of the Vienna Psychoanalytic Training course and, in a series of talks commissioned by the Board of Education of the City of Vienna, began to explore the application of psychoanalytic ideas to the wider community of childcare professionals, especially teachers (see Chapter 3). Regular seminars for nursery school workers followed, and to these ventures was added, in 1937, an experimental nursery for toddlers from some of the poorest parts of the city – the Jackson Nursery. With colleagues, including August Aichhorn and Willi Hoffer, Anna Freud also established a Course for Educators at the Vienna Training Institute:

Here, teachers from nursery schools, elementary schools, and high schools were introduced in careful, consistent, and painstaking manner to the principles of psychoanalytic child psychology and to their relevance for the understanding, upbringing, and teaching of children of all ages. The results of this instruction are open to view in many valuable articles published in the *Zeitschrift für psychoanalytische Pädagogik* of which Willi Hoffer soon

became editor. The alumni of the Vienna Course for Educators can still be found in responsible positions in the children's field all over the world, and quite especially in the United States.

(A. Freud, 1966a: 51)

Other than her work on the technique of child analysis in the late 1920s, Anna Freud's first 'excursion from the clinic to theory' (1967a[1964]: 514) was her study of the defence mechanisms of the ego, which led to the publication of her first major work, *The Ego and the Mechanisms of Defence*, in 1936 (Chapter 4, this volume). By this stage, however, the rise of fascism in Europe meant that the very survival of psychoanalysis – and of the analysts still living in Central Europe – was at stake. After a dangerous period during which she was briefly arrested by the Gestapo, Anna Freud and her family escaped first to Paris, and then on to London. She rarely discussed this experience in her published writings, but at a memorial meeting in 1979 for Ernest Jones – the President of the British Psychoanalytical Society in the late 1930s – she recalled:

In March 1938 Hitler and his army entered Vienna and this marked the end of peace for us and many others. Ernest Jones, moved by his concern for my father and prompted by his duty as President of the International Psycho-Analytical Association travelled to Vienna immediately to convince himself of the seriousness of the situation. He found everybody deeply troubled, the Vienna Psychoanalytic Society dissolved, the Psychoanalytic Press invaded, its books confiscated. No one, with the possible exception of my father, needed convincing that for the Jewish members of the Society emigration was the only feasible solution. But the numbers were large and the question was not easy to solve as to how to find entry permits for them into countries many of them as unwilling as they are now when it is a question of receiving the Vietnam emigrants.

This, then, was the moment when Ernest Jones did the near-impossible. He persuaded the Home Secretary to issue permits not only for my father and his nearest family, but also to his personal doctors, to the family help, and beyond this to a number of his psychoanalytic co-workers, the Bibrings, the Kris and the Hoffers: altogether a list of some eighteen adults and six children. I have always had enormous appreciation for this achievement. I had, if possible, even more admiration for another task which he undertook. It cannot have been easy to persuade the British Society to open their doors to the influx of members from Vienna, i.e. to colleagues who held different scientific views from their own and could only be expected to disrupt peace and internal unity. I never knew how he did it; I was also careful not to ask too much. In any case, it happened.

(1979d: 350–351)

Anna Freud brought with her to London some of the furniture and toys that had been used in the Jackson Nursery, and following the outbreak of the war she quickly put these to good use, setting up a Children's Rest Centre, which soon grew and developed into the Hampstead War Nurseries (Chapter 5, this volume). Despite the huge dislocation that occurred at this mid-point in her life (and despite the death of her father in 1939, which was a devastating loss for her as both a daughter and a psychoanalyst), Anna Freud ultimately created a sense of continuity between what had gone before and what followed her exile to London. As she later explained:

World War II prompted us in England to create a direct heir to the Jackson Nursery in Vienna, i.e., the much enlarged, residential war nurseries known under the name of the 'Hampstead Nurseries' where more than 80 war babies and young children were housed from 1939–1945 and, incidentally, provided an unprecedented and unending source of observational material for all of us who shared in the care of them.

(1974b: x)

At the end of the war, the Hampstead Nurseries closed; however, their place was soon taken by the Hampstead Child Therapy Course (in 1947), to which a Clinic was added in 1952 (Pretorius, 2012). The Hampstead Clinic (renamed the Anna Freud Centre after her death) became the home for all of Anna Freud's major activities in the post-war years. As well as offering psychoanalytic treatment for children (between 50–70 children were usually in treatment at any one time), the Clinic offered an intensive psychoanalytic training for those wishing to work with children (Green, 2012) and ran a Nursery and a Well-Baby Clinic, as well as therapeutic groups for toddlers (Zaphiriou Woods and Pretorius, 2010). This also provided a link once again between theory and practice, thanks to a series of research projects and study groups led not only by Anna Freud but also by colleagues including Dorothy Burlingham, Humberto Nagera, Joseph Sandler, Hansi Kennedy and many others. The opportunity to develop links between practice and research, and to explore the possibility of carrying out valid research in psychoanalysis 'in the absence of laboratory conditions, quantification of results, the setting up of control groups, and other limitations' (1974b: xi), was a key part of Anna Freud's motivation in developing this new project (Chapter 6, this volume). She explained:

It was the wish to provide such missing facilities which led to the building up of the departments of the Hampstead Course and Clinic. At least so far as child analysis is concerned, the various facets of psychoanalysis are treated there as if they were on a par, and students are from the beginning of their training systematically introduced to psychoanalysis as a method of treatment; as a tool to use for exploration and study; as a theory in need of

scrutiny and expansion; as a body of knowledge capable of application to a wide number of needs in the community.

(A. Freud, 1966a: 58)

Alongside her many collaborators at the Hampstead Clinic and beyond, Anna Freud spent the last 30 years of her life building on the innovations and discoveries she had made in the pre-war years and during her time working in the Hampstead War Nurseries. Throughout this period, she continued to practice as an adult analyst and fought hard to preserve some of the key elements of ‘classical psychoanalysis’, which she believed were at risk of being lost or neglected (Chapter 7, this volume). Based on her own clinical work with children, as well as that of her colleagues and students, she also became increasingly interested in what lies ‘beyond the infantile neurosis’ (to use the title of one of her papers, which in itself was an echo of the title of her father’s famous work – S. Freud, 1920a). While paying tribute to her father’s work, Jean Murray points out how this title also marks Anna Freud’s own distinctive contribution: ‘For Freud, what lay beyond the pleasure principle was the death instinct . . . but for Anna Freud, what lay beyond the infantile neurosis was a developmental psychopathology’ (Murray, 1994: 49).

Anna Freud was, as Elisabeth Young-Bruehl puts it, ‘the great developmentalist’ (Young-Bruehl, 1988/2008: 11). Having investigated the growth and development of the ego during the first period of her professional life, Anna Freud broadened her vision in the later years in order to examine every aspect of the child’s development:

Maintaining the balance between clinical and applied psychoanalytic work [gave] evidence of my spread of interest from pathology to normality in childhood; to careful assessment of the various developmental stages and their dependence on the interaction between the appropriate environmental and internal factors; to diagnostic statements based on metapsychological assessments of the immature personality; to a schema of diagnostic categories that are divorced from adult psychopathology and linked exclusively to the degree of deviation from the expected norm in childhood. (1974b: xi)

The various projects that she was involved in at the Hampstead Clinic culminated in her second major work, *Normality and Pathology in Childhood* (1965a), in which she set out her key ideas about assessment and diagnosis of childhood disorders (Chapter 8, this volume) and about developmental lines and developmental psychopathology (Chapter 9, this volume). These developments had major implications for the technique of child analysis and led her in the last years of her life to articulate some of the clinical concepts that were to become central to what is now termed ‘developmental therapy’ (Chapter 10, this volume).

The work at the Hampstead Clinic continued a tradition that had begun in 'Red Vienna' in the 1920s – the application of psychoanalytic thinking and understanding to wider social concerns. From the start, Anna Freud had not only been interested in offering analytic treatment to a small number of children from relatively privileged backgrounds. She and her colleagues realised that relatively few people could ever be helped *directly* by analysis, and, unlike some of her contemporaries, she did not believe that every child would benefit from analytic treatment. But she did believe that what psychoanalysis was learning about the mind could have a profound influence on the way children were cared for in a whole range of settings, and throughout her life she explored the various *applications* of psychoanalysis to other settings where children were cared for. In Vienna, this included her work with children made homeless by the First World War (Baumgarten), and with toddlers of poor working mothers (the Jackson Nursery), as well as with teachers in the progressive 'Hort' schools. Once in the UK, as Erik Erikson has noted, she quickly devoted her efforts 'to the emotional rehabilitation of German children saved from concentration camps and of bombed-out English children' (Erikson, 1983: 54), and after the Hampstead Clinic established services, she was once more in charge of an organisation that worked on many different fronts simultaneously:

This introduced me again to the whole range of problems: of day care in nurseries for normal children and for handicapped (that is, blind) children; of well baby clinics and of out-patient treatment of problem children, mostly neurotic. This had two advantages for me personally. It provided an opportunity to maintain a close connection between theory and practice, to check constantly on theoretical ideas by practical application, and to widen practical handling and practical measures with the growth of theoretical knowledge. It also had another advantage. Having worked in day care, in residential care, and in outpatient care, I had all the vested interests combined inside myself. If they conflicted with each other, they conflicted in me, and I could argue them out with myself without hurting anybody's feelings when finding that one or the other was better or worse than the rest.

(A. Freud, 1967b[1964]: 227)

In the 1960s and 1970s, Anna Freud became especially interested in the question of how psychoanalytic understanding could be used to help children in hospitals (see Chapter 11, this volume) as well as children involved with the family law and childcare system, whether because they had been neglected, abused or abandoned, or because they were the victims of acrimonious divorces and separations (see Chapter 12, this volume). These projects in the later years of her life fulfilled a long-standing desire to explore the application

of psychoanalytic thinking to the wider world of children. Anna Freud herself captures the aspiration eloquently:

Our dream was the dream of psychoanalysis – all it had to offer: not only individuals, but schools and universities and hospitals and the courts and the ‘reform schools’ that worked with ‘delinquents’, and social service agencies. We had many dreams then, many hopes – we had ideals we wanted to see realized.

(quoted by Coles, 1992: 152)

In undertaking this work, Argelander rightly says that Anna Freud might best be described, throughout her life, as an ‘Advocate of the Child’, whose aim was ‘to help the child to be understood as an infant personality and to be taken seriously, to criticize damaging educational measures and to try to alter them and to be prepared to help the child through treatment [where necessary]’ (Argelander, 1983: 36). In the personal memories of Anna Freud that were published after her death, the characteristic that perhaps appears most commonly is her ability (or encouragement) to *see things from the child’s point of view*. Nancy Brenner, for example, who worked as a teacher at the Hampstead Clinic Nursery school, remembered when she had been complaining about a three-year-old girl who had suffered a traumatic separation from her mother six months earlier, but who was evoking very negative feelings from all the teachers because of the way she constantly tried to show off in front of visitors to the school. Brenner reports how Anna Freud (or ‘Miss Freud’, as she was always known) asked her quietly: ‘But what can we expect when this child was separated from her mother at just the time she still desperately needed to be with her?’ (Brenner, 1983: 94) – a comment that Brenner reports was enough to help her see this child in a more empathic way. One of Anna Freud’s colleagues from Yale, Joseph Goldstein, who worked with her on the application of psychoanalytic ideas to family law, sums this up very well:

Miss Freud taught us to put childish things before, not behind us. She taught us to place ourselves in a child’s skin and to try to think a child’s thoughts and feel a child’s feelings about being ‘removed from a known environment to an unknown one’; about his ‘residence being divided evenly between two [warring] parents’; or about having to visit an absent parent on ‘prescribed days and hours’.

(Goldstein, 1983: 28)

Anna Freud as a teacher and a writer

Anna Freud was many things – a clinician, a theorist, an editor, a fundraiser, a committee member and the director of a number of major

organisations. But perhaps more than anything else, Anna Freud was a teacher. She began her professional life teaching in a classroom, and once she became a psychoanalyst she quickly became involved in teaching at the Vienna Training Institute. Her earliest publications (*Introduction to the Technique of Child Analysis* from 1927 and *Four Lectures on Psycho-Analysis for Teachers and Parents*, published in 1930) were both based on lectures she had given, and many of the papers gathered in her collected *Writings* are based on talks that she gave around the world. The Hampstead War Nurseries quickly took on an educational element when Anna Freud decided to offer training to the nurses who worked there, and this later transformed into the Hampstead Child Therapy Course, where several generations of child analysts were trained.

Anna Freud's talents as a teacher were commented on by many of those who knew her or worked alongside her. James Robertson, for example, was one of the staff at the Hampstead War Nurseries, before going on to make his own major contribution through his work looking at the effects of separation on young children. He remembers:

Whatever Anna Freud taught us she could illustrate from the children in our care. It was teaching which held us enthralled, as we experienced attributes of Anna Freud which are often spoken of – the simplicity and clarity, the beauty of her use of English, the absolute control over her material.

(Robertson, 1983: 19)

What was true of her adult students was also true of her child ones. W. Ernest Freud was taught by Anna Freud in the 'Matchbox' School when he was a young child, and he remembered how she 'had the rare gift of being able to identify and empathize intuitively with us children and an endearing habit of seeing the world through a child's eyes herself . . . It enabled her to ask questions in a way a child would readily understand . . . [In her classes] we thought the world was open to us. She made us want to do things we might otherwise never have thought of doing' (W. E. Freud, 1983: 7). Forty years later, as a teacher on the Hampstead Child Therapy Course, Anna Freud retained the same capacity to help people become *interested in learning*. A colleague remembers her often leaning her head to one side and saying: 'This is interesting, this is exceptional, let's investigate this' (Bon, 1996: 224), while a former student on the Hampstead Child Therapy Course captures the quality of Anna Freud's thinking well when describing the 'ubiquitous presence of her interest':

I remember Miss Freud's quiet attentiveness was punctuated by frequent sudden slight head movements – perhaps internal Yeses, Nos, Buts . . . perhaps thoughts, feelings, and comments bursting forth bodily. Then,

when she spoke, her thoughts were delivered clearly, steadily, and deliberately in a very slightly high-pitched girlish tone. Somehow, it was magically conversational *and* commanding – perhaps like a great storyteller . . . Somehow, in this concentration of effort and economy of expression, she reduced everything to its maximum.

(Penman, 2012: 380)

For Anna Freud herself, teaching was also a form of learning: both learning how to communicate in a way that is clear, plain and fitting to the particular audience she was facing (whether a classroom of six-year-olds, a seminar room full of exhausted nurses or teachers, or a lecture hall packed with experienced psychoanalysts), but also learning about her subject, and learning about her own thoughts and ideas. In conversation with Robert Coles, Anna Freud once remarked:

When I write, I think the teacher in me comes out: I'm all ready to catch the attention of those I want to reach – ready to do that by the way I present the material to them. Before I write a word down, I talk to myself. I want to know what I'm trying to (hope to) accomplish by what I'm going to say . . . What I have in mind is – well, my question to myself: what is the exact essence of what you're going to write, a sort of bottom-line summary.

(quoted by Coles, 1992: 174)

Anna Freud was famous as a lecturer for her ability to speak without notes. At most she would have with her only a slip of paper on which she had jotted down the main topics she planned to cover (Rangell, 1984), but once on a platform she would speak *ex tempore*, displaying an encyclopaedic knowledge of psychoanalytic theory and a phenomenal memory of all the children who were under her care at any one time. Most of the papers in her collected *Writings* are based on lectures she gave, but they would only be written down after she had delivered them – often during her long summer holidays at the cottage in Ireland that she owned with Dorothy Burlingham, her lifelong companion.

After moving to London, Anna Freud wrote all of her papers in English – a language that she had first determined to learn after Ernest Jones and A. A. Brill had visited her father in 1908, and she had been frustrated at being unable to follow their conversation. By 1920 she was able to give a lecture at the IPA Congress in fluent English, and by the time she emigrated to the UK she was already confident with her written English. She quickly developed the capacity to write with the 'disarming lucidity' (Wallerstein, 1984) that she had displayed in her earlier, German-language works, and she wrote all her post-war papers directly in English. She would judge her own writings by the same dictum that she often repeated

to others: 'If the thought is clear, the words will be clear' (quoted by Vas Dias, 1983: 91).

Yet writing was by no means a simple transcription of what had been said in her lectures, nor was her style as plain as she sometimes suggested. In conversation with Robert Coles, Anna Freud explained:

For me, writing is a way of examining my thinking, and getting it 'straight' – learning what I think, and then sharing it with colleagues and friends and anyone who should happen to read what I've written.

(quoted by Coles, 1992: 163)

Her writing was also something that she invested in emotionally: 'I feel towards [my writings] as a good mother feels towards her infant', she once wrote to a colleague (quoted by Young-Bruehl, 1988/2008: 319–320). As a child, Anna Freud had been an avid writer – and reader – of poetry, with a special affection for the works of Goethe and Rilke. She also created elaborate fantasy stories, often of a heroic nature – the interpretation of which was a focus of her own analysis and formed the core of her very first publication, 'Beating Fantasies and Daydreams' (1922). W. Ernest Freud remembered, from his childhood in Vienna, 'the many evenings when we would all sit round the fire and [Anna] would tell us stories – usually her own stories, made up on the spur of the moment' (W. E. Freud, 1983: 7), and it is not hard to see her professional writing as in some senses a continuation – she might have said a 'sublimation' – of this earlier activity.

Except for her two best-known works – *The Ego and the Mechanisms of Defence* (1936) and *Normality and Pathology in Childhood* (1965a) – Anna Freud's writings are not easily accessible. Many of the lectures she gave were not published at the time, and when they were prepared for publication at a later date they often appeared in specialist journals. *The Writings of Anna Freud*, an eight-volume collection of her works published between 1966 and 1981 by International Universities Press, is not widely available, and it was only the single-volume *Selected Writings by Anna Freud*, edited by Ekins and Freeman (1998), that made her work more widely available to the general public. The lack of access to her writing is a great loss to the psychoanalytic community, as well as to those concerned with the welfare of children more generally. As Jean Murray (1994) has put it:

Perhaps her greatest gift was her ability to make the most difficult concepts clear and simple and to demystify the excessively academic and often dense language of psychoanalysis. When one sets out to write in simple and elegant language, one always runs the risk of having one's work considered an over-simplification of complex topics; but as any good teacher knows,

the ability to express difficult topics simply is the mark of a knowledgeable mind.

(pp. 52–53)

The layout of this book

Each chapter of this book focuses on a few key papers by Anna Freud, related to a certain major theme in her work. The chapters are organised in a roughly chronological order, to enable a sense of the development of her thinking; however, certain themes inevitably run across her whole professional life, so in most chapters there are references to work from earlier or later periods. Anna Freud often gave a number of lectures that approached the same topic from slightly different angles, depending on her audience, so rather than focus on a single paper in each chapter, I refer to a number of her writings on related topics.

The primary aim of this book is to introduce the interested reader to the main aspects of Anna Freud's writing and her key ideas in a number of fields. Some historical and biographical context is given, as appropriate, but this book does not pretend to be a biography of Anna Freud, nor does it give a full picture of all the contemporary psychoanalytic (or other) ideas that were developing alongside her work. Each chapter ends with a section that draws out some of the influences of her work on more recent thinking, and the final chapter of the book addresses the legacy of Anna Freud's work more generally.

As much of Anna Freud's writing is out of print or not easily available, I have tried to quote quite substantially from her own writings, in order to give the reader as full a sense as possible of her own voice as a writer. However, with the exception of her early writings, Anna Freud rarely gave clinical examples to support her ideas, and did not publish any extended case-study reports, so where necessary I have drawn on published clinical material written by Anna Freud's many colleagues and collaborators, especially those from the Hampstead Clinic, to illustrate some of the key ideas. As this book will make clear, Anna Freud herself considered her own thinking to have very much emerged from a collaboration with colleagues first in Vienna, then in the Hampstead War Nurseries, and finally with those who worked alongside her at the Hampstead Clinic (and beyond), so I hope it will feel appropriate that the work of some of her colleagues is presented in this book as a way of illustrating Anna Freud's ideas.

As many of her papers were first given as lectures, and only later published, I have followed the system used in the *Writings of Anna Freud*, in giving both the publication date (in parentheses) and the date when the paper was first written (in square brackets) when the two are different, e.g. Anna Freud (1974[1954]).

FURTHER READING

The eight-volume *Writings of Anna Freud* includes most (but not all) of her papers and was published by the International Universities Press between 1966 and 1981. They are divided chronologically, as follows:

- Vol. 1. *Introduction to Psychoanalysis: Lectures for Child Analysts and Teachers* (1922–1935)
- Vol. 2. *The Ego and the Mechanisms of Defence* (1936). (Revised edition: 1966 [US], 1968 [UK])
- Vol. 3. *Infants without Families: Reports on the Hampstead Nurseries* (1939–1945)
- Vol. 4. *Indications for Child Analysis and Other Papers* (1945–1956)
- Vol. 5. *Research at the Hampstead Child-Therapy Clinic and Other Papers* (1956–1965)
- Vol. 6. *Normality and Pathology in Childhood: Assessments of Development* (1965)
- Vol. 7. *Problems of Psychoanalytic Training, Diagnosis, and the Technique of Therapy* (1966–1970)
- Vol. 8. *Psychoanalytic Psychology of Normal Development* (1970–1980)

Ekins and Freeman (1998) produced a single-volume *Selected Writings by Anna Freud*, published by Penguin, which includes a good general introduction and very brief introductions to each of the papers included.

The single most valuable book about Anna Freud is the biography by Elisabeth Young-Bruehl, *Anna Freud: A Biography*, first published in 1988 and with a second edition released in 2008. This gives a comprehensive account of Anna Freud's life as well as discussing all of her major published works. Other important book-length studies of Anna Freud and her work include the works of Peters (1979, translated into English, 1985), Dyer (1983), Sabler (1985, in German), Coles (1992), Yorke (1997, in French) and Edgcombe (2000). The works by Yorke and Edgcombe are both written by colleagues who worked alongside Anna Freud at the Hampstead Clinic, and as such they give a valuable first-hand account of Anna Freud's thinking and her approach during the post-war years. A more recent book edited by Malberg and Raphael-Leff, *The Anna Freud Tradition* (2012), gives a marvellous flavour not only of Anna Freud as a person (written by colleagues who worked or trained with her), but also the legacy of her work, especially the clinical and applied work that she promoted at the Hampstead Clinic.

Among the best *short* introductions to the work of Anna Freud are essays by Edgcombe (1983), Solnit and Newman (1984), Lebovici (1984, in French), Murray (1994), Miller (1996) and Ekins and Freeman (1998). Introductions to specific areas of her work are included in the 'Further Reading' sections of subsequent chapters.

Following Anna Freud's death, there were memorial editions of the *Bulletin of the Hampstead Clinic* (Vol. 6, part 1, 1983), the *International Journal of Psychoanalysis* (Vol. 64, part 4, 1983) and the *Psychoanalytic Study of the Child* (Vol. 39, 1984). As well as appreciations of her work, these editions also include many personal memories and tributes to Anna Freud. To celebrate the centenary of her birth, the *Psychoanalytic Study of the Child* (Vol. 51, 1996) and the *Journal of Child Psychotherapy* (Vol. 21, part 3, 1995) also published special editions devoted to the work of Anna Freud, which include a number of personal accounts by those who knew and worked with her. Memoirs by Maenchen (1985), Menaker (1989), Sophie Freud (1988), Furman (1995) and Bon (1996) also give a sense of Anna Freud's personality in different contexts and at different stages in her life. The book by Coles (1992), based on a series of discussions with Anna Freud in the late 1960s, captures the sense of her as a person and a thinker very well.

Barbara Peltzman (1990) wrote a valuable work, ***Anna Freud: A Guide to Research***, which provides full details of all Anna Freud's published and unpublished writings and is an essential resource for scholars interested in the work of Anna Freud.

2

PSYCHOANALYSIS WITH CHILDREN

KEY WRITINGS

- 1927** *Introduction to the Technique of Child Analysis*
- 1928** 'The Theory of Child Analysis'
- 1930** *Four Lectures on Psycho-Analysis for Teachers and Parents*
- 1945** 'Indications for Child Analysis'
- 1966** 'A Short History of Child Analysis'

The origins of child analysis

Among the many contributions that Anna Freud made to the field of psychoanalysis, perhaps the role that she is best known for today is as one of the pioneers of child analysis. Having trained and worked as a primary school teacher herself, it was not surprising that she was interested in applying the findings of psychoanalysis to work with children. Anna Freud herself reached adulthood at the very moment at which the psychoanalytic community was beginning to focus on the question of how its findings could influence the upbringing of children, and she was ideally placed to take a leading role in this new field.

Why did psychoanalysts in the early 1920s become so interested in the topic of child analysis? One could suggest that such an interest arose almost inevitably from the focus within adult analysis on early infancy as the root of neurosis. Following the publication of his *Three Essays on the Theory of Sexuality* (1905), which included a chapter on infantile sexuality, it became a necessity for Freud to find empirical support for his ideas about 'polymorphous perversity', the castration complex and the Oedipus complex through direct observation of infants and children. As early as 1902, he had been asking his colleagues to collect observations of their own and other children, but it was only with the publication of the 'Analysis of a Phobia in a Five-Year-Old Boy' ('Little Hans') in 1909 that child analysis can truly said to have been born.

'Hans' was only two years old when his father, Herbert Graf, who was a member of the Vienna Psychoanalytic Society, began making regular

observations of his development, which were discussed by Sigmund Freud and his colleagues; however, these observations took on a new significance when the boy was five, when he developed a phobia about horses. Freud encouraged the boy's father to conduct a series of analytically informed conversations with his son, discussing his dreams, his symptoms and especially his preoccupation with questions about sex and sexuality. In this way, the first psychoanalysis of a child took place, leading to a deeper understanding of the infantile roots of neurosis and helping the young Hans to overcome his phobia of horses.

Freud himself downplayed the importance of this study in terms of the therapeutic possibilities of child analysis, claiming that this situation was an exceptional one and that the case should not be used as an argument for a wider application of psychoanalysis with children (Freud, 1909). It was left to others, such as Hermine Hug-Hellmuth, to follow the implications of Freud's work and to try to develop a specific model of analytic work with children (see Geissmann and Geissmann, 1998). Hug-Hellmuth's paper, 'On the Technique of Child Analysis' (1921), delivered at the IPA Congress in 1920, set the stage for a remarkable period of creativity in the field over the following decade. Among the audience listening to that paper were Anna Freud and Melanie Klein, both relative newcomers to the world of psychoanalysis, but both already thinking about how these revolutionary ideas could be applied to working with children. Following Hug-Hellmuth's untimely death in 1924, it was left to these two pioneers to take a lead on this work, resulting ultimately in the development of two distinct 'schools' of child analysis: one based in Vienna, organised around the work of Anna Freud, and the other based in London, based around the work of Melanie Klein.

Anna Freud and the technique of child analysis

Having given up teaching to concentrate on psychoanalysis full-time, Anna Freud saw her first child patient in 1923 – an adolescent girl with a severe obsessional neurosis (A. Freud, 1967a[1964]). Over the following three years she worked intensively with ten children, all aged between six and 11 years old, who had been referred to her with a wide range of difficulties, from anxiety and aggression to obsessional symptoms and 'delinquency' (Dyer, 1983: 58). The results of her thinking about this intensive period of analytic practice were published in 1927, in her landmark work, *Introduction to the Technique of Child Analysis* (also known as the *Four Lectures on Child Analysis*). In that book, based on a series of lectures that she had given the previous year, Anna Freud used the clinical experience she had gained to set out the basic principles by which she believed a child analysis could take place. In particular, she stressed the fact that child analysts needed to take into account

the fundamental difference between adults and children – that is, that the ‘adult is – at least to a considerable degree – a mature and independent being, while the child is immature and dependent’ (A. Freud, 1927: 5). While other aspects of her approach to child analysis changed over time, this essential point remained unchanged. In 1965, she wrote that:

. . . owing to their immaturity, children lack many of the qualities and attitudes which, in adults, are held to be indispensable for carrying out an analysis: that they have no insight into their abnormalities; that accordingly they do not develop the same wish to get well and the same type of treatment alliance; that habitually their ego sides with their resistances; that they do not decide on their own to begin, to continue, or to complete treatment; that their relationship to the analyst is not exclusive, but includes the parents who have to substitute for or supplement the child’s ego and superego in several respects. [The] history of child analysis is more or less synonymous with the history of efforts to overcome and counteract these difficulties.

(A. Freud, 1965a: 29)

The lectures that Anna Freud gave in 1926 formed the basis of her 1927 book and were her first attempt to address these ‘difficulties’, and so it was appropriate that she began the first lecture by addressing the question of what kind of preparation children need for an analytic treatment. She argued that some form of preparatory period was necessary to help make the child ‘analyzable’, and she described the importance of helping the child gain confidence in the analyst, becoming an ally while simultaneously helping the young person to gain some insight into his or her own disturbance.

The ‘preparatory period’ of treatment

Anna Freud’s concept of the ‘preparatory period’ caused a great deal of controversy when she first wrote about it in the 1927 book. In making this proposal for a period that preceded the start of fully analytic work, Anna Freud was addressing the reality that most children do not choose to enter analysis, and some may not even consider that they have a problem. Anna Freud was greatly influenced in her approach to this problem by the work of August Aichhorn (1925), who had found creative ways to engage with what he termed ‘wayward youth’ – young people who were out of the control of their families and were engaged in criminal and delinquent behaviour. Anna Freud had closely observed the work that Aichhorn had done in engaging with these young people at the residential home he ran in Oberhollabrunn, and she believed that analysts working with children could draw on his experience and approach.

Before the work of analysis with a child can begin, Anna Freud suggested in 1927, the therapist needs to gain the trust of the child and help the child to gain some insight into his or her own disturbance. She gave the example of a difficult little girl of seven, whose behaviour disturbed everyone but herself. Anna Freud describes how she separated off the girl's 'badness' and personified it, giving it a name of its own. Eventually the girl 'began to complain to me of this newly created person and obtained insight into the amount of suffering she endured on account of her' (p. 15) – thus making her ready for analysis. In the case of a very rejecting and mistrustful ten-year-old boy, Anna Freud spent the first part of the treatment presenting herself as 'an ally against his surroundings'. She showed him how to make complicated knots; proved herself useful to him by offering to type up the stories he invented; and even helped him to escape punishment for his misdeeds by intervening with the parents. 'My attitude', she wrote, 'was like that of a film or novel meant to attract the audience or reader by catering to their baser instincts' (p. 12), until the boy had got to a point where there was 'a tie strong enough to sustain the later analysis' (p. 14).

Anna Freud was strongly criticised at a symposium on child analysis, which took place in London in 1927, for introducing these 'non-analytic' elements into the treatment of children. During the symposium, Melanie Klein argued that 'it is a grave error to ensure for ourselves a positive transference from the patient by employing such measures as Anna Freud describes . . . It would appear obvious that after this "breaking-in" she will never wholly succeed in establishing a true analytic situation' (Klein, 1927b: 343).

In later years, Anna Freud was herself to revise her view of the preparatory period. Influenced especially by the work of Berta Bornstein (1945), she came to believe that a great deal of what she was aiming to do in preparing the child for analysis could be achieved by means of 'defence analysis' – that is, a focus on the child's resistances and typical means of defending against anxiety. Nevertheless, she never changed her view that the child analyst had to work hard to establish herself as an ally to the child in order to make a therapy successful. Following the work of Zetzel (1956) and others, this later came to be discussed in terms of establishing a 'therapeutic alliance' – a concept that is now recognised as being a key predictor of successful outcome in psychotherapy with both children and adults (Shirk, Karver and Brown, 2011). Anna Freud's ideas about how to build a relationship with children were not only relevant to child analysts. As Raymond Dyer has pointed out, 'teachers, childcare officials, prospective adopters, and all those who need to meet difficult, anxious, and distrustful children may benefit enormously from these methods which . . . may still be valuable whenever actual analytical or prescribed therapeutic intervention is not required' (Dyer, 1983: 72).

Comparing adult and child analysis

In the second of her 1927 lectures Anna Freud examined some of the ways in which one can work analytically with children, taking the technique of adult analysis as her starting point and looking at what has to change in the light of the child's developmental stage. Beginning by outlining the various modes of communication in the treatment of adults – conscious recollection, the reporting of dreams, free association and the manifestation of transference phenomena – Anna Freud then asks which of these elements can be adapted to the treatment of children. Although she believed, for example, that the technique of dream analysis could be translated quite directly from adult to child analysis, she suggests that the child's incapacity to fully free associate has profound implications for technique. Although she recognised the great value of attending to play, drawings and children's daydreams, the relative absence of free association – the 'fundamental rule' of psychoanalysis – was seen by Anna Freud as having profound consequences, which were not entirely addressed by the 'play technique' that Klein and others were developing (A. Freud, 1927: 35).

Anna Freud suggested, therefore, that child analysis could only really be offered for children who had already entered 'latency' (approximately six years old or above), where verbal expression was already established and where internal conflicts between wishes and the internal censorship had already become a structured part of the personality. Before that age, she believed that analysts should work to ameliorate the environment, primarily through work with parents and nursery school teachers, in order that the development of neurotic disturbance could be prevented before it had become truly internalised. In her 1928 paper on child analysis, she gives the example of a one-and-a-half-year-old girl suffering from phobic attacks of anxiety. Anna Freud notes that the parents had been quite excessive in their attempts to enforce their cleanliness demands on the young girl, who had consequently become anxious and fearful of being rejected by her parents, leading to anxious pleas not be sent away whenever someone knocked at the door. Work with the parents to help them understand the child's fear of a loss of love led them to modify their way of dealing with the child and postpone toilet training. On doing this, while reassuring the child that they still loved her even when she wet herself, the parents soon reported that the child had become calm and free of anxiety. Such therapeutic success, in Anna Freud's eyes, meant that the psychoanalyst's focus for children under the age of five should be working with parents and nursery school teachers rather than direct analytic work with children.

In *Introduction to the Technique of Child Analysis*, Anna Freud makes a clear distinction between the work of the child analyst and that of the parent, but she also emphasises the importance of working *with* the parents of a child in treatment. It is, after all, the parents who usually bring a child to treatment;

the parents who are in the best position to provide a history of the child's early development; the parents who (in private practice) pay for treatment and decide whether or not it will continue; and the parents whose care the child will return to once the analysis has ended. She thus attached great importance to building an alliance with the parents of a child in treatment, and in her own clinical practice – while respecting the confidentiality of the child–analyst relationship – she met regularly with the parents of her child patients and clearly used these meetings to try to influence the way in which parents related to their children. She saw this as especially important in cases where the child's resistance manifests in the form of a negative transference, which might lead him or her to 'play off analyst against home'. At such moments, a parent–therapist alliance is crucial. 'In the ideal case', she wrote, 'we share our work with the persons who are actually bringing up the child; just as we share with them the child's affection and hostility' (1927: 46).

The role of transference in child analysis

Anna Freud's third lecture in her *Introduction to the Technique of Child Analysis* (1927) specifically examined the role of transference in therapy with children. Although she recognised the value of the positive transference (especially what her father had referred to as the 'positive unobjectionable transference', i.e. a basic sense of goodwill and trust) and recognised that transference *as resistance* had to be analysed, Anna Freud was more cautious about the value of working with the negative transference. 'We know that with an adult we can work for prolonged periods of time with a negative transference', she wrote, 'which we turn to account through consistent interpretation and reference to its origins. But with a child negative impulses towards the analyst – however revealing they may be in many respects – are essentially disturbing and should be dealt with analytically as soon as possible' (p. 41). Anna Freud gives the example of a time in the treatment of a six-year-old girl when she herself appeared in her young patient's imagination 'in all sorts of degrading roles – as a beggar, as a poor old woman, and once just as myself but standing in the middle of my room with devils dancing around me' (p. 43). From Anna Freud's perspective, these degrading representations appeared following some analytic investigation of the girl's masturbation, because the analyst had become a 'dangerous and feared tempter', receiving 'all the expressions of hatred and repulsion with which at other times [the child] regards [her] own forbidden instinctual impulses' (p. 41). Once those impulses and the defences against them had been interpreted fully, the negative transference receded and the analytic work continued.

But should such manifestations of hostility or affection really be regarded as transference? Anna Freud suggests that the child's continuing dependence on his 'real' objects (the parents or primary carers) means that a full

transference neurosis is not possible, at least for younger children. From her perspective, a child could not be expected to make ‘new editions’ of early object relations, when those early object relations were still such a significant part of the child’s everyday reality. Although the child will display all kinds of positive and negative impulses towards the analyst, Anna Freud believed that this should not be considered as a ‘transference neurosis’ in the way that it would be seen in the case of a (relatively) independent adult patient.

Psychoanalysis and/or education: The case of the ‘devil girl’

Anna Freud’s final lecture in the 1927 book was perhaps the most controversial, dealing as it did with the question of the child’s superego and the degree to which the child analyst should take an educational role alongside the more classical analytic one. Anna Freud suggested that in early childhood the superego was only partially developed, and the child was still largely dependent upon his or her caregivers to maintain a sense of right and wrong. This view of early development had implications for technique. Whereas in adult analysis the interpretation of repressed wishes was expected to lead to the re-emergence of forbidden impulses in conscious life, so that the ego could develop an increasing capacity to manage such impulses (‘where id was, there ego shall be’, as Sigmund Freud had put it), Anna Freud believed that children’s minds were not yet sufficiently developed to enable them to successfully deal with the ‘return of the repressed’ on their own. Anna Freud therefore argued that the child analyst had to take a dual role, ‘to analyse and to educate, that is to say, in the same breath he must allow and forbid, loosen and bind again’ (p. 65).

This dual role is best illustrated in the case of the ‘devil girl’, which is referred to at several points in the 1927 lectures. (The case has been reconstructed from comments scattered throughout Anna Freud’s early writings by Peters, 1985: 71–78.) This child came into analysis at the age of six, with an ‘unusually severe’ obsessional neurosis, alongside an ‘acute intelligence and keen logical powers’ (A. Freud, 1927: 8). Upon being asked why she had been sent to see an analyst, the girl replied: ‘I have a devil in me. Can it be taken out?’ (p. 8). Anna Freud assured her that it could – but that it would probably take a great deal of hard work and she ‘would have to do a lot of things which she would not find at all agreeable’ (p. 8). On agreeing to this condition, the analysis began.

Anna Freud makes reference to this patient when discussing her ideas about the preparatory period (p. 9), her use in treatment of dream analysis (p. 27) as well as daydreams and drawings (p. 31), and her understanding of obsessional symptoms (p. 34). But Anna Freud’s lengthiest discussion of the ‘devil girl’ comes in her fourth lecture, where she is discussing the dual role of the analyst, to both analyse and educate. In that lecture, she describes how,

in the course of the child's treatment, interpretations of repressed wishes got the child to the point of 'allowing her "devil" to speak' (p. 61). Following this, a large number of anal fantasies emerged, which the girl expressed with ever-increasing boldness as treatment progressed and the analyst maintained a non-judgemental stance. Soon, however, problems began to be reported at home, where her behaviour became so intolerable to her carers (she was not living with her parents at the time) that treatment almost broke down. 'I had changed an inhibited, obsessional child', remarks Anna Freud, 'into one whose "perverse" tendencies were liberated' (p. 63).

Faced by the child's angry caregivers, Anna Freud acknowledged that she had 'made a mistake, in crediting the child's superego with an independent inhibitory strength which it did not yet possess' (p. 63). In these circumstances, Anna Freud took on a more educational role, insisting that the girl could exhibit such behaviour in her analytic sessions, but not elsewhere; if not, the treatment would have to be ended. The girl accepted this restriction, although the price to be paid was that she 'again turned from a naughty and perverted child into an inhibited and apathetic one' (p. 64). In the remaining stages of the treatment, Anna Freud found herself moving between interpreting the repressed wishes and helping the 'devil girl' to find ways to control her impulses as they emerged from repression, until the child herself could learn to 'steer a middle course between the two' (p. 65).

The 1927 symposium on child analysis

Anna Freud's lectures on technique, published in German in 1927, became the focus of a symposium on child analysis in London held later the same year, where Melanie Klein and a number of her colleagues responded to Anna Freud's ideas. Various aspects of the technique of child analysis were addressed and disputed, including the need for a preparatory period and the relative importance of play and transference in the psychoanalysis of children. The symposium also discussed the possibility of analysing children under the age of five or six, as child analysts in London had already begun to do.

But the most fundamental disagreement that Klein and her colleagues had with Anna Freud was over whether the child analyst should play an 'educational' role of any kind with his or her patient – and this technical disagreement ultimately rested on a fundamental difference in their understanding of the nature of early superego development and the timing of the Oedipus complex.

For Anna Freud, the Oedipus complex was not resolved until latency, at which point the child's sense of right and wrong becomes truly internalised through the agency of the superego. Up until that point, Anna Freud believed, the child's prohibition of forbidden impulses was still largely dependent on the real, parental figures. In the 1927 symposium, Klein and her colleagues

disputed this view. They argued for the fundamental identity of child and adult analysis, seeing the child analyst's role as being to analyse the very early oedipal situation, as it developed during the first year of the child's life in the infant's relationship to the maternal breast. Since this early relationship included deeply aggressive phantasies and profound anxieties about annihilation, Klein believed that the child analyst had to address the profound anxieties that quickly emerged in treatment, in the form of the negative transference. Rather than trying to build a positive relationship, in Klein's view, the child analyst should take up the child's hostility and violent transference phantasies from the very start of treatment; rather than helping the child to control his or her impulses, the child analyst should interpret only the deepest and most primitive anxieties, thereby helping to modify a well-formed, but very primitive, superego; and rather than stressing the limits of how a child can communicate in analysis, Klein and her supporters emphasised the value of play as a direct route to the deepest, most unconscious layers of the child's mind (Klein, 1927b).

Klein's case of 'Erna': A response to Anna Freud

In her 1927 paper, Klein was especially critical of Anna Freud's work with the so-called 'Devil Girl'. In responding to this case, Klein makes reference to her own treatment of a six-year-old child ('Erna'), who suffered from similar obsessional symptoms and 'marked asocial tendencies in all her relations' (1927b: 362). Like Anna Freud's patient, this child showed a marked 'cleavage of personality into "devil and angel"', and the process of analysis 'naturally liberated enormous quantities of affect as well as anal-sadistic impulses', leading to rages, tantrums and violent behaviour, both within and outside the treatment. 'I came to the same conclusion as Anna Freud', Klein explains, 'that the analyst must have made a mistake.' However, she goes on:

Only – and here is probably one of the salient and fundamental differences in our views – I concluded that I had failed somehow on the analytic side, and not on the educational. I mean that I had failed to resolve the resistances completely in the analytic hour and to release in its fullness the negative transference.

(p. 363)

Klein goes on to explain how she understood the 'devilish' behaviour of her patient quite differently to Anna Freud. Whereas Anna Freud had seen this behaviour as a release of previously repressed *impulses*, which therefore had to find a new way of being controlled, Klein suggests that the excited behaviour actually reflected deep-seated *anxiety*. For Klein, this anxiety-driven explosion of hostility was driven by Erna's rivalry and death-wishes towards her mother,

deriving from the very earliest oedipal situation. Such death-wishes produced enormous anxiety, which was then manifested in the explosive behaviour both at home and in treatment. For Klein, the solution to such behaviour was deeper analytic work, interpreting the hostility related to the primitive Oedipus complex. 'In my view', she concludes, 'it was not a question of directing her to a painful mastery and control of the impulses liberated from repression. What was needed was rather to subject to a further and fuller analysis the motive-force behind these impulses' (p. 364). In failing to take this route, suggests Klein, 'Anna Freud . . . stopped and ceased to press the analysis any further just at the point . . . where it really meant clearing up the whole Oedipus situation. . . . On the contrary, she confined her investigations to superficial conscious or pre-conscious strata' (p. 364).

Anna Freud's 'The Theory of Child Analysis' (1928[1927])

Anna Freud's paper on 'The Theory of Child Analysis', originally presented at the IPA Congress in 1927 and published the following year, was her first opportunity to set out her view of child analysis in the light of the severe criticisms presented at the symposium in London earlier that year; it was also her last major statement on the technique of child analysis for almost 20 years. For these reasons alone, it is a significant paper in the early history of child analysis.

Anna Freud begins the paper by acknowledging the great interest that child analysis had attracted in recent years, and she restates its significance from a broader perspective: as a means of confirming hypotheses that first emerged from the analytic treatment of adults; as a means of adding to our knowledge of the child's mind; and finally as a means of influencing the upbringing of children. Anna Freud then turns to the issue of what kind of technique is best suited to the analysis of children, making reference to Melanie Klein and the introduction of the 'play technique' (Klein, 1927a). She raises the question of the ways in which child analysis is (or is not) different to the analysis of adults, and the controversy around the educational role of the child analyst.

The core of the paper involves the presentation of two clinical vignettes, one of an 11-year-old boy with a strong feminine identification and a preoccupation with death; the second, the treatment of the 'devil girl', already discussed above. In the first case, Anna Freud demonstrates, by means of interpretive work on a fantasy daydream that the boy brings to treatment, that his symptoms can be understood in relation to oedipal anxieties, which the boy dealt with only when he had 'surrender[ing] his love for the mother and allowing himself to be forced into the feminine attitude' – thereby taking on a feminine identification and sustaining his father 'as an object of his homosexual love' (1928[1927]: 166). The boy's preoccupation with death

could be understood in relation to his death-wishes towards the father, and the whole means of treatment ‘differs in no way from that of an adult’ (p. 166).

In the case of the little ‘devil girl’, Anna Freud provides us with a more detailed understanding of the oedipal dynamics underlying her symptoms than she had done in her 1927 book. In contrast to Klein, Anna Freud emphasises how the girl went through ‘a period of early passionate love for her father’ (1928[1927]: 167). This love had been disappointed, however, with the birth of a sibling, leading the girl to surrender the genital phase in favour of ‘a full regression to anal sadism’ and to develop a profound hostility towards her mother – ‘hatred of her, because she had taken the father from her; hatred, because she had not made her a boy; and finally, hatred, because she had borne the child whom my little patient herself would willingly have brought into the world’ (pp. 167–168). Such hostility, however, came into conflict with her underlying love for her mother, leading to it becoming split off (along with the anal sadism that accompanied it) in the form of the ‘devil’ thoughts, which stood in contrast to her ‘diminished and restricted personality’ (p. 168):

Thus her daily life was increasingly taken up with reaction formations, acts of contrition, and reparation for the deeds of the split-off wickedness. We might say that the ambitiously conceived and urgent effort to retain her mother’s love and to be socially conforming and ‘good’ had failed miserably; it had simply resulted in an obsessional neurosis.

(p. 169)

In this 1928 paper, Anna Freud offers a way of understanding the girl’s difficulties that recognises the hostility to the mother (an aspect that Klein had accused her of neglecting) but locates it firmly within a ‘classical’ oedipal configuration, implicitly rejecting Klein’s emphasis on the first year of life and the primitive death-wishes against the mother. Such a theoretical understanding helps to justify the technical approach that Anna Freud then took in her treatment of the girl. As she had done in her 1927 book, Anna Freud goes on to describe the way in which this girl’s repressed instincts were liberated in the course of treatment, and the way in which she, as a therapist, was obliged to move between an analytic and an educational stance. Anna Freud concludes by reasserting her belief that child analysis is *identical* to adult analysis, in so far as it involves the making conscious, by means of interpretation, repressed instinctual impulses; however, it is fundamentally *different* to adult analysis, in so far as it must take into account the child’s immaturity and the relative weakness of the superego, which is still largely dependent on the external world. For this reason, Anna Freud concludes, the child analyst must play a dual role – keeping one eye on the child’s internal world and the other eye on his or her external reality, being equally skilled at intervening at both levels.

What role does play have in child analysis?

One of the key debates between Klein and Anna Freud concerned the role of children's play in the practice of child analysis. In her 1927 book, Anna Freud had suggested that one of the main obstacles to analytic work with children was the relative inability of children to follow the fundamental rule of psychoanalysis – free association. For Melanie Klein, this was not seen as a significant obstacle, as 'children are so much dominated by their unconscious that it is really unnecessary for them to deliberately exclude conscious ideas' (1927b: 351). For Klein, in other words, the child's natural means of expression, especially drawing and play, was a more than adequate substitute for free association, as it provides the child analyst 'with a rich abundance of material and gives us access to the deepest strata of the mind' (p. 352).

There is no doubt that Anna Freud failed to appreciate the value of play in child analysis in her early work, and that in the 1927 book she was too eager to maintain an exact parallel with the treatment of adults (including the use of the couch). But Anna Freud's reasons for not emphasising the use of play were complex, and her statement that children's play should not be seen as equivalent to the free association of adults has been frequently misunderstood. Anna Freud agreed with Klein that play probably gave a more direct access to the child's unconscious fantasy life than the adult's free association ever could; her concern was precisely that, as she put it in 1936, this would be therapeutically retrogressive:

The dreams and daydreams of children, the activity of their phantasy in play, their drawings and so forth reveal their id-tendencies in a more undisguised and accessible form than is usual in adults. . . . But when we dispense with the fundamental rule of analysis, the conflict over its observance also disappears, and it is from that conflict that we derive our knowledge of the ego-resistances when we are analysing adults. . . . There is therefore a risk that child-analysis may yield a wealth of information about the id but a meagre knowledge of the infantile ego.

(1936: 40–41)

Anna Freud's concern, therefore, was that a focus on the unconscious phantasies that emerge through play would bypass the child's immature ego, just as hypnosis had bypassed the ego of the adult in the early work of Freud and Breuer (Freud, 1895), quickly accessing forgotten, unconscious memories but not allowing the analyst to see how these were dynamically repressed by the censorship of the 'ego'. The result of the early work using hypnosis was that the therapeutic results were initially dramatic, but most patients quickly developed new symptoms once the influence of the doctor had waned. The ego, we might say, had not been helped to develop new ways of dealing with the repressed material. From Anna Freud's perspective, the child analyst

should be equally interested in the repressed instinctual drives (which play reveals very clearly) and the unconscious working of the ego (which play, she argued, mostly bypasses). Without such a dual focus, Anna Freud feared that there was a danger of returning to the ‘pre-psychoanalytic’ days where Freud had not been able to help his patients to integrate recovered memories into their whole personality. Such an emphasis, she believed, was one-sided and did not give full attention to the areas of conflict within the mind.

In her later work Anna Freud increasingly acknowledged the value of the ‘play-technique’ that Klein had introduced, but her caution about the child analyst attempting to bypass the infantile ego in aiming always for the ‘deepest strata of the mind’ remained, as will be seen in her work on the ego and the mechanisms of defence (see Chapter 4).

The legacy of Anna Freud’s approach to child analysis

In the years following the publication of the *Introduction to the Technique of Child Analysis* and the 1928 paper, Anna Freud’s influence on the emerging field of child analysis was profound. Many young analysts from all over Europe came to present cases and discuss technique at the Vienna Children’s Seminars that Anna Freud organised, and among those who attended at various points were Marianne and Ernst Kris (who later worked at the Yale Child Study Center), Wilhelm Reich (who at the time was developing his ideas about ‘character armour’), Heinz Hartmann (who became one of the leading figures in the field of ‘Ego Psychology’ in post-war America), and Berta Bornstein (whom Anna Freud considered one of the most gifted and important child analysts of that generation). In addition, visitors from all over Europe attended the seminars, including many who were to go on to have a great impact on the field of psychoanalysis, such as Alice Balint (from Budapest) and Margaret Mahler (who later developed the idea of the ‘separation–individuation’ stage in toddlers). The work that Anna Freud and her colleagues were doing soon came to be known as the Continental (or Vienna) School of Child Analysis, as distinct from the English School that grew up around Melanie Klein in London.

Following the virtual destruction of European psychoanalysis in the 1930s, after the rise to power of Hitler, many of those who had worked with Anna Freud emigrated to the US, and her ideas about child analysis were to have a major influence on the work that developed there in the post-war years, especially in child centres such as those at Yale and Cleveland (A. Freud, 1966a). Her ideas were later to be taken up again in Europe, but in the UK, where Anna Freud herself was based from 1938 onwards, her approach to child analysis had much less influence, primarily due to the prominence of Melanie Klein’s ideas and the impact that this approach had on the emerging field of child psychotherapy, especially through the training at the Tavistock

Clinic. The so-called Controversial Discussions, which began in London in 1942 (see Chapter 7), only widened the gap (both conceptually and personally) that had already been established at the time of the 1927 symposium on child analysis, leading Anna Freud to withdraw from regular involvement with the British Psychoanalytical Society in the post-war years. Her influence on child analysis in the UK, including the many developments that her work underwent in the years after 1928 (see Chapter 10), was mostly confined to the Hampstead Child Therapy Clinic (now the Anna Freud Centre), which Anna Freud established in 1952 and where she worked and trained child analysts for the rest of her life.

FURTHER READING

Anna Freud's own paper, '**A Short History of Child Analysis**' (1966a) gives a very vivid sense of Vienna in the 1920s and the excitement that was associated with the emerging field of child analysis. She briefly discusses Klein's approach and talks about some of the contributions that child analysis can make to the field.

Although Anna Freud did not publish any detailed case histories of her work with children, in 1990 Peter Heller published a remarkable book, ***A Child Analysis with Anna Freud***, based not only on his memories but also on Anna Freud's own treatment notes, which she sent him towards the end of her life. Heller was in analysis with Anna Freud for three years, starting in 1929 when he was nine years old. The book consists of the detailed notes that Anna Freud kept on the treatment – including all the drawings and poems that Heller produced at the time – alongside Heller's own memories and 'free associations' to the clinical material. Heller was also a student at the 'Matchbox' School that Anna Freud established, so the book gives a unique insight into the world of child analysis in Vienna at that time (see Midgley, 2012).

The secondary literature on Anna Freud's early approach to child analysis is extensive, but among the best works are those of Dyer (1983), Miller (1996), Edgcombe (2000), and Young-Bruehl (1988/2008).

For the differences between the approaches to child analysis of Anna Freud and Melanie Klein, including the 1927 symposium on child analysis, see Likierman (1995), Viner (1996), Donaldson (1996), Salomonson (1997), de Oliveira Prado (2001), Holder (2005) and Midgley (2012).

3

THE APPLICATION OF PSYCHOANALYTIC IDEAS TO EDUCATION

KEY WRITINGS

- 1930** *Four Lectures on Psycho-Analysis for Teachers and Parents*
- 1934** 'Psychoanalysis and the Upbringing of the Young Child'
- 1946** 'Freedom from Want in Early Education'
- 1949** 'Nursery School Education: Its Uses and Dangers'
- 1952** 'Answering Teachers' Questions'
- 1954** 'Psychoanalysis and Education'
- 1960** 'Entrance into Nursery School: The Psychological Pre-requisites'
- 1962** 'The Emotional and Social Development of Young Children'
- 1966** 'Interactions between Nursery School and Child Guidance Clinic'
- 1976** 'Dynamic Psychology and Education'
- 1979** 'The Nursery School from the Psychoanalytic Point of View'
- 1982** 'The Past Revisited'

Introduction

Of all the applications of psychoanalysis to various fields, perhaps none has been as important – or as fraught – as the application of psychoanalytic insights to education. From the moment at which Sigmund Freud identified the infantile roots of adult neurosis, it followed naturally that analysts would want to find ways to intervene early in life, in order to prevent the development of disturbance itself. Among the first generation of Freud's followers, however, there was uncertainty about whether psychoanalytic treatment could be adapted to the needs of very young children, and, even if it could, whether psychoanalytic treatment could ever be made available to more than a small number of children.

The conclusion appeared to be obvious: psychoanalytic understanding should be applied to the actual upbringing of children, both by influencing parents and also by collaboration with teachers and schools, in order to develop new, less 'pathogenic' ways of raising children. In 1925, Sigmund Freud himself declared:

. . . none of the applications of psycho-analysis has excited so much interest and aroused so many hopes, and none, consequently, has attracted so many capable workers as its use in the theory and practice of education. It is easy to understand why, for children have become the main subject of psychoanalytic research, and have replaced in importance the neurotics on whom its studies began. Analysis has shown how the child lives on, almost unchanged, in the sick man as well as in the dreamer and the artist. . . . It is not surprising, therefore, that an expectation should have arisen that psychoanalytic work with children would benefit the work of education, whose aim it is to guide and assist children upon their forward path and to shield them from going astray.

(Freud, 1925: vii)

Freud confessed that he saw the question of the application of psychoanalysis to education as ‘the most important of all the activities of psychoanalysis’, yet one which he had ‘scarcely concerned [himself] with’ in his own professional practice (quoted by Field, Cohler and Wool, 1989: 961). He left it to his daughter, Anna – who first trained and worked as a nursery school teacher before becoming a psychoanalyst – to try to work out what a ‘psychoanalytically informed pedagogy’ would look like, both in theory and in practice. Although Anna Freud only practiced as a school teacher for a relatively short period of time, she spent a significant proportion of her professional life working with teachers in schools and nurseries, and she participated in a number of educational experiments in which she tried to test out her ideas and learn from them what worked – and what did not.

Psychoanalysis and education: The early history

Although Anna Freud’s work was one of the earliest systematic applications of psychoanalytic ideas to the school setting, it was by no means the first such attempt. In the early years of psychoanalysis, however, contributions primarily focused on offering a *critique* of existing educational practices and tended to deal almost exclusively with the issue of ‘sexual enlightenment’ (e.g. Freud, 1907; Ferenczi, 1908; Jones, 1910). Both Ferenczi and Jones, for example, focus on the harmful aspects of repression, especially repression of infantile sexual curiosity. In so doing their work proved to be sympathetic to an anti-authoritarian strain that emerged most clearly in Europe at the end of the First World War, when many people turned against the ‘old’ systems that had failed to prevent Europe from descending into war. As Ekstein and Motto (1969: 6) have noted, ‘the basic contribution of psychoanalysis to education [in these early years] was a protest against the old forms of society. . . . Progressive education was seen as a liberation of the instincts.’

Looking back many years later on these early attempts to provide a psychoanalytic perspective on education, Anna Freud (1954c: 319) was to describe it as a ‘period of optimism’, in which neurotic disturbance was blamed primarily on inappropriate parental actions – the prohibition of sexual expression, the ban on sexual curiosity, castration threats, the abuse of parental authority, etc. At this time, most psychoanalysts believed that the simple removal of such prohibitions could lead to the removal of infantile neuroses entirely. These hopes, Anna Freud noted in retrospect, ‘were excessive and led to a series of disappointments’ (p. 319). In their one-sided emphasis on freedom from repression, they failed to consider the *whole* child or the essentially divided nature of the human mind, which will always be faced by internal conflicts.

These early efforts were also of limited value because few of them were based on real experience of applying psychoanalytic ideas to an educational setting. The first generation of psychoanalysts such as Freud, Jones and Ferenczi had little experience of direct work with children and no experience either as teachers or of working in schools. Anna Freud, however, belonged to the first generation of psychoanalysts – many of them women – who had a background in education and later trained analytically, often continuing to combine the two activities. As Ekstein and Motto (1969: 8) have observed, psychoanalytic pedagogy and child analysis, ‘sociologically speaking, derived from the same social matrix, the teaching profession’, and many women in the 1920s, who were originally kindergarten or elementary school teachers, became the first child analysts. Such a sociological context had a profound impact on the development of this field – and this was never more true than in the case of Anna Freud herself.

‘Red Vienna’ and radical education

During the years in which Anna Freud was training as a teacher – almost directly coinciding with the period of the First World War (1914–1918) – education in Vienna was itself going through something of a revolution, as the old Austro-Hungarian empire was overthrown and replaced by the socialist experiments of the First Republic. Under the pre-war monarchy, Viennese schools had operated according to what Gruber (1991) has described as the ‘three cardinal goals of education’: to create submissive subjects; to accept the hierarchical upper and lower orders; and to support the military and the church. As Anna Freud was later to recall:

The educational doctrines from which we departed at the time were one-sided and narrow ones. . . . Actually, it needed the experience with undernourished and badly housed war children on the European continent to convince people that a child’s mind does not function independently of

his body . . . [and] that children were not to be thought of merely as beings by themselves, but to a large extent as products of their family backgrounds.

(1976b[1964]: 308–309)

In the immediate aftermath of the First World War, faced by the combination of social breakdown and a fervent desire to build a new world, educational reform became a priority across Europe. Nowhere was this more so than in Vienna, where a popular wave of unrest led to the overthrow of the old regime and the election victory of the Social Democratic Party in 1919. For the new government, educational reform became a top priority, and although the reforms introduced by the undersecretary for education, Otto Glöckel, were not completed before the government fell, Glöckel himself became chairman of the Viennese educational council in 1922, where he introduced some of the most radical educational reforms seen in Europe to this day.

It is not hard to see why there would have been a considerable degree of sympathy with these educational reforms among the early Viennese psychoanalysts, many of whom also had strong socialist or liberal sympathies. The radical reforms of education – understood as one aspect of a wider child welfare programme – meant that many of the most idealistic and enthusiastic young people in Vienna chose to train as teachers. A significant proportion of these same young idealists were naturally attracted to psychoanalysis and wished to bring together their interest in educational reform with their enthusiasm for this new ‘science of the mind’, which promised to revolutionise the way people thought about the psychology of the child.

Anna Freud’s early educational influences: Montessori, Bernfeld and Aichhorn

Anna Freud’s own memories of her time working as a school teacher (between 1914 and 1920) make it clear that she cherished her time in the classroom, which she saw as a wonderful opportunity for ‘learning twice’: ‘one learns as one prepares for one’s students, and then one learns from them’ (Coles, 1992: 53). She had a reputation for maintaining excellent discipline in the classroom, but was at the same time experienced by her pupils as ‘an oasis of warmth and enthusiasm in the midst of their dreary, difficult wartime lives’ (Young-Buehl, 1988/2008: 76). As a teacher, Anna Freud clearly embraced the progressive, ‘child-centred’ approach that was transforming education during the post-war years, inspired primarily by the work of the Italian pedagogue, Maria Montessori. Montessori’s work was hugely influential in the period following the First World War. Indeed, according to a letter that Sigmund Freud wrote to Montessori in 1917, his daughter Anna considered herself ‘one of your disciples’ (E. Freud, 1960: 320).

It is not hard to see why the young Anna Freud would have been attracted to Montessori's work. As Anna Freud (1976b: 5) saw it, Montessori was the first to recognise that the child's interest in the material to hand in the classroom could develop *freely*, rather than being overly prescribed by adults, so that 'joy in the success of one's own work came into its own as a suitable impetus' for learning, and 'freedom within carefully placed limits' could become the new principle of education – with radical implications for practice. Montessori, however, had little sympathy with psychoanalysis, despite direct attempts by her Viennese followers to mediate an alliance between the two movements (Kramer, 1976).

Far more influential in helping Anna Freud to appreciate how *psychoanalysis* could contribute to the work of schools was the work of two pioneers working at the intersection of these two fields in Vienna in the post-war years: Siegfried Bernfeld and August Aichhorn. Near the end of her life, Anna Freud (1976[1974]b: 308) recalled that she was 'lucky to share with both pioneers their first attempts to apply psychoanalytic knowledge to [the problems of education]'. Very different in their temperaments and their approaches, Bernfeld and Aichhorn were both important mentors and colleagues to Anna Freud, and what she learned from their educational experiments was crucial to her own development as an educational thinker and practitioner.

Although close in age to Anna Freud herself, by the time the First World War had ended Siegfried Bernfeld was already well-established as an educational reformer, journal editor, President of the Association of the Jewish Youth of Austria, leader of a Jewish self-defence force and the founder of a progressive training college for teachers. He had also been attending the meetings of the Vienna Psychoanalytic Society since 1913, where he had become attracted to the idea of applying Freud's insights into human nature to the task of progressive education. Helen Deutsch, writing many years later in her *Memoirs*, described him as:

the very incarnation of the Don Quixote type . . . tall and gaunt, with an ugliness that impressed one as beauty [. . .] a spell-binding speaker who converted many enthusiastic young followers to his ideology.

(quoted by Peters, 1985: 61)

One of those enthusiastic young followers was Anna Freud, who had already begun working part-time in a day-care centre for working-class children, and in the post-war years began to volunteer for the American Joint Distribution Committee for Jewish War Sufferers ('the Joint', for short), which supported work with orphaned and homeless Jewish children. At this point Bernfeld had just published *The Jewish People and Its Youth* (1919), in which he outlined a model of progressive education within a classless society (later to have significant influence in the kibbutz movement) and managed to persuade the Joint to fund a Jewish residential school on the site of a former

military hospital barracks. The Baumgarten Children's Home opened its door in August 1919 to around 240 war orphans between the ages of three and 16.

The 'Baumgarten experiment'

Anna Freud always paid tribute to the Baumgarten experiment – in many ways a forerunner of Anna Freud's own Hampstead War Nurseries in the 1940s – and was later to describe it as the 'first experiment to apply psychoanalytic principles to education' (1968c: 7). Bernfeld himself described the experiment in his book, *Kinderheim Baumgarten: A Report on a Serious Attempt at New Education* (1921), in which he described the basic principles on which the Baumgarten was to operate. Passionate that childhood should be seen as a period of life in its own right, rather than merely a preparation for adulthood, Bernfeld wanted to offer a corrective to the neglect that these children had suffered during the war, in a setting dictated by the child's innate capabilities rather than by the adult world's expectations and demands. He hoped for an educational setting where children could be helped rather than controlled, be given an opportunity for psychological difficulties to be expressed rather than suppressed (Paret, 1973: xix).

While Bernfeld had ambitious aims for his new education project, a fuller and more honest account of the 'Baumgarten experiment' was written many years later (in 1965) by a young assistant who came to work with Bernfeld, before going on to become a close colleague of Anna Freud's and a leading figure in the psychoanalytic movement: Willi Hoffer. Having turned up one day in October 1919 as a volunteer to help build some cages for rabbits and chickens in the school yard, Hoffer quickly found himself acting as a teacher in the school and then – when Bernfeld himself fell ill – taking over primary responsibility for the running of the home.

In his account of the Baumgarten – which closed after less than six months, after a series of confrontations between the staff, students and administrators of the home – Hoffer describes the bewilderment that these young, traumatised children displayed when confronted by adults who positively refused to tell them what to do, and who invited the children themselves to take a leading role in the organisation of their own lives. Bernfeld established a system of parliamentary sessions, which all the children attended; in the absence of any established forms of discipline, 'court-meetings' were set up among the children, and a group of 12–14-year-olds formed their own 'police force', which dealt with the frequent outbreaks of violence with their own 'harsh disciplinary treatment'.

Bernfeld and his colleagues recorded detailed observations of all of these unfolding events (again, an inspiration for Anna Freud's own Hampstead War Nurseries), some of which formed the material for a fascinating

psychoanalytic account of group dynamics which prefigures many later explorations of such phenomena (Hoffer, 1922). Although a failure in many respects, Hoffer noted that anyone who met the children from the Baumgarten after they had been there a few months would have agreed that they no longer presented as 'institutional children', with all the restrictions on personality development that such a term implies. In Bernfeld's own psychoanalytic terms, the repressed libido of a group of deprived and traumatized children, which had previously been fixated at a narcissistic level, had been released, allowing the tentative formation of a group of self-respecting young people.

Nevertheless, the sudden collapse of the Baumgarten experiment was a blow to the ideals of a psychoanalytically informed education. Anna Freud (1968c: 7) was later to describe this 'difficult venture' as a 'disheartening experience . . . which turned Bernfeld into a skeptic'; her own view was that the Baumgarten experiment had taught psychoanalytic educators the difficult lesson that 'all educational work, regardless of its direction, has far-reaching limitations' (1978a: 272). This was an important lesson to learn for those psychoanalysts who had perhaps taken a rather over-optimistic view of how psychoanalysis could be used to transform both education and childhood itself.

Anna Freud, Aichhorn and the work with 'wayward youth'

With Bernfeld no longer actively engaged, the task of taking forward the *practical* application of psychoanalytic ideas to educational practice fell to August Aichhorn, Anna Freud's other important mentor and an equal to Bernfeld in both his energy and his determination to develop new models of education, imbued with the principles of psychoanalysis. Unlike Bernfeld, Aichhorn was somewhat older than Anna Freud and had already established himself as a respected teacher and pedagogue before he became interested in psychoanalysis in the post-war years (Schowalter, 2000). As director of two institutions for 'delinquent' boys – the Oberhollabrunn (between 1918 and 1920) and St Andrä (from 1920 to 1922) – Aichhorn revolutionised the residential treatment of young people with severe personality and conduct disorders, and he turned to psychoanalysis in order to help formulate many of the intuitions that he had already established. His book, *Wayward Youth*, was first published in 1925 (with a foreword by Sigmund Freud) and gradually became a best-seller (for a while the book was more widely known in the US than Freud's own masterpiece, *The Interpretation of Dreams*, 1900), influencing a whole generation of workers with young delinquents.

According to Anna Freud (1951b: 628), Aichhorn's arrival in the Vienna Psychoanalytic Society, with his expertise already established as both an educator and a re-educator of young people, 'marked the opening up of a

new field of application for psychoanalysis'. By all accounts, Aichhorn himself was an extraordinary figure, 'a man of enormous girth who dressed always in black, smoked his cigarettes with an elegant holder, and looked . . . like a Montmartre flaneur' (Young-Bruehl, 1988/2008: 100). Aichhorn appeared to have an intuitive ability to engage with young people, in a manner that had a profound effect on the young Anna Freud, who, in the early 1920s, would accompany Aichhorn every Friday all around Vienna to observe the various institutions and welfare arrangements for young delinquents. Fifty years later, Anna Freud recalled these experiences and the impact they made on her:

He wasn't only able to reach children otherwise unreachable; he influenced a lot of us who weren't 'wayward youth' or 'neglected youth'. . . . Some people are 'natural' teachers, and Aichhorn was an especially natural one [. . .] So often teachers are in a hurry to get their students to know something, to have the right answers: a possession. Aichhorn knew how to scratch his head and say: Well, we can look at this boy in this way, but we can also look at him in this way, and there may be other ways, too. He was challenging us: can you do the same – focus and refocus, shift your angle of vision, adjust your point of view?

(quoted by Coles, 1992: 46)

In his educational role, Aichhorn rejected the authoritarian, punitive approach to juvenile delinquency, as well as the view that such behaviour was a sign of some innate 'degeneracy'; however, he was equally suspicious of the 'sentimental' approach that encouraged 'unlimited indulgence' in these young people, which Aichhorn believed could be equally unhelpful – and unsuccessful. Instead, Aichhorn saw that the personality structure underlying the delinquent behaviour needed to be attended to and the most appropriate treatment/education offered accordingly.

Moving away from the view of delinquency as a primarily neurotic disturbance, Aichhorn focused especially on delinquency as a manifestation of arrested personality development, primarily due to deficiencies in the early parent–child relationship. This marked a radical shift for psychoanalysis towards a focus on the whole personality (not just the instinctual impulses) and a recognition of developmental, alongside neurotic, levels of disturbance. It also forced those who had believed that psychoanalysis should be wholly on the side of 'liberation' that, in Anna Freud's (1978a) words, 'the absence of drive curtailment and moral orientation in childhood did not result in psychic health as expected, but rather had delinquency as its consequence' (p. 272).

For Aichhorn, difficulties in the early parent–child relationship meant that many of the young delinquents whom he encountered in his care had not gone through the essential process that characterises early education: a gradual adjustment to the reality principle and social adaptability via a sublimation of

the original asocial impulses. Such a process could only take place under the influence of a libidinal relationship to an attachment figure, without which there was little incentive for renouncing the pleasure principle, nor any basis for the strong identifications required for ego and superego development (A. Freud, 1951d: 633).

How, then, did Aichhorn approach the treatment of these young delinquents – and with what consequences? Aichhorn's experiences are vividly described in a series of vignettes and case studies in his book, *Wayward Youth*, where he explains how initially he encouraged the staff at his institutions – much to the young people's surprise – to tolerate the misconduct of their wards, even when it led to vandalism and the destruction of property (much to the horror of neighbours living near the home, not to mention some of the staff themselves). The aim, however, was not to provide a simple 'liberation' of repressed impulses; on the contrary, Aichhorn recognised the importance of *not* allowing the delinquent behaviour to triumph but, rather, of establishing the notion of a higher authority (both external and internal). To help a young delinquent establish such a sense of a 'higher authority' was no easy task, however, but Aichhorn believed it could only be achieved by supporting the 'libidinal' side of the personality. This was an important idea that was to have a profound influence on Anna Freud, who was later to conceptualise this in terms of the 'fusion of libidinal and aggressive drives'. But what did this mean in practice?

Aichhorn noted that once the delinquent's aggressive impulses had exhausted themselves, the repressed longing for love and tenderness, which he believed remained dormant in these young people, began to manifest itself once more. Previously aggressive boys became tearful and more vulnerable, at which point Aichhorn encouraged his staff, each working with a specific group of boys, to take on a more demanding attitude to those in their care. In Aichhorn's terms, a positive transference – a strong, positive emotional relationship – began to develop with the young person's worker, who was now in a position to guide the young person to take the steps in psychic growth that had not occurred in the early years:

It is above all the tender feeling for the teacher that gives the pupil the incentive to do what is prescribed and not to do what is forbidden. The teacher, as libidinally charged object for the pupil, offers traits for identification that bring about a lasting change in the structure of the ego-ideal.

(Aichhorn, 1925: 235)

The influence of Aichhorn's work on Anna Freud's thinking is obvious in many respects – not only in her specific understanding of delinquency and developmental disorders, where she clearly follows Aichhorn's lead, but also in her emphasis on the use of the 'positive transference' and the analyst's role

as an ego-ideal in her early (1927) thinking about child analysis itself. But Aichhorn also provided a corrective to some of the early psychoanalytic emphasis on the importance of freedom of (instinctual) expression in early education. As Anna Freud was to explain many years later:

I think it is fair to say that I wanted children to be able to ‘express themselves’ (who, now, would be against that), but with reservations. Aichhorn and I saw what happened to children who had not developed internal controls. . . . Those children have no trouble ‘expressing’ themselves! They are at the mercy of their instincts in a different way [from] the inhibited or classically ‘neurotic’ child. The symptom formation may be different, but there is still a problem – and for the schoolteacher, it is often a more serious problem.

(quoted by Coles, 1992: 41)

Having observed at first hand the educational experiments of Aichhorn and Bernfeld, and having completed her own training both as a teacher and as a psychoanalyst, by the mid-1920s Anna Freud was now well-equipped to begin her life’s work. With Bernfeld, Aichhorn and Willi Hoffer, Anna Freud formed a weekly study group on education and psychoanalysis, which met throughout the 1920s, during which period she also offered regular consultations to teachers working in Vienna’s nursery schools. In 1926, Anna Freud helped establish a periodical, *Zeitschrift für Psychoanalytische Pädagogik* (*Journal for Psychoanalytic Education*), which continued to be printed until 1938, and during the inter-war years served as the primary forum in which debates about the application of psychoanalysis to education could be aired. (In 1945, the journal was resurrected in a new form in the US as the *Psychoanalytic Study of the Child*, edited by Anna Freud, Heinz Hartmann and Ernst Kris.)

The theoretical development of this field was complemented by an increasing level of active involvement with educational ventures. Anna Freud was invited by the Viennese Department of Youth to run ongoing seminars for nursery school teachers working in the city and to give four lectures for teachers working in schools. Aware of the piecemeal nature of such ventures, Anna Freud supported Willi Hoffer in establishing the Vienna Psychoanalytic Training Course for Educators – a psychoanalytic training specifically for teachers, comparable to that offered for those who wished to train to become analysts, with a combination of both case discussion and theoretical lectures, geared specifically to the needs of teachers. All of this work resulted in two major achievements, one practical, one educational. In 1927 Anna Freud collaborated in the establishment of a new experimental school, and in 1928 she gave a series of lectures that were soon gathered together as a book, *Four Lectures on Psycho-Analysis for Teachers and Parents* (1930). It is these two projects that together best encapsulate Anna Freud’s ideas about the relationship between psychoanalysis and education.

Anna Freud and the 'Matchbox' School

Always aware that it was only close observation and engagement with children that would deepen her psychoanalytic understanding, Anna Freud wanted to have an opportunity to put what she had been learning and thinking about into practice. That opportunity finally came in 1927, when she was to collaborate in the establishment of a new experimental school, known variously in the literature as the 'Hietzing School' (because of its location), the 'Burlingham–Rosenfeld School' (because of its benefactors) or the 'Matchbox' School (because of its size and design).

The opportunity for Anna Freud to become involved in the practical running of a school emerged out of her acquaintance with Dorothy Burlingham, the granddaughter of the famous American jewellery millionaire Charles Tiffany, who arrived in Vienna in 1925 with her four children, in the hope that Anna Freud would take her oldest son, Bob, into psychoanalytic treatment (M. J. Burlingham, 1989: 151). When Burlingham first arrived in Vienna, however, a more immediate problem was what to do about the education of her children. As a liberal and progressive woman, she did not want to send her children to one of the Austrian public schools, which were still run on largely traditional lines.

In discussion with Anna Freud, the idea gradually emerged to create a small school, to provide a progressive form of education for the various children associated with their world – either children who were in analysis themselves with Anna Freud or one of her colleagues (as Bob soon was), or else the children of parents with some link to psychoanalysis. Pupils at the school included, for a time, August Aichhorn's rather nervous son, Walter, who was also in analysis with Dorothy Burlingham; Kyra Nijinski, daughter of the famous dancer (described by her fellow pupil, Peter Heller, as 'beautifully racy, slightly mustached and dark': Heller, 1990: xxix); as well as Anna Freud's nephew, Ernst Halberstadt–Freud, later to become a renowned analyst himself. The only problem, as Anna Freud (1980) herself later put it, was that there was, at the time, 'no place, no house, and there were no teachers' (p. 4).

For a woman of Dorothy Burlingham's character and means, however, this was only a small obstacle. First, Eva Rosenfeld – a close friend and colleague of both Anna Freud and Dorothy Burlingham – offered half of her garden as a site for the new school (she also cooked lunch for the children in her house each day when the school first opened), and a Norwegian timber log-cabin with classrooms on two floors was built following detailed specifications: hence the name, the 'Matchbox' School. Furthermore, it was decided that a young man, Peter Blos, who had been employed as a private tutor to the Burlingham children when they first arrived in Vienna, was to be offered the role of principal teacher at the school; his friend, art student Erik (Homburger) Erikson, was appointed as a second teacher. Both men would go on to make

significant contributions to the field of psychoanalysis, partly due, no doubt, to these early formative experiences.

The 'Matchbox' School ran for almost five years, until 1932, educating an elite group of children who never numbered more than twenty. Although the school was inspired by psychoanalysis, and Anna Freud was, as Erikson and Erikson (1980) put it, 'discreetly omnipresent in the whole improvisation' (p. 4), all those involved maintained a clear distinction between teaching and clinical analysis, as Sigmund Freud himself had advocated in 1925. Many of the children at the school were in analytic treatment themselves (several with Anna Freud), meaning they would disappear off for an hour at some point during the day; however, while the child's analyst might sometimes mention in a staff meeting that a child was, for example, going through a particularly difficult time, in other respects 'there was hardly any clinical talk, and certainly no individual interpretation [by the teachers]' (p. 5). As Erikson makes clear, psychoanalytic principles were not applied in 'any overly intellectual or modish sense' (p. 4), but the influence was, in more subtle ways, pervasive, both directly and indirectly.

Although all the staff shared an interest both in psychoanalysis and in progressive education, the 'Matchbox' School was not free from tensions among the teachers about how best to approach the running of the classroom. On the one hand, there was plenty of common ground between psychoanalysis and progressive education. After all, the idea of 'child-centred' education, as set out by both Montessori and the early psychoanalysts, laid emphasis on the importance of following the child's own path and providing a setting as free from coercion as possible. Such an approach was seen by the psychoanalysts as a way of avoiding unnecessary repressions, and by the 'child-centred' educationalists as a means of fostering the child's own innate wish to learn.

But in a letter to Eva Rosenfeld in 1929, Anna Freud hinted at some of her own difficulties with this approach. In the letter, Anna Freud complains of the teachers at the school (i.e. Blos and Erikson): 'All they know is compulsion or liberation from compulsion – and the latter results in chaos.' The letter implies that Rosenfeld had suggested that the pupils at the school needed to be *forced* to study certain things, even if they were not interested in doing so. Anna Freud's response is interesting and makes an important (but subtle) distinction:

We really don't disagree. I also believe that school must be compulsion. Our disagreement concerns only one point. I want the children *to be made to want to do what they are supposed to do*. You want them to be made to do what they don't want to do as well. . . . My example – which you grant – is Aichhorn.

(Heller, 1992: 112, italics added)

Anna Freud's reference to Aichhorn makes clear how influenced she was by his way of working, in which he fostered the young person's positive

attachment to an adult as a means of providing the child with motivation to 'renounce' the pleasure principle and deal with frustration and 'work'. In Anna Freud's letter one can see how she was transferring this idea of Aichhorn's to the normal school setting, in order to argue for a 'middle path' between compulsion and liberation: the child must be made to *want* to do what he or she is *supposed* to do. For such an approach to be successful, the teacher must work with both that which has been repressed (the instincts) and that which is doing the repressing (the defences, the ego). The teacher, in other words, must offer him/herself as an ego-ideal with whom the child can identify, so that the child will then willingly comply with social demands and find a substitute satisfaction through sublimated activities – including learning itself.

An introduction to psychoanalysis for parents and teachers

While Anna Freud was supporting the work of the 'Matchbox' School, she and August Aichhorn were also invited to give a course of lectures to teachers and childcare workers by Vienna's education authorities. Anna Freud's four lectures were given to those working in the city's recently established welfare centres, the Hort. These centres offered after-hours care for children aged between six and 14 years, from deprived and under-privileged backgrounds, and were a key element of the socialist government's attempt to positively influence the education of the most vulnerable young people in the city. Those working in the centres, however, faced many practical challenges, and Anna Freud's lectures were intended to help support them in their challenging work.

Looking back more than 40 years later, in discussion with Robert Coles, Anna Freud remembered the teachers who attended the lectures:

They were very hard-working . . . they had very demanding jobs – and like many teachers, they weren't getting the social approval they deserved. There they were, doing the most important work imaginable. . . . They did not need me to come before them and tell them they were all in trouble psychologically, and the sooner they saw an analyst, the better. . . . I wanted to explain to them what we had been learning. I remember August Aichhorn's advice to me: the teachers have been learning from children all along, just as we try to do – and if you remember that, they will receive you warmly.

(Coles, 1992: 45)

This attitude reflects an important aspect of the lectures and much of the subsequent writing that Anna Freud did. She positions herself, in the lectures, not as an 'authority' with a superior knowledge of children to impart to her

audience, but, rather, as a ‘fellow traveller’, one who understands some of the challenges faced and is interested to promote a genuine curiosity about children’s lives and development. While offering insights from her own psychoanalytic investigations, she does so cautiously, as if to say: ‘This is what I have seen – how does that fit with what you already know? Does it offer anything useful to you?’ As she says at the very start of the first lecture:

After you have listened to the four lectures, you will be able to decide whether you were mistaken in your expectation [that a closer acquaintance with the new field of psychoanalysis might be able to afford you some help in your difficult work], or whether I have been able to fulfil at least some of your hopes.

(A. Freud, 1930: 74)

The lectures that follow (and the book that was based on them) continue in this rather informal, conversational style, which became so characteristic of Anna Freud’s work. Her lectures often begin with actual observations of children she has encountered, using stories from her own clinical and teaching practice to introduce new ideas and offer them up for further exploration. She does not claim to tell the teachers anything about the behaviour of schoolchildren which they don’t already know; she is simply offering a way of thinking about, or looking at, this behaviour which may be useful.

The first three lectures in the series offer teachers a psychoanalytic perspective on the early development of children, covering topics such as infantile amnesia and the Oedipus complex (Lecture one), infantile instinctual life (Lecture two) and latency (Lecture three). Along the way she opens up questions about the nature and aims of education and illustrates how these have changed through the centuries. She focuses in particular on how education has responded to the instinctual impulses of children, waging a ‘never-ending battle’ against their direct satisfaction. Adults, she says:

. . . want to replace the child’s pleasure in dirt by disgust for it, shamelessness by shame, cruelty by pity, destructiveness by care. . . . Step by step education aims at the exact opposite of what the child wants, and at each step it regards as desirable the very opposite of the child’s inherent instinctual strivings.

(p. 101)

Anna Freud’s aim in giving the lectures is neither to condemn nor to support this battle; rather, it is to show what the consequences of the struggle are for children’s development and the implications of this for teaching. In anticipation of the work she was soon going to publish on the role of the ego, she discusses some of the defences that children begin to develop during the latency period, including reaction-formations and sublimation. She stresses the importance

of teachers understanding about superego development in order to make sense of some of the behaviour of children in school, which often reflects the divisions and struggles within the personality. Such internal divisions and defences may lead to neurotic inhibitions and hostility to teachers, but they can also be the basis for the child's identification with teachers and a sublimated pleasure in learning itself.

Do all teachers need an analysis?

Anna Freud's lectures show a profound understanding of the emotional impact on teachers of working with children, especially those children who have emotional and behavioural difficulties themselves. From the first lecture, she recognises that the children who are most likely to attend the Hort 'bring with them a set attitude of mind, and may approach the teacher with the suspicion, defiance or wariness which they have acquired in their earlier dealings with other adults' (p. 76). Having set out how psychoanalysis understands the earliest years of a child's life, and in particular the Oedipus complex, she goes on to show how the attitudes formed in the earliest period of life may, by a process of transference, reappear in the classroom setting:

. . . those who react violently if you exercise the slightest show of authority, or those who are so cowed that they do not even venture to look you in the face or to raise their voices in class, have substituted you for their father and transferred to you either the hostility and death wishes towards him or the rejection of such wishes, with the resultant anxious submissiveness.

(p. 87)

At the time of giving these lectures, the psychoanalytic understanding of countertransference was still in its infancy, but Anna Freud nevertheless shows an acute awareness of how the transferences of the child will in turn touch on aspects of the teacher's own unconscious life. She gives the example of an excellent young teacher who escaped an unhappy home life to become the governess for three boys. The middle child presented serious educational problems and was 'backward in his lessons and appeared very timid, reserved and dull' (p. 129); the young governess devoted great energies to bringing out this boy's potential, and under her care he began to flourish. The boy grew increasingly attached to his governess, but on her side she suddenly began to grow hostile to this child and then rather abruptly resigned from her post, to the great regret of both the child and his parents.

Anna Freud describes how this teacher came into analysis many years later and gradually began to understand how her own experience as a child, where she had felt unloved and unappreciated, had impacted on her work as a teacher. On taking up her role as governess, she had at first identified with

this 'backward' child and devoted to him all the love and care that she had felt deprived of herself as a child. But the very success of her influence destroyed this identification and aroused in her great envy for the success and love he had attained, which in her own life had been denied. Unaware of the roots of these powerful feelings, the teacher had been driven to re-enact her own experiences, by rejecting the child as she herself had once been rejected.

Anna Freud comments that in certain respects this teacher's unconscious identification with the child actually led to a great educational success. Perhaps it would be better not to delve too deeply into the unconscious motivations for this behaviour, lest by doing so one lost a good teacher? But she goes on:

I feel that these educational successes are too dearly bought. They are paid for by the failures with those children who are not fortunate enough to display symptoms or suffering which remind their teachers of their own childhood. . . . I hold we are justified in demanding that teachers should have learned to know and to control their own conflicts before they begin educational work. Otherwise the children merely serve as more or less suitable material on which to abreact unconscious and unsolved difficulties.
(p. 131)

Did this mean that Anna Freud thought that all teachers needed to be analysed, and that the aim would be for all of the unconscious motives that lead us to want to help children should be removed? On the contrary, Anna Freud emphasised that she was not advocating a personal analysis for every teacher. Rather, she was wanting to let teachers know that 'there are times when a person falls down on the job, and the person doesn't know why – and if that keeps happening, then there is something you can do; you can investigate' (Coles, 1992: 44–45). Without such an attitude, there is a risk of educators using the teacher–pupil relationship to try to help themselves rather than the child:

Since teaching is a profession, [the educator] ought to have an overall relationship with childhood. A teacher cannot be completely objective, but once she becomes interested in the processes of childhood, all children become interesting in a more objective way.
(1952a: 562)

The relation between psychoanalysis and education

The final lecture in her 1930 book, 'The Relation between Psychoanalysis and Education', is perhaps the most important of the four lectures, raising questions that Anna Freud was to continue to address throughout her working

life. Against some of the more utopian promises made by earlier psychoanalytic pioneers, she warns that education and psychoanalysis should not ‘demand too much from one another’, but she also acknowledges that teachers will come to these lectures seeking ‘practical advice rather than an extension of theoretical knowledge’ (p. 123).

In contrast to the dominant view of psychoanalysis at the time, which many people understood to be promoting unfettered freedom of expression, Anna Freud emphasised that ‘the lack of restraint’ can be as harmful to children as ‘the injurious effect of too great repression’. Although early psychoanalysts had mostly emphasised the harmful effects of repressive educational systems and promoted sexual enlightenment as a potential panacea against adult neuroticism, Anna Freud’s own conclusion is more balanced:

The task of upbringing based on analytic understanding is to find a middle road between these extremes – that is to say, to find for each stage in the child’s life the right proportion between drive gratification and drive control.

(p. 128)

To illustrate her point, she gives the example of a small girl who took an excessive pleasure in showing herself naked to her siblings, and ‘delighted in running through the rooms stark naked before going to bed’ (p. 125). Education stepped in, she explains, to suppress this desire and to promote feelings of shame and modesty which she would probably carry forward into her later life. In adulthood, this might lead to certain neurotic inhibitions that could limit her capacity for a full enjoyment of her potential, and if she were to seek help, a psychoanalyst would most likely see only the harmful effects of this early inculcation of shame and guilt. However, Anna Freud, based on her experience of working with August Aichhorn, also reminds her listeners of the ‘wayward child’, who ‘does not succeed sufficiently in inhibiting drive gratification’, and so becomes out of control and ‘wild’ (p. 126). Such lack of controls is equally concerning. Describing the case of an eight-year-old girl whose behaviour was so impossible at both home and school that she was constantly being excluded and placed in residential care, Anna Freud comments:

No one offered the love which would in some way have compensated the child for giving up the gratification obtained from her own body; nor did the severe punishments from which the parents expected a restraining influence fulfil their purpose.

(p. 127)

The ‘middle way’ that Anna Freud proposed, in which drive renunciation takes place in the context of a strong attachment to a loved adult, was a model

of development that was to become increasingly important to her thinking in a range of areas. But at this point, she emphasised, ‘it is too early’ to try to propose a complete analytically informed model of education. At this stage, she suggested, the contribution that psychoanalysis could make was in certain respects more modest: (1) to offer a critique of existing educational methods; (2) to provide a perspective on the early development of children which would extend teachers’ knowledge and understanding of the children with whom they worked; and (3) to propose a model of therapy that could try to ‘repair the injuries which have been inflicted upon the child during the process of education’ (p. 129). Each of these aims – but especially the last two – was to form the basis for much of the work that Anna Freud was to pursue over the following 50 years.

The importance of working with parents

Although the 1930 lectures were delivered to teachers, the title of the published version makes clear that Anna Freud was speaking to both teachers *and parents*, as she considered that both groups had a crucial role in the ‘education’ of the child. She believed that analytic knowledge could be an important resource for whoever was responsible for the upbringing of children – especially mothers. ‘The upbringing of young children is an exacting task’, she wrote some years later, ‘even under the most favourable circumstances. . . . Mothers, and especially the mothers of young infants, are expected to combine in themselves a multitude of skills and virtues which are not often found together in any human individual’ (1949b: 528).

Given the enormous demands placed on mothers (and parents and carers generally), Anna Freud saw the need for parents to be given support. She believed that psychoanalysts should use what they had learned from the treatment of both children and adults to offer knowledge about ‘mental hygiene’, comparable to the knowledge about ‘bodily hygiene’ (sterilization, vaccinations, diet etc.) that had been provided by medicine during the same period. She argued that psychoanalysis offered the ‘modern’ parent the ‘first full and coherent account of what happens in the mind of a child during his first five years’, thereby ‘laying the foundation for the more enlightened and effective methods of upbringing which are in use in many homes today’ (1949b: 535–536).

As well as writing and lecturing for parents and carers, Anna Freud was a great supporter of the ‘child guidance’ clinics that were emerging in the US and Western Europe, and in later years she gave a series of talks in which she argued that psychoanalysis could help these clinics to offer the kind of support to parents that could make a significant difference to children’s lives (e.g. A. Freud, 1960b, 1964). But as time went by, Anna Freud also became more sceptical about the degree to which psychoanalysis could offer any absolute

prescriptions for ‘good parenting’. She was critical of the way in which psychoanalysis tended to ‘publicize findings all too often in unsuitable language or with exaggerated emphasis on the most recent discoveries’ (1960b: 287). In a paper on ‘Psychoanalytic Knowledge Applied to the Rearing of Children’ (1956a), she noted the way in which psychoanalytic ‘fads’ had led to a series of one-sided recommendations to the general public – all of which included some important truth, but which taken on their own were naive or even harmful. At first, she explained, analysts had emphasised the importance of sexual enlightenment (so as not to create overly severe repressions); then of limiting parental authority (in order to minimise the harshness of the superego); and later the danger of ‘maternal rejection’ (which was seen by some analysts as the root of everything from depression through to autism). The undue emphasis on this single factor, she noted, ‘caused much heart-searching and also much self-accusation, especially among the mothers of abnormal children’ (1955: 591) and so did not contribute to the long-term well-being of children and families. There was also a danger, she realised, that by raising false expectations regarding the upbringing of children, the reputation of psychoanalysis itself could be harmed, and what was of value could be thrown out along with that which was not.

While never underestimating the capacity to influence child-rearing practices through education and instruction (as could be seen in the huge changes that took place during Anna Freud’s lifetime in practices such as breastfeeding and toilet training), she also kept in mind that the ‘successful upbringing of a young child . . . depends not on his mother’s objective knowledge but on her subjective emotional attitudes’ (1960[1959]: 497) and that, once this is understood, ‘work with a parent ceases to imply a teacher–pupil attitude and takes on the aspect of a therapeutic relationship’ (1960b: 292). Anna Freud was interested to investigate when parent guidance was sufficient; when the treatment of a child could lead to changes in the family dynamics; and when a parent him/herself required therapeutic help. With younger children, she continued to believe that some of the most valuable therapeutic work could take place by directly supporting the parents themselves to help resolve the child’s difficulties.

Conclusion

The work that Anna Freud undertook at the interface of psychoanalysis and education in Vienna in the 1920s was a product of a particular moment in European history, but it also laid the foundation for much of her later work. Anna Freud herself followed the four lectures by establishing regular seminars for nursery school teachers (conducted jointly with Dorothy Burlingham) as well as working with Willi Hoffer and others on the psychoanalytic training for teachers, where she felt they managed to help teachers develop an

understanding of nonverbal communication in the classroom that ‘offered a key to the children’s confusions, distresses, anxieties, unruliness, and uncooperativeness, i.e. to behavior problems which remained inexplicable otherwise’ (1976[1974]b: 309–310).

Emboldened by her successes in working with teachers, in 1937 Anna Freud went on to set up an experimental day nursery for toddlers from the most underprivileged areas of Vienna, alongside her colleagues Edith Jackson and Dorothy Burlingham. The ‘Jackson Nursery’ project was short-lived owing to the rise of fascism, but it laid the groundwork for the activities that Anna Freud was to pursue following her emigration to Britain, including the running of the Hampstead War Nurseries, the Nursery of the Hampstead Clinic, and her many lectures to teachers and nursery school workers in the post-war years. ‘What dominated our actions then was the spirit of discovery,’ she wrote later, ‘the wish to open up more and more of the potentialities which lie dormant in each child, to free intellectual capacities which had been stifled rather than enhanced by outdated teaching methods’ (1976[1974]b: 311).

One year before her death, at the opening ceremony for the Chicago Institute for Psychoanalysis, Anna Freud was reminded by her colleague, Dr George Pollock, that it was 50 years since her lectures for teachers had first been published in English. Reflecting on this anniversary, she noted that if an introductory book such as this one has achieved its purpose, then its message would hopefully have become obsolete, as its teachings were gradually assimilated into common knowledge. The emphasis on the importance of the child needing to be fed before he or she could benefit from education, or that children’s difficulties with learning were not always purely because of intellectual limitations or a result of ‘being naughty’, are now so commonplace that they hardly need mentioning. Looking back, Anna Freud recalled how vastly different teacher–pupil relationships had been in those days, and how little staff in schools were concerned with the broader emotional and psychological development of the children for whom they were responsible. She explained:

I tried to create for the hearers an image of the child as a whole, with his initial helplessness, his resultant dependencies, his loves, hates, and jealousies, his developing sexual drive, the battle with the urgency of his needs and wishes, his successes and failures in the very painful striving for adaptation to the demands of the environment.

(1982: 260)

She then went on to speculate on how similar or different a set of introductory lectures would need to have been in 1981, at the time she was then speaking. She recognised that on the earlier occasion a great deal of emphasis had been placed on the child’s ‘newly discovered and newly revealed

sexuality' (p. 260) and that a contemporary psychoanalyst would want to emphasise a broader understanding of the 'humanizing process' that marks the child's path from immaturity to maturity (p. 260). This broader understanding was to be encapsulated in her idea of 'developmental lines', which will be described more fully in Chapter 9, and which Anna Freud believed could be of enormous benefit to teachers and those charged with the care of children.

In discussion with Robert Coles in the 1970s, Anna Freud spoke passionately about the importance of teachers – not just as people who impart knowledge to their students, but more importantly as adults whose role it is to persuade children 'to be interested in the world, to want to learn about it' (Coles, 1992, p. 31). She believed strongly that many children in psychological distress did not necessarily need therapy, but could be helped in many ways by a well-informed and thoughtful teacher. Listening to her speak, Robert Coles wrote:

After a while I began to realize how strongly committed she felt to the teachers she had come to know over the years, in Austria and in England, how respectful she was of their ability to work with children emotionally as well as intellectually. Not only did she regard herself as a teacher who had become a child psychoanalyst, but she never, of course, stopped teaching.

(p. 52)

FURTHER READING

Much of the creative interplay between psychoanalysis and education that was taking place in Vienna during the 1920s is captured in books by Anna Freud's contemporaries, including Aichhorn's *Wayward Youth* (1925), Bernfeld's *Sisyphus, or The Limits of Education* (1925b) and Hoffer's 'Group Development in a School Community' (1922), which was translated and reprinted in his collection of papers, *Early Development and Education of the Child* (1981). A general sense of the post-war era in Vienna in the 1920s and the exciting developments taking place is well captured by Gardner and Stevens (1992) in *Red Vienna and the Golden Age of Psychology, 1918–1938*, and by Gruber (1991) in *Red Vienna: Experiment in Working Class Culture, 1919–1934*. Memories of Anna Freud's own contribution to this period were assembled in a collection published by the Erikson Institute, shortly after her death, entitled *Anna Freud Remembered* (Piers, 1983).

Anna Freud's work in the 'Matchbox' School is described at length in Peter Heller's introduction to *Anna Freud's Letters to Eva Rosenfeld* (1992) as well as in the introduction to his own 1990 book, *A Child Analysis with Anna*

Freud. A full account of the school is given in Midgley (2008a) and in Houssier (2010, in French). There is no detailed account of Anna Freud's work in the Jackson Nursery, although the project is discussed at length in Elisabeth Young-Bruehl's biography (1988/2008) of Anna Freud.

Two of the best collections of papers on the subject of psychoanalysis and education, written clearly in the Anna Freudian tradition, are the volume edited by Ekstein and Motto (1969), ***From Learning for Love to Love of Learning***, and a later collection edited by Field, Cohler and Wool (1989), ***Learning and Education: Psychoanalytic Perspectives***. For those who read German, the many papers published in the *Zeitschrift für Psychoanalytische Pädagogik* give a flavour of the interaction between these two fields; much of the spirit of this interdisciplinary journal was maintained in the journal established by Anna Freud and her colleagues in the post-war years, the *Psychoanalytic Study of the Child*. Some of the contemporary work in schools in the Anna Freudian tradition is described in papers by Wilson (2004), Malberg (2008), Radford (2012) and Malberg, Stafler and Geater (in press).

In the UK today, the tradition of the Vienna Psychoanalytic Training Course for Educators has perhaps been best kept alive at the Tavistock Clinic, where a course on Emotional Factors in Learning and Teaching has been running for many years. Based largely on material from this course, the Tavistock Clinic has published three important collections of papers which show the contribution that psychoanalysis can make to the classroom setting, one edited by Salzberger-Wittenberg, Williams and Osborne (1999) on ***The Emotional Experience of Learning and Teaching***, a second by Bidy Youell (2006), ***The Learning Relationship: Psychoanalytic Thinking in Education***, and a third edited by Harris, Rendall and Nashat (2011), ***Engaging with Complexity: Child and Adolescent Mental Health and Education***. (Sadly, these books make little reference to the work of Anna Freud and her colleagues.)

For a review of psychoanalytic work in schools in the UK, see McLoughlin (2009) as well as a themed issue of the *Journal of Child Psychotherapy* on the work of psychoanalytic child psychotherapists in schools (Vol. 34, No. 1, 2008); for a broader psychoanalytic perspective on the classroom, see Bibby (2010).

4

THE EGO AND THE MECHANISMS OF DEFENCE

KEY WRITINGS

- 1936** *The Ego and the Mechanisms of Defence*
- 1952** 'The Mutual Influences in the Development of the Ego and the Id: Introduction to the Discussion'
- 1966** 'Links between Hartmann's Ego Psychology and the Child Analyst's Thinking'
- 1985** *The Analysis of Defence* (with Joseph Sandler)

Introduction

Of all Anna Freud's works, *The Ego and the Mechanisms of Defence* is probably the most widely known today, and it remains the one work by Anna Freud that is consistently found on the reading list of many psychoanalytic courses. Unlike her earlier writing on the technique of child analysis, this book was reviewed very positively when it first appeared (e.g. Fenichel, 1938; Jones, 1938) and has continued to be popular. Indeed, in the mid-1980s Robert Wallerstein went so far as to suggest that this work was 'perhaps the single most widely read book in our professional literature' (1984: 66). While this may not be exactly true today, the statement reflects the fact that the work has had enormous influence, especially in North America where the book was acknowledged as 'a foundation piece for the whole of the modern era of ego psychology' (p. 66), equalled only in significance by Heinz Hartmann's *Ego Psychology and the Problem of Adaptation* (1939). The enormous significance of these two works for psychoanalytic theory and practice, especially in North America, went undisputed for almost 40 years after their publication.

Yet when Anna Freud first began work on the material for the book, its aims seemed altogether more modest. Much of what is included in the final version began life as a series of lectures that Anna Freud gave from 1929 onwards; when she referred to her work on it in a 1934 letter to Max Eitington, she described the proposed book as 'a sort of theoretical base for the thoughts on puberty' that she had been developing over the previous few

years (Young-Bruehl, 1988/2008: 203). Although the book retained a focus on puberty and adolescence, especially in the last two chapters, the central focus of the book gradually shifted to an examination of the place of the ego in psychoanalysis itself, and in particular the major role that defence mechanisms play in the workings of the human mind.

The book as it finally appeared can be seen as having three main sections. The first part (Chapters 1–5) examines the role of the ego from the perspective of psychoanalysis and describes the ‘mechanisms of defence’ as a crucial aspect of the ego’s functioning. The second part (Chapters 6–10) catalogues and systematises her father’s ideas about the various types of defence mechanisms and introduces two new ones – ‘identification with the aggressor’ (Chapter 9) and ‘a form of altruism’ (Chapter 10). The third part (Chapters 11–12) discusses the particular role of defence mechanisms during puberty and adolescence.

The psychoanalytic concept of the ego

Although Sigmund Freud had used the concept of the ‘ego’ (in German, ‘das Ich’ – literally, ‘the I’) from the beginning of his work, the term took on a new significance following the publication of *The Ego and the Id* in 1923, when Freud introduced his new tripartite (or structural) model of the mind. In this new way of thinking, the ego stands as the defensive pole of the personality, alongside the *id* as the instinctual pole and the *superego* as the system of ideals and inhibitions against which the ego was judged. Unlike his earlier work, where Freud had often used the term ‘ego’ as synonymous with ‘consciousness’, he now recognised that a large part of the ego’s activity remained outside consciousness. Freud used the image of the horse and its rider to describe the relationship between the ego and the *id*. While the rider (the ego) is nominally in charge of affairs, he won’t get anywhere without the cooperation of the horse (the *id*). The ego therefore has to try to harness the *id*’s energy without being overthrown or taken off in unwanted directions. (Freud also used the image of the constitutional monarch to describe the ego, and he referred to the way in which it has to appease the demands not only of the *id* and the *superego*, but also of the external world.)

Within this new way of thinking about the ego, a whole variety of new functions were attributed to the ego. As Laplanche and Pontalis put it, these included ‘not only the control of motility and perception, reality-testing, anticipation, the temporal ordering of the mental processes, rational thought, and so on, but also refusal to recognise the facts, rationalisation and compulsive defence against instinctual demands’ (1973: 139). These latter aspects formed the central focus of Anna Freud’s 1936 publication.

Beyond depth psychology

In a discussion towards the end of her life, Anna Freud recalled that she wrote *The Ego and the Mechanisms of Defence* at a time ‘when the introduction of the ego as such into psychoanalytic discussion or into the literature was suspect to most analysts’ (Sandler and Freud, 1985: 6). In the early years of psychoanalysis, the great discovery was that there was a whole aspect of the human mind, made up of unconscious thoughts, wishes and fantasies, that was scarcely known about – especially to mainstream psychology and psychiatry. It was no coincidence that Sigmund Freud, inspired by the recent excavations of the city of Troy carried out by Hienrich Schliemann, used the metaphor of archaeology to describe the work of the psychoanalyst. Like the archaeologist, the analyst was digging down to the very depths of the mind, discovering hitherto unknown fragments of our forgotten histories, piecing things together on the basis of the scraps and fragments that could be drawn up to the surface . . .

Yet if psychoanalysis, in its earliest days, ‘was pre-eminently a psychology of the unconscious or, as we should say to-day, of the id’ (A. Freud, 1936: 4), then this was not to say that it had not always been concerned with the workings of the ego. In her opening chapter, Anna Freud points out that, as a therapeutic method, psychoanalysis had always been concerned with both poles of the personality – the unconscious drives or wishes, and the ways in which the mind reacts to these wishes, whether by means of censorship (in dreams) or resistance (in free association) or repression (in the formation of symptoms). For Anna Freud, in other words, ‘psychoanalysis’ and ‘depth psychology’ should not be treated as synonymous terms; indeed, our only knowledge of the hidden depths of the mind is through its ‘derivatives’ as they appear in our behaviour and in consciousness.

In the second chapter of her book, Anna Freud traces the various interactions between the ego and the id as they are manifested in free association (where a pause or break in the chain of associations can be understood as a moment at which the ego’s resistances have been roused, thereby indicating a point of conflict), in dreams (where the disguise that the dream undergoes by means of the dream-work can be understood as the activity of the unconscious ego), and in the transference (where the patient will transfer not only his or her libidinal impulses onto the figure of the analyst, but also his or her typical means of defence – a fact of great clinical significance, as will be discussed below).

On the basis of her historical review, Anna Freud redefines psychoanalysis to give due weight to the working of the ego, especially the unconscious ego and its defensive activity. She writes:

Since [the publication of *The Ego and the Id* and other papers from that period] the term ‘depth-psychology’ certainly does not cover the whole

field of psycho-analytic research. At the present time we should probably define the task of analysis as follows: to acquire the fullest possible knowledge of all the three institutions of which we believe the psychic personality to be constituted and to learn what are their relations to one another and to the outside world. That is to say: in relation to the ego, to explore its contents, its boundaries and its functions and to trace the influences in the outside world, the id and the super-ego by which it has been shaped and, in relation to the id, to give an account of the instincts, i.e. of the id-contents, and to follow them through the transformations which they undergo.

(pp. 4–5)

Such a vision of psychoanalysis came to be known (somewhat inappropriately, given Anna Freud's emphasis on paying attention to all three agencies of the mind) as Ego Psychology.

The birth of 'Ego Psychology'

Freud's *Group Psychology and the Analysis of the Ego* (1921) and *The Ego and the Id* (1923) both had a profound impact on the second generation of analysts who were entering the field in the early 1920s, as they opened up new aspects of the psyche hitherto relatively neglected in psychoanalysis. In Anna Freud's own words, these works freed the study of the ego from 'the odium of analytical unorthodoxy' (1936: 4). Publications soon appeared on the early stages of ego development (Klein, Jones), the development of character (Reich), the synthetic function of the ego (Nunberg) and the concept of the 'ego boundary' (Federn) – all of them directly building on this new turn in Freud's own investigations of the psyche.

But two works, written almost contemporaneously in Vienna in the 1930s, were to have more impact on the study of the ego than any other: Anna Freud's *The Ego and the Mechanisms of Defence* (1936) and Heinz Hartmann's *Ego Psychology and the Problem of Adaptation* (1939). In Wallerstein's words, these two books were the 'twin pillars on which all the rest of ego psychology has been built' (1984: 71), covering, as they did between them, the ego as both a *defensive* organ and an *adaptive* one. Anna Freud herself saw Hartmann's contribution as the more revolutionary one, as it introduced the idea of aspects of the ego which were not involved with conflict, and which could be seen to develop relatively autonomously (1966b: 207). In doing so, she recalled, Hartmann was aiming 'to raise the status of psychoanalysis from that of a depth psychology to that of a general theory of the mind which impartially embraces depth and surface; id, ego, and superego; in short, the total of the human personality' (1965[1964]: 501). For some this was seen as a betrayal of the radical otherness that psychoanalysis had introduced,

reducing it to a mere sub-branch of psychology; for others, this was regarded as the fulfilment of Freud's original vision of a psychoanalysis of the human psyche in its entirety, both healthy and pathological.

Whatever view one takes, the influence of Ego Psychology, as it came to be known, was immense, especially in North America, where the work of Anna Freud and of Hartmann, as well as that of the many colleagues who worked alongside them, became the primary psychoanalytic perspective until at least the 1970s. The ideas that they introduced 'marked the transition of psychoanalysis from being primarily an id or drive psychology, focused on the vicissitudes of the instinctual drives . . . as the prime movers of behavior, normal and neurotic, to a period in which the ego was accorded equal importance and was regarded as the prime shaper and modulator of behavior, again both normal and neurotic. In America this came to be called the era of ego psychology' (Wallerstein, 2002: 136).

The concept of 'defence mechanisms'

Although Anna Freud's broader aim in writing this book was to make the case that psychoanalysis should give equal status to all aspects of the personality, her more specific contribution regarded one particular aspect of the ego's functioning: its role in relation to the mechanisms of defence.

At the start of her fourth chapter, Anna Freud sets out most explicitly what she meant by this term. The concept of 'defence', she notes, had been used by Freud as early as 1894, where it stood as 'the earliest representative of the dynamic standpoint in psychoanalytical theory' (A. Freud, 1936: 45). By 'dynamic', she means the way in which the mind can be seen from the perspective of competing forces or conflicts: in particular, the 'ego's struggle against painful or unendurable ideas or affects' (p. 45). It is in the nature of human existence that we try to turn away or escape from that which causes us pain or discomfort; in psychological terms, the term 'defence' described the means by which we try to do so.

Freud soon abandoned the term 'defence', however, replacing it with the more specific concept of 'repression', to describe a particular mechanism whereby the mind rids itself of unpleasant or unwanted thoughts – in particular, instinctual wishes emerging from the unconscious. It was only in 1926, in his key paper on *Inhibitions, Symptoms and Anxiety*, that Freud reintroduced the concept of 'defence'. He explained:

In the course of discussing the problem of anxiety I have revived a concept or, to put it more modestly, a term, of which I made exclusive use thirty years ago when I first began to study the subject but which I later abandoned. I refer to the term 'defensive process'. I afterwards replaced it by the word 'repression', but the relation between the two remained uncertain. It will

be an undoubted advantage, I think, to revert to the old concept of 'defence', provided we employ it explicitly as a general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis, while we retain the word 'repression' for the special methods of defence which the line of approach taken by our investigations made us better acquainted with in the first instance.

(1926[1925]: 163)

Once again, a number of colleagues followed Freud in paying greater attention to these defensive processes, including Reich (1928), Glover (1930), Klein (1932) and Nunberg (1931), but it was Anna Freud who tried to systematise the psychoanalytic knowledge of the defence mechanisms and explain their workings within a broader model of personality development and psychopathology. Not content with cataloguing the defence mechanisms which had already been identified in her father's work (such as repression, reaction-formation, regression, undoing, isolation, introjection, identification, projection, turning against the self, reversal and sublimation), Anna Freud also asked the more profound questions: What is it that the mind is protecting itself from when it makes use of defensive mechanisms? How do these mechanisms develop? Are some mechanisms of defence more 'primitive' and some more 'mature'? Are there other defence mechanisms besides those already identified by Sigmund Freud? And what is the connection between defence mechanisms, psychopathology, and mental health and well-being?

Why does the mind need to use defensive mechanisms?

Although Anna Freud accepted Freud's definition of the mechanisms of defence as 'all the techniques which the ego makes use of in conflicts which may lead to a neurosis' (S. Freud, 1926: 163), in the course of her book she actually considerably expands the meaning of the term, looking at the ways in which the mind protects itself from all kinds of painful or unpleasant feelings (not just conflicts), both in the course of normal development and in neurosis.

The area that was already most familiar to psychoanalysis was the way in which the psyche responds to anxiety related to internal conflicts between an (unconscious) wish and the part of the mind that rejects such wishes. In neurosis, this can be understood as 'super-ego anxiety', which from Anna Freud's perspective forms the basis of all neurosis in adults. As she explains it, 'some instinctual wish seeks to enter consciousness . . . but the super-ego protects. The ego submits to the higher institution and obediently enters into a struggle against the instinctual impulse . . . Its defence is motivated by super-ego anxiety' (1936: 58–59).

As a way of illustrating the role of superego anxiety in the formation of neurosis, Anna Freud gives the example of a young woman who, as a child, suffered intense jealousy and envy towards her mother, creating in her a fierce hostility. This hostility, however, led to a conflict in the young girl's psyche, as she simultaneously loved her mother and feared her mother's revenge for having such hostile thoughts. The child's aggressive impulses, therefore, were repressed, leaving her somewhat docile in relation to her mother.

Such repressed impulses, however, never disappear entirely and constantly strive to find expression (the return of the repressed). In this woman's case, it took the form of a phobia that emerged in adulthood, at a point when new circumstances challenged the equilibrium that her psyche had achieved at the time of her 'infantile neurosis'. The repressed impulses forced their way back towards consciousness, but once again they caused distress, so that they were once more repressed and the aggressive impulses were projected into the outside world, which now carried all the aggression that the woman herself had tried to obliterate.

Anna Freud suggests that those same instinctual impulses might have been expressed in the form of excessive tenderness or obsessional ceremonies, if the woman had an ego that relied more upon defences such as reaction formation, isolation or undoing. Such defensive mechanisms would have the same aims – that is, of protecting her from the anxiety related to any outbreak of aggressive impulses – but the cost might instead be an exaggerated moral strictness, a reduction of the full range of her personality, and symptoms that restrict her freedom and peace of mind. The reason why a person will rely more on one type of defence than another in dealing with internal conflict is one that Anna Freud touches on only briefly in this book, but it leads to her later work on the 'developmental lines' of both instinctual and ego functioning (see Chapter 9).

Identification with the aggressor

As well as cataloguing the defence mechanisms already written about in the psychoanalytic literature, Anna Freud identified a number of 'new' defence mechanisms – the best known of which she called 'identification with the aggressor'. She tells us that she first came to appreciate this mechanism of defence thanks to a story that her colleague, August Aichhorn, told her. He described a young boy who was constantly in trouble with his teachers for pulling faces in class. Whenever he was told off or reprimanded, he would pull such faces, causing all the other children in the class to burst out laughing. The teacher wasn't sure if the boy was simply impertinent or suffered from some kind of facial tic. On observing his behaviour, Aichhorn realised that the boy's grimaces 'were simply a caricature of the angry expression of the

teacher, and that, when he had to face a scolding by the latter, he tried to master his anxiety by involuntarily imitating him' (A. Freud, 1936: 118). The boy, in other words, quite unconsciously identified with the teacher's anger, copied his expression and thereby identified himself with the dreaded external object.

For Anna Freud, the significance of this story was that it described a process that, while apparently simple, actually illustrates 'one of the ego's most potent weapons in its dealings with external objects which arouse its anxiety' (p. 117). Whether it is the child who, on returning from the dentist, aggressively snaps off the ends of her pencils or the little boy who, having bumped into a teacher and fallen over and injured himself in the playground, returns to school the following day dressed up in a military cap and a toy sword, we can see the way in which the child has identified with some characteristic of a pain- or anxiety-inducing object and has thereby assimilated the experience. In certain cases, the anxiety faced may be an internal one, as in the case of the five-year-old boy in analysis who, whenever material associated with his masturbation fantasies was touched on, switched from being shy and inhibited to being fiercely aggressive, playing at being a roaring lion that was attacking his therapist. As Anna Freud points out, this was not some innate aggression being expressed, but, rather, an expression of anxiety: the child feared that he would be punished for his sexual thoughts and wishes, so in taking on the role of the fierce lion he was merely 'dramatizing and forestalling the punishment which he feared' (p. 124).

The concept of 'identification with the aggressor' was significant for a number of reasons. Not only did it provide a way of understanding the many games of make-believe and impersonation that children love to play, but it also provided a way of thinking about children's aggression which did not depend on the concept of an innate 'aggressive drive' or death-drive. It also made clear that the mechanisms of defence could be seen as identical whether someone is dealing with a threat from inside (as in the case of unacceptable instinctual impulses) or one from outside; in either case, the mechanism is the same – the threat or danger is identified and the ego activates some form of defensive manoeuvre, with the aim of reducing the threat and thereby avoiding pain or pleasure.

Perhaps most importantly, the concept of 'identification with the aggressor' can also provide a way of thinking about the normal process of early superego development. By internalising a threatening object, a child takes the criticism inside, even if, at this stage, the offence is externalised. So when a toddler does something naughty and, when accused, points at another child and says that he did it, this can be seen as a 'preliminary phase of morality' (p. 128), in which a sense of right and wrong is already being established but the judgement of the superego is not yet turned inwards. As Anna Freud put it many years later, there may be such a thing as a 'moral toddler', but there probably isn't a 'guilty toddler' (Sandler and Freud, 1985: 412–413).

Puberty and adolescence

While ‘identification with the aggressor’ was seen as an important defence mechanism fairly early in development, Anna Freud believed that other defences would be used only at later points in life, as a result of increasing ego development. In particular, she thought that adolescence was a crucial period for the emergence of a range of new defensive processes. As mentioned earlier in the chapter, *The Ego and the Mechanisms of Defence* started life as a book that was going to bring together Anna Freud’s ideas about puberty. Although the focus of the work changed, it continued to contain within it some important contributions to psychoanalytic thinking about this important stage of development, especially in the last two chapters on ‘The Ego and the Id at Puberty’ and ‘Instinctual Anxiety during Puberty’.

Although the early psychoanalysts paid a great deal of attention to the importance of sexuality in human development, puberty and adolescence were – somewhat surprisingly – rather neglected stages of development for these analytic pioneers. Anna Freud tried to explain this neglect, suggesting that the discovery of infantile sexuality by this first generation of analysts meant that ‘the status of adolescence was reduced to that of a period of final transformations, a transition and bridge between the diffuse infantile and the genitally centred adult sexuality’ (1958a: 138). If adolescence was seen as merely a recapitulation of an early stage of infantile sexuality, so the thinking went, then there was not much need for it to be given analytic attention. Adolescence, remarked Anna Freud some years later, was ‘a neglected period, a stepchild, where analytic thinking is concerned’ (1958a: 137).

Having worked alongside both Bernfeld and Aichhorn, who were fascinated by the challenges of working with (and understanding) adolescents, Anna Freud had a different view about the significance of this period, even if she accepted the idea that it was fundamentally a replaying of the conflicts of early childhood. Being a recapitulation, however, did not lessen its significance:

While the events of the first five years of life lay the foundation of neurotic development, it is the experiences in the second decade of life which determine how much of the infantile neurosis will be reactivated or retained and will become, or remain a permanent threat to mental health. (1949d: 96)

In *The Ego and the Mechanisms of Defence*, Anna Freud focuses specifically on the struggles of the ego during puberty to master the pressures arising from the upsurge in instinctual forces. Using a vivid metaphor, she describes the infantile battle between the ego and the id being terminated by a ‘truce’ at the start of the latency period. However, with the first approach of puberty hostilities are likely to break out again, as the equilibrium between id and

ego becomes destabilised by the upsurge in instinctual forces, both sexual and aggressive. Anna Freud therefore saw adolescence in terms of the ego's 'struggle for survival in which all methods of defence are brought into play and strained to the utmost' (1958a: 140). For many adolescents, this might result in extreme defences, involving complete rejection of the instincts (such as can be seen in intellectualisation, asceticism, or eating disorders), but 'we find almost invariably a swing-over from asceticism to instinctual excess, the adolescent suddenly indulging in everything which he had previously held to be prohibited' (1936: 170). Such swings, Anna Freud suggests, between liberty and restraint, or between revolt against and submission to authority, are characteristic of 'normal' adolescence and should not be considered as pathological.

In her later writing (e.g. A. Freud 1958a, 1969[1966]), Anna Freud continued to be fascinated by the psychology of adolescence, including the technical challenges of working analytically with young people and the issues of adolescent 'delinquency' (1949c). In particular, she was interested to explore the question of when the *Sturm und Drang* of adolescence was part of a normal adolescent process, and when it was a signal of 'true pathology'. She continued to explore the mechanisms of defence that appeared to be characteristic of this stage of life (which might manifest themselves in what she called the 'uncompromising adolescent', or the 'ascetic adolescent'), and she argued that disruption and disharmony may in itself be a sign of healthy development. But she also broadened her perspective, focusing not only on changes in ego organisation or the use of defence mechanisms, but also on changes in object relations, moral development, social relations and instinctual drives. As well as offering a sophisticated understanding of this crucial stage of human development, Anna Freud believed that psychoanalysts needed to learn when and how to intervene with treatment. But equally importantly, they needed to know when the young person 'should be given time and scope to work out his own solution' (1958a: 165). She concluded her 1958 paper with her typical combination of good sense, pragmatism and empathy:

. . . it may be [the adolescent's] parents who need help and guidance so as to be able to bear with him. There are few situations in life which are more difficult to cope with than an adolescent son or daughter during the attempt to liberate themselves.

(1958a: 165)

Defence against instincts and defence against affects

One of the central questions that Anna Freud addresses in *The Ego and the Mechanisms of Defence* is what it is that we are defending against when the ego

makes use of defence mechanisms. Psychoanalysis had always considered superego anxiety to be of central importance when understanding neurosis (i.e. conflict between our wishes and our sense of what we 'should' be or do), but Anna Freud points out that superego anxiety is only one of the triggers for the ego's defensive activity – and in childhood it is by no means the primary one. For young children, she suggests (building on some of the ideas presented by her father in *Inhibitions, Symptoms and Anxiety*), the greatest threat to the ego's survival comes from 'objective anxiety' (a term – in German *Realangst* – that Anna Freud later suggested would have been better translated into English as 'justified fear'). By justified fear, Anna Freud means all those very real dangers that threaten the child, from the very earliest fear of losing the loved object, to the developmentally more sophisticated fear of losing the love of the object.

But Anna Freud also goes one step further, suggesting that – whatever the source of the anxiety may be – the mind ultimately defends itself against *unwanted affects*, or unpleasant feelings. Whatever the source of the danger may be – an instinctual impulse or an external threat – the reason it will activate the ego's defensive mechanisms is because it is *experienced* as something unpleasant or painful. Just like the physiological process of fight or flight, the psyche will seek ways to escape from such unwelcome feeling-states and make use of any manoeuvres necessary to restore a sense of well-being.

Looking back on her work towards the end of her life, Anna Freud commented that the emphasis she placed on the ego's response to affect-states and justified fear 'was a more or less heretical revolutionary idea' (Sandler and Freud, 1985: 264). Following his abandonment of the so-called seduction theory in the late 1890s, Freud's theory of neurosis and the workings of the mind had focused almost exclusively on the way in which it dealt with internal dangers, especially those that came from the repressed unconscious. But now Anna Freud's theory was giving equal status to dangers of any sort, whether internal or external, by focusing on the affect associated with a threat. In doing so, she refocused psychoanalysis's attention to external realities, such as parental abuse, trauma and neglect, alongside the dangers associated with instinctual wishes and internal conflict. The fact that the mind might respond to these very different dangers in similar ways (whether by means of turning against the self, projection, or any of the other defence mechanisms identified) should not disguise the fact that the ego is making use of such defences to deal with very different kinds of threats.

This distinction between different kinds of motives for defence supported her belief, set out in the earlier lectures on the technique of child analysis, that an assessment of symptoms always needs to take into account the *motives* for the pathological behaviour. For younger children in particular, where the symptom could be based on a 'justified fear', they might best be helped by interventions that attended to the source of fear itself – whether by supporting

the primary relationships or trying to influence the environment in which the child is growing up. This is not to say that simply altering the child's environment is always sufficient. The work of undoing the defensive structures that have been established over time still needs to happen. In some cases, this may lead to recognition that the ego's defensive reactions are based on a situation that is no longer active, or were even a product of fantasy (A. Freud, 1936: 69). But in cases where the fear is based on external reality, as in maltreated or abused children, the focus should be on altering the pathogenic environment. For younger children, such a change might be sufficient, suggests Anna Freud; it is only once conflicts have become truly 'internalised' that psychoanalytic treatment would be essential to address the child's damaged inner world.

The clinical implications of *The Ego and the Mechanisms of Defence*

Although *The Ego and the Mechanisms of Defence* is not primarily a clinical work, there is a great deal in it that has implications for the practice of clinical psychoanalysis. Anna Freud makes the point that 'the task of the analyst [is] to bring into consciousness that which is unconscious, no matter to which psychic institution it belongs' (1936: 30). To focus only on the 'excavation' of repressed wishes and unconscious fantasies would be as one-sided as to focus exclusively on the patient's resistances and unconscious defensive activity. Indeed, the beauty of the core psychoanalytic method, including a focus on dreams, free association and the transference, is that the latter give access equally to the activity of the id, the ego and the superego. As Anna Freud puts it:

The patient *is* in fact candid when he gives expression to the impulse or affect in the only way still open to him, namely, in the distorted defensive measure. I think that in such a case the analyst ought not to omit all the intermediate stages in the transformation which the instinct has undergone and endeavour at all costs to arrive directly at the primitive instinctual impulse against which the ego has set up its defence and to introduce it into the patient's consciousness. The more correct method is to change the focus of attention in the analysis, shifting in the first place from the instinct to the specific mechanism of defence, i.e. from the id to the ego. If we succeed . . . the gain in the analysis is twofold. . . . Not only do we fill in a gap in the patient's memory of his instinctual life . . . but we acquire information which completes and fills in the gaps in the history of his ego-development . . . the history of the transformations through which his instincts have passed.

(p. 21)

The approach that is being advocated here has come to be known as 'defence analysis', although Anna Freud does not use this term as such in the book. But she gives a very clear example of it in Chapter 3 of the book, based on her experience of child analysis. Anna Freud describes how a young girl was referred for therapy because of her acute anxiety attacks and periods of school refusal. In the early stages of the analysis, the analyst noticed that her new patient was friendly and cooperative, but that she made no reference whatsoever to her anxiety attacks. When the analyst made interpretations related to the anxiety, based on material in the child's play or associations, the girl's attitude to Anna Freud would suddenly transform, and she would become mocking and contemptuous. At first Anna Freud took these as a sign of transference, but after more time she came to see that this behaviour was not connected with the analytic situation per se. Instead, she began to observe that the girl also responded to the emergence of tender or vulnerable feelings in herself with the same self-mocking style.

Anna Freud realised that any interpretation of the hidden meaning of the child's anxiety (an id-interpretation) would merely have had the effect of intensifying the little girl's resistance and her characteristic self-mocking tone – even if the interpretation were 'correct'. In other words, it was necessary to first bring to consciousness the patient's method of defending herself against her affects, before the content of the repressed wishes could be made conscious. Further work on this led to an understanding of the way in which the girl's father, from the time she had been very young, had 'trained the girl in self-control by making mocking remarks when she gave way to some emotional outburst' (p. 39). Such a way of dealing with feelings had become 'stereotyped' for the girl, even without the presence of the father. If the child's deeper anxieties were to be made conscious, it was first necessary to analyse her typical methods of defence against painful affects, whatever the source of those affects might be.

In the opening chapters of her book, Anna Freud emphasises that the technical challenge of analysing the defensive activity of the ego, which might appear to be focused on the more 'superficial' parts of the mind, is significant. After all, the id-impulses fundamentally wish to reach consciousness and be expressed, which means that in some sense the work of the analyst to make them conscious is welcomed. For the ego, however (to risk personification), 'the analyst comes on the scene as a disturber of the peace' (p. 31). The means of defence that it has used, after all, were used in order to avoid painful feelings (like the little girl who learnt to avoid the painful feeling of humiliation when her father mocked her expressions of emotion as signs of weakness). Bringing such defensive activity into consciousness risks reactivating such painful feelings; however, from a therapeutic perspective, it provides the possibility for the patient to re-evaluate internal and external reality and to find better and more adaptive means to deal with what has been found.

This concentration on the value of ‘defence analysis’, as one part (but not the whole) of psychoanalytic technique, is perhaps the primary contribution that Anna Freud makes to clinical technique in this book. But it is by no means the only contribution. Scattered throughout the work, there are references to the value of attending to affect in child analysis (especially affect that does not seem appropriate to the context, as when a child laughs when someone describes something very sad); she makes passing reference to the idea that the observing part of the ego can be an ally to the analyst (thus presaging the concept of the ‘therapeutic alliance’ that was only spelt out more fully in the 1950s); and she also makes some important points about the need for ego-supportive work, especially in work with children where the help they need is to tolerate greater degrees of pain or discomfort without resorting to familiar defensive reactions (p. 69). This final idea, only hinted at in the 1936 work, was to become much more central in her later writings on ‘developmental disturbances’, as we will see in Chapter 9.

The legacy of Anna Freud’s work on the ego and the mechanisms of defence

As described at the start of this chapter, *The Ego and the Mechanisms of Defence* probably had more influence on psychoanalytic thinking, both immediately and in the subsequent decades, than did any other of Anna Freud’s writings, and it quickly became a standard text on curricula of trainings for other professions, such as psychiatry and social work. For many, it is the only work of Anna Freud’s that they may have read or even come across. Although the approach and the terminology may have changed, very few psychoanalysts today would neglect to pay attention to the ego or to pay close attention to the various ways in which the mind protects itself from pain and anxiety.

Specific elements of this book have also left a considerable legacy. Her chapter on ‘Identification with the Aggressor’, for example, introduced a new concept into the psychoanalytic literature that has continued to be used, and the term has now entered into common use. In the late 1930s, with the rise of fascism and the drift towards world war, a way of understanding human behaviour that could make sense of the violence that normal human beings were capable of committing, and that could explain the impact on children’s development of witnessing such violence and destruction, was all too necessary, and all too relevant. Understanding the impact of domestic and political violence on children continues to be as important today as it was in 1936, as do the ideas that Anna Freud presents about the early development of the moral sense.

The 1936 book also had a significant place in Anna Freud’s own development. As Raymond Dyer puts it:

With this original contribution to defence theory, plus the systematic ego psychological model in which the specific defenses were enumerated, the ascendancy of the Vienna School of Child Analysis was confirmed. The school now had not only an effective technical method and an active membership but also a potent and elegant theoretical model against which to test its observations and theories. The psychological and scientific apprenticeship of Anna Freud was now complete.

(Dyer, 1983: 113)

FURTHER READING

Anna Freud refers back to her ideas about the ego and the mechanisms of defence throughout her work, but the most extensive revisiting of this material comes in ***The Analysis of Defence*** (Sandler and Freud, 1985), a book based on discussions between Anna Freud and the staff of the Hampstead Clinic that took place in 1972–73, organised by Joseph Sandler. The discussions closely followed the 1936 book, looking at the issues raised by it chapter by chapter. The final version, published in the form of verbatim accounts of the discussion, brings Anna Freud's style of thinking vividly to life and provides some interesting commentaries on the ideas first presented in *The Ego and the Mechanisms of Defence*. For a clinical illustration of the use of defence analysis and its impact on psychoanalytic technique, see Gray (1996).

On the topic of **Ego Psychology** and Anna Freud's own relationship to it, her 1966 paper on 'Links between Hartmann's Ego Psychology and the Child Analyst's Thinking' is especially clear and informative. Wallerstein (2002) gives an extremely clear account of the growth and transformation of American Ego Psychology, demonstrating the breadth of its influence and the role that Anna Freud's work played in its development. A critical view of this model of Ego Psychology was provided by Lacan (1954), while a later critique, based on the view that this approach presents an outmoded 'one-person psychology', is provided by Greenberg and Mitchell (1983) in their highly influential book on psychoanalysis and object relations.

Anna Freud's interest in adolescence led to an important collaboration with Moses and Eglé Laufer, who established the Brent Adolescent Centre in London. Among their important publications was ***Adolescence and Developmental Breakdown: A Psychoanalytic View*** (1984). Anna Freud's two colleagues from her work at the 'Matchbox' School, Erik Erikson and Peter Blos, also produced important works on adolescent development, including Blos' ***On Adolescence: A Psychoanalytic Interpretation*** (1962) and Erikson's ***Identity: Youth and Crisis*** (1994). For Aichhorn's influence on the practice of psychotherapy with adolescents, see Houssier (2009) and Houssier and Marty (2009).

5

THE HAMPSTEAD WAR NURSERIES

KEY WRITINGS

- 1942** *Young Children in War-Time: A Year's Work in a Residential War Nursery* (with Dorothy Burlingham)
- 1943** *War and Children* (with Dorothy Burlingham)
- 1944** *Infants without Families: The Case for and against Residential Nurseries* (with Dorothy Burlingham)
- 1949** 'Notes on Aggression'
- 1949** 'Aggression in Relation to Emotional Development: Normal and Pathological'
- 1951** 'Observations on Child Development'
- 1955** 'Special Experiences of Young Children, Particularly in Times of Social Disturbance'
- 1958** 'Discussion of John Bowlby's Work on Separation, Grief and Mourning'
- 1973** *Reports on the Hampstead Nurseries, 1939–1945* (with Dorothy Burlingham)

Introduction

During the first part of her professional life, up until the point where she was forced to escape from Vienna because of the rise of fascism, Anna Freud was one of the leading figures in the new field of child analysis, and, with her work on the ego and the mechanisms of defence, she made a major contribution to psychoanalytic theory. Alongside these two major contributions – and closely related to both – she also dedicated herself to understanding more about the development of the young child and, in particular, to finding ways of applying this to the upbringing and education of young children.

Anna Freud's work in this field reached its high point in the Vienna years with the creation of the Jackson Nursery, which opened in 1937. The idea for the nursery was something quite unheard of at the time, catering as it did for children under the age of two years. Anna Freud herself described it as 'something between a crèche and a nursery school', open to 'toddlers from the poorest families in Vienna, their fathers being on the dole and begging in

the streets, their mothers at best doing some work as charwomen' (quoted by Young-Bruehl, 1988/2008: 219). But the purpose of the Nursery was not only philanthropic, but also scientific:

We know something about infants from developmental studies, from adults' retrospective reconstructions, and from child analysis with its microscopic view of the infant's inner life. What we need to see now are the actual experiences of the first years of life, from the outside, as they present themselves. Thorough knowledge of infancy is the goal.

(quoted by Young-Bruehl, 1988/2008: 218)

Although the Nursery ran for almost a year, with some considerable success, the project was interrupted by the rise of Fascism in Europe. When Nazi forces occupied Austria in June 1938, Sigmund Freud and his family fled Vienna – with Anna Freud taking some of the equipment from the Jackson Nursery, such as a set of specially designed Montessori toys, with her in her luggage, as if in anticipation of the work that was to come. Soon Freud and his family had based themselves in the house on Maresfield Gardens in London, where Freud was to die not much more than a year after his arrival in Britain.

With the death of her father and the outbreak of the Second World War in 1939, Anna Freud threw herself into work. Conscious of the suffering experienced by children affected by the war, she and her companion, Dorothy Burlingham, decided to set up an evacuation centre, the Children's Rest Centre, which would be able to care for a small number of children, most of whom had lost their homes during the 'London Blitz', which destroyed large parts of East London. As the scale of the difficulties facing children in the cities became apparent, these plans soon began to grow. With financial backing from the American Foster Parents' Plan, Anna Freud and her colleagues set up what came to be known as the Hampstead War Nurseries – a project that was to transform the lives not only of those children who were cared for in it, but also of many of those who worked there, including Anna Freud herself. Among its many other consequences, her experience working with children in the War Nurseries confirmed Anna Freud's belief in the importance of the child's early attachment to its caregivers for later development and led her to increasingly emphasise the important ways in which the child's inner world (instincts, drives or disposition) interacts with experience in ways that are decisive for the development of the child's personality.

The Hampstead War Nurseries and observational research

At the start of 1942, Dorothy Burlingham and Anna Freud began a relatively modest project to create a Children's Rest Centre for about 10–12 children

affected by the war. By the middle of 1942, as the project grew, the Hampstead War Nurseries comprised three buildings – two in London and one in Essex, just outside the city – caring for approximately 120 children, from small babies through to latency-age children. Many of the nurses who came to work there were themselves young refugees from Central Europe, and a significant number of them went on to train as child analysts and make significant contributions to child welfare in the post-war years.

Although responding primarily to an urgent need to offer help to young children and their families who were victims of the London bombings, Anna Freud was clear from the start that the war-situation – and the creation of a nursery to care for children affected by that war – was a ‘natural experiment’ that should be made use of to learn more about the development of children in the earliest years (Edgcumbe, 2000). In defining the aims of the War Nurseries, Burlingham and Anna Freud put the *repair* of damage already caused by the war and the *prevention* of further harm as the primary aims, but they also named *research* and *training* as further aims.

Looking back on her experience in the Hampstead War Nurseries, Anna Freud described the observational research that was undertaken (perhaps somewhat over-modestly) as ‘no more than the by-product of intensive, charitable war work’ (A. Freud, 1951[1950]: 145). Despite this, Anna Freud recognised that the War Nurseries were ‘ideal for the purposes of observation’:

The variation in the case material made it possible to see children, almost from birth, in contact with their mothers or deprived of mother care, breast fed or bottle fed, in the throes of separation or reunited with their lost objects, in contact with their mother substitutes and teachers, and developing relations with their contemporaries. The stages of libidinal and aggressive development, the process and the effects of weaning and toilet training, the acquisition of speech and of the various ego functions could be followed closely.

(p. 146)

Many years later, Ilse Hellman, one of the young assistants who worked in the Nurseries, recalled more precisely the method by which observations were made. She described how all the staff were encouraged to write down on index cards observations they made during their daily contact with the children. These observations were to be written in a strictly non-theoretical language, detailing as closely as possible the behaviour of the child. Since they were recorded on index cards, the method of pooling observations was used, so that a mass of observational material on each child was gradually built up, and these were used to help deepen the staff’s understanding of a particular child and his or her needs.

Every evening, staff would gather for a series of lectures and discussions. These evening meetings were also used to try to classify and coordinate the

observations made by the staff, and a system of cross-referencing allowed cards to be brought together in relation to both a particular child and a particular theme (e.g. separation from parents, or reaction to air raids). Following a policy first established in the Jackson Nursery, developmental charts were created for each child, including information about topics such as weight, feeding and sleep patterns, sexual development, training for cleanliness, defence mechanisms, the development of the sense of guilt and responsibility, and object relations. This broad and systematic collection of psychoanalytically informed data encouraged research on topics such as ‘reactions to the disruption of family life’, ‘responses to substitute mothering’ and ‘the effects of group living’, as well as the more detailed elaboration of psychoanalytic concepts such as psycho-sexual development (Hellman, 1990: 23–24).

The observations collected by all members of staff were made use of extensively in the ‘Monthly Reports’ on the War Nurseries, written from February 1941 onwards. These provided a mass of observational details that, in retrospect, can be seen to form the basis of many of Anna Freud’s theoretical developments in the post-war period. They also formed the core data for three publications specifically related to the War Nurseries – *Young Children in War-Time* (Freud and Burlingham, 1942), *War and Children* (Freud and Burlingham, 1943) and *Infants without Families: The Case for and against Residential Nurseries* (Freud and Burlingham, 1944). It was only in 1973, however, that the complete set of reports from the Nurseries was published, as Volume 3 of the *Writings of Anna Freud*.

Reactions to destruction and violence

From the moment of the children’s arrival at the War Nurseries, the members of staff were able to observe the impact of the war on young children. A number of children who came to the Nurseries had lost one or both parents (more often their father) as a result of the war, and those children who had been alive at the time of the ‘London Blitz’ were familiar with air raids and – in many cases – came from homes that had been damaged or destroyed as a result of bombs. Yet, surprisingly, most of the children did not display the kind of ‘traumatic shock’ that many had predicted, although there were complex reactions to air raids, depending on the particular child’s own experiences and his or her stage of development.

Based on observations made by the staff of the Nurseries, Anna Freud distinguished between five types (or aspects) of air-raid anxiety, thereby encouraging other observers to discriminate more carefully between anxiety as a reaction to ‘real’ danger (which she believed could be fairly quickly overcome) and anxiety that was determined more by the strength of the child’s own instinctual impulses or stage of superego development. She also recognised, through her observations, the degree to which a child’s response

to air raids was determined by the reaction of his or her parents – if parents could provide an ‘auxiliary ego’ to their children, by demonstrating that the anxieties of the situation could be managed, then children tended to do that much better themselves (Freud and Burlingham, 1944: 163–172).

Anna Freud also saw the observations as an opportunity to understand more about the ways in which children in the War Nurseries expressed their reactions to the various upheavals, traumas and separations that they had experienced so early in their lives. Whereas adults are more likely to use speech to help process such complex experiences, Anna Freud describes how children’s modes of communication are somewhat different. Few children, for example, spoke about the bombings they had witnessed or the deaths they had experienced until months, or in some cases years, after the actual events had happened.

War games, however, were ubiquitous, especially games involving air raids. Such play could be a way of either mastering anxiety, through repetition, or of denying reality. For example, Bertie, aged 4, who had lost his father in an air raid, would play frequent games where he would build houses out of paper and then drop small marbles on them like bombs. But the point of Bertie’s play was that all the people were saved just in time, and all the houses that were destroyed were soon rebuilt. Bertie appeared to be denying the reality of what had happened – but, because this was never entirely successful, the game was repeated almost obsessively, until a time came, some months later, when he was finally able to speak about his father’s death (Freud and Burlingham, 1944: 197).

A psychoanalytic view of aggression

The experience in the Hampstead War Nurseries led Anna Freud to revisit her ideas about aggression and violence and its place in human nature. In her ‘Notes on Aggression’ (1949[1948]), written a few years after the end of the war, Anna Freud noted that ‘aggression, destruction, their expressions and their development have assumed central interest for workers in the field of education, child psychology, and child therapy’ (p. 60). Describing the way in which psychoanalysis had tried to make sense of such phenomena, she reviewed the shift away from the early focus on sexuality to an increasing appreciation of the importance of understanding aggression alongside it – first, as one aspect of pre-genital sexuality itself (as in the concept of ‘anal aggression’); later, as an ‘ego instinct’, in which aggression was used by the ego as a form of self-preservation when facing threat, the so-called frustration theory of aggression. It was only with Freud’s (1920a) introduction of the concept of the life and death instincts, however, that aggression was recognised as one aspect of a primary instinctual drive, alongside the sexual instincts.

In her 1949 paper, Anna Freud drew directly on her experience in the War Nurseries, where she and her colleagues had been able to observe in great

detail the aggressive manifestations of young children and the way these interacted with the violence and destruction going on in the world around them. In their reports, Anna Freud and Dorothy Burlingham reject the sentimental view that children's 'innocence' was being destroyed by witnessing the atrocities of war. As she noted in the 1949 paper, the experience of the war 'taught us nothing about aggression which might not have been learned before', given the ample evidence of aggression in human relations throughout human history and the 'traits of violence, aggression and destruction' that have always been part of children's behaviour (1949[1948]: 61–62). This was not to deny that children should be protected, as much as possible, from witnessing the horrors of war; however, the reason for doing so was 'not because horrors and atrocities are so strange to them, but because we want them at this decisive stage of their development to overcome and estrange themselves from the primitive and atrocious wishes of their own infantile nature' (Freud and Burlingham, 1973: 163).

Anna Freud accepted the idea of an aggressive drive existing alongside the sexual drives from the beginning of life, but she understood this somewhat differently from Melanie Klein. Whereas Klein emphasised the fundamental conflict between these two impulses, Anna Freud believed that both impulses contributed to healthy development, and it was only with development that the impulses might be experienced as incompatible. For her, therefore, the primary issue was about how successfully the child was able to achieve a *fusion* of the libidinal and aggressive impulses in the course of development, and for this the strength of early emotional ties was the crucial factor.

In a paper from the same period, Anna Freud describes, for example, those children who 'possess [an] uncontrollable, apparently senseless, destructive attitude', who 'wreck their toys, their clothes, their furniture, are cruel to small animals, hurtful to younger children' (1949[1947]: 496). She notes that such traits have been found most especially in those who have grown up in orphanages or who come from broken homes, or who have had a series of changing foster carers. In such cases, she argues, the pathological factor 'is not to be found in the aggressive tendencies themselves, but in a lack of fusion between them and libidinal (erotic) urges' (p. 496). To focus on the aggressive behaviour, and to try to control it by means of coercion or force, would miss the point: what these children lack is strong emotional (libidinal) ties to the adult world. It is only through the development of such ties, she argues, that the aggressive impulses will be 'fused' with the libidinal ones and so come under some degree of control.

Attachment and separation

What was perhaps most striking to Anna Freud and her colleagues when children first arrived at the War Nurseries was the reaction of these young

children to a sudden separation from their families. Anna Freud was later to note that ‘observers seldom appreciate the depth and seriousness of this grief of a small child’ (Freud and Burlingham, 1973: 183). For example, Carol, aged 17 months, repeated the words ‘mum, mum, mum’ continually in a deep voice for almost three days after being separated from her parents. At first, she would only allow herself to be comforted by sitting on a nurse’s lap with her head turned away from the unfamiliar adult. ‘Whenever she looked at the face of the person who held her, she began to cry’ (p. 184).

Common among the children were various regressions to more infantile modes of behaviour. Young children who had just begun to stay dry at night before separating from their parents began to wet themselves again; those who had learnt to curb their aggressive behaviour developed frequent temper tantrums; and almost all children returned to sucking their thumb or other ‘autoerotic’ behaviour. ‘When the attachment to the parents is destroyed,’ wrote Anna Freud, ‘all these new achievements lose their value for the child. . . . There is no sense any more in being good, clean, or unselfish’ (p. 201).

With a slightly older child, aged three or four, where ambivalent feelings are a normal part of the parent–child relationship, separation often seemed an intolerable confirmation of negative feelings. Billie, aged three-and-a-half, responded to the separation from his parents by behaving unusually well, carefully observing all the rules that he had so often broken when at home. When he heard that his mother had gone into hospital with a bad leg, he suddenly remembered a time that he had kicked her, and he now worried whether it was his fault that she had become ill (p. 191). In his case, it was as if the separation was a punishment for all his bad thoughts and behaviours, and he now needed to try to compensate for what he had ‘made’ happen, by overstressing his love. As Anna Freud put it, this ‘turns the natural pain of separation into an intense longing which is hard to bear’ (p. 189).

Very soon after starting work in the War Nurseries, Anna Freud became acutely aware – as others, such as Winnicott and Bowlby, were realising too – that the policy of evacuation, while saving many children from one kind of danger, was creating other consequences that might be equally harmful to children: the consequences of broken attachments. With the policy of mass evacuation of children from major suburban areas such as London, ‘billeted’ children were saved from *physical* harm, but not from the *emotional* consequences of separation from home and family, which policymakers had been slow to consider.

Anna Freud and John Bowlby on attachment and separation

The view of early development that Anna Freud and Dorothy Burlingham put forward in their writings about the Hampstead War Nurseries bears some

striking similarities to the work of John Bowlby, whose publications in the post-war years formed the basis for what is now known as ‘attachment theory’ (Bowlby, 1960a, 1960b).

In his key papers on ‘Grief and Mourning in Infancy and Early Childhood’ (1960a) and ‘Separation Anxiety’ (1960b), Bowlby made frequent references to the Hampstead War Nurseries, and he used the observations from there to support his ideas concerning the ‘mourning process’ that young children, when faced with separation from their primary caregivers, go through, including the three phases of protest, despair and detachment. However, in those papers he is critical of Anna Freud’s interpretations of this behaviour, which led Anna Freud to request an opportunity to respond to his papers, which she did in two lectures in 1958 and 1960.

In those lectures, Anna Freud (1958–1960) confirmed that the three stages of the young child’s reaction to separation that Bowlby identified matched exactly the observations from the War Nurseries; however, she disputes Bowlby’s view that she explained such observations by means of the theory of drive-satisfaction rather than on the basis of the primary importance of the attachment relationship to the mother. Anna Freud rejects such a distinction, arguing that from the beginning of life the search for pleasure (and the avoidance of displeasure) expresses itself via the relationship to the primary caregiver. Primary narcissism – a term that Bowlby criticises for implying a period of life during which the infant has no relation to an external object – actually refers to a period during which the carer is not even conceived of as a separate person, but is, rather, seen as part of the infant’s ‘internal narcissistic milieu’ (Hoffer, 1952), without her own needs and desires.

Having addressed what she saw as Bowlby’s misunderstandings of her theory, Anna Freud goes on to discuss specific features of the child’s reaction to separation (such as the exact length of mourning a child may experience, or what steps could best be taken to ameliorate the impact of an inevitable separation from the mother), confirming Bowlby’s observations in places and, in others, suggesting disagreements that she hoped further research would clarify. Anna Freud’s response to Bowlby’s ideas, at a time when they met with great hostility from many psychoanalysts, was unusually even-handed. Her most fundamental criticism of his work was that he explained attachment in purely *biological* and *behavioural* terms, rather than attending to the *psychological* aspect, which would include the young child’s fantasies and anxieties related to separation. ‘As analysts’, she said, ‘we deal not with the happenings in the external world as such but with their repercussions in the mind’ (1958–1960: 174).

Nevertheless, Anna Freud’s awareness of the likely negative effect of broken attachments in the Hampstead War Nurseries led to the decision to involve the absent parents as much as possible. Unlike the typical British residential nurseries, mothers (and fathers) were given free access to their

children day and night. Mothers were encouraged to live in and work as housekeepers so that they could nurse their babies; sibling groups were accepted together; and the buildings were open to visitors at all hours. While employing mothers in the kitchen and household areas of the nursery alleviated some practical difficulties of finding staff, it more importantly enabled some children to remain close to their mothers.

But despite the best attempts to maintain links with parents, the conditions of war did not always make ongoing contact possible, and many of the now familiar difficulties of traumatised and institutionalised children began to be apparent. Despite the care provided, some children showed a delay in their development in terms of wetting and soiling, aggressive behaviour and tantrums, or emotional withdrawal and self-stimulation (e.g. headbanging and masturbation). In particular, the attachment needs of the child – and the subsequent developments that usually take place as a result of such an attachment – appeared to be more or less unsatisfied within the residential setting (Freud and Burlingham, 1944: 559).

The creation of ‘artificial families’

The first year of the Nurseries had illustrated how powerfully early separations impacted on the development of the children living in residential care. As a consequence, Anna Freud and Dorothy Burlingham made a decision to reorganise the Nurseries into ‘artificial families’, with one nurse assigned to the care of a group of four or five children. In her report soon after this change was made, Anna Freud noted:

The result of this arrangement was astonishing in its force and immediacy. The need for individual attachment . . . came out in a rush and in the course of one week all six families were completely and firmly established. (Freud and Burlingham, 1973: 220)

With the development of positive relationships to carers, children were quickly able to overcome developmental delays (such as in relation to feeding or sleeping) and developed an emotional ‘aliveness’ that is so often absent in institutionalised children. But the consequences of this reorganisation were not straightforwardly positive. While noting that the children showed more animation and became more amenable to educational influence, the creation of ‘artificial families’ also introduced ‘many disturbing and complicating elements into nursery life’ (Freud and Burlingham, 1944: 590). ‘Jim’, for example, would burst into tears every time his own nurse left the room. At 17 months he was clinging, possessive and unwilling to be left alone for a minute by his nurse-mother, and in her absence he would frequently lie on the floor sobbing in despair (p. 592).

Moreover, the introduction of such artificial families raised the possibility of further separations and losses, as certain staff members left the Nurseries due to unforeseen circumstances. ‘Reggie’, at two years and eight months, became lost and desperate after the departure of the woman who had nursed him since the age of five months, and he refused to look at her when she came to visit two weeks later. That night, in bed, he sat up and said: ‘My very own Mary-Ann! But I don’t like her’ (p. 596).

Despite these ‘disturbing and complicating elements’, Anna Freud and her colleagues pressed on with the idea of caring for children in family-like groups – doing their best to address such limitations wherever possible, but appreciating that without such an approach the children’s emotional development might be permanently damaged. Hannah Fischer, one of the youngest nurses employed to work in the War Nurseries, remembered years later how Anna Freud tried to help the members of staff to develop a kind of ‘pedagogic love’ for the children they were caring for, which would be genuine and yet not in competition with the love of the parents. Fischer explained:

She meant a particular form of love, which we as educators should be ready to offer children; so that they feel accepted by, and safe with us; a type of love, which does not demand love in return – as is natural for parents – but which just belongs to children. . . . Unlike the love of parents . . . pedagogic love of the entrusted child is inexhaustible, transferable from one child to another, from one group to another.

(quoted by Ludwig-Körner, 2012: 19)

The role of the father

It was not simply in relation to mothers that Anna Freud became aware of the impact of broken attachments. While recognising that the separation from fathers did not have the same immediate impact on children, the absence of father-figures in the residential nursery setting was even more absolute than the absence of mother-figures, and observations made at the time traced the impact of this absence on the development of identifications, superego development and object relations among the children in her care (Hellman, 1990: 27). These observations made it clear that young children often maintained powerful representations of their fathers, often based on the most fleeting of contacts.

Tony, for example, who came to live at the Nurseries at the age of 18 months, only saw his father two or three times a year, since he was in the army and mostly fighting overseas. Though he was affectionate during his visits, he did little to maintain contact between his periods of leave, even after Tony’s mother died of tuberculosis when Tony was three-and-a-half years old. Tony had reacted to this news, which his father brought, with a

period of anger and resentment towards his father, although he always ended the day by asking for a bedtime story about his father, which he would listen to with great delight, before adding: 'I do not like my daddy any more.' By aged four, this overt hostility had disappeared, and Tony would mention his absent father's name continuously in every conversation:

When he picked blackberries, flowers, leaves, he wanted to keep them all safe for his father. When a child fell down and cried, he would say (referring to an accident of his father's): 'My daddy did not cry when he fell out of the army lorry, did he?' When he saw a child run, he would automatically say: 'My daddy can run much faster.' . . . He would eat greens though he disliked them, so as to 'get strong like my daddy'. . . . Whatever deed of omnipotence the other children ascribed to God, Tony ascribed to his father.

(Freud and Burlingham, 1944: 644)

Anna Freud did everything she could to encourage fathers to maintain contact with their children in the Nurseries and visit whenever it was possible, but she also decided that male figures were vitally important in the children's lives, so she invited six young men – all conscientious objectors who had refused to fight in the war – to come and work in the Nurseries, undertaking maintenance and gardening while also playing a role in the children's lives. One of these young men, James Robertson, who acted as the Chief Social Worker to the Nurseries, went on to work with John Bowlby in the post-war years and to make a series of observational films highlighting the impact of separation on young children's lives, including a well-known film, *A Two Year Old Goes to Hospital*. This documentary, charting the enormous impact of a week-long separation from her mother when a little girl goes into hospital for a minor operation, had a huge impact on public policy in the UK, especially regarding the way hospitals and nurseries considered visiting rights for parents of children in hospital or in care.

The impact of institutional care

In the second major publication to come out of the Hampstead War Nurseries experience, *Infants without Families: The Case for and against Residential Nurseries* (1944), Anna Freud and Dorothy Burlingham attempted to weigh up what they had learnt from the War Nurseries experience regarding the issue of residential and institutional care. This was an issue with important policy implications, as governments and social care workers had to weigh up the pros and cons of various alternative types of childcare. It was also an issue that Anna Freud had been concerned about since her early collaborations with Aichhorn and Bernfeld, who sought to find ways to care for children in groups in ways that avoided them becoming 'institutionalised'.

In typical fashion, Anna Freud weighed up the evidence carefully, arguing that the relative pros and cons of residential care compared to family care depended not only on what aspect of development one was considering, but also on the particular developmental stage the child was at. So in the very first months of life, unless she was being breastfed, a baby might well demonstrate better *physical* development in a well-run residential nursery than she would in the average low-income household. So, too, a toddler's physical development might well benefit from the greater space and freedom to move about provided by a residential nursery when compared to one brought up in a small, one-bedroom flat. In terms of language development, however, or toilet training, the same toddler would be likely to benefit more from having the one-to-one attention of a caregiver, given that the child's development in such areas depends so greatly on the formation of emotional ties.

Indeed, it was in relation to the child's *emotional* development, or those aspects of development (such as the inhibition of aggression) that depend on strong emotional ties, where Anna Freud concluded that residential care was most lacking. Despite the good care provided in the Hampstead War Nurseries, some children still showed delays in their development in terms of wetting and soiling, aggressive behaviour and tantrums, or emotional withdrawal and self-stimulation (e.g. headbanging and masturbation). Anna Freud concluded that, while the physical and intellectual needs of the children were being met – often in ways that were 'superior' to home life – it was the *emotional* needs of the child that were most likely to suffer in a residential setting. In particular, the attachment needs of the child – and the subsequent developments that took place as a result of such an attachment – were more or less unsatisfied within a residential setting (Freud and Burlingham, 1944: 560).

The creation of 'artificial families' had gone some way towards addressing these needs, but it was Anna Freud's belief that all such alternative forms of care for young children would ultimately be judged on 'whether we can succeed in creating or in conserving for the children their proper emotional relationships with the outside world' (Freud and Burlingham, 1973: 131). As the workers in the Hampstead War Nurseries had found out, working to maintain such emotional relationships in many ways made the task of caring for these young children more difficult, as for example when a nurse whom one of the children had grown attached to had to leave her job, or even take time off. Such situations might almost seem to be 're-traumatising' for a child who had already suffered previous separations or losses. Anna Freud recognised that such powerful emotional reactions on the part of children to their attachment figures were often used as an argument against family arrangements in the nursery or, indeed, in other settings concerned with the well-being of young children. But she argued powerfully for the benefits – indeed, the necessity – of such an arrangement:

When choosing between the two evils of broken and interrupted attachments and an existence of emotional barrenness, the latter is the more

harmful solution because . . . it offers less prospect for normal character development. . . . In reality, it is not the absence of irrational emotional attachments which helps a child to grow up normally, but the painful and often disturbing process of learning how to deal with such emotions.

(Freud and Burlingham, 1944: 596, 594)

Conclusion

The Hampstead War Nurseries, first and foremost, had a profound impact on the lives of the children who attended it between 1941 and 1945. Those who had worked in the Nurseries were determined to make sure that the children they had cared for were carefully reintegrated with their families once the war ended, and Anna Freud was rightly proud of the fact that almost all the children who had been in their care did manage to reintegrate with their families successfully. In addition, the nurses who had cared for the children during the war were encouraged by Anna Freud to maintain contact with the children, whenever possible, and Anna Freud continued to send Christmas cards and small presents to all the ex-Nurseries children for many years.

But the work in the Hampstead War Nurseries also had a profound legacy for psychoanalysis itself. It was in response to the wish by many of the former workers in the War Nurseries to continue their study of psychoanalysis that Anna Freud decided to establish the clinical training at what became known as the Hampstead Child Therapy Clinic (now the Anna Freud Centre), and many of the nurses took this training and went on to work at the Clinic in the post-war years (Pretorius, 2012).

In terms of Anna Freud's own thinking, the experience of the War Nurseries not only provided her with many ideas about the appropriate methodologies for psychoanalytic research (see Chapter 6, this volume), but also provided her with a set of data that convinced her of the need to take a developmental approach to childhood psychopathology, based on a perspective that took into account the whole range of children's needs – from physical care, to basic health, intellectual stimulation and emotional attachments. The experience in the War Nurseries also convinced Anna Freud – if she had not known it before – of the central importance of the early relationship to the mother and the profound impact of disturbances to this relationship, especially through experiences of separation and traumatic loss. As she recalled many years later:

We had experience with young children, of course – but we'd never worked with them in the midst of a war that had come right to them: bombs dropping, parents hurt or killed, danger everywhere. We didn't know what might be in store for us. We fell back on ourselves – that's what happened. We asked ourselves what we knew about children, 'the bottom line', and we came up with the important needs that children everywhere have: attachment

to a person, a parent; a climate of emotional stability around them – people who are solid and sensible; and an educational influence that is also solid, and is aimed at helping the child grow both intellectually and emotionally. Now all that sounds controversial . . . [but] remember, fifty years ago what we said wasn't so much common knowledge or 'common sense' as it is today. When I hear someone say, 'Oh, yes, naturally,' to something we say at Hampstead, I smile to myself: I'm glad, and I also feel a little pride – we've managed to expand the critical mass of 'common sense'.

(quoted by Coles, 1992: 160)

FURTHER READING

A number of staff who worked at the Hampstead War Nurseries have recorded their memories of the experience, including Sophie Dann (1995) and Hansi Kennedy (1995; see also Miller and Neely, 2008). Ilse Hellman, one of the workers in the Hampstead War Nurseries, described her experiences of working in the Nurseries in her book, *From War Babies to Grandmothers* (1990). In some cases, where later disturbances emerged among the children who had attended the Hampstead War Nurseries, analytic treatment was offered at the Centre for both therapeutic and research purposes. Hellman's book is a fascinating record of this follow-up work.

Anna Freud drew on the data from the War Nurseries for many of her post-war publications, among them works on the establishment of feeding habits (1947) and infantile feeding disturbances (1946a); two papers on aggression (1949[1947] and 1949[1948]); one on the effects of war on children's development (1955); and a paper on instinctual drives and their bearing on human behaviour (1953[1948]). More broadly, the influence of the work in the War Nurseries can be seen in almost all of Anna Freud's writings in the post-war years, especially in her focus on the role of early attachments. Although the theoretical differences with Bowlby meant that this work was developed alongside (rather than in relation to) attachment theory, Anna Freud's criticism that Bowlby neglected the internal-world aspect of attachment has largely been addressed by the second generation of attachment theorists, especially through the work of Mary Main and her focus on 'internal working models' and the shift to the level of representation (Main, Kaplan and Cassidy, 1985). This paved the way for the exciting integration between attachment theorists and psychoanalysts working in the Anna Freudian tradition, as illustrated by Fonagy (2001) and Green (2003), among others.

The secondary literature on the Hampstead War Nurseries is extensive. Among the many papers that discuss this important part of Anna Freud's work, detailed accounts can be found by Cohler and Zimmerman (1997), Midgley (2007), Young-Bruehl (1988/2008) and Ludwig-Körner (2012).

6

PSYCHOANALYTIC RESEARCH AND THE OBSERVATION OF CHILDREN

KEY WRITINGS

- 1950** 'The Significance of the Evolution of Psychoanalytic Child Psychology'
- 1951** 'The Contribution of Psychoanalysis to Genetic Psychology'
- 1951** 'Observations on Child Development'
- 1951** 'An Experiment in Group Upbringing' (with Sophie Dann)
- 1957** 'The Contribution of Direct Child Observation to Psychoanalysis'
- 1958** 'Child Observation and Prediction of Development: A Memorial Lecture in Honour of Ernst Kris'
- 1957–** 'Research Projects of the Hampstead Child-Therapy Clinic (1957–
- 1960** 1960)'

Introduction

Many critics have commented on the rather uneasy relationship between psychoanalysis and science – or between psychoanalysis and research more generally. Anna Freud herself had no academic training, and never considered herself to be a researcher in any formal sense of the word, but she did believe that psychoanalysis had a considerable contribution to make to the understanding of the mind and human behaviour; in her professional life she was, as Anne-Marie Sandler has put it, a 'promoter and facilitator of psychoanalytic clinical and conceptual research' (A.-M. Sandler, 1996: 282). Some have gone further, indeed, to suggest that she was a 'pioneer in the development and use of additional research techniques to augment and complement the psychoanalytic method', and that her contribution in this respect is the 'least attended to and most insufficiently appreciated' aspect of her legacy (Lustman, 1967: 810–811).

If her approach to psychoanalytic research was innovative, Anna Freud's aims as a psychoanalytic researcher were very much in line with the work of her father: not so much to try to assess the effectiveness of psychoanalytic therapy, but, rather, to develop a deeper understanding of the workings of the mind and of human behaviour. Such an aim is shared by many non-analytic philosophers and psychologists, but Anna Freud was clear about what she believed the particular contribution of a dynamic psychology could be.

Following Hartmann and Kris, she suggested that a complete psychoanalytic investigation of behaviour should comprise three aspects or perspectives: ‘the description of a specific reaction as the outcome of an interplay of forces (dynamic); the tracing back of its occurrence to earlier situations (historical); and the exploration of the questions when, why, and how this particular form of behaviour was first established (genetic)’ (A. Freud, 1951a: 126). Psychoanalysis is not the only discipline that addresses these questions, but its unique blend of practice and metapsychological thinking means that it has a particular contribution to make, and in the post-war years Anna Freud was especially concerned with trying to articulate an appropriate methodology for psychoanalytic research, which went beyond the traditional use of the clinical case report.

In her commitment to systematic research, which was a defining feature of her work as a psychoanalyst, Anna Freud therefore put herself at odds with the majority of psychoanalysts in her day, for whom any attempt to introduce methods not belonging to the analytic encounter itself was treated with suspicion. But this is not to say that she was simply advocating that psychoanalysis should adopt the model of research promoted by mainstream psychology and psychiatry at the time. Anna Freud did not accept the parameters of mainstream academic research, in which measurement, experimental control and statistical analysis were dominant, and Popper’s ideas about the role of ‘falsification’ (Popper, 1959) as central to the scientific method were highly influential.

Instead, Anna Freud argued for a research methodology that was appropriate to the psychoanalytic method itself. In a series of lectures during the 1950s and 1960s, she tried to establish her own definition of ‘psychoanalytic research’ – a model that was both developed and tested in the work she did at the newly established Hampstead Clinic. To understand this approach, however, it is first worth examining the context in which Anna Freud was working and, in particular, the debates around the ‘scientific’ status of psychoanalysis and the degree to which it could make any significant contribution to the wider field of developmental psychology.

Psychoanalysis and academic psychology

In a wide-ranging lecture delivered at Clark University in 1950 (where she received an honorary doctorate, as her father had done before her in 1909), Anna Freud reviewed the place of psychoanalysis within the wider scientific field. She began by looking back to the time when her father had been invited by Stanley Hall to give a series of lectures at Clark University – the first time that Freud’s work had been honoured and acknowledged by an academic institution in this way. She recalled how, at that time, psychoanalytic ideas were ‘criticized as unscientific, fantastic, and unworthy of the interest of

serious academic workers' (1951a: 110), but she also recognised that this disregard at least allowed the new field of psychoanalysis to develop undisturbed, free to develop its techniques and its scientific language without reference to more academic forms of knowledge.

With the growing interest in psychoanalysis, however, and the corresponding engagement of analytic workers with fields more traditionally associated with psychiatry (such as the treatment of psychotic patients), relations between psychoanalysis and academic psychology began to develop – especially in relation to the study of early development. In Vienna, for example, important developments were taking place in the 1920s in terms of the systematic observation of infants and young children. Charlotte Bühler, the first professor to set up a Department of Child Development in Europe, organised a year-long research study based on the 24-hour-a-day observation of 69 infants brought up in an institutional setting. Among her research students was Ilse Hellman, later to work with Anna Freud in the Hampstead War Nurseries, as well as others who went on to have distinguished psychoanalytic careers, including René Spitz and Esther Bick, who played such a crucial role in introducing infant observation to the Tavistock Clinic in London.

The development of observational studies of infants and young children was to have an impact on psychoanalysis from the start, despite the fact that many early psychoanalysts were openly disparaging about the work of the 'baby watchers'. As early as 1905, in meetings of the Vienna Psychoanalytic Society, Sigmund Freud had been calling for the use of direct observation of children to complement psychoanalytic investigations of early childhood sexuality, and the first significant results of this complementary approach were seen with the publication of the case study of Little Hans (1909). The first psychoanalytically informed, observational study of early child development was published a few years later (Hug-Hellmuth, 1913), bringing together Freud's ideas with contemporary *non-analytic* data about early childhood in a form that was to greatly influence Anna Freud and her colleagues working in Vienna at the time (Steiner, 2000).

But it was not until the 1920s, the very point at which Anna Freud began her professional career, that the direct observation of infants and young children and the emerging findings of psychoanalysis began to be more fully integrated. Bernfeld's *Psychology of the Infant* (1925a) was described by Susan Isaacs, at the time of its translation in 1929, as 'one of the most important books on child psychology published in the English language', because of its attempt to gather together the descriptive data of infant behaviour recorded by the late-nineteenth-century 'baby watchers' to create a 'coherent whole' on the basis of psychoanalytic theory (Isaacs, 1930). In 1933 de Saussure made a comparative study of the theories of Piaget and Freud, while the pioneers of personality studies were influenced by psychoanalysis in the development of projective tests, such as the Rorschach Test (Exner, 2002) or

the Thematic Apperception Test (Murray, 1938). Certain academic psychologists, such as Robert Sears (1943), also began to design experimental tests of key psychoanalytic concepts, in order to try to establish 'scientific' evidence for concepts such as the Oedipus complex or the mechanisms of defence, while psychoanalysts such as Hartmann, Kris and Loewenstein (1946, 1949) tried to reformulate psychoanalytic theory in the context of mainstream academic psychology.

Anna Freud herself made it clear in her lecture that she did not have any academic training and was in no way an academic psychologist, but she did recognise that the two fields share a certain key concern: 'to see the present in terms of the past, to explain present-day behaviour and present-day experience as an evolution of possibilities given at some past date' (1951a: 118). But while this core concern was the same, the procedure by which the two try to investigate this phenomenon is fundamentally different. For academic psychologists, Anna Freud suggested, the primary means of investigation is the 'artificial laboratory situation', where the *focus* has primarily been on normal development and the observation of overt behaviour. In this setting, the worker is likely to make use of some kind of apparatus for measuring and recording reactions, excluding his own personality as much as possible by means of the isolation of key variables, which will be measured and then quantified. The analyst, on the other hand, tries to identify the unconscious background to the conscious phenomena in the context of the analytic session; his focus is often on pathological behaviour; his instrument is the impressions formed in his own mind and his subjectivity, and he 'evaluates his findings qualitatively according to his personal judgment' (p. 121).

Anna Freud gives the example of frustration in childhood and the way in which the two disciplines might investigate this behaviour. The academic psychologist, she suggests, would be most likely to create a laboratory situation in which he would measure a child's reaction when a desired toy is shown to him or her but then withheld. Such an experiment would be easily replicable, and allow comparison between different variables (e.g. the child's age and his or her capacity for frustration-tolerance), but it may not tell us a great deal about how this frustration-tolerance would translate into everyday life. The psychoanalyst, however, might proceed by means of the analytic treatment of a child who had experienced the early loss of his mother. Such a setting is far less 'controlled', making it harder to isolate specific variables and establish correlations between them, but it might provide deeper insight into how children deal with frustration in real-world settings. As she explains:

The disappointment, anger, fury, despair or indifference which a child may show in face of the withdrawn toy do not really permit us to predict how the same child will react when faced with the loss of an important love object. Since major life situations cannot be set up in the laboratory,

there seems, so far, no way for the academic worker to approach their measurement.

(1951a: 120)

Given these fundamental differences in approach, Anna Freud suggests, it is not surprising that there was considerable distrust of psychoanalysis among academic psychologists, or that ‘representatives of the two fields often fail to understand each other’s meaning’ (p. 122), especially as relatively few analysts had (or still have) academic research training. Nor was it easy, as Anna Freud put it in another paper, for analysts ‘to keep the right balance between an over strict isolationism, which leaves psychoanalysis stranded, and an overeager collaboration, which threatens the analyst’s own professional and scientific image and ideals’ (1969b: 133). Under such circumstances, how can the analytic researcher steer a steady path between the Scylla of scientific reductionism and the Charybdis of analytic isolation (Midgley 2004)?

The role of observation

Anna Freud’s solution to the dilemma set out above was to propose a different approach to psychoanalytic research. Her experience, first with the Jackson Nursery in Vienna and then with the Hampstead War Nurseries in London, convinced her of the value of *observation* as a form of psychoanalytic inquiry into child development. She believed that such work, when organised systematically, had the potential to make a significant contribution to a ‘genetic psychology’ (i.e. a psychology that provides a model of the genesis – or origins – of psychological functioning), a field that she considered to be on the ‘borderland between psychoanalysis and developmental psychology’ (1951a: 138).

In the words of Mayes and Cohen (1996), Anna Freud was ‘at her natural bent an observer of children, and her observational skills, colored by a psychoanalytic environment, were honed pragmatically . . . on the one hand, she argued for meticulous, carefully recorded observations of children’s moment-to-moment activities and behaviors; on the other, she felt that one of the dangers of academic psychology was the risk of deriving meaning solely from conscious behaviours with little to no understanding that one behaviour might have multiple unconscious determinants’ (pp. 119–120). Defence mechanisms were a good example of the kind of phenomenon that could easily be identified through the observation of children’s behaviour, as when a young boy, struggling with sibling rivalry after the birth of a baby brother, insisted on staying up late at night listening to his baby sibling’s breathing, ‘lest he might die in his sleep’ (A. Freud, 1936: 16). Yet to see this as an example of ‘reaction formation’ already implies that the observation is informed by certain theoretical ideas. As Anna Freud herself noted, many of

those things ‘discovered’ by direct observation were only seen once the observers themselves had been analytically trained; indeed, the most vital facts of early childhood had remained unnoticed by observers until they had been reconstructed from analytic work (1951[1950]: 148).

For this reason Anna Freud considered the type of observation undertaken by analytically informed observers to be somewhat different from the standard empirical approach used in developmental psychology research, in which ‘the quantitative (e.g. frequency or duration) and qualitative (e.g. intensity) aspects of specific behaviours (e.g. crying and fussing) [are recorded using a prearranged schema] at every instance of a specific situation (e.g. separation)’ (Mayes and Cohen, 1996: 121). In presenting the rather different approach taken towards research in the War Nurseries, which she described in strikingly modern terms as a type of ‘action research’, Anna Freud explained:

The observational work itself was not governed by a pre-arranged plan. In emulation of the analyst’s attitude when observing his patient during the analytic hour, attention was kept free-floating, and the material was followed up wherever it led. . . . Observations such as those described here are not ‘objective’ in the true sense of the word, in any case. The material which presents itself is seen and assessed neither by an instrument, nor by a blank and therefore unprejudiced mind, but on the basis of pre-existent knowledge, preformed ideas and personal attitudes (although these should be conscious in the case of the analyzed observer).

(1951[1950]: 147–148)

Anna Freud saw the advantage of the analytically informed observer making use of what she called ‘involuntary and accidental experiments’ (1950: 623) – in other words, situations that fate has thrown up, which provide opportunities to understand a phenomenon that is outside normal experience. The ‘natural experiment’ created by the mass evacuation of children at the start of the Second World War led to the work of the War Nurseries, which allowed Anna Freud and her colleagues to study the impact of being raised in a group setting, as well as the impact of early separation – much as Michael Rutter and his colleagues 40 years later were to use the terrible situation of the infants raised in orphanages in Romania, who had received almost no stimulation during their earliest years, to study their ongoing development as a way of investigating the long-term impact of profound neglect in the early years (Rutter and the ERA Study Team, 1998). As such, Anna Freud believed that the relevance of the War Nurseries research went far beyond its immediate time and setting, as she made clear in her introduction to the 1973 publication of the reports on the War Nurseries. ‘It is true,’ she wrote, ‘that the opportunity to carry out the study was afforded us by a war charity . . . and that the observed conditions were accompaniments of the war of 1939–1945.’ She added:

But the part played in them by the war itself was no more than that of a precipitating and aggravating agent. Infants are orphaned or torn away from their families for a variety of reasons such as death, illness, accident, divorce, financial disaster, i.e. through circumstances which occur at all times and in all strata of society. Wars merely favour and multiply the dissolution of family units and thereby bring into greater prominence the harmful effect of such breakdowns on the individual child.

(A. Freud, 1973: xvii–xviii)

What Anna Freud was offering, then, was a study not simply of the impact of war on children but, more broadly, of the ways in which loss, separation and the breakdown of families impact on the emotional and psychological development of young children.

An experiment in group upbringing: Child survivors of the concentration camps

A further opportunity for Anna Freud to study the impact of war on children arose immediately after the war ended. In the spring of 1945, six German-Jewish children who had been raised in the Ward for Motherless Children at the Tereszin (Theresienstadt) Concentration Camp were flown to England and accommodated at a specially designed reception camp in Windermere. The workers in the camp quickly realised that the six children, all aged between three and four years, would not tolerate being separated, and ideally they needed some sort of peaceful community where for a period of time they could adapt to their new lives in England, before any placements were considered.

With financial backing from the Foster Parents' Plan for War Children, which had supported the Hampstead War Nurseries, Anna Freud and her colleagues set up a country house in Sussex, 'Bulldogs Bank', to care for these six children. The home was staffed by Sophie and Gertrud Dann, sisters who had both worked in the War Nurseries, with support from one relief worker and supervision from Anna Freud and Dorothy Burlingham. The extraordinary account of these six children is told in a paper by Anna Freud and Sophie Dann, first published in 1951, 'An Experiment in Group Upbringing'.

On their arrival at Bulldogs Bank, the children's development was seen to be disturbed in a whole range of ways. Their speech was delayed, they were extremely aggressive, had difficulties eating anything but starchy foods and sweets, were barely able to play, and displayed very limited knowledge of the world. They showed almost no interest in adults beyond their role as need-providers, but they had very powerful bonds as a group – demanding equal treatment, passing on food and displaying a marked absence of the rivalry and jealousy that one would expect to see among a group of children of this age.

In this ‘experiment staged by fate’ (A. Freud and Dann, 1951: 225), Anna Freud and her colleagues made systematic observations of all aspects of the children’s behaviour, in order to try to understand how this extreme of deprivation in the early years of life impacted on the children’s development. Given the impossibility of separating out the impact of one aspect of their early experience from any other, Freud and Dann believed that such a study ‘has little or nothing to offer the experimental psychologist’; what it does help, however, is ‘to create impressions which either confirm or refute the analyst’s assumptions concerning infantile development – impressions which can be tested and in their turn confirmed or rejected in detailed analytic work with single individuals’ (p. 225).

To take one example, the initial indifference that the children showed to the world of adults gradually shifted, but their first positive attitudes to their caregivers was not the usual demanding, possessive behaviour that children of this age would usually show to their carers (p. 187). Instead, Sophie and Gertrud began to be treated with the same concern as the other ‘siblings’, as if they were members of the group. When visiting a sweet shop, for example, all the children demanded that Sophie be given a sweet (as they had been), and, when it fell from her mouth on the walk home, they were ‘as upset as if they had lost one of their own sweets’ and insisted on giving her a replacement one when they reached home an hour later (p. 188). The adults, in other words, were included in the group as equal members, and it was only later that individual personal attachments to adults appeared – demonstrated by possessiveness, clinginess, distress about separation – although even then ‘they lacked the intensity and inexorability which are among the main characteristics of the emotional life at this age’ (p. 191).

The observation of the ‘high degree of identification with each other’s needs’, alongside the way in which the children ‘were able to attach their libido to their companions and the group as such’ (p. 227), allowed Anna Freud to draw some conclusions about the impact of the lack of care-giving in the first years of life. As Freud and Dann note, these children were ‘hypersensitive, restless, aggressive, difficult to handle . . . but they were neither deficient, delinquent, nor psychotic’ (p. 229). As such, they appear to have found a way of expressing their libidinal and attachment needs in such a way that they were able to stay in touch with reality and retain a capacity for development. Whether such development could be sustained – or in what way the children’s early experience would influence later stages of their development – was a question that Freud and Dann suggested needed to be the basis for further research.

For reasons of both personal care and professional interest, Anna Freud was very committed to maintaining contact with children who had been in her care, in order to understand more about the long-term consequences of early experience. The children who were cared for in Bulldogs Bank were all adopted – except for one child, Paul, who was taken into residential care by Anna

Freud's colleague, Alice Goldberger – and Anna Freud maintained contact with some of them for many years, if the adoptive parents would allow it.

In a very moving book, *Love Despite Hate*, Moskovitz (1983) interviewed all of the children who had attended Bulldogs Bank (as well as a number of other children who had been rescued from the concentration camps and brought to Britain) when they were adults in their early forties. Based on these interviews, certain common characteristics emerged. One was the great 'burden of loss' concerning parents whom these children hadn't known and didn't remember, a 'hunger for some link' that made several of them seek out their histories later in life. Another was a 'haunting anxiety about belonging'. Many of them struggled to feel part of their adoptive families, had a sense of themselves as outsiders, and described themselves as being difficult as teenagers. As adults, religion had become important as a way of feeling that they belonged – in most cases through connections to Judaism and Israel, but in one girl's case through being born again as a Christian. Despite many challenges, all six of the former Bulldogs Bank children displayed an 'affirmation of life' and a 'stubborn durability' in their interviews as adults, which appears to contradict some of the more fatalistic views about the impact of early deprivation on later development. As Anna Freud put it in a different context: one may not be able to make up for deficiencies that occurred in the earliest years of life, but, through a good foster- or adoption-placement, it appears that one can support a child to build up new ego-structures that may help her to better manage the 'gaps' that she may always carry with her.

Alongside these 'natural experiments', Anna Freud also supported the development of more systematic observational and longitudinal research, such as the work of Rene Spitz (1945) on hospitalism, or Margaret Ribble's (1943) study of the early psychological needs of infants. Some time later, Anna Freud gave encouragement to her former colleague from Vienna, Margaret Mahler, in her studies of the 'separation-individuation stage' in toddlers (1975). Most of all, she admired the project undertaken by Ernst Kris at the newly formed Yale Child Study Center, whose longitudinal study of early child development was probably the inspiration for the general orientation of the Hampstead Clinic towards the longitudinal study of development (Young-Bruehl, 1988/2008: 338). This resulted in projects such as a study led by Dorothy Burlingham (1972), investigating the development of blind children, that tried to systematically observe the impact of visual impairment on the child's earliest stages of emotional and social development.

It was on the basis of these examples of research that Anna Freud came to the conclusion, by the early 1950s, that 'the eventual meeting of academic and psychoanalytic research interest will take place, at some future date, not in the realm of psychoanalytic work itself, but in this auxiliary, secondary field of analytically directed observational child study' (1951a: 142). This

remark proved to be well-founded, as the period from the 1970s onwards saw a gradual increase of sophistication in observational research in the field of developmental psychology, which led to an integration of psychoanalytic and developmental research and thinking in the work of developmental psychologists such as Stern (1985) and Brazelton and Tronick (1980), among many others.

A return to clinical case study research

Having made such a powerful case in her work up until the early 1950s for the value of the direct observation of children, Anna Freud turned back once more to the method that had always been seen as the core of psychoanalytic research: the clinical case study (see Midgley, 2007). Speaking at the IPA Congress in 1957, Anna Freud looked back at her attitude to observational research expressed in the immediate post-war years, and explained:

When I took part in the Stockbridge Symposium [in 1950], I came fresh from several years of work in a children's institution which offered opportunities for long-term observations of children on an almost twenty-four hour basis [i.e. the War Nurseries]. Naturally, I was impressed by the additions to our insight, especially with regard to the processes of maturation, which such an opportunity provides. . . . To the present discussion, on the other hand, I come from several years' work in a children's clinic which gives me the possibility to follow the analytic treatment of large numbers of children's cases of all ages and descriptions. I am, therefore, under the fresh impression of the overwhelming advantage of the analytic method itself over all other methods of observation and, as analysts tend to be, inclined to look down on all other ways and means of gaining access to the child's mind.

(1957b: 96–97)

Anna Freud gives the example of childhood trauma to show how psychoanalytic research could benefit by an integration of both analytic and observational data. In a 1958 lecture she argued that analytic treatment of those who had been victims of early childhood trauma revealed that there was no such thing as a traumatic 'event'; rather, experiences in later life (by the process that Freud had described as deferred action) seemed to determine which experiences were to retrospectively gain significance as 'traumatic' (1958[1957]: 131). Yet she also showed how actual observations of early history could lead to a different understanding of trauma memories in adult analytic treatments. She noted that infants may often repeat an action hundreds of times that in later life may be represented as one traumatic event. She observed that, although 'as analysts we realize that past experience is

telescoped in this manner, we are in danger of underestimating the extent of the phenomenon, when not reminded of it by the result of direct observation' (1951[1950]: 157).

Despite her ongoing commitment to observational research, from the mid-1950s onwards Anna Freud repeatedly acknowledged the immense advantages of the analytic encounter as a setting for furthering our understanding of the mind – a setting in which the processes of transference and interpretation lead to increasingly deeper levels of material being brought to the surface in a way that direct observation rarely has access to (1953: 287). Moreover, in the years after the war, analyses of children such as 'Martin' (Hellman, 1990: 31–54), who had been infants in the War Nurseries, led Anna Freud to appreciate how many aspects of early infantile experience could not have been appreciated by direct observations, even of the most careful and psychoanalytic type.

The case of 'Martin' and the role of the absent father

'Martin' joined the Hampstead War Nurseries at 16 months of age, having been separated from his mother at the age of four months and placed in a very unsatisfactory foster home (Hellman, 1990: 32). He was illegitimate and had never known his natural father, but as Martin reached his fourth birthday he became very fond of one of the male workers in the Nurseries, whom he would often imitate. Martin would walk around wearing a cap or a helmet, speak in a deep voice and refer to himself as 'Big Bill'. This young boy appeared to be using this man as a figure of identification to help consolidate his own masculine identity. However, it was noted that – unlike other fatherless children in the Nurseries – Martin never made any reference to his real father, or asked questions about him.

Based on the observations in the War Nurseries, Anna Freud and her co-workers noted that, where children were growing up without a father, they often created fantasy fathers who in their imagination were both fantastically good or terribly evil and violent. But in Martin's case, the elaboration of such fantasies only became apparent when, after the war had ended, he was referred, aged nine, for psychoanalytic treatment at the Hampstead Clinic because of an eating disturbance, antisocial behaviour and an inhibition in his learning which meant that he had hardly learned to read or write (p. 50).

Martin soon let his analyst know that he found it difficult to concentrate in school because he was so preoccupied with his daydreams – 'there are so many, it will take a whole year,' he told her. The profusion of fantasy material that Martin went on to elaborate, much of it related to his absent father, was in striking contrast to the lack of verbalised fantasy observed in his earlier childhood, which could only now be understood as a reaction against the intensity and terrifying nature of these thoughts.

In a series of fantasies elaborated in his analytic treatment, about dead men, ghosts and corpses, Martin expressed his feelings about his unknown father, as well as very primitive anxieties about parental sexuality. His analysis, alongside the concurrent parent work with his mother, gradually led to a freeing up of his learning inhibitions and an overall resumption of development. But what seemed clear to Anna Freud was that, while there were obvious continuities between the observational data from the Nurseries and certain aspects of the analytic material that emerged in treatment, the nature of Martin's defences as a child – as well as the inherent limitations of a purely observational approach – had 'blurred the picture of his fantasies and his fundamental depression' (p. 54). Without the opportunity to investigate Martin's fantasy world by means of analytic treatment, much of what came to be understood about his complex relationship to his absent father would never have been understood – no matter how carefully his development had been observed.

Observation and reconstruction: The 'double approach'

In appreciating the way in which analytic reconstruction could enrich direct infant observation, as well as the way in which observation could enrich analytic understanding, Anna Freud ultimately called for a 'double approach' (1958[1957]), in which the integration of the two kinds of data – direct and reconstructed – was to the ultimate benefit of psychoanalysis. She argued that the incorporation of observational data was essential if psychoanalysis was to develop a fully integrated 'psychoanalytic child psychology', and that this approach would lead to a better understanding of the typical sequences of child development, especially in regard to the earliest, pre-verbal stages of development.

In order to illustrate her point, Anna Freud gives the example of the infant's reaction to the depression and emotional withdrawal of the mother early in life, making reference to the observational work of Ribble (1943), Fries (1946) and Spitz (1945). Although arguing that the impact of early experiences of separation and neglect was first discovered through analytic reconstruction, Anna Freud suggests that the 'addition of the observational to the reconstructive method has raised this discovery, in the course of less than twenty years, from the status of a hypothesis to that of a near-certainty' (1958[1957]: 121). Combining these two approaches not only increases our knowledge; it also lends added credibility to our findings, because the two methods can 'check up on each other'.

The impact of this double approach can be seen clearly in Anna Freud's own work, both in the creation of the Provisional Diagnostic Profile and, more especially, the concept of developmental lines (A. Freud, 1965a). It was here that Anna Freud created her most complete synthesis of observational data with the findings of analytic reconstruction, in order to produce a psychoanalytically informed, observationally based way of assessing

development which could be used by both analysts and other workers involved in the care of young children (see Chapter 8).

The influence of the double approach can also be seen in the post-war activities of child development centres such as the Yale Child Study Center, as well as in the clinical and research activities of the Hampstead Clinic itself. Anna Freud set out her vision for a clinic that had a ‘fourfold orientation’ – towards training, therapy, research and prevention (A. Freud, 1957a) – with each of these activities informing and enriching the others. For example, observations of four young twins in the Hampstead War Nurseries was later complemented by psychoanalytic treatment during adolescence, allowing sophisticated interpretation, among other things, of the way in which external events during childhood had been elaborated in internal reality, as well as the process leading to the formation of cover memories and the distortion of memories by later developmental processes (Burlingham, 1963). Alongside this, the existence of a baby clinic, a number of toddler groups and a nursery within the Hampstead Clinic – all of which collected observations of a large number of children, some of whom later went on to receive analytic treatment at the Clinic – allowed a continuing interaction between direct observational data and that derived from analytic treatment, with valuable results (e.g. Burlingham, 1972).

Challenges to using the clinical setting as a method of research

Although Anna Freud valued ‘the lucky chance that in psychoanalysis the method of therapy is identical with the method of inquiry [which] conferred the potential of a research case on every patient who entered psychoanalysis for his private therapeutic purposes’ (1959: 122), she also came to believe that there were serious limitations to the way in which psychoanalysts had used the clinical setting as a method for research. She acknowledged that the case reports written by analysts may be selective in what they report and are often idiosyncratic in how they are written. She noted with some sympathy that ‘analysts have often been reproached for taking no interest in planned research and the methods serving it; of making their discoveries haphazardly and incidentally; of not choosing their material according to plan; of working as individuals and not as teams; and of allowing their case material to drift out of sight without follow-up’ (1959: 122).

If psychoanalysis was to address these criticisms, while making best use of the unique opportunity provided by what her father had called the ‘inseparable bond’ of cure and research inherent in the practice of psychoanalysis (S. Freud, 1926: 256), then Anna Freud believed analysts had to work together in a systematic way. But as Joseph Sandler was later to comment, ‘the mere accumulation of records, however accurate and illuminating, does not constitute research’ (Sandler, 1962: 315). Something more was needed that could act as an

appropriate method of research for psychoanalysis. The creation of the Hampstead Clinic provided Anna Freud with an opportunity to explore what this could be.

As the clinic was dedicated to both treatment and research (as well as training and prevention), Anna Freud saw the opportunity at the Hampstead Clinic to develop models of clinical research that would overcome some of the limitations of psychoanalytic inquiry until that date. In a 1960 paper she focused on two particular opportunities that a clinic-based research study would have: the opportunity for the pooling of clinical material, and the planned selection of cases:

Pooling of material and planned case selection are . . . used to counteract disadvantages for research which are inherent in analytic work, such as the comparative absence of specialization and the impossibility of setting up experiments.

(1957–1960: 11)

Anna Freud gives as an example of planned case selection a study of the development of motherless children. In this study, children who had been separated from their mothers at birth or in the first two years of life were taken into analysis (at different ages) in order to test the hypothesis that ‘continual absence of mothering from early life onward causes severe abnormality’ (p. 15). The aim was not so much to prove (or disprove) the hypothesis, but, rather, to develop a richer understanding of these children’s experiences. Focus was placed especially on the transference, in order to understand more about the primitive character of their object ties and the nature of the substitute ties that they formed to others, and on findings related to the varying emotional reactions to the loss of mother at different stages in development and the potentially pathological consequences of this experience – as well as the ways in which some children had managed quite successfully despite the loss, suggesting a degree of resilience (p. 15).

From the 1950s onwards, Anna Freud oversaw a whole range of clinical research projects at the Hampstead Clinic, organised around small study groups that used the careful selection of cases to explore particular areas. These study groups included ones looking at children with a ‘borderline’ diagnosis, the psychology of child heroes, identical twins, children with congenital blindness and the interaction between child and parental mental health. (For a full list of research projects carried out between 1956 and 1968 at the Hampstead Clinic, see A. Freud, 1969a.)

The Hampstead Index

Simply selecting cases with certain shared features was not enough, however, if research was to be carried out systematically. According to Anna Freud, the

success of such an approach also depended on the capacity to pool the analytic material that emerged from each individual treatment in such a way that data could be compared across different therapies and different therapists. What was needed, in other words, was a more systematic way of recording data from the analytic setting.

Anna Freud and her colleagues had already begun to develop such a method of systematic pooling of data when they started collecting observations of children on index cards in the Hampstead War Nurseries (see Chapter 4). In 1954 Dorothy Burlingham proposed that this methodology could be extended to clinical treatment cases, so that material could be systematically recorded in weekly notes and bimonthly reports and then categorised by the therapist under the supervision of a small group of senior analysts (Young-Bruehl, 1988/2008: 336). This material was then ‘indexed’ under a range of categories – some of which were predetermined (environmental factors, object relations, fantasies, defences, etc.) and some of which were added or developed in the course of the ‘indexing’ process.

The Hampstead Index soon developed, under the leadership of Joseph Sandler, to become what Anna Freud described as a ‘collective analytic memory’ – a ‘storehouse of analytic material which places at the disposal of a single thinker and author an abundance of facts gathered by many, thereby transcending the narrow confines of individual experience and extending the possibilities for insightful study for constructive comparisons between cases, for deductions and generalizations, and finally for extrapolations of theory from clinical therapeutic work’ (1965b: 484–485). But the process soon raised some fundamental problems. The first was the question of what constitutes a suitable ‘unit of psychoanalytic observation’ – and this quickly led to the problem of the conceptual gap that was found between actual observations of analytic material and the theoretical framework in which that material was framed. In retrospect, Sandler (1962) described the frustration and despondency that the clinical research team felt, as they had to continuously re-index the clinical material in the light of their revised understanding of key analytic concepts, which were themselves being constantly revised in the light of new clinical material. Sandler explains:

However, as the manuals gradually took shape, it was realized that what had originally seemed to be by-products of the Index were in themselves substantial contributions to psychoanalytic theory. We had been doing research without knowing it!

(Sandler, 1962: 321)

With this realisation, the analysts at the Hampstead Clinic began to form a number of study groups dedicated to investigating conceptual and theoretical issues thrown up by the indexing process itself. Sandler’s own papers on the concepts of the superego, depression, narcissism and fantasy (Sandler, 1962)

are all examples of conceptual research studies that emerged from the Hampstead Index project, while Anna Freud's own papers on topics such as psychic trauma (1967b[1964]) are equally inspired by the research carried out by clinicians and researchers who were part of the Hampstead Index project.

Psychic trauma as an example of psychoanalytic research

Anna Freud presented her paper on psychic trauma at a conference organised by the Psychoanalytic Research and Development Fund in New York in 1964, and in her typical way she carefully examined the concept from a number of perspectives, in order to try to 'rescue [the term] from the widening and overuse which are the present-day fate of many other technical terms in psychoanalysis' (1967b[1964]: 222). Starting out from Freud's statement that the essence of a traumatic situation is 'an experience of helplessness on the part of the ego in the face of an accumulation of excitation, whether of external or internal origin', Anna Freud went on to investigate the phenomenon from the 'economic' perspective (i.e. the level of individual tolerance for excitation) and from a 'qualitative' perspective (i.e. the degree to which the traumatic event is experienced as an annihilation, an abandonment or a threat of castration). After considering a number of aspects of psychic trauma, including how children cope with trauma and what is most likely to promote recovery, she concluded that the essence of a psychic trauma is an experience that is 'shattering, devastating, causing internal disruption by putting ego functioning and ego mediation out of action' (p. 238).

Although this paper ranges across a wide range of conceptual and theoretical issues, it is clear that it could not have been written without the careful observations collected as part of the Hampstead Index. It is perhaps no coincidence, therefore, that when a group of analytic researchers decided to draw on the Hampstead Index methodology to undertake a programme of conceptual research on key psychoanalytic concepts, it was the concept of psychic trauma with which they began. And their results both confirm and elaborate Anna Freud's own findings (Dreher, 2000).

Conclusion

When the history of psychoanalytic research is discussed, Anna Freud's contribution is not often credited. Criticised by some, such as Wallerstein, for not going far enough in encouraging psychoanalysis to embrace the 'proper constraints of science' (Wallerstein, 1984: 76), for others she appeared to go too far in the attempt to integrate psychoanalysis with academic psychology and mainstream science, risking the possibility that what is most unique and

radical about psychoanalysis could be lost in the process of its integration within a model of ‘psychoanalytic developmental psychology’.

This tension between wanting to preserve what is unique about a psychoanalytic perspective, while also bringing psychoanalysis into a relationship with other fields dedicated to the understanding of development and the mind, runs throughout Anna Freud’s work. Her commitment to systematic observation and the need to check out theories against practical experience was also a constant in her professional life. So was her ongoing acceptance that there is still a huge amount that we do not know or do not understand about the way the mind works, and that only careful investigation can move our knowledge forward. As Elisabeth Young-Bruehl, Anna Freud’s biographer, has put it:

There is a good deal of emphasis now in psychoanalysis on the importance of research. As a researcher Anna Freud was certainly the great model, first in the 1930s, then as the codirector with Dorothy Burlingham of the Hampstead War Nurseries in the 1940s, later the cofounder in the 1950s of the Hampstead Centre, which was for decades the most important psychoanalytic research centre in the world. . . . [Anna Freud’s] creativity in finding means for comparing observational data with clinical data gained from analytic work . . . has ‘borne fruit’ (as she liked to say) in theories and clinical practices that will take another generation to elaborate.

(Young-Bruehl, 1988/2008: 474–475)

FURTHER READING

Anna Freud’s commitment to systematic observation as a form of research is reflected in many of her later works, including research projects looking at the treatment of adolescents; the study of ‘borderline’ cases; an inquiry into ‘motherless children’; and an analytic study of children who are blind from birth (A. Freud, 1957–1960). Other psychoanalytic researchers who have been influenced by Anna Freud’s observational methods include Colonna (1996) and Hellman (1990). Debates about the value of observation as a method of psychoanalytic research continue to take place (e.g. Green, 2000), but as a volume of papers edited by Urwin and Sternberg (2012) makes clear, the observational approach – especially the use of infant observation – is now a well-established method of psychoanalytic research.

The importance that Anna Freud gave to such systematic research is especially highlighted by Lustman (1967) and is reflected in the work of her younger colleagues, especially that of Joseph Sandler, Howard and Miriam Steele, Jill Hodges, Mary Target, Peter Fonagy and many others who either

worked or trained at the Hampstead Clinic, each developing a strong commitment to psychoanalytic research in the process. Some, such as Peters (1985), have been critical of the research methods developed at the Hampstead Clinic during Anna Freud's own lifetime, arguing that the lack of rigorous assessments of reliability and validity meant that the 'results could not challenge the theory' (p. 194). Although Anna Freud herself did not especially encourage the systematic development of outcome research, this has since developed as a key focus of work at the Anna Freud Centre, as well as for child psychoanalysis more generally (e.g. Fonagy and Target, 1996; Midgley and Kennedy, 2011).

Within the broader field, debate continues about the most appropriate methodology for psychoanalytic research, with some arguing for a greater integration between psychoanalysis and mainstream psychology (e.g. Fonagy, 2003) and others arguing for the distinctive contribution of psychoanalysis as a research method in its own right (e.g. Rustin, 2003). The case for a pluralistic culture in psychoanalytic child psychotherapy research, involving the use of a range of methodologies to address a range of research questions, is set out in Midgley *et al.* (2009).

7

THE PSYCHOANALYTIC TREATMENT OF ADULTS

KEY WRITINGS

- 1936** *The Ego and the Mechanisms of Defence*
- 1943** 'Memorandum on Technique'
- 1954** 'The Widening Scope of Indications for Psychoanalysis'
- 1954** 'Problems of Technique in Adult Analysis'
- 1955** 'The Concept of the Rejecting Mother'
- 1965** 'Metapsychological Assessment of the Adult Personality: The Adult Profile' (with H. Nagera and W. Ernest Freud)
- 1966** 'Some Thoughts about the Place of Psychoanalytic Theory in the Training of Psychiatrists'
- 1969** 'Difficulties in the Path of Psychoanalysis: A Confrontation of Past with Present Viewpoints'
- 1976** 'Changes in Psychoanalytic Practice and Experience'

Introduction

Although best known as a child analyst, Anna Freud had a clinical practice with adult patients throughout her life, and she maintained an ongoing interest in the theory and practice of adult analysis. Elisabeth Young-Bruehl (1988/2008: 158) suggests that about one-third of Anna Freud's case load in the late 1920s was of adult patients (primarily those in training) and by the early 1930s she was running a regular seminar where ongoing adult cases were discussed. Edgcumbe (2000) notes that Anna Freud continued to work with adult patients until almost the end of her life, adding that although 'she wrote relatively little herself about work with adults . . . much of her thinking was absorbed into the work of Hampstead Clinic Groups studying problems of adult patients' (p. 200). Moreover, as an active member of the International Psychoanalytic Association for over 50 years, Anna Freud closely followed the debates and controversies within psychoanalysis and contributed her own views on the technique of adult analysis. Perhaps best known for her defence of what came to be known as the 'classical' psychoanalytic view, Anna Freud made a distinctive contribution to our understanding of the analytic treatment of adults, and she never lost her interest in this field.

The 'classical' analytic view

Anna Freud developed her own ideas about the technique of adult analysis during the 1920s, at an important period in the early history of psychoanalysis. Writing in 1954, she explained how 'the subject of analytic technique and its legitimate variations has been a fascinating one to me since the times when I, as a beginner . . . listened to Federn's descriptions of his variations of technique for psychotic cases, and to Rank's and Ferenczi's explanations of "active therapy"; and when I witnessed Wilhelm Reich's exciting and promising beginnings of so-called strict defence analysis, etc.' (1954b: 357). It was also the period when Sigmund Freud had recently introduced the structural model of the mind, and analysts were in the process of working out the implications of this theoretical revision for clinical practice.

Although her primary focus was on the application of psychoanalytic ideas to work with children, Anna Freud was also deeply interested in these debates about analytic technique with adults. In the early chapters of *The Ego and the Mechanisms of Defence* (1936), Anna Freud gave a succinct account of the development of psychoanalytic technique from the earliest period of Sigmund Freud's therapeutic work, and she illustrated its intimate connection with the psychoanalytic understanding of the mind. In what she termed the 'pre-analytic period' (roughly coinciding with the work published by Freud and Breuer in 1895, the *Studies on Hysteria*), Anna Freud shows how the use of hypnosis as a core technique of treatment put a primary emphasis on trying to eliminate or overpower the patient's ego, with the primary aim of 'the revelation of the unconscious' (1936: 11). The rationale for such an approach was that bringing the unconscious into consciousness would cure the patient's symptoms; however, as Anna Freud observes, by trying to bypass the workings of the ego, this part of the mind 'revolted and began a new struggle to defend against that element of the id which had been forced upon it, and so the laboriously achieved therapeutic success was vitiated' (p. 12).

A decisive shift in the analytic treatment of adults, according to Anna Freud, came with the introduction of free association as the golden rule of psychoanalysis. Although the aim of free association, as with hypnosis, was to access the unconscious working of the mind as directly as possible, in practice this proved impossible, as the mind could not help but to put up 'resistances'. The analyst's attention, Anna Freud explains, 'is now diverted from the associations to the resistances, i.e. from the content of the id to the activity of the ego' (p. 14). What might have appeared at first to be an obstacle to therapy was quickly seen to be essential to successful treatment. It was by recognising the means by which the ego had defended itself against the unconscious wishes that these defences (chiefly among them, repression) could be undone and a more adaptive solution to the demands of the unconscious be found. Only once this twofold focus was established,

Anna Freud claims, can we ‘speak of *psycho-analysis*, as distinct from the one-sided method of hypnosis’ (p. 15). The techniques of dream-analysis, working with the transference, etc. were all only technical innovations that allowed this fundamental new focus on *the mind in conflict* to be further extended.

Building on the work that her father had presented in *Inhibitions, Symptoms and Anxiety* (1926 [1925]), Anna Freud set out her own particular contribution to analytic technique: the focus on the ego’s defensive operations as an object of analysis. She argued that, whereas the id elements actually wish to gain access to consciousness, the workings of the ego and the superego remain more stubbornly resistant to the work of the analyst and therefore require considerable skill in order for their workings to be made conscious so that the patient can develop a more adaptive means of dealing with his or her unconscious desires. The task of the analyst, she clarified, was to take a standpoint equidistant from each of the three agencies (id, ego and superego), and ‘to bring into consciousness that which is unconscious, *no matter to which psychic institution it belongs*’ (1936: 30; italics added).

So it is the analyst’s business first of all to recognise the defence mechanisms. When he has done this, he has accomplished a piece of ego-analysis. His next task is to undo what has been done by the defence, i.e. to find out and restore to its place that which has been omitted through repression, to rectify displacements and to bring that which has been isolated back into its true context. When he has re-established the severed connections, he turns his attention once more from the analysis of the ego to that of the id.

(p. 15)

Such was the analytic technique set out in *The Ego and the Mechanisms of Defence*, which many have seen as leading to a whole new development in the field of psychoanalysis (see Chapter 4 this volume). But looking back on the work that she presented in her 1936 book, Anna Freud was keen to emphasise that this was not intended to be a new departure in terms of analytic technique:

Actually, this increased emphasis on the analysis of the ego (sometimes referred to as ‘defence analysis’) brought with it no major changes of analytic technique. It served merely to stress points which had been made before, but had not always been implemented seriously enough: that, during the analytic process, defence has to be interpreted before the id content which is warded off by it; that to approach id contents without that precaution amounts to ‘wild’ analysis; that the analyst’s attention has to be divided equally between content and defence and continually turn from one to the other; that regression in the transference brings with it not only

the fantasies and anxieties of infantile life but also the modes of functioning and expression which were characteristic of the past.

(1969b: 143–144)

Each of the points she makes in this quotation emphasises the way in which the analyst has to pay equal attention to the different agencies of the mind. It is not enough merely to interpret the unconscious wishes or anxieties, one also has to recognise how and why the patient is defending him/herself against these; even when working in the transference, one must keep in mind that it is not only unconscious *wishes* that are transferred onto the person of the analyst, but also the typical *defences* that are repeated in the relationship to the therapist. In this way, she says, there is ‘no such thing as either an “id analysis” or a “defence analysis”’; there is only one analytic procedure which embodies both’ (1954a: 381).

The analytic stance and the problem of technique

As she makes clear in a paper on ‘Problems of Technique in Adult Analysis’ (1954a), the ‘classical’ analytic technique that Anna Freud describes is one based on certain key analytic assumptions: that the patient’s symptoms can be understood as the result of an internal conflict, but that this conflict has arisen in the remote past and is not accessible to consciousness; that these past unconscious experiences can be relived in the transference when provided with a suitable ‘object’ in the person of the analyst; and that by analysing the ‘resisting counterforce lodged in the patient’s ego’ (p. 379) one is able to reactivate the old conflicts, make the patient aware of his or her typical defences, and thereby allow new solutions to the old conflicts to be found. Techniques such as free association, the use of the couch, analytic neutrality, dream interpretation and the interpretation of manifestations of transference are all simply methods that facilitate this process more successfully.

In contrast to what she felt was the danger of emphasising one of these methods as the ‘key’ element of psychoanalysis, Anna Freud showed the way in which each of the above techniques has a contribution to make to analytic work with patients in a ‘classical’ psychoanalytic treatment. She recognised that to carry out an analysis on this basis was a slow and at times laborious process. ‘Like all analysts,’ she wrote:

I feel at times dissatisfied with the nature of my work, its rigidity, the restrictions placed upon analyst and patient, the length of time needed for a cure, etc. In such moods I wish I could drop all rules of procedure and act impulsively and on my own.

(1954a: 382)

Especially for an analyst in training, still struggling to ‘maintain his human feeling and understanding while complying with a whole host of complicated rules’, the temptation may be to throw off such regulations, which might be seen as too restrictive. Or by contrast, some analysts may hope to ‘hide behind the rules, to meet the patient not squarely, but protected by a barrier which, at least in the ordinary run of cases, eliminates the need for independent action’ (p. 383). But both attitudes, she suggests, will lead to a loss of the true meaning of psychoanalytic technique. She proposes that elements such as free association, dream interpretation and the handling of the transference are best seen as ‘mere tools of treatment’, which at times need to be ‘inspected, revised, sharpened, perfected and, if necessary, altered’ (p. 383). Anna Freud always emphasised the importance of *flexibility* in relation to analytic technique. Any fundamental alterations to the method of clinical psychoanalysis, however, should only be carried out when there is sufficient cause, and on the basis of careful reflection.

Most of all, Anna Freud stressed the importance of working from ‘surface to depth’, starting with that which is closest to the patient’s own consciousness, and gradually working ‘down’ from there. Such an investigation should be, moreover, a shared venture, between two people with a desire to understand – as well as an acceptance that there are parts of the mind that will resist such understanding. Anna Freud always positioned herself as an ally to her patients, albeit one who ‘reserved the right to say what had to be said, an ally who would not settle for sugar-coating when bitterness had to be acknowledged in the interest of truth’ (Coles, 1992: 98). Debbie Bellman, in writing of what makes an Anna Freudian analyst, describes ‘the importance of being human, empathic, straightforward, and simple, as well as humorous and playful as appropriate’. She goes on:

I would also emphasize the importance of listening to one’s patients, with interpretations being merely a form of communication rather than manifestations of the therapist’s eloquence.

(Bellman, 2012: 369)

Arthur Couch’s memories of an analysis with Anna Freud

Just as Sigmund Freud’s analytic technique is brought vividly to life by the memories of those who were analysed by him (e.g. Kardiner, 1977; Lohser and Newton, 1996), so Anna Freud’s analytic technique is perhaps best captured by the memories of her former analysands, such as Erik Erikson, who remembered her ‘over-all calm and restrained therapeutic style’ (Erikson, 1983: 51), or Arthur Couch, who came to London to have an analysis with Anna Freud in the late 1960s, as part of his own training to become a psychoanalyst.

Couch (1995) emphasises the fact that Anna Freud presented the work of analysis as a joint endeavour, one in which analyst and patient were working together. He remembers how she would often use the phrase ‘we are trying to understand about that’ to emphasise the sense of a shared activity, one that was based on curiosity, creativity and a considerable amount of courage. Her use of the word ‘we’ made clear that analytic progress depended on a strong ‘therapeutic alliance’ between analyst and patient, and to that end Anna Freud presented herself to her patient as a very real person, who was natural in her approach. When he first arrived from the US and attended his first analytic session, Couch remembered how she asked him in a quite natural way about how he was settling in to life in London, and at other times would acknowledge when she had seen him giving a presentation at a meeting or when real life events (such as a fire that broke out at the Hampstead Clinic during the middle of one of his sessions) intruded on their work. But this natural style of interaction was mixed with deep analytic interpretations, always presented in a simple, non-technical language. She could make, he remembered, ‘complex points with deceptive simplicity’ (Couch, 1995: 159), and she always encouraged him to listen to himself and to find his own meaning (or interpretations) in the material that he brought for analysis:

She was just herself; there were no signs of a learned technique, or of any imposed ‘system’ of rules and unresponsiveness. She was always her real self and an analyst at the same time, not like a trained professional person who took on the analytic role in sessions, leaving the real self behind during the therapeutic work.

(p. 158)

As one would expect from her writings, Anna Freud paid great attention to Couch’s dreams – sometimes spending a whole session or more on interpreting a particularly significant dream – and a great deal of time was spent on reconstructions of childhood events that were important to an understanding of the person he had become as an adult. What characterised Anna Freud’s approach, Couch himself came to see, was ‘her determined effort to help me understand my childhood development and the accompanying unconscious reactions that influenced my life and character, and by that to free me from the past’ (p. 162).

But rather more surprising – at least for those who saw Anna Freud as neglecting the transference – Couch also says that there was a great emphasis on the transference, and that both his positive and his hostile transference feelings were an object of analysis. However, Anna Freud made little or no use of the ‘here-and-now’ transference interpretations, which were becoming such a central aspect of psychoanalysis in Britain in the post-war years. Couch makes a point of emphasising that Anna Freud never made what he calls a

‘you mean me’ type of transference interpretation. Instead, transference phenomena were brought to his attention in the same way as any other psychic material, as something for analyst and patient to investigate and explore together, as part of the ongoing work of self-understanding.

Arthur Couch makes clear his admiration for Anna Freud’s style of analysis and for the degree to which he personally felt helped by his experience of analysis with her. But he is not uncritical of her way of working, and he mentions some of the ‘blind-spots’ that he felt Anna Freud displayed in her work with him. When he was getting married, for example, Anna Freud was unable to hide her disapproval of his decision to have a religious ceremony. He also remembered, with regret, a time when he spoke in a way that clearly hurt Anna Freud’s feelings, and the way in which she expressed this in his session:

I was talking about choosing furniture and curtains for our new apartment in Hampstead. I remarked that I preferred very traditional mahogany furniture and dark curtains, which I was bringing over from America. I contrasted this style unfavourably with the light wood desks and light coloured curtains in the Hampstead Clinic. I went on and on about this difference. For a while Anna Freud said nothing, but towards the end she made a very unusual comment, saying: ‘I made all those curtains myself.’ The personal nature of her comment took me aback. I was so emotionally affected that I was silent for some time. Then I said that, regardless of my tastes, I could see how dedicated and personally involved and proud she was of the Hampstead Clinic, which she had created . . . [This exchange] caused me considerable guilt, but also gave me a deep insight into Anna Freud’s life’s work.

(p. 161)

Challenges to the ‘classical’ view of analysis: The role of transference

Anna Freud’s views about the aims and technique of psychoanalysis were intended as merely a restatement of a ‘classical’ position, but from the beginning they were also controversial. Her view of psychoanalysis, as set out in the opening chapters of *The Ego and the Mechanisms of Defence* in 1936, was challenged most forcefully at two points in her career: first in the early 1940s, when Anna Freud moved to London and quickly became embroiled in a debate about the nature of psychoanalysis with Melanie Klein and her colleagues (the so-called Controversial Discussions); and then again in the 1960s and 1970s, when new trends in psychoanalytic thinking and practice led her to review her own position on the treatment of adult patients.

The debates that occurred in the early 1940s were part of a series of meetings of the British Psychoanalytical Society (BPS) which were intended to try to deal with the tensions that were created after many European analysts emigrated to London in the late 1930s. Some of the conceptual and clinical differences between these 'classical' analysts and those that adhered to the work of Melanie Klein, who had moved to London in 1926, now took on greater urgency. The aim of the 'Controversial Discussions' (King and Steiner, 1991) was to try to clarify the difference between the various analytic traditions, and to establish the evidence for Melanie Klein's views and judge whether they could be considered compatible with the psychoanalytic ideas of Sigmund Freud – and therefore whether they should have a place in the training of the BPS or not.

Among the series of presentations and discussions that took place in London in 1942–44, possibly the most interesting, from a clinical point of view, were the 'Memoranda on Technique', which were presented for discussion in the autumn of 1943. These brief statements about the fundamental elements of psychoanalytic technique from several of the leading figures in British psychoanalysis at the time came about as a result of a proposal made by James Strachey, who suggested that it might be possible to side-step some of the issues about which theories were 'true' by focusing on what a valid psychoanalytic technique might look like and (if agreement could be reached on this) making that the basis for training in the BPS. Brief memoranda were presented by both Anna Freud and Melanie Klein, as well as others including Marjorie Brierley, Ella Sharpe and Sylvia Payne (King and Steiner, 1991). In the discussions that followed the presentation of each of these memoranda, issues such as the aims of psychoanalysis, the role of transference, the use of interpretation and the nature of the training analysis were vigorously debated.

In her own memorandum, presented to the Training Committee on 29 September 1943, Anna Freud emphasised that for her the 'two main foundation stones of psychoanalytic technique were the substitution of free association for hypnosis, and the control and reduction to a minimum of the real relations between analyst and patient' (1943: 630). The former led directly to the discovery of the dynamic importance of resistance; the latter to the fact of the transference. Anna Freud went on to review the technical innovations that had been introduced by Ferenczi, Rank, Reich and others, before stating her concern about 'the almost exclusive emphasis given by Mrs Klein to all transference material, compared with material which emerges in dreams, in verbal associations, in memories and screen-memories' (p. 631). As a consequence of this exclusive focus on only one aspect of the psychoanalytic encounter, Anna Freud believed, Klein and her colleagues had also moved towards a narrow focus on phantasies emerging during the first year of life (which would be repeated in the transference), to the relative neglect of later stages of development, including the traditional oedipal phase (which she placed between the third and fifth years of life). By conceiving of the transference in terms of the repetition of the earliest stages of

object-relations, Anna Freud believed this would lead to an inappropriate emphasis on interpretations related to the processes of primitive introjection and projection. For Klein, she believed, analysis was ultimately about the transformation of these internalised objects; whereas Anna Freud herself continued to see the aims of analysis in terms of ‘the widening of consciousness which brings more psychic matter under the control of the ego’ (p. 631). If the aims are so different, she suggested, so would be the therapeutic techniques and focus.

In the memorandum, Anna Freud also set out her belief that transference is something that emerges gradually, with the early stages of contact with the analyst ‘governed by normal rational attitudes’, and with deeper layers of the unconscious only being transferred onto the person of the analyst as the treatment progressed (the so-called transference neurosis). She suggested that Melanie Klein saw things differently, by emphasising the strength of the transference from the very beginning of analysis, with inevitable implications for analytic technique.

Perhaps not surprisingly, the outcome of the Controversial Discussions was not an increase in understanding between the different schools of psychoanalysis, but, rather, a hardening of attitudes and an increasing emphasis on differences. In 1944, the Training Committee proposed that those most involved in the debates should not play a central role in training, but that all trainees should have an opportunity to learn about the full range of models of psychoanalysis held within the BPS, ‘including the most extreme’. When Anna Freud discovered that her own views were among those considered ‘extreme’, she was so angry that she considered resigning from the BPS. Although this did not happen, she kept away from meetings at the BPS for almost two years.

The ‘Freudian Group’ and the creation of the Hampstead Clinic

In the end, the new President of the BPS, Sylvia Payne, hammered out what became known as the ‘Gentleman’s Agreement’ (somewhat misnamed, as it was primarily an agreement between three women – herself, Melanie Klein and Anna Freud). The Agreement, signed in 1946, led to the establishment of different training tracks within the single organisation, so that candidates could choose which track they wished to follow. Over the years this led to the establishment of three training options, one more closely based on the work of Klein and her colleagues; a second based on the teachings of Anna Freud and the ‘contemporary Freudians’; and a third, so-called non-aligned, who later came to be known as the Group of Independents.

Although she did not resign her membership of the BPS, Anna Freud no longer considered it the centre of her professional life, and she always kept a certain distance from the organisation. As Young-Bruehl put it, ‘she placed

her hopes for the future of psychoanalysis elsewhere' (1988/2008: 271), and for the rest of her life she had more contact with psychoanalytic institutes in the US (where many of her colleagues from Vienna had emigrated) than with the institute on her own doorstep. At a personal level, these experiences led Anna Freud into what Young-Bruehl has called a 'dark night of the soul' – three years during which she suffered from a serious pneumonia that almost killed her and during which she finally had to 'work through' the grief for the loss of both her homeland and her father in 1939. On a personal level, one outcome of this experience was a profound period of self-analysis, which resulted in one of the most intimate papers that Anna Freud was ever to write, 'About Losing and Being Lost' (1967[1953]) – written in 1953 but only published 14 years later. In this paper, she revisits Freud's views on the meaning of losing objects or getting lost and links this to the experience of mourning. In its tone and its moving simplicity, the paper deserves comparison with her father's equally profound work, 'Mourning and Melancholia' (1917[1915]).

A second outcome of her 'dark night of the soul' was a decision that was to have monumental implications for her own career and for the future of child psychoanalysis. With support from her colleague Kate Friedlander (who tragically died in 1949, at the age of only 47), Anna Freud decided to try to transform the Hampstead War Nurseries, which were now starting to wind down, into a training programme for child psychoanalysis (or 'child experts', as she preferred to think of them), which began in 1948. The decision to link the training to a clinic offering analytic treatment to children was soon made, and funding was sought from sympathetic organisations based in the US. In 1951, a house in Maresfield Gardens, London, was bought with funds from the Field Foundation, and the Hampstead Child Therapy Clinic and Course was born. The Hampstead Clinic (as it was usually known, until being renamed 'the Anna Freud Centre' following her death) became the centre of Anna Freud's professional life, and almost all of the work she did in the post-war years was intimately connected to the activities of the Clinic and its training programme.

The widening scope of adult analysis

In 1954 Anna Freud took part in two symposia in the US, both of which focused on questions related to the widening scope of psychoanalysis and the implications for technique. In her presentations, Anna Freud acknowledged that the 'classical' psychoanalytic technique that she had always promoted, with the specific focus on transference and resistance, was only valid for neurotic disorders (i.e. ones based on unconscious conflicts between the internal agencies of the mind), but that 'variations in analytic technique become necessary whenever the aspect of a case leads us to expect

manifestations of transference or resistance which exceed in force or in malignancy the amounts with which we are able to cope' (1954a: 387). She gives, as examples, the treatment of schizophrenic patients, 'delinquents and near-criminals', 'atypical character disturbances', and patients suffering from addictions (p. 385). In each case, she argues, there may be justifiable reason for adaptations of psychoanalytic technique; at best, this may lead to new understanding, which will in turn invigorate psychoanalytic theory and lead to further developments in treatment and technique.

By the late 1960s, however, when Anna Freud revisited some of the questions about the widening scope of psychoanalysis, she was more cautious about the changes that were taking place. Her 1969 paper on 'Difficulties in the Path of Psychoanalysis' deliberately evoked the title of a paper written by her father in 1917, at another challenging time for the psychoanalytic movement (S. Freud, 1917). In her own paper, presented at the New York Psychoanalytic Institute, Anna Freud began by acknowledging the degree to which some key psychoanalytic concepts were more widely accepted than ever before. Ideas about the unconscious motivation for behaviour, about the centrality of sexuality and aggression to human nature, or the fundamental importance of dream-life were now broadly accepted by many people, but this raised new challenges. Among the challenges that she enumerated were:

- The competition from a range of other therapies, both psychotropic and psychological, which led many to see psychoanalytic treatment as 'too slow, too laborious, too time-consuming and expensive' (1969b: 130).
- The altered status of psychoanalysis in the scientific community, which for many years had been either shunned or ignored. While the new-found recognition meant that there was opportunity for interdisciplinary influence, it also led to the risk that psychoanalysis would lose its distinctive approach in search of 'recognition'. The balance, she suggested, was to find a mid-point between 'an overstrict isolationism' and an 'overeager collaboration' (p. 133).
- The risk to psychoanalysis now that training had become 'institutionalised'. Whereas those who were originally drawn to psychoanalysis were 'the unconventional ones, the doubters, those who were dissatisfied with the limitations imposed on knowledge', now trainings were more likely to accept 'the sober, well-prepared ones, who are hardworking enough to wish to better their professional efficiency' (p. 133). As a result of this, psychoanalysis, she believed, was increasingly losing its attraction to the younger generation, who saw it as a conservative profession that did not speak to their deeper needs.

The final change that Anna Freud discussed in her New York paper, and again in a lecture at the IPA Congress in London in 1975, was the 'widening scope of psychoanalysis' to include the treatment of a range of patients for

whom the psychoanalytic method was not originally designed. Among such patients, Anna Freud spoke about the borderline patients and those suffering from psychoses, who 'fail to fulfil the preconditions for the employment of the classical analytical technique by eliminating insight, ego cooperation, or even secondary process thinking and verbal communication' (1976[1975]a: 183). Although Anna Freud felt that psychoanalysis still had a great deal to contribute to the *understanding* of these types of pathology, she was less optimistic about the therapeutic potential of psychoanalysis to *cure* such patients. She was concerned that psychoanalysis would lose its credibility as a therapeutic technique by claiming to be able to treat patients who were clearly more helped by other treatments, including in some cases drug treatments. Also, she was equally concerned about the changes in technique that she felt analysts were introducing to try to treat such patients, at the risk of losing some of the most valuable aspects of the psychoanalytic method.

Among the clinical and conceptual changes that Anna Freud believed were being made by 'modern' analysts trying to find methods to treat these new types of pathology, she was especially concerned that analysts were losing interest in the type of psychic material that had always been so central to psychoanalysis – that is, the disharmonies between the various agencies within the mind (Couch, 1995). Instead, she believed, analysts were becoming more and more concerned with 'the events which lead from the chaotic, undifferentiated state toward the initial building up of a psychic structure' (A. Freud, 1969b: 146) – that is, the first year of life. While this early period of development is of great interest and importance, Anna Freud was concerned that it would lead to therapeutic expectations about undoing the very rudiments of personality development, although the chances of being able to undo such early damage were uncertain. She confessed to 'feeling doubtful about trying to advance into the area of primary repression, i.e., to deal with processes which, by nature, are totally different from the results of the ego's defensive manoeuvres with which we feel familiar' (1969b: 147), and she worried about the damage to the reputation of psychoanalysis if it made therapeutic claims in an area where there was little indication of success. She accepted that failures in this early relationship could create a 'basic fault' in the personality (Balint, 1968), but she disagreed with the conclusion that she felt some psychoanalysts drew from this – that is, that *all* pathology should be attributed to problems in the early mother–infant relationship (A. Freud, 1955[1954], 1982).

Such a change of focus in respect of therapeutic aim (i.e. to 'curing' the faults from the earliest stages of development) also implied changes in analytic technique, especially when faced by patients with more borderline or psychotic functioning. Anna Freud felt that her contemporaries, such as André Green or Donald Winnicott, were indicating that the analyst–patient relationship should be modelled on the basis of the mother–infant relationship

and were suggesting that deep regressions by the patient back to the earliest stages of dependency could have great therapeutic value. In responding to a 1975 paper by André Green in which he put forward such a proposal, Anna Freud described how he and his colleagues ‘pin their therapeutic hopes on the reestablishment of this earliest relationship in the psychoanalytic situation’, but she stressed that there are in fact ‘far-reaching dissimilarities between the two’ (A. Freud, 1976[1975]a: 183): rather than trying to meet these needs through the analytic relationship, Anna Freud felt that these demands for care should be considered *material to be analysed*. Although conceiving of the therapist as an ‘analyst-mother’ may help to clarify some of the functions of the therapist for borderline patients (such as the capacity to act as a repository for the infant’s primitive feeling states), it may also lead analysts into the kind of ‘wild analysis’ that Anna Freud believed had been damaging to psychoanalysis in the early period of its development. ‘Where the phase of dependence has never been overcome,’ wrote Anna Freud, responding to a 1960 presentation by Winnicott, ‘it is impossible to cure in analysis the state of dependency’ (1962[1961]: 193).

Anna Freud was also concerned that the focus on non-verbal modes of communication and the analyst’s intuitive understanding of the patient’s signs and signals could lead to an overemphasis on repetition and re-enactment, rather than remembering and verbal communication (1969b: 147). This, in turn, appeared to Anna Freud to have led to an over-emphasis on communication in the transference, ‘where transference interpretations are considered the only therapeutically effective ones and where the transference phenomena are perforce given preference over memory, free association, and dreams, as the only real road to the unconscious’ (p. 147). Anna Freud doubted whether it was actually the case that the very earliest experiences of infancy were repeated in the transference, or that whatever has been established in the very earliest period of life is reversible on the basis of a therapeutic encounter. She also cautioned against any development in psychoanalysis which put undue emphasis on only one aspect of the psychoanalytic encounter (i.e. the transference–countertransference matrix) rather than on a range of techniques.

In concluding her review of ‘modern’ developments within psychoanalysis, Anna Freud recognised that ‘the desire to unearth ever earlier and deeper antecedents, not only of the ego but of human emotions, anxieties and struggles in general, has taken hold of the analyst’s imagination’ and that ‘for the moment it outstrips most other interests’ (1969b: 156). As part of a talk given at the IPA Congress in London in 1975, she contrasted this with the position set out by Leo Rangell, to which she implicitly ascribed, where the future of psychoanalysis would depend more on ‘modesty of aim and intensification of insight’ (1976[1975]a: 185), with its therapeutic reputation intact by means of a ‘process of shrinkage and precision, of fitting the method to its applicable field’ (Rangell, quoted by Anna Freud, 1976[1975]a: 185). In

a private letter to Harold Blum, following the Congress, Anna Freud was more blunt in her conclusions:

I think that instead of further developing psychoanalytic thought there is a definite tendency to destroy the gains and advances which have been made already, and to substitute for them something less valuable. The difficulty which you as well as I meet in discussion is of course that all these so-called advances are made under the flag of progress, and that therefore anyone who does not welcome them is looked at as 'orthodox' and 'conservative', which I believe neither you nor I are.

(quoted by Young-Bruehl, 1988/2008: 426)

The psychoanalytic understanding of borderline and psychotic states

Although Anna Freud was pessimistic about the therapeutic possibilities of treating more psychotic or borderline patients using psychoanalysis, this did not prevent her from maintaining a deep interest in these areas of pathology and from using psychoanalytic ideas – especially those derived from child analysis – to try to understand these types of disturbance better. As a lay analyst (i.e. one without medical training), she had little opportunity to treat psychotic patients, but she was also clear that her own clinical experience 'extends beyond the run of the common neuroses to character problems of all kinds' (1954b: 357). As part of her analytic training in the early 1920s, she regularly attended the ward rounds at the University of Vienna's psychiatric clinic, run by Wagner-Jauregg with his assistants, Paul Schilder and Heinz Hartmann (both of whom were members of the Vienna Psychoanalytic Society), and on this basis she developed a thorough knowledge and understanding of psychiatric illness and diagnosis (Freeman, 1983). In her later life, she worked alongside many talented adult psychiatrists examining issues related to borderline and psychotic functioning. She helped to establish a study group at the Hampstead Clinic in the 1960s (whose members included Tom Freeman, Humberto Nagera, Jack Novick, Clifford Yorke and Stanley Wiseberg, among others) to explore schizophrenia and psychosis in adults from a psychoanalytic perspective. The group explored the similarities and differences between adult and adolescent psychosis and borderline states; examined the role of conflict and the mechanisms of defence in psychotic functioning; and investigated at length the question of whether it was possible to identify a 'predisposition to psychosis' in childhood (Freeman, 1995).

Building on Sigmund Freud's writings, in which he focused on the 'internal catastrophe' that underlay psychotic breakdowns, Anna Freud emphasised the 'loss of continuity between childhood and adult mental life'

that appeared to characterise psychotic functioning, due to a failure in maintaining an object relationship. She was interested to see how an understanding of psychotic phenomena could challenge the limits of psychoanalytic understanding, and in the last years of her life she was especially concerned with the question of what kind of ‘fracture’ in the personality made some people vulnerable to psychotic breakdown, and whether her ideas about ‘developmental lines’ could help explain this (Freeman, 1983).

Although Anna Freud was cautious about the therapeutic effectiveness of psychoanalysis as a method of treatment for psychotic and schizophrenic patients, she did believe that psychoanalytic investigations had implications for our understanding of recovery. In her preface to *Chronic Schizophrenia* (Freeman, Cameron and McGhie, 1958), she noted that the role of ‘stable, need-satisfying, reliable figures in the outside world’ was as significant for schizophrenic patients as it was for young infants (A. Freud, 1958b: 495). Yorke (1983a), elaborating on this idea, observes that ‘many chronic schizophrenic patients improve in matters concerning eating, bladder and bowel control, and bodily care, in the context of a close relationship with a member of the nursing staff’ (1983a: 396), and he discusses how the common phenomenon among schizophrenic patients of bodily self-neglect can be understood from a developmental perspective, with particular links to the nature of the patient’s object relations. Yorke calls for a greater dialogue between those who work with children and those who work with adults, in order to make full sense of the developmental processes that can lead to borderline, narcissistic or psychotic functioning in adulthood; we can see in his own work, as well as in that of other colleagues of Anna Freud’s (e.g. Freeman, 1976; Yorke and Wiseberg, 1976), examples of what such an integration could look like.

Conclusion

In her approach to the psychoanalytic treatment of adults, we can perhaps see most clearly why Anna Freud has a reputation as a ‘traditionalist’, who rejected many developments in contemporary psychoanalysis. Although she was excited by the possibilities of opening up new areas of discovery and understanding, especially in relation to the more serious types of adult psychopathology, she was also cautious about whether psychoanalytic treatment could really be effective for such patients. She was also worried that the changes in technique that analysts made in order to try to become more efficacious put at risk some of the more valuable parts of the psychoanalytic method. At times, she expressed concern that the time and energy put into working with this more disturbed population could have been better spent perfecting the technique of psychoanalysis with more

'neurotic' patients, and she worried that some of the key aspects of psychoanalytic technique – such as dream-interpretation, or working to develop reconstructions of early infantile experience – would be forsaken.

As Arthur Couch's (1995) memories of being in analysis with her attest, Anna Freud tried to maintain a tradition of psychoanalysis as a joint endeavour between analyst and patient, both working together to try to make sense of who we are as human beings, and how we came to be this way. By achieving such self-understanding, she believed, we develop a degree of freedom and control over our lives, rather than being driven by powerful – and often destructive – unconscious impulses.

FURTHER READING

Other than papers by Yorke (1983a) and Couch (1995), little attention has been paid to Anna Freud's work as a psychoanalyst of adults, although references to her work with adults can be found throughout her writings and in the secondary literature about her. Compared to the paper by Couch (1995), a more critical account of one analysand's experience of being in analysis with Anna Freud can be found in Menaker (1989, 1991). Esther Menaker was in treatment with Anna Freud in Vienna in the early 1930s. Although she says that she 'idealised' her at the time, looking back Menaker paints a more mixed picture of her analytic experience. While recognising that Anna Freud was 'much less rigid in the application of psychoanalytic technique than most of her colleagues and was certainly more humanistically oriented' (Menaker, 1989: 609), she also comments somewhat negatively on her 'very Freudian interpretations' and her sense that she could be quite critical and judgemental. Menaker goes on to speculate that the 'narrowness and limitations of her own life' were responsible for Anna Freud's limitations as an analyst (p. 610).

A clear statement of Anna Freud's own ideas about the fundamental aspects of psychoanalytic theory and treatment can be found in '**A Study Guide to Freud's Writings**', published in 1978. Although ostensibly about her father's work, it is also a very clear statement of her own psychoanalytic thinking and its relation to the treatment of adult patients. Anna Freud also gave several presentations where she developed her own ideas about the analytic treatment of (male) homosexual patients (see A. Freud, 1952[1949–51]), and she had a specific interest in the complexities of the 'training analysis' – that is, the situation in which analytic treatment is a requirement of clinical training (see A. Freud, 1950[1938], 1976a).

For Anna Freud's debates with Klein, there is probably no better place to start than King and Steiner's ***The Freud–Klein Controversies*** (1991), which is based on the detailed notes made at the time of the Controversial Discussions. The legacy of bitterness and outright hostility that was one

consequence of these discussions can be felt in many papers written from the 1950s onwards, if not by Anna Freud herself (who tended to maintain a diplomatic silence, at least in her published works) then by many of her colleagues, for whom Melanie Klein's ideas were anathema, as well as in the writings of Klein's colleagues and followers, who consistently neglected or criticised ideas that emerged in the Anna Freudian tradition, continuing to see her ideas as not 'truly analytic'.

Later debates between Anna Freud and those advocating a more 'modern' version of psychoanalysis tended to be less toxic, if no less significant. Bergmann (1999) has written an interesting account of the 1975 debate at the IPA Congress in London between André Green and Leo Rangell, and Anna Freud's role in it. Bergmann sees this debate as a landmark in the history of psychoanalysis, with the Freud/Rangell position being brought up against a way of thinking about psychoanalysis that opened up whole new ways of thinking about the nature of the analytic setting. He argues that in 'the debate itself, Rangell and Anna Freud carried the day . . . [but] the era they represented had already passed' (Bergmann, 1999: 198–199).

Many others have written about the debates within contemporary psychoanalysis and the tension between more 'orthodox' and more 'modern' views of psychoanalytic treatment. Some of the history of these debates is captured in Robert Wallerstein's paper, 'One Psychoanalysis or Many?' (1988).

8

THE ASSESSMENT AND DIAGNOSIS OF CHILDHOOD DISTURBANCES

KEY WRITINGS

- 1965** *Normality and Pathology in Childhood*
- 1970** 'The Symptomatology of Childhood'
- 1972** 'The Widening Scope of Psychoanalytic Child Psychology, Normal and Abnormal'
- 1974** 'Diagnosis and Assessment of Childhood Disturbances'
- 1974** 'Beyond the Infantile Neurosis'
- 1976** 'Psychopathology Seen against the Background of Normal Development'
- 1979** 'Child Analysis as the Study of Mental Growth, Normal and Abnormal'

Introduction

With the establishment of the Hampstead Clinic in the aftermath of the Second World War, Anna Freud was confronted with the particular challenges of providing analytic treatment to a large number of children, of varied ages, presenting to the Clinic with a wide range of disturbances and presenting problems. Among the difficulties this raised, one that soon became pressing for Anna Freud was the question of assessment and meaningful diagnosis. Many children were being referred whose disturbance appeared to be much greater than the 'neurotic' children for whom child analytic technique was originally developed, and it was not clear what type of intervention would be most appropriate for their needs. Often there was uncertainty about the degree to which organic problems underlay the child's difficulties, or what role trauma or parental neglect may have played in the development of their problems. In addition, a child of three years may have been referred with similar obsessive symptoms to a young man of 15, yet it seemed unlikely that diagnosing them both as suffering from 'obsessional neurosis' would be clinically meaningful when the underlying meaning of the symptoms in the context of their development stages would probably be so different.

Anna Freud quickly realised that the existing diagnostic systems available were of very little help, whether for making the type of assessments that

would inform decisions about treatment; or for helping to make a prognosis about the development of adult disturbance; or for learning more about the developmental processes themselves and how they might go wrong (1965a: 148). ‘In this constantly shifting internal scene of the developing individual,’ she wrote, ‘the current diagnostic categories are of little help and increase rather than decrease the confusing aspects of the clinical picture’ (pp. 109–110). This was not just a conceptual problem; it had very real implications for the day-to-day working of the Clinic. ‘Even with increasing experience of assessing their psychopathology,’ Anna Freud wrote, discussing the children who were referred for treatment,

. . . we always remain in doubt how far their symptoms remain influenceable by external management or how far they are open to spontaneous cure via developmental alterations, i.e., how far they are transitory. Thus, we are faced by the dilemma whether, by suggesting treatment, we are perhaps involving child and parents in much discomfort, trouble, time, and expense which might be unnecessary; or whether, by refusing it, we are perhaps condemning the child to a life-time of suffering and failure.

(1974[1973]: 59)

For all these reasons, it seemed to Anna Freud that the development of an appropriate system for assessment and diagnosis of a range of childhood disturbances was crucial to the further development of child analysis, and this became an ongoing project for the next 30 years of her working life, alongside many colleagues at the Hampstead Clinic and beyond.

The limitations of existing diagnostic approaches

In reviewing the approach to assessment and diagnosis that had existed when she was training to be a psychoanalyst, Anna Freud recalled with humour her earliest experience of psychiatric diagnosis:

I still remember the time when I, at the very beginning of my work, was a guest student at the psychiatric clinic in Vienna where I used to listen to the young interns as they quickly went through the case sheets of patients who had arrived the evening before. They read only a few sentences in each; for instance, a patient complained that the neighbours were talking about her – paranoia, obviously. Or a patient complained that she was really not the least good to her family – well, a melancholia. I thought that was simply marvellous, and I looked forward to a time when I, though not a psychiatrist myself, would acquire sufficient knowledge to do that in my work with children.

(1974[1954]: 37).

This psychiatric approach (which is still the basis for modern systems such as DSM-V and ICD-10, discussed later in this chapter) relies on the assumption that certain symptoms can reliably be expected to be part of a specific syndrome and that a certain pattern of symptoms will indicate an underlying pathological disturbance. However, as soon as Anna Freud began to work with children, she realised that such an assumption was dangerously limiting.

The first problem was that a purely descriptive approach to diagnosis, based on the phenomenology of manifest symptoms, runs counter to ‘the essence of psychoanalytic thinking’ (1965a: 110), in which behaviour is always understood as simply a manifestation of underlying pathogenic factors. This had not prevented psychoanalysts, it should be added, from using such descriptive diagnostic terms – indeed, classical psychoanalytic diagnostic categories such as ‘obsessional neurosis’ or ‘anxiety hysteria’ all assume that a key symptom (obsessional behaviour, or anxiety states) is central to the diagnosis. ‘Symptoms give us our bearings when we make a diagnosis,’ Freud himself had said (1916–17: 271). Yet reliance on such bearings, his daughter argued, ‘inevitably led into confusion in assessment and subsequently to erroneous therapeutic inferences’ (1965a: 111), especially when extended to work with children.

Even more than with adults, Anna Freud pointed out that symptoms in childhood are often transitory and may mean very different things at different ages. The same symptom in one child may be the result of a developmental disturbance, while for another it may be an indication of an internal conflict; conversely, two quite different symptoms in different children (one who steals and the other who suffers from enuresis) may well be a reflection of remarkably similar underlying pathological dynamics. Even trying to assess the severity of a child’s disturbance in childhood is by no means straightforward, for the kinds of indicators that one might consider using – degree of suffering, impairment of functioning, the nature of the symptoms – may all prove, suggests Anna Freud, to be misleading (p. 118).

The difficulty of making diagnoses based on symptomatology

To illustrate how difficult it can be to make a diagnosis based only on manifest symptoms, Anna Freud gives a number of examples of situations where a particular symptom could hold very different meanings for different children. A child who is referred because of compulsive lying, for example, may simply be behaving in that way because he has not yet reached a sufficient stage of ego development where it is possible to distinguish clearly between reality and fantasy; alternatively, it may indicate a delay in acquiring such an important ego function (1970c: 162). However, another child presenting

with the same behaviour may, on closer inspection, be found to be lying because of the 'level and quality of the child's object relations' and the lying may 'express his fear of punishment and loss of love' (p. 162). For a third child, persistent lying may be a reflection, not so much of a failure in reality-testing, but, rather, of a disturbance in superego functioning.

Likewise, when a child is brought to a clinic with concerns about the withholding of faeces, such behaviour 'may have its roots in a very early vulnerability of the digestive system (i.e., psychosomatic); or it may be symbolic of the child's imitation of and identification with a pregnant mother (hysteric); or it may signify his revolt against inappropriate forms of toilet training (behavioural); or it may express phallic sexual needs and fantasies on a regressed anal level (obsessional)' (p. 162). The same could be true of other symptoms, such as enuresis, sleep disturbance, separation anxiety or school phobia (see Hayman, 1978, for an example of three cases of school phobia which each had very different underlying causes). Clearly treating each child as if his or her symptom had the same meaning, and therefore required the same kind of intervention, would be highly inappropriate.

The fact that assessment and diagnosis are complex, however, is not a reason to abandon this activity altogether and to embrace what Anna Freud refers to as 'diagnostic nihilism'; nor is it a reason to simply regard all disturbances 'as mere variations of the many vagaries and complexities of human behaviour' (1970c: 159). Indeed, it is not even necessary to turn away from symptoms altogether, for after all, Anna Freud suggests, 'if the clinician is alerted to see opening up behind these [symptoms] the whole range of possible derivations, causations, and developmental affiliations, the field becomes fascinating, and scrutinizing a child's symptomatology becomes a truly analytic task' (p. 184). From this perspective, symptoms can be considered the psychological equivalent to what in bodily illness we might think of as a fever: although it is possible, when a child is unwell, to treat the fever itself, in itself the illness will not be cured unless there is some investigation of what *underlies* the high temperature and treatment focuses on that deeper cause. Whether the fever is likely to be a transitory problem, dealt with most profitably by a day in bed and regular paracetamol, or whether it is the indication of a more serious illness that requires immediate treatment, is a vital diagnostic question with important therapeutic implications. In the field of mental health, suggests Anna Freud, making such a differential diagnosis is equally important:

Ideally the solution for the analytic clinician in the children's field is a classification of symptoms which, on the one hand, embodies consideration of the various metapsychological aspects while, on the other hand, maintains links with and pointers to the descriptive diagnostic categories as they are in common use.

(p. 163)

Anna Freud's own attempt to develop such a system was to lead, in the mid-1960s, to the development of a new approach to diagnosis based on a *developmental* perspective.

Towards an alternative approach to assessment and diagnosis

In turning away from the traditional approaches to the assessment and diagnosis of childhood disturbances, Anna Freud had set herself a challenge, as she realised quite early on: 'If . . . we decide to abandon the usual diagnostic distinctions, we are left in a void which we need to fill' (1956c: 304). But this was also an opportunity:

Once we decide to disregard the diagnostic categories derived from descriptive psychiatry for adult psychopathology and to play down the importance of symptomatology as such, we can hope to be alerted more vigorously to these other aspects of the patient's personality. Where children are concerned, these will be mostly developmental ones.
(p. 307)

This idea of putting the capacity to develop *per se* at the centre of the diagnostic process was the key feature of Anna Freud's new approach. If her father had named the capacity to love and to work (S. Freud, 1916–17: 457) as the crucial determinants of an adult's mental health, then Anna Freud argued that 'the child's capacity to move forward in progressive steps until maturation [and] development in all areas of the personality . . . have been completed' was the equivalent for the child (1965a: 123). This meant that the diagnostician had to avoid certain dangers that psychoanalysts had often fallen into previously.

The first of these dangers was that of trying to understand all aspects of development by means of studying the pathological. Anna Freud's approach to diagnosis had to begin by understanding a great deal about normal development and having the language and the conceptual framework to be able to describe what it means for things to 'go well'. As she wrote in 1974:

We have broken with the tradition [begun in her father's work and continued in much post-Freudian psychoanalysis] according to which every mental difficulty is seen and explained by comparison with severe pathological patterns and, instead, try to see it against the background of the norm, expectable for the particular child's age, and to measure its distance from it. We have thus redirected the main bulk of our inquiries from interest in pathology towards a study of the norm.
(1974[1973]: 60–61)

The second danger that Anna Freud wished to avoid was an exclusive focus on one aspect of development to the neglect of others. All too often, she believed, new insights had emerged within the field of psychoanalysis at the expense of older truths, rather than being seen as one of many factors in a ‘complementary series’ of causal factors. Writing of analysts who had gone before her, starting with Freud himself, she warned:

They did not guard sufficiently against their most recent work at any period being given undue emphasis in application. In their own activity of fact finding, one element of the human mind after the other moved into the centre of attention and naturally received prominence in publications: infantile sexuality and the sequence of libidinal stages; repression and the unconscious mind; the division of the personality into various agencies and the conflicts between them; the Oedipus and castration complexes; the role of anxiety; aggression as an independent drive; the relationship between mother and infant and the consequences of early interruptions of the mother–child relationship. Yet, no single one of these factors was ever meant to be considered the only or even the foremost pathogenic agent, as happens all too frequently in clinical evaluations and publications.

(1962a: 361)

It was Anna Freud’s ambition to ‘replace this piecemeal and frustrating application of psychoanalytic data by an assessment of children which includes all the areas of the child’s mind’, organised systematically in order to ‘prevent us from seeing the child one-sidedly’ (pp. 361–362). Such a scheme should not only focus on what is wrong with the child, but also pay attention to which aspects of development are progressing well (Yorke, 1995). The name that Anna Freud and her colleagues came to give to this scheme was the ‘Diagnostic Profile’ (1965a).

The assessment process and the Diagnostic Profile

In a paper on assessment and diagnosis of childhood disturbances, Anna Freud comments on the high reputation that analysts often have among the lay public regarding their diagnostic skills: ‘Some people even believe that an analyst need only look at a complete stranger to know everything about him’ (1974[1954]: 41). Unfortunately (or fortunately) this is not the case, so Anna Freud insisted that any diagnostic assessment relied on as wide a range of data as possible: not only the observations made by the child analyst as part of the diagnostic interviews (unstructured play sessions for younger children), but also information from structured assessments (such as cognitive assessments or projective testing), reports from school, interviews with parents and any other relevant information.

The individual sessions with the child are an essential aspect of the assessment process, because it is through them that one tries to develop a sense of the subjective world of the child him/herself. Despite the obvious advantages of more structured interviews for diagnostic purposes (such as are widely used today), these more open, play-based sessions, as Model (1995) has argued, are essential for both contacting and exploring the child's inner experience. Putting what is known from the outside to one side temporarily, Green (1995) suggests that the assessing clinician can see how the child 'relates and plays out or narrates his internal preoccupations':

How has he made sense of his experiences? What are his wishes, pleasures and hopes, his fears and sadness? What sort of internal figures inhabit his world and what feelings have clustered around these figures? What too are his feelings about himself?

(p. 173)

Bringing together this view of the child from the 'inside' with information from the 'outside', it is the job of the diagnostician to synthesise this information, alongside his or her own knowledge and understanding of normal child development, without giving undue privilege to any one type of data over another, as part of the diagnostic process. The ultimate aim is to link the presenting problems with possible underlying causes, in order to make both predictions about development and recommendations about any potential treatment.

As was traditionally done at the Hampstead Clinic, a diagnostic conference was held in relation to each assessment, during which the Diagnostic Profile was presented and 'discussion, criticisms and amendments . . . are contributed freely by all participants and the principal investigator' (A. Freud, 1962–66: 28). In this Diagnostic Profile, information from the wide range of sources was synthesised in three main sections:

- The first section, resembling a traditional case history, includes the reason for referral, a description of the child, family history and background and potentially significant environmental influences.
- The second section then moves towards an assessment of the internal picture and the child's overall development, taking into account the overall structure of the child's personality as well as 'the child's position on the scales of drive (sexual and aggressive) development, of ego development, and of the interactions between the two which manifest themselves in the various steps towards social adaptation' (1962a: 363). In this section the Profile looks at social and moral development and offers both a genetic assessment (considering, for example, the degree to which development has been arrested in certain areas, or whether there have been regressions

due to particular stresses) and a dynamic and structural assessment, considering the central conflicts governing the child's behaviour, and whether these conflicts are internal to the child or whether they are conflicts with the child's environment. This section ends by exploring certain general characteristics of the child which may have a bearing on the child's capacity for health, such as the child's capacity to bear anxiety or his or her levels of frustration tolerance.

On the basis of all this, the diagnostician's task is to 'reassemble the items mentioned above and to combine them in a clinically meaningful assessment' (1965a: 147), in which the child's capacity to develop is the central feature. Anna Freud provisionally proposed six categories of diagnosis:

- Children whose personality development is essentially healthy, in spite of current manifest behaviour disturbances;
- Children whose symptoms can be understood as a transitory reaction to a specific developmental strain;
- Children with a classical 'infantile neurosis', where personality development has proceeded normally, but internal conflicts have led to specific symptom formation;
- Children with developmental disturbances, leading to borderline or atypical presentation based primarily on disturbances in the early stages of development;
- Children with primary deficiencies of an organic nature which have distorted development;
- Children who have 'destructive processes at work', whether of an organic or psychic origin, which have led to a profound disruption of mental growth (p. 147).

An example of a diagnostic assessment

Kaplan-Solms and McLean (1995) give an example of the value of a diagnostic profile in the assessment of delays in language development, a relatively common disorder of childhood. They discuss the case of a five-and-a-half-year-old boy, A, who was referred to the Hampstead Clinic because of his immature speech and poor motor skills. On assessment, it soon became apparent that he also had a range of fears and phobias and his interaction with his peers was poor. During the course of the detailed social history, it became clear that A's parents were a happy, successful couple who were well able to attend to their child's needs, but who nevertheless appeared highly anxious about his development. At 19 months, A had a serious ear infection and seems likely to have suffered some degree of hearing impairment, which was only corrected just before his third birthday by a minor ear operation. It was

only when he was almost four, and attending a full-time nursery, that concerns were raised about A's development, including his poor motor skills, his fear of crowds and his dramatic temper tantrums.

The primary question for the diagnostician was whether A's difficulties should be considered as a neuropsychological abnormality, a disturbance in reality-testing or a genetic or chromosomal syndrome; also, what relation there was between the specific language delay and the wider behavioural problems. Given the particular concerns, the usual play-based assessment sessions were complemented by a neuropsychological assessment, in which A's speech and language symptomatology was considered in relation to the organisation of these functions in the brain. Despite the very different approach taken in these two types of assessment, the authors point out that in both cases 'the diagnostician wishes to *understand* the presenting complaint rather than to *measure* it' (p. 188). For both the child analyst and the neuropsychologist, the important point was also the *interaction* between speech and language difficulties and other aspects of development.

The diagnostic profile constructed on the basis of this assessment was wide-ranging, covering every aspect of the child's development. In relation to the speech delay (the referring problem), the diagnostician suggested that A's speech problems showed all the characteristics of a syndrome that was typical of children who suffered hearing impairments during critical periods of language development. In particular, A had not made the shift from 'egocentric' to 'internal speech', with significant implications for other aspects of his development. 'For example, he was unable to use inner speech in the service of intellectual activity, reality testing and self-regulation. . . . His frustration tolerance was poor because he could not hold on to verbal explanations of things. . . . The resultant clinical picture was complicated by the fact that the period of hearing loss apparently left A with hypersensitivity to unfamiliar or sudden noise, which became a focus for the development of many of his fears and phobias' (p. 194).

On the basis of this assessment, the diagnostician was therefore able to suggest that most of the behavioural and emotional difficulties were secondary to his speech and language problems – which were in themselves best understood in relation to his experience of hearing loss at a crucial developmental phase. On the basis of this diagnosis, the Clinic recommended specific remedial work to address the speech difficulties, but also recommended psychoanalytic support 'in order to secure his internalized verbal and self-reflective function [and to] address directly the emotional sequelae of the delay' (p. 194). The assessment suggested that A's speech delay had a simple explanation, but that his experience had affected all aspects of his development, and any intervention would be most effective if it attended to all aspects of this difficulty.

Some uses and implications of the Diagnostic Profile

Anna Freud had ambitious plans for the Diagnostic Profile, and she outlined a series of research projects in the 1960s that would build on the work that had been done at the Hampstead Clinic during this period. She hoped that the Profile could be conducted as both an initial assessment tool and at the end of treatment (as well as two or three years after treatment), in order to assess the impact that treatment had on children's capacity to develop (1962–66: 27). Although this was never carried through as systematically as she had hoped, such 'before and after' assessments of the child based on the Diagnostic Profile were used in one study looking at the effectiveness of psychoanalytic treatment for children with learning difficulties (Heinicke, 1965), and adapted versions of it were developed for use with infants (W. E. Freud, 1967), toddlers (Furman, 1992), adolescents (Laufer, 1965) and adults (A. Freud, Nagera and Freud, 1965), as well as for blind and deaf children (Burlingham, 1975; Brinich, 1981). Anna Freud also hoped that the Profile could be used to try to identify developmental disturbances before they reached the status of pathology and in order to allow preventative measures to take place (1962–66: 37); to be able to investigate specific areas of disturbance, such as borderline pathology or disturbances of narcissism, more accurately (p. 45); and to assess the impact of childhood disturbances on the mental disorders of adult life (1965a: 54).

The legacy of Anna Freud's approach to the assessment and diagnosis of childhood disorders

Anna Freud believed that detailed assessment and accurate diagnosis was a cornerstone of good treatment in child *mental* health, just as it is in the field of *physical* health. But in certain respects it has to be acknowledged that her innovations in respect to the assessment and diagnosis of childhood disorders have not had the impact that she hoped they would. Even as she was developing the Diagnostic Profile, Anna Freud realised that 'to the majority of clinic workers [it may] seem unduly complex' (1962a: 367), and that there was a risk that the process she was outlining might be too detailed or time-consuming for it to be taken up beyond the rather unique setting of a specialist setting such as the Hampstead Clinic.

Despite the attempts to avoid theoretical reductionism, the Diagnostic Profile also suffered from being heavily reliant on a conception of the human mind (drive theory and the structural model) that gradually fell out of favour in the years after Anna Freud's death. Even among psychoanalytically trained clinicians, the language and conceptual framework within which the Diagnostic Profile was couched became increasingly alien, as object relations theory and other theoretical perspectives became more popular. After Anna

Freud's death, attempts were made to update the Diagnostic Profile to incorporate more contemporary psychoanalytic ways of thinking (Davids *et al.*, 2001), drawing on the insights from fields such as attachment theory and the work of developmental researchers like Daniel Stern (1985) on the development of the self; however, this revised version has not been widely used.

In broader terms, Anna Freud's argument against basing diagnosis (especially for children) on overt symptomatology also appears to have been a losing battle. Both of the major diagnostic systems in use today – the *Diagnostic and Statistical Manual of Mental Disorders* (DSM, published by the American Psychological Association) and the *International Classification of Diseases* (ICD, published by the World Health Organization) – use diagnostic categories based almost exclusively on symptomatology and make very little distinction between diagnostic criteria for mental disturbance in childhood or in adulthood. Clearly there are great advantages to a symptom-based approach to diagnosis, which is both relatively simple to carry out (as Anna Freud had learned all those years ago on the psychiatric ward rounds in Vienna) and relatively reliable and consistent. Especially for researchers, having a shared diagnostic framework that allows researchers in one setting to reliably compare their findings with those of researchers working elsewhere was an important step forward in the development of a cumulative field of knowledge about key aspects of child and adult mental health.

But in recent years, there have also been signs that some of Anna Freud's key points about assessment and diagnosis in child mental health are beginning to find favour again. Descriptive and atheoretical approaches to classification, such as that used by the DSM, are increasingly seen as of limited value, with authors such as Luyten *et al.* (2006), for example, referring to a 'growing consensus [which] indicates that it is extremely unlikely that a classification system of depression based on an assessment of manifest symptoms alone is feasible' (p. 987). Without referring to the work of Anna Freud itself, these authors go on to refer to 'findings from a wide variety of fields, including psychiatric genetics, neurobiology, developmental psychopathology, cognitive, psychodynamic, social and personality psychology [which] converge to suggest that depression can be best understood in the context of an etiologically based, dynamic interactionism model' (p. 991).

These authors – working at the cutting edge of mental health research – offer a way of thinking about assessment and diagnosis in which endowment (including genetic factors) and early environmental factors are seen to reciprocally interact, creating personality dimensions that in turn interact with life stresses. It is just such a perspective that Anna Freud always argued for, resisting any form of reductionism, and making it possible that assessment and diagnosis, even in a field as complex as child mental health, could form the basis for a much more nuanced and targeted approach to mental health treatment.

FURTHER READING

Anna Freud's own writing about assessment and diagnosis can be found in almost every volume of her collected works, but is probably most widely available in her 1965 work, ***Normality and Pathology in Childhood***. It is in that book that she outlines her ideas about the Diagnostic Profile, although the book does not contain any actual examples of what a Profile might look like. To find actual examples, it is best to look in the *Bulletin of the Hampstead Clinic* – for example, Hodges (1986), Kaplan (1994) or Model (1995). Key papers, along with examples of the various adaptations of the Diagnostic Profile, for use with babies, adolescents and adults, have been collected together in a volume edited by Eissler *et al.* (1977), which serves as an important sourcebook for writings about the Diagnostic Profile. More contemporary appreciations of Anna Freud's approach to diagnosis can be found in Midgley (2011) and Hartnup (2012).

Debates about the appropriate form of assessment and diagnosis in child mental health continue to fill the professional literature, especially when it comes to the value of the DSM and ICD systems of classification. In recent years, a group of psychoanalysts attempted to develop a mixed approach, in which the DSM-style emphasis on symptomatology was linked with more psychodynamic ideas about etiology and underlying types of disturbance. The resulting work – which includes a separate section on childhood disorders – was published as the ***Psychodynamic Diagnostic Manual*** (PDM) by the Alliance of Psychoanalytic Organizations in 2006. In Europe, a similar project resulted in the ***Operationalized Psychodynamic Diagnostics*** (OPD) system, which has been used as the basis for a number of research projects. Neither system, however, has been adopted outside the field of psychodynamic research, and it is unlikely that such alternative systems would ever replace the influence of systems such as the DSM and ICD. Attempts to influence these systems from within, through the process of revision which both systems periodically undergo, may be a more effective approach in the long run. Such ongoing critiques of existing models of psychiatric diagnosis (e.g. Shedler and Westen, 2004) will be vital if Anna Freud's vision of a broad, developmentally based approach to assessment and diagnosis is ever to gain a wider influence.

9

DEVELOPMENTAL PSYCHOPATHOLOGY

KEY WRITINGS

- 1965** *Normality and Pathology in Childhood*
- 1972** 'The Widening Scope of Psychoanalytic Child Psychology, Normal and Abnormal'
- 1974** 'Beyond the Infantile Neurosis'
- 1974** 'A Psychoanalytic View of Developmental Psychopathology'
- 1976** 'Psychopathology Seen against the Background of Normal Development'
- 1978** 'The Principal Task of Child Analysis'
- 1979** 'Mental Health and Illness in Terms of Internal Harmony and Disharmony'
- 1979** 'Child Analysis as the Study of Mental Growth, Normal and Abnormal'

Introduction

If Anna Freud's work on the Diagnostic Profile (Chapter 8) had been an attempt to revise the way in which childhood disturbances were assessed, it led her on to an even more ambitious aim: to reconceptualise our view of the developmental process itself and, with it, the idea of childhood difficulties as 'disorders of development'. If her book *The Ego and the Mechanisms of Defence* was her main theoretical contribution during the early part of her career, then the work that was published as *Normality and Pathology in Childhood* in 1965, and subsequently elaborated in a number of other papers, was certainly the main theoretical contribution that she made in the later part of her career as a psychoanalyst. Although possibly less widely read than the earlier book, it is arguable that the latter has come to be of greater significance to modern developments in the study of childhood disorders, even if the work itself is not always given acknowledgment.

Why study normal development?

Although psychoanalysis had begun as the study of specific aspects of psychopathology, from its earliest times there had been an implicit interest in

developing models of normal development. The work of Freud (1905) and of Abraham (1924), for example, had led to a better understanding of the development of drives and libido, while later analysts had undertaken detailed investigations of particular periods of development. Anna Freud was especially impressed, for example, by Spitz's work (1965) on the first year of the infant's life and the development of object relations, and by Mahler's work on the toddler years and the process of separation–individuation (1975), both of which incorporated empirical studies of particular stages of development with psychoanalytic ideas. But Anna Freud was cautious about the emphasis each of them gave to one particular stage of development (whether infancy or toddlerhood) as central to the development of health or mental illness. She also drew inspiration from the more theoretical work of Heinz Hartmann (1939), who had introduced the idea that psychoanalysis could contribute to an understanding of both normal and deviant development by focusing on the process of adaptation, although she once again rejected the specific focus he gave to one aspect of development – adaptation – rather than to the wide range of developmental processes.

But more than anything else, Anna Freud's emerging ideas about a 'psychoanalytic developmental psychology' drew on her own experience and observations, especially the work that she and her colleagues had carried out at the Hampstead War Nurseries. Already in *The Ego and the Mechanisms of Defence* (1936) Anna Freud had tried to set out how the mechanisms of defence were used differently across the lifespan, with some defences (such as splitting or denial in fantasy) associated specifically with very early stages of development, and some (such as sublimation) more characteristic of later stages. But her day-to-day involvement with the care of children, alongside her ongoing child analytic experience, led her to appreciate the *complexity* of human development. Her attention moved beyond the mechanisms of defence – or even the development of the ego – to what she called, in one of her very last lectures, 'the steps of the humanizing process which mark the child's path from immaturity to maturity' (1982: 260). She became increasingly aware that what psychoanalysis had discovered about human development was mostly in the form of 'isolated facts', stumbled upon 'as by-products of therapeutic analyses' (1974[1973]: 62). While each of these may have value, there was a real danger that the part was mistaken for the whole:

Some authors fasten onto the birth process itself, hold its accumulation of distress responsible for creating an imbalance within the pleasure–pain series and for reducing the child's later frustration tolerance. Others choose as the vital era the first year of life with the transition from primary narcissism to object-directed libidinal interests, the whole process monitored by a successful or stunted by a deficient mother–infant relationship. Following Margaret Mahler's lead, still others select the

fascinating period of separation–individuation in the second year of life as the crucial one for deciding about the individual’s further healthy independence and intact sense of identity.

(1979a: 122)

But such details about one particular period or aspect of development, however valuable in themselves, ‘do not really satisfy our need for a detailed, orderly picture of the growth of the child’s integrated personality’ (1974[1973]: 62). In order to try to build such a picture, Anna Freud proposed a wide-ranging approach to describing the various components of the humanising process, one that could form the basis for an understanding of both normal and pathological development.

The concept of developmental lines

Anna Freud’s metaphor of ‘developmental lines’ marked her attempt to create a set of useful markers of a child’s progress across the whole spectrum of development. She described each of the lines as ‘ladders leading up to every one of the expected achievements of the child’s personality, each step on them being the result of the interaction between id, ego and environment (1974[1973]: 63). Far from being abstractions, she hoped that these lines of development could be seen as ‘historical realities which, when assembled, convey a convincing picture of an individual child’s personal achievements or, on the other hand, of his failures in personality development’ (1965a: 64).

Whereas Anna Freud’s model of the diagnostic profile offered a means by which highly specialist child analysts could make metapsychological formulations concerning the underlying processes contributing to a child’s disturbance, with the concept of ‘developmental lines’ she aimed to offer something far more practical and useable in a range of settings where people are concerned with the welfare of young children. Mayes and Cohen (1996) refer to the developmental lines as a ‘semi-scaled method for assessing children’s relative normality or deviancy from expected patterns of psychological development’ – a kind of ‘analytic metric’ of mental maturity and integration (p. 125). Such a metric would aim to help those working with, and caring for, children answer very simple questions, such as ‘is my child ready for nursery school yet?’ or ‘how should I make sense of the fact that my child has begun to lie to me?’ But if this sounds dangerously simplistic, those authors point out:

. . . to view lines of development as simply descriptive maps of developmental normalcy or deviation is to be lulled by the deceptive simplicity in Anna Freud’s presentation. Contained in the notion of progression along different lines of development is a radical rethinking of the basic questions of

developmental psychology: what moves development along, and how does maturation occur? The notion of developmental lines contains within it a heuristic framework for understanding (and investigating) mechanisms of development.

(p. 125)

An example of a developmental line

Anna Freud provides a number of examples of developmental lines in *Normality and Pathology in Childhood* (1965a). These include various lines describing aspects of the steps towards bodily independence (e.g. ‘from wetting and soiling to bladder and bowel control’) and ones describing aspects of social relationships (e.g. ‘from egocentricity to companionship’, and ‘from the body to the toy and from play to work’). In her later writings, she adds other examples, such as the line ‘from physical to mental pathways of discharge’, or ‘from irresponsibility to guilt’ (1974[1973]).

But throughout her writing Anna Freud comes back to one particular example of a developmental line that she suggests is a ‘prototype’ from which all others can be drawn – the line ‘from dependency to emotional self-reliance and adult object relationships’. It appears that Anna Freud selects this as a prototypical line because this aspect of development is one that has been of central importance to psychoanalysis since its origins, and it is one that best illustrates how progress depends on complex interactions between innate maturational processes, endowment and experience. It is also a developmental line that could be sketched out in 1965 on the basis of a great deal of prior research, including the findings from child and adult analyses and a whole series of observational studies. It is, to use a term introduced by Glaser and Strauss (1967), a ‘grounded theory’, although one that would perhaps look somewhat different if findings from the subsequent 50 years of research were taken into account.

As a psychoanalyst best known as an ‘ego psychologist’, it may perhaps be surprising that Anna Freud chose the development of object relations as the prototypical developmental line. But Anna Freud always gave equal weight to endowment and to environment, just as she did to the importance of internal and external reality. The focus of this particular developmental line reflects the way in which Anna Freud believed that one needed to pay attention to both ‘internal object relations’ (to use the phrase associated with the work of Klein and Fairbairn) and actual relations to ‘real’ external objects, whose relationships to the developing child have a profound impact on their development.

In *Normality and Pathology in Childhood*, Anna Freud suggests that there are eight key steps in this prototypical developmental line, running from the complete dependency of the newborn infant to the young adult’s emotional

self-reliance and mature object relations. Key stages along the way would include the establishment of object constancy (Stage 3), in which an ongoing internal image of the object can be maintained, despite the actual presence or absence of the primary carer; and ‘the latency period’ (Stage 6), during which there is an important shift in cathexis from the parental figures to peers, teachers and ‘aim-inhibited, sublimated interests’. (For a detailed summary and discussion of this developmental line, see Edgcumbe, 2000: 115–126.)

The interaction between developmental lines

In proposing the concept of developmental lines, Anna Freud was also taking a major step forward in thinking about what Mahon has described as ‘the mysterious complexities of normality’ (2001: 77). For many psychoanalysts before (and even after) Anna Freud, ‘normality’ or ‘mental health’ has been described simply in the negative, as the absence of mental illness or pathology. But Anna Freud was suggesting that normal development is a rich and fascinating process in itself, worthy of psychoanalytic study.

For Anna Freud, ‘normality’ should not be characterised by steady progress along each of the developmental lines, comparable to the fairly prescribed paths of *physical* maturation that the child’s body follows:

Whilst on the physical side, normally, progressive development is the only innate force in operation, on the mental side we invariably have to count with a second, additional set of influences which work in the opposite direction, namely, with fixations and regressions.

(1965a: 93–94)

She saw in particular that temporary regressions along any one of the lines of development could well be an important aspect of a child’s overall development. Such temporary regressions can happen at particular points during the day (think of the child who, when tired, becomes more clingy, difficult and demanding, but regains his normal equanimity after a good night’s sleep) or in response to particular life events. So a young child, when faced with the birth of a new sibling, may well regress to an earlier stage on the line of development towards self-reliance, becoming temporarily more demanding and ‘babyish’ in her behaviour and her demands towards her parents. Such a temporary regression can be seen as serving an important function, allowing the child to reassure herself that she hasn’t lost her parents’ care, before she moves forward once again. Indeed, such a temporary regression may be more developmentally appropriate than its opposite – that is, a sudden and abrupt advance along one of the developmental lines. With aggression, for example, Anna Freud describes young children who, almost overnight, suddenly overcome previously aggressive behaviour and become

shy and restrained. ‘Convenient as such transformations may be for the child’s environment,’ Anna Freud notes, ‘the diagnostician views them with suspicion and ascribes them not to the ordinary flow of progressive development but to traumatic influences and anxieties which unduly hasten its normal course.’ The most healthy version of psychic growth, she suggests, is the ‘slow method of trial and error, progression and temporary reversal’ (1965a: 99).

Regressions, fixations and developmental arrests

In *Normality and Pathology in Childhood*, Anna Freud makes the distinction between temporary regression, fixation and developmental arrest. Whereas a temporary regression is most likely to be in the service of overall development, fixations and arrests may have a more detrimental impact on a child’s overall development.

Green (1995) gives the example of Thomas K, an 11-year-old boy who was referred to the Anna Freud Centre because of his many anxieties linked to separation. In exploring the background to the referral, it became clear that there was an intergenerational pattern of traumatic losses, which had led Thomas’s mother to find her son’s clingy behaviour as a toddler extremely difficult to bear. When he had expressed the (developmentally appropriate) need to stay close to her, she had often responded with impatient annoyance, which had only exacerbated his clingy behaviour and his anxiety about separation. With help from the therapist, Thomas’s parents were able to change the way they handled his behaviour, but his anxiety about separation continued. In an individual assessment, it became clear that Thomas suffered from powerful fears that he himself knew to be irrational, such as the belief that every time his parents went out of the house they might sneak away and never return home. These fears had not just developed in reaction to recent events, but had been long-standing – indeed, there had never really been a point at which he had not had such concerns. One might say that there had been a developmental arrest, and that Thomas had never been fully able to move forward on the developmental line from dependency to emotional self-reliance.

In another case, Kevin (aged ten) also expressed separation anxieties in relation to his parents, but the social history made clear that this boy had been able to overcome some of his earlier anxieties about separation and manage the transition to primary school and a life away from home quite well. However, when he was ten, his mother had been diagnosed with a cancer, and although treatment had been successful, Kevin had developed extreme anxieties when his mother was out of his sight. Like Thomas, he knew that to some degree these anxieties were ‘irrational’, but that did not stop them from having a powerful effect, and the anxieties did not disappear naturally, even after his mother had been physically well for a number of

months. Unlike Thomas, who had never really progressed along this particular developmental line (i.e. his development had been *arrested* at an earlier stage), Kevin had been able to move forward, despite some early difficulties in the separation–individuation phase, but when faced by a stressful situation later in childhood, his ‘fixation’ at the early developmental stage led to a *regression*. Unlike the temporary regressions that are part of all normal development, this regression was in danger of becoming permanent, and the assessing clinician recommended that analytic help was needed in order to restore him to a path of normal development.

The developmental lines and psychological well-being

While each of the lines focuses on one important aspect of development, Anna Freud believed that a child’s psychological well-being ultimately depended on the interaction or correspondence between the lines. Without implying a hierarchy as such, she suggested that various developmental lines had a ‘different value for the final personality picture’ (1979a: 130). The lines towards, for example, secondary–process functioning, reality sense, objectivity and insight were more essential, with others, such as the lines towards impulse control, peer relationships or even sex being to some degree secondary, considering that ‘numerous individuals achieve no more than partial results’ in terms of their development in these areas, without it necessarily affecting their overall developmental progress.

But more than weighing up the relative importance of each particular developmental line, Anna Freud saw ‘average normality’ as being based primarily on a harmony, or close correspondence, between growth on each of the lines. Her definition of a ‘harmonious personality’ was one whose progress in one particular area (e.g. the achievement of object constancy in the line of emotional maturity) would be synchronous with progress in others (such as the shift from egocentricity to companionship). With her typical realism, however, Anna Freud adds: ‘We maintain this expectation of a norm, even though reality presents us with many examples to the contrary’ (1965a: 85).

Indeed, it is this acceptance of the complexity of normal development that is a cornerstone of Anna Freud’s thinking. Although she described a process of ‘synchronization’ and ‘integration’ that is an inherent part of psychic growth, she also recognised that every step on a developmental line is also ‘a compromise between conflicting forces’ and that the process of integration brings together all those contradictory features that are responsible for ‘the numerous variations, deviations, quirks, and eccentricities displayed in the final personalities’ (1979a: 129). Although the model of lines or ‘steps’ implies some achievement of an ideal norm, in which an individual would reach an age–appropriate level in every aspect of development on the way towards a

‘completely harmonious, well-balanced personality’, in reality Anna Freud understood all too well that ‘such states of ideal normality do not exist except in our imagination’:

In fact, progress on any line is subject to influence from three sides: the variation in innate givens, which provide the raw material out of which id and ego are differentiated; the environmental conditions and influences, which only too often differ widely from what is appropriate and favourable for normal growth; the interactions between internal and external forces, which constitute the individual experience of each child. . . . [W]hatever happens in the individual picture, we are left with the impression that it is this variety of progress on the lines, i.e. developmental failures and successes, which can be held responsible for the innumerable variations in human characters and personalities.

(1974[1973]: 69)

The uses of the developmental lines

One of Anna Freud’s earliest publications, *Four Lectures on Psycho-Analysis for Teachers and Parents* (1930), had been an attempt to translate psychoanalytic ideas into a language that would be accessible and useful for a range of adults who were dealing with children – whether parents, teachers, social workers or residential care workers. Yet such an act of translation was not always easy. In 1960 Anna Freud recalled a lecture that she had once given to the Nursery School Association of Great Britain in the early 1940s, and the sense of a failure of communication that she had experienced:

When I talked about the hidden motivation of behaviour, they would have preferred me to deal with its manifest and visible aspects; when I laid stress on the emotional life of the child with all the ensuing complications, this appeared to them rather as neglect of the child’s skills, intellectual needs, and interests; my emphasis on the past events and their impact on the building up of personalities appeared to distract attention from the conditions actually present.

(1960a: 316)

With the publication of *Normality and Pathology in Childhood*, however, and especially with the concept of ‘developmental lines’, Anna Freud hoped that she had found a language that would allow psychoanalysts to enter into a better dialogue with those outside psychoanalysis about issues of very practical importance – questions as apparently mundane and everyday as: ‘at which level of development can we expect children simply to go to bed when they are tired or to eat when their body demands nourishment?’ (1982: 264) or

‘when does falsification of truth begin to deserve the name of lying?’ (1965a: 114). Anna Freud believed that using the developmental lines could help parents and childcare workers to assess whether a particular child was ready to face a certain challenge – and, if not, what areas of development would need to be supported before that child would be ready. Many of her publications from the last 15 years of her life are based on presentations to a range of childcare workers, in which she tried to help them to think with greater complexity about the needs of the children with whom they were working and to support them to best address those needs. Their more specialist use, as part of a diagnostic assessment of children with developmental disturbances, was in some ways of secondary importance, compared to the way in which they were designed to help think about the rich tapestry of ‘normal’ development.

An example of the use of developmental lines: When is a child ready for nursery school?

One of the examples that Anna Freud often gave of the potential value of her thinking concerning developmental lines was the issue of assessing when a child is ready to start formal education. This is a question that is still widely debated today, with considerable variation across different cultures. Like the over-reliance on symptoms as a basis for diagnosis, Anna Freud believed that chronological age was an overly crude marker of a child’s readiness for school and that an assessment of a child’s readiness for school needed to be made in a more nuanced way. Even assessments that were more tailored to the individual child, but focused only on one aspect of development (e.g. cognitive ability), were of limited value, she believed, because a child’s readiness depends crucially on the *correspondence* between a range of lines of development. Thinking in such a way would allow a more careful assessment of a child’s capacity, for example, to separate from their primary caregiver, to behave in an adequate manner in the classroom and to tolerate (and enjoy) group life – all essential aspects of the nursery school experience (1960a: 320).

In looking at the particular example of a child’s readiness for nursery school, Anna Freud described the still common assumption (at least in Britain in the 1960s, when she first wrote about this subject) that once a child was three-and-a-half years of age he should be ‘able to separate from his mother on the first day of entry at the outer door of the nursery school building and should adapt to the new physical surroundings, the new teacher, and the new playmates all in one morning’ (1965a: 89). If a child showed distress, or continued to cry, or failed to participate in the activities with other children, this was seen as simply part of what the child had to manage. In some cases, after a period of fairly intense unhappiness, the child might then settle down into the routine of the nursery; in others, after an initial period of apparent

enjoyment, the child might suddenly break down after several weeks and show great anger and distress. Either way, such behaviour was considered an inevitable part of a child's adaptation to nursery life, and little distinction was made between how different children responded to this experience. (The fact that this is no longer the case in the huge majority of nursery schools is partly a tribute to the work of Anna Freud and others like her, who helped nursery workers to think differently about children's developmental needs.)

Anna Freud then proposed a different way of thinking about a child's readiness, based on the developmental lines. In speaking to a conference of the Nursery School Association of Great Britain (the very audience that she had struggled to communicate with in the late 1940s), she argued that asking teachers, whether as part of their training or of their ongoing professional life, to have a detailed understanding of developmental psychopathology was perhaps too much to expect; however, learning something about the lines of development could help teachers make better judgements about 'which complexities in the external life experiences and the inner mental processes of the child determine success or failure in living up to the demands of the nursery school' (1960a: 320), and so assist them to do their jobs better.

For a child to be able to manage a separation from the primary caregiver, Anna Freud then suggested that he or she probably needs to be at least at Stage 3 (object constancy) on the line 'from dependency to emotional self-reliance'. After all, if the child is not able to maintain an ongoing and relatively stable representation of the caregiver, even in his or her absence, then it is unlikely that the child will be able to either tolerate the separation or reach out to new people and engage in new ventures. Likewise, in order to cope with some of the expectations of the nursery setting (at least as those expectations were set in the 1960s), the child probably needed to have reached at least Stage 3 in the line towards bowel and bladder control (i.e. through identification, the child has been able to accept and take over the environment's attitudes to cleanliness) and Stage 4 on the line 'from suckling to rational eating' (i.e. able to feed him/herself, and no longer directly equating food with mother at a psychological level). Anna Freud also considered what level the child would need to have attained in the lines 'from egocentricity to companionship' and 'from play to work' for the child to be able to make use of the opportunities that nursery school provides, rather than to experience them as demands beyond his or her current capacity.

We do not know what response Anna Freud received from her audience in 1960, but what she notes is that 'the knowledge that there are difficult children has become acceptable and respectable' among nursery school workers (1960a: 317) and that their associations were now actively involved in seeking better ways to support teachers to work with such children. Without wanting to try to train them to become psychoanalysts, or even mental health workers, Anna Freud argued that 'teachers of young children should be taught to understand the variations which exist within normal

childhood development’ (p. 333) and that such knowledge would help them to meet the needs of the children they were working with that much better.

The legacy of Anna Freud’s approach to the study of development

When she first published *Normality and Pathology in Childhood*, Anna Freud was partly responding to a problem that had long been recognised in psychoanalysis (her father had written about it, for example, in his case study of female homosexuality, 1920b) but had yet to be sufficiently addressed: that although analysts were expert at reconstructing their patients’ histories, and tracing back their symptoms to the very earliest years of infancy, they were far less successful at the task of prediction – that is, identifying potentially pathogenic agents before they had done their work, or being able to predict development in a way that would allow for the possibility of preventative interventions. ‘Whilst the recognised training for psychoanalytic therapy will prepare the candidate for the former tasks,’ she wrote, ‘no official curriculum has been devised so far to equip him for the latter’ (1965a: 54).

Anna Freud’s attempt to sketch out what one could call a ‘psychoanalytic developmental psychology’ was her response to this problem, and her work on the developmental lines can be thought of as a template for a potential training curriculum. Her belief was that by taking ‘the totality of developmental lines as described to date and as to be constructed in the future, we arrive at a new view of child development’ (1974[1973]: 68), one that could radically reorientate the way people think and work:

We have broken with the tradition according to which every mental difficulty is seen and explained by comparison with severe pathological patterns, and, instead, try to see it against the background of the norm, expectable for the particular child’s age, and to measure its distance from it.
(1974[1973]: 63)

Such an approach would have implications for research and treatment with both children and adults, for the lack of any clear model of the pre-stages for the characteristics of adult personality ‘not only leaves a gap in developmental theory; it also creates the false impression that such achievements are come by easily’ (quoted by Meurs, Vliegen and Cluckers, 2005: 192). A lifespan approach to development, drawing on the rich insights gained by psychoanalysis, could make a significant contribution to the understanding and treatment of both child and adult psychopathology.

Mayes and Cohen (1996), in an incredibly rich reading of Anna Freud’s model of a psychoanalytic developmental psychology, suggest that there are three principles that became increasingly central to Anna Freud’s thinking:

- The first is the idea that development proceeds not in a predominantly stage-based manner but more continuously, with progressions and regressions, with the personality being transformed and organised in progressively more complex and hierarchical ways;
- Secondly, that development involves subtle interactions among various lines or functions, and that progression can be either harmonious or imbalanced;
- Thirdly, that an understanding of the complexities of normal development is a means of understanding the presence or absence of psychopathology (p. 124).

Mayes and Cohen (1996) point out that developmental lines should not just be thought of as ‘descriptive evidence that maturation was occurring but as metapsychological structures involved in the actual regulation of development’ (p. 127). They use the metaphor of ‘regulatory genes’ to suggest the way in which Anna Freud’s model of development offers a sophisticated picture of what might now be thought of as a ‘gene × environment’ interaction, in which the activation of a certain aspect of development is set off by a genetic code, but whether that potential is only fully or partially expressed may depend on timing and environmental conditions. In this metaphor, Anna Freud’s view of the importance of harmonies and disharmonies between different lines of development (as opposed to the more traditional views of intrapsychic conflict, fixation and regression) suggests to Mayes and Cohen how development depends fundamentally on the interplay of biological and psychological processes. They conclude that Anna Freud

. . . created a general psychology of development built not on discontinuous phases but on seamless continuity. It allows for innate endowment and for complex interactions among areas of development and between biology and experience. Despite her relative isolation from the formal academy, Anna Freud created a remarkably current model of development that implicitly draws upon principles of neurobiology, genetics, pediatrics, and social psychology.

(p. 134)

But Mayes and Cohen also describe Anna Freud’s project as an ‘unfinished work’, one that failed to clarify how a sense of self, for example, emerged from developmental lines as the regulators of development, and they attribute this shortcoming to her reluctance to entirely give up a model that centred on the concept of drives. They suggest that for a general psychoanalytic developmental psychology to become more fully realised would require a greater level of dialogue with other disciplines, including the more empirical disciplines of neuroscience, child psychiatry and developmental psychology.

Alongside the emphasis on the study of normal development, Anna Freud also introduced the term ‘developmental psychopathology’, to refer to the study of child (and ultimately adult) disturbance as a deviation from the path of normal development. Meurs, Vliegen and Cluckers (2005) point out that Anna Freud first used this term in 1974, in the same year as Achenbach (an experimental clinical child psychologist, and the developer of the widely used ‘Child Behaviour Checklist’), and that this field of study can best be thought of as a coming together of psychoanalytic and mainstream empirical work. It is an approach that explores disordered behaviour in terms of its departure from normal development and proposes that there are complex interactions at work between biological, genetic and environmental factors. The work of the modern developmental psychopathologists (including researchers such as Alan Sroufe, Michael Rutter, Robert Emde and Dante Cicchetti) also draws on findings from a range of disciplines to demonstrate how the mind (and brain) deals with stress and trauma and how individuals may shift between normal and abnormal functioning in response to such experiences. In a review of the history of the discipline, Cicchetti and Toth (2009) define it as ‘an evolving interdisciplinary scientific field that seeks to elucidate the interplay among the biological, psychological and socio-contextual aspects of normal and abnormal development across the life force’, with a critical emphasis on adopting a ‘developmental perspective in order to understand the processes underlying individual pathways to adaptive and maladaptive outcomes’ (p. 16). They go on to say that the defining characteristics of this discipline include an attempt to reduce the division between empirical research and clinical studies, as well as those between the behavioural and biological sciences and between basic and applied research. The basic theme that runs through all work in the field, the authors claim, is:

. . . that because all psychopathology can be conceived as a distortion, disturbance or degeneration of normal functioning, it follows that, if one wishes to comprehend psychopathology more fully, then one must understand the normal functioning with which psychopathology is compared.

(p. 17)

If all of this sounds familiar from the work of Anna Freud in the 1960s and 1970s, that is not a coincidence. Yet by the 1990s, when developmental psychopathology had become a major field in its own right, the link to psychoanalysis was mostly forgotten or mentioned only in passing. Cicchetti and Toth’s review paper, for example, mentions psychoanalysis as one of the disciplines that contributed to the emerging field of developmental psychopathology, but it makes no reference to the work of Anna Freud. Only in the work of analysts such as Fonagy and Target, who published their book on *Psychoanalytic Theories: Perspectives from Developmental Psychopathology* in

2003, has the link with the work of Anna Freud and others been preserved and the tradition of integration of psychoanalysis with these emerging disciplines been promoted. As Mayes and Cohen (1996) point out, in reviewing the links between Anna Freud and these modern areas of research, the ‘central tenets of a developmental psychopathology approach sound remarkably similar to Anna Freud’s emphasis on a general developmental psychology for children’ (p. 130).

Yet writing in 1974, almost ten years after the publication of her major work on developmental psychology and the developmental lines, Anna Freud lamented that the list she had created of the developmental lines was by no means complete, and that others had not completed the work she had begun. Although some of her colleagues did sketch out some other lines of development, such as the line ‘from diffuse somatic excitation to signal anxiety’ (Yorke, Wiseberg and Freeman, 1989) or the developmental line for language acquisition (Edgcumbe, 1981) or for gender identity (Tyson and Tyson, 1990), Anna Freud herself was left with the sense that her challenge to her colleagues to build a psychoanalytic developmental psychology had ‘so far not been taken up’ (1974[1973]: 64). In one of her last publications, on ‘The Principal Task of Child Analysis’ (1978b), she reminded her audience of the opportunity available to them. Whereas classical psychoanalysis had built up an understanding of the mind based on the dissection of psychic material and reconstruction of past events, child analysts were in a unique position to follow things ‘in the opposite direction, i.e. may make the vicissitudes of forward development . . . its specific aim’. She concluded with a challenge that, in the light of the most recent work on developmental psychopathology, may well prove to have been prophetic:

To engage in all this may be a preferable way for child analysis to emulate classical psychoanalysis. As the latter had produced metapsychological theory as its crowning achievement, the former can add to this a new, developmentally oriented psychoanalytic theory of child psychology.

(1978b: 99–100)

FURTHER READING

One of the best commentaries on Anna Freud’s developmental perspective can be found in the book by Rose Edgcumbe (2000), a long-time colleague and collaborator of Anna Freud’s at the Hampstead Clinic/Anna Freud Centre. Other useful overviews of Anna Freud’s developmental way of thinking are provided by Holder (1995), Neubauer (1984, 1996) and Yorke (1996).

Flashman (1996) offers an interesting perspective on the concept of ‘developmental lines’, and their value in understanding the phenomenon of

adolescent suicide is illustrated by King and Apter (1996). Sophie Freud (1988), Anna Freud's niece and a Professor of Social Work in Boston, offers a sympathetic but critical analysis of Anna Freud's concept of 'developmental lines'. On the one hand, she recognises the value of seeing 'the child as a whole' and the importance of looking at the *interaction* between developmental lines as a way of assessing normality and psychopathology. But on the other, she also argues that the lines 'have no basic common organizational or transformational theme' and 'seem to be chosen haphazardly and from very different conceptual levels' (p. 308). Most importantly, she argues that they are too cumbersome to be used in everyday practice and that their practical utility is therefore minimal.

The literature on developmental psychopathology is now vast, but a good introduction to it can be found in the paper by Cicchetti and Toth (2009), referred to in this chapter. For the particular contribution that psychoanalysis has made to the field of developmental psychopathology, see Fonagy and Target (2003). Mayes and Cohen (1996) make a strong case for the value of Anna Freud's work as a precursor of this field, while the collection of papers edited by Mayes, Fonagy and Target (2007) demonstrates what a contemporary integration of psychoanalysis and developmental science can look like. Such an integration has also become a characteristic of training courses at the Anna Freud Centre/UCL today, where an MSc in Psychoanalytic Developmental Psychology and another in Psychoanalysis and Developmental Neuroscience reflect the ongoing attempt to integrate psychoanalytic thinking with the latest findings from developmental research.

10 CHILD ANALYSIS AND DEVELOPMENTAL THERAPY

KEY WRITINGS

- 1965** *Normality and Pathology in Childhood*
- 1968** 'Indications and Contraindications for Child Analysis'
- 1972** 'The Widening Scope of Psychoanalytic Child Psychology, Normal and Abnormal'
- 1974** 'Beyond the Infantile Neurosis'
- 1974** 'A Psychoanalytic View of Developmental Psychopathology'
- 1976** 'Psychopathology Seen against the Background of Normal Development'
- 1978** 'The Principal Task of Child Analysis'
- 1980** 'Foreword to *Analysis of a Phobia in a Five-Year-Old Boy (1909)*'

Introduction

Anna Freud's first major publication in 1927 was on the topic of the technique of child analysis, and for many she remains best known as one of the pioneers of the psychoanalytic treatment of children. Yet except for an important paper on 'Indications for Child Analysis' written in 1945, she published almost nothing about the technique of child analysis for almost 40 years, until she revisited the topic in the mid-1960s. Such a long silence has led many people to assume that what Anna Freud wrote in her earliest publication represented her view of treatment throughout her life. But a study of the later (and less well-known) writings demonstrates that important shifts had taken place, rooted firmly in her new ideas about diagnosis and the developmental lines.

The relation of child analysis to adult analysis

In the second chapter of *Normality and Pathology in Childhood* (1965a), Anna Freud revisits the question of the relationship that child analysis has to adult analysis, and she reiterates her early belief that the fundamental principles of

both forms of treatment are the same. Following the work of Bibring (1954), she considers these to be:

- Not to make use of authority and to eliminate thereby as far as possible suggestion as an element of treatment;
- To discard abreaction as a therapeutic tool;
- To keep manipulation (management) of the patient to a minimum, i.e. to interfere with the child's life situation only where demonstrably harmful or potentially traumatic (seductive) influences were at work;
- To consider the analysis of resistance and transference, and interpretation of unconscious material as the legitimate tools of therapy.

(1965a: 26)

But if these principles – and therefore the fundamental aims of treatment – are shared by both child and adult analysts, Anna Freud reiterates her view, first set out in her work in the 1920s, that the *technique* of child analysis must in certain respects be quite different from that for adults, owing to the fundamental fact of the child's relative immaturity. The history of child analysis, she suggests, is the history of the efforts made by generations of therapists to overcome the difficulties that follow from this fundamental difference: that children 'have no insight into their abnormalities; that accordingly they do not develop the same wish to get well and the same type of treatment alliance; that, habitually, their ego sides with their resistances; that they do not decide on their own to begin, to continue, or to complete treatment; that their relationship to the analyst is not exclusive, but includes the parents who have to substitute for or supplement the child's ego and superego in several respects' (1965a: 28–29). Anna Freud then goes on to list some of the consequences of these differences and how they influence the way in which the child analyst can work.

If all of this sounds as if Anna Freud's views had barely changed since her time in Vienna (see Chapter 2), there are specific areas where she makes clear that her ideas about technique have modified over time. In the 1946 preface to the first English publication of her 1927 lectures on child analysis, for example, she says that her controversial idea about the need for a 'preparatory phase' in child analysis had now altered. While still emphasising the importance of building a relationship with the child (what we might now call the 'therapeutic alliance'), she recognised that the child analyst, by means of an analysis of defences, can 'uncover and penetrate the first resistances in the analysis of children, whereby the introductory phase of the treatment is shortened and, in some instances, rendered unnecessary' (1946c: xi–xii).

In a later discussion of this topic, however, Anna Freud emphasises that the 'preparatory phase' was never really about trying to deliberately arouse a positive transference or 'seduce' the child into wanting treatment; rather, it was about helping a child, for whom his or her symptoms may not have been

seen as problematic, to develop an ‘inner split’ and internal conflict, which would be the basis for the analytic work that was to follow. That this misunderstanding of her work continued for many years is attested to by a rumour that circulated in the 1970s that child analysts working at the Hampstead Clinic used to give their patients sweets to encourage them to attend. When Anna Freud heard this rumour, she is reported to have said: ‘You can tell them that the Hampstead children bring their own sweets’ (Sandler and Freud, 1985: 52).

A revised view of transference?

In the early chapters of *Normality and Pathology in Childhood*, Anna Freud acknowledges that she had ‘modified [her] former opinion that transference in childhood is restricted to single “transference reactions” and does not develop to the complete status of “transference neurosis” ’ (1965a: 36). If this sounds like a significant change of view, however, she was quick to add that she still believed that the concept of transference was used too broadly by many child analysts and that too often analysts, following Strachey’s (1934) lead, over-emphasised the interpretation of the transference as the *sole* means of therapeutic action within analytic treatment.

As an alternative, Anna Freud offered what she saw as a more discriminating view of different *types* of transference in work with children, distinguishing habitual modes of relating (patterns that the child repeats in a range of situations, regardless of the specific setting) from the transference of current or past relationships or the externalisation of internal impulses (Sandler, Kennedy and Tyson, 1980: Chapter 10). To show the difference between habitual modes of relating and transference proper, Anna Freud gives the example of a child who leaves something in the consulting room at the end of a session:

Most analysts would say, ‘Of course, you wanted to stay with me and so left your cap (or your penknife or pencil)’. Then the analyst hears that the child leaves his cap and pencil everywhere – in school, on the bus, at home – and it can be seen that it simply isn’t true that the child wants to stay in all these places. The whole thing has a completely different meaning and only comes into analysis as a fixed symptom. . . . This particular patient demonstrated by losing inanimate possessions how ‘lost’ he felt in regard to his parents.

(Sandler, Kennedy and Tyson, 1980: 80)

Clearly, these very different ways of understanding the meaning of the child’s behaviour would have implications for how the analyst responds in the session. Even if one were to take up the behaviour in the transference, its meaning

would be very different if one understands the behaviour as a habitual mode of relating rather than as a transference specific to the analytic setting.

Despite these slight modifications of her earlier views, a reading of this early chapter from *Normality and Pathology in Childhood* would not lead one to greatly revise one's view of how Anna Freud thought about child analysis compared to the views set out in her 1927 work. But a more fundamental shift in her thinking emerges in the final chapter of the book (and in a number of papers published in the following years) based on her new ideas about differential diagnosis and the 'developmental lines'. This work led Anna Freud to make a new distinction in her understanding of childhood pathology, which was to have major implications for therapeutic technique.

Child analysis and the infantile neurosis

As is often the case with Anna Freud's writing, her new ideas were first contextualised within the history of psychoanalytic thinking, so that it could be seen how the ideas she developed emerged out of an ongoing inquiry into certain core questions. In examining the way that psychoanalysis understood childhood disturbance, Anna Freud recognised that analytic technique first developed as a means of treating neurotic disorders, and that this context inevitably influenced the emerging theory:

Since neurotic manifestations emanate from the depth, psychoanalysis embarked on the study of the unconscious. Since they are due to conflict between internal forces, it became a dynamic psychology. Since conflicts are solved according to the relative strength of these forces, the economic viewpoint was developed. Since the roots of every neurosis reach back to the early years of the individual's life, the genetic aspects of the theory played a paramount part.

(1976[1975]b: 83)

But the structure of the neuroses did not only influence the evolving theory of psychoanalysis; it also influenced the evolving therapeutic approach. If symptoms could be understood as compromise formations based on intrapsychic conflict, which had been dealt with by means of repression, then the aims of treatment were to lift repression and to 'make the unconscious conscious'. The primary means of doing that were interpretation and reconstruction – at first, with a significant focus on dream interpretation, and later on, by means of the interpretation (and working through) of the transference:

As analysts, we are proud to possess a therapeutic technique by means of which psychic processes can be undone, and even apparently stable psychic

structures can be dissolved into their elements. . . . What analysis tries to reverse here, and usually succeeds in reversing, are the immature ego's misguided decisions which were made under the pressure of danger and anxiety. These are remade under the new conditions and in the safer atmosphere of the analytic setting.

(1972: 32)

Given that all adult neuroses were understood by Freud to originate in an 'infantile neurosis' that developed in the first few years of childhood, it was perhaps no surprise to Anna Freud and her colleagues, when they first began working with child patients in the 1920s, that they discovered almost exactly the same features in their child patients as Freud had discovered in adults. Just like adults, children in the early years of their lives were faced by internal contradictions that they struggled to manage, and they dealt with them in very similar ways:

Both then, adult and child, find themselves in the same situation. They are confronted by urges and fantasies which had been age-adequate at the oral and anal-sadistic level of development, but which, re-catheted at this later stage, are rejected by the personality as unacceptable and therefore arouse deep-seated anxieties. These latter have to be defended against and their content compromised with. To bring about the compromise formations which are symptomatic for the neuroses at all ages, adults and children employ defence mechanisms which . . . are more or less identical.

(1972: 11)

Given that the structure of the adult neuroses and the child neuroses were seen to be so similar, it is perhaps not surprising that the fundamental ideas about *treatment* were also similar. For the early child analysts working with Anna Freud, the treatment of the infantile neurosis in a child would depend on assisting the ego to widen its sphere of influence, and this could best be achieved by means of the interpretation of the unconscious elements outside its reach. By making the unconscious conscious, and bringing its content under the conscious control of the ego, more adaptive means could be found to deal with these previously unconscious elements (A. Freud, 1970b). Despite the technical challenges of carrying out the analysis of a child, the *fundamental principles* of resistance and interpretation remained the same, whether the patient was a fully grown adult or a six-year-old child.

An example of the infantile neurosis: The case of Little Hans

In describing the nature and treatment of childhood disturbance in her writings, Anna Freud frequently refers back to Freud's case of 'Little Hans'

(1909), which she considers to be a paradigm of the infantile neurosis and its treatment.

At the time of his therapy, Little Hans was a four-and-a-half-year-old boy who was progressing well in many respects, but he had developed a crippling anxiety about horses, which prevented him from being able to go outside his house and walk safely in the streets. (In Vienna in the early 1900s, a phobia about horses would be as crippling as one about cars might be in a modern city.) Through a series of ‘analytic conversations’ and interpretations of his dreams, carried out by Little Hans’s father and reported to Freud, the latter was able to interpret how the fear of horses could be understood as a displacement of Little Hans’s fear of his father, against whom he had developed death-wishes owing to his oedipal rivalry for his mother’s love. This conflict between love and hate, and between the ‘pleasure in his sexual organ [and] the fear for its safety’, had led the little boy to repress his forbidden wishes, and his psychic functioning to regress to an earlier stage of development. Fear of retribution from his father was now displaced onto the horse, a fear that was itself coloured by primitive oral-aggressive fantasies.

The phobia that Hans formed interrupted his development and caused great distress both to himself and to his parents; but in itself it was not the sign of serious disturbance, and the matter was fairly quickly cleared up. As Anna Freud recounts it:

... during the treatment he received, this crippling state gradually gave way to the unravelling of its conflicting elements. Repression, as an automatic and excessive process, was replaced by conscious understanding and ‘condemnation’ by the higher agencies of the mind. Regression was undone and finally and almost triumphantly the boy reclaimed his lost masculine aspirations via the fantasy of the plumber who restored his sexual organ. This signified the victory of manhood over feminine trends, of activity over passivity, and of progressive over regressive tendencies.

(1972: 14)

As other analysts before and since have done (see Midgley, 2006), Anna Freud took great inspiration from this treatment, which she used as a model for her own early attempts at child analysis – although in her case, treatment was to be carried out by an outside figure rather than the child’s parent. But in the post-war years, she also came to see that the type of disturbance described by Freud – and the model of treatment it implied – was very different from that of the majority of children who were referred for treatment at child guidance clinics, and thus child analysts needed to adapt to the very different needs of these children.

Beyond the infantile neurosis

In her writings in the 1960s and 1970s, Anna Freud continues to promote the model of treatment for the infantile neuroses that she had first developed while working in Vienna; however, with her increasingly developmental perspective, she looked on the infantile neuroses somewhat differently. In keeping with her more developmental perspective, she now emphasised, not so much the neurotic symptoms themselves, but, rather, ‘the bearing of these manifestations on the maturation processes within the child’:

Emphasis is shifted thereby from the purely clinical aspects of a case to the developmental aspects.

(1945: 37)

Anna Freud now emphasised that the capacity to have the kind of infantile neurosis described in her father’s work is actually *positive* evidence of personality growth, and that the conflicts underlying the infantile neurosis are no more than the normal ones of early childhood. For a child to be able to develop this type of conflict-based neurosis, after all, implies *healthy* development in a range of areas: a significant capacity for object relationships; a considerable degree of ‘inner structuralisation’, based on positive identifications and internalisations; and an ego sufficiently strong as to be able to defend against the demands of the drives (1972: 31).

But, as became increasingly clear to her, ‘there is a world of difference between those investigations of the infantile neurosis as a “type and model” for adult neuroses and our present explorations of normal and abnormal child development which aim at the enumeration, description and exploration of any interference with optimal mental growth’ (1972: 16). Indeed, as Anna Freud and her colleagues at the Hampstead Clinic reflected on their observations of children with extremely traumatic early histories, and began to work with a large number of children referred to the Clinic with histories of severe deprivation, none of the ‘achievements’ of the classically neurotic child could be taken for granted. In particular, many of the children referred to the Clinic had suffered from maltreatment and abuse or showed major delays in their development which could not be understood, or treated, using the traditional analytic methods. Writing in 1968, Anna Freud spelt out the dilemma:

The appeal for help, which is implicit in their precarious circumstances, is too strong to be dismissed lightly and often brings them into treatment. But this does not by any means imply that child analysis is indicated for them as the treatment of choice and that its technical tools are found to be potent enough to counteract the ongoing upsetting influences.

(1968b: 123)

Anna Freud's way of thinking about this, based primarily on her study of the developmental lines and her work on the Diagnostic Profile, was to declare a need to go 'beyond the infantile neurosis', deliberately echoing Sigmund Freud's famous paper in which he spoke of the need to go 'beyond the pleasure principle' (1920a). As Murray (1994) points out, what lay beyond the pleasure principle for Freud was the death instinct and the compulsion to repeat; but what lay beyond the infantile neurosis for his daughter was the concept of developmental disturbance.

The new focus on developmental disorders

Anna Freud's growing interest in assessment and the use of a developmental perspective helped her to appreciate that many of the children who were being referred for treatment had disturbances that were not based on internal conflicts between fully structured internal agencies. In some cases, these children might present with symptoms that could easily be mistaken for neurotic ones (such as anxieties or obsessional features), or they may have been labelled using terms ranging from 'slow or irregular developer to serious backwardness, borderline, autistic, and psychotic states' (1974a: 77). What all of these children had in common, once a full assessment had taken place, was that their difficulties could be understood as *failures of development*, with relatively more or less serious consequences.

In some cases, Anna Freud believed that the disturbances could be considered transitory, likely to pass in the course of ongoing development. She gave as examples some difficulties with sleeping that are an appropriate part of the separation-individuation stage; or the conflicts around eating that are a predictable aspect of the toddler stage, when ambivalence towards the primary caregiver is both normal and appropriate – and is often expressed through feeding difficulties. Assuming that those caring for the child are able to handle these difficulties appropriately (and parent guidance could be valuable in this respect), the children would be likely to grow out of such problems spontaneously, as part of the normal process of ongoing development. In some cases, however, these disturbances might form a vulnerability for later neurotic difficulties. Such problems were distinguished from more serious cases of developmental disorders, in which the very building blocks of the personality fail to be properly put in place.

On the basis of these distinctions, Anna Freud suggested that it was possible to differentiate two types of infantile psychopathology:

The one based on conflict is responsible for the anxiety states and the phobic, hysterical, and obsessional manifestations, i.e. the infantile

neuroses; the one based on developmental defects, for the psychosomatic symptomatology, the backwardness, the atypical and borderline states. (1974[1973]: 70)

Anna Freud was careful not to conflate all of these development defects, or to confuse the various causes for these disturbances. While all of them have their origins in the child's early period of growth and maturation, this might be due to organic or environmental deficits, or indeed to a combination of both. Referring to the observational research of her colleague Dorothy Burlingham, for example, she notes that 'analytic studies of the blind, deaf, and mentally deficient show that any single defect in the individual's inborn equipment suffices to throw the entire developmental course into disarray, far beyond the sphere where the damage itself is located' (1976[1975]b: 92). However, those who have lacked the 'average expectable environment' in their early years are also likely to show disturbances in their development, although she emphasised that 'there is no one-to-one, invariable relationship between the fact of parents being absent, neglecting, indifferent, punitive, cruel, seductive, overprotective, delinquent, or psychotic and the resultant distortions in the personality picture of the child' (p. 93). Cruel treatment, for example, may lead to a child who is aggressive and violent, or to one who is timid and passive; sexual abuse (or 'parental seduction', as Anna Freud continued to call it), on the other hand, could result in a child with a 'complete inability to control sexual impulses ever after, or in severe inhibition and abhorrence of any form of sexuality' (p. 93). It is the complex interaction between endowment and experience (nowadays we might speak of genetics \times environment) that determines how the disturbance of development will be expressed. What these disturbances all have in common, however, is that they impact on the very process of personality development, rather than being (as is the case with the neuroses) a consequence of conflicts *within* an already well-structured personality.

The challenge of making a differential diagnosis

Although Anna Freud never gave her own clinical example of the assessment of a child with a 'developmental disorder', many such assessments have been published by Anna Freud's colleagues and students. Cara F, for example, was referred to the Anna Freud Centre when she was seven years old, at the recommendation of an educational psychologist (Green, 1995). She was reported to be very confused and unable to relate to other children, and she had severe difficulties with writing, which led to an ongoing refusal to engage with schoolwork. In her diagnostic interview, she moved from one activity to another without any obvious connection, all the while producing a confused and confusing monologue on unrelated topics. She did, however,

indicate to the therapist that she wanted help, although she demonstrated very little sense of feeling that she had an internal world that could be thought about – by herself or by anyone else.

At the diagnostic meeting where Cara's assessment was presented and discussed, there was agreement that Cara was operating like a much younger child, but it was unclear whether this was due to an overall arrest in her development, or whether she had regressed to a more immature mode of functioning due to the conflicts aroused by her current home situation, in which the parents were going through a very acrimonious period in their relationship. It was also not clear whether her refusal to engage with schoolwork was due to a fundamental incapacity or was a symptom of her conflicts – in short, whether she *wouldn't* or whether she *couldn't* do the work.

The assessment concluded that Cara was probably a borderline child – that is, one who 'can be deemed neither neurotic, nor psychotic, nor autistic, nor totally arrested in developmental progress, but who nevertheless show[s] features of any of these, fitting sometimes more one, sometimes more another of these diagnostic labels . . . [all] welded into a bizarre, atypical whole which defies definition' (A. Freud, 1977: 2). Once she began treatment, however, it became clear that this provisional diagnosis was probably not correct. 'She was not a borderline child with a hostile internal object world and fluctuating ego capacities giving rise to disintegration anxiety,' writes Green, 'but a child in whom early misattunement had resulted in a failure to develop a stable, coherent, safe internal world, with consequent repercussions for a range of ego functions' (Green, 1995: 183). Understanding this distinction led to a different prognosis for Cara and had implications for the way her treatment was conducted. The treatment focused more on helping her to organise, regulate and represent her affects – and with help of this sort, Cara gradually presented in a more organised way, suggesting that her functioning was not at a borderline level. By the time she was a young adolescent, for example, Cara was able to make friends with children at school, in a way that had been impossible for her as a younger child, when her impulsive behaviour had alienated her from her peers. As she gradually became more able to learn, she also had to contend with some of her limitations. The therapist describes one poignant occasion on which Cara tried very hard to achieve something, but couldn't manage it. Crying with frustration, she said: 'It's not fair, I am trying so hard and I still can't do it' (p. 184). Although painful, such expression showed Cara's capacity to develop in a way that the initial diagnosis would not have predicted.

The developmental disturbances: Indications and contraindications for child analysis

When Anna Freud published her paper on 'Indications for Child Analysis' in 1945, she was quite clear that this treatment should be 'restricted to the most

severe cases of the infantile neurosis' and that for children whose difficulties did not meet this criteria, it was better to use psychoanalytic insights to inform other types of intervention, whether educational or otherwise. Revisiting this same topic in 1968, Anna Freud significantly called her paper 'Indications *and* Contraindications for Child Analysis' (my emphasis), as if to make clear that child analysis is *not* the treatment of choice for all children in need of help. Indeed, in that paper she emphasised that our 'recommendations for analytic treatment become much more hesitant' when dealing with children with developmental disorders compared to those with neurotic disturbance, and she describes the way that this uncertainty typically gets expressed in clinical case discussions:

Usually a minority opinion advocates waiting and watching for the ego's spontaneous compromises, while the majority verdict recommends beginning immediate treatment to avoid lasting harm being done to the child's further chance of normal growth . . . only analytic help [they argue], applied without delay, will be effective in avoiding crippling solutions and thereby serve a truly preventative aim.

(1968b: 115–116)

Anna Freud makes clear that she has a great deal of sympathy with the 'minority opinion', for in many cases treatment was taken on, in great expectation, only to end in disappointment and failure. And, as she adds, somewhat sardonically, when analysis 'fails to bring about improvements, the blame is usually laid not on the psychopathology of the case as such, but on unfavourable external circumstances such as the therapist's lack of experience or skill, the parents' failure to cooperate, insufficient time being allowed for the analytic process, interruptions due to bodily illness, upsets in the home, change of therapist, etc.' (1965a: 214).

Anna Freud herself was not so sure that the reason for the treatment's failure is always so unrelated to the nature of the pathology itself. After all, if interpretation aims to lift repression and support the ego to find more adaptive ways to deal with internal conflict, then it is by no means clear that a developmental disorder that is *not* based on conflict or repression will necessarily respond to this type of intervention. Anna Freud makes a distinction between the 'fact-finding' aspect of child analysis and the 'therapeutic' aspect: in terms of the former, there is no doubt that a great deal can be understood about early development and its disturbance by means of the analytic method – but this does not mean that the disturbance will necessarily be cured. 'At the worst', she says, 'the benefit is not on the side of the patient at all but on that of the analyst, who from the treatment of such cases gains valuable insights into the conditions of growth' (1968b: 120). This insight may be of scientific value, and ultimately of value to those seeking to promote early intervention and

preventative work, but analytic insight per se 'is unable to undo the damage' (1978b: 109).

This does not answer the question, however, of how to respond when a child is referred with serious difficulties and is in urgent need of help. With typical understatement, Anna Freud explains why this poses 'considerable problems' for the clinician:

Therapeutic help, in answer to the parents' or the school's request, can hardly be refused since the difficulties caused by the child's abnormality are of an urgent nature. Nevertheless, once embarked on therapy, the child analyst feels doubtful of his aim and competence. He is face to face with the so far unanswered question whether and how far the neglect of developmental needs can be undone by treatment.

(1968b: 118)

As late as 1976, just a few years before her death, Anna Freud continued to speak of the 'humiliating fact' for child analysts that 'the developmental damage which they understand so well and reconstruct so efficiently can be beyond their power to cure by truly analytic means' (1976[1975]a: 182). Indeed, when such children did benefit from analytic treatment, against her prediction, Anna Freud suggested that such success 'may be due not to the truly analytic work but to admixtures to the technique such as new positive object attachment, new superego identification, suggestive influence, or even corrective emotional experience, which with the very young can set arrested developmental lines going again' (1974[1973]: 72).

Anna Freud speaks here as if such processes are not truly part of analytic work and are almost unfortunate by-products of the analytic setting. Yet at other points she appeared to see these more as important adaptations and innovations in child analytic technique, changes that were to have significant consequences for the work of child psychotherapists dealing with children with severely damaged internal worlds.

Innovations in technique for working with children with developmental disorders

In reviewing the topic of 'therapeutic possibilities' in the final chapter of *Normality and Pathology in Childhood* (1965a), Anna Freud recognised that analytic treatment has always been a complex mixture of interventions, and that whatever the analyst may think he or she is doing, patients will take from it what they most need. In the case of children whose difficulties can be understood in terms of neurotic conflict, they mostly 'react fully to interpretations of resistance and transference, defence and content, i.e. to the truly analytic measures, which for them turn into therapeutic processes'

(1965a: 229). Although various other things may also be going on during analytic treatment, these do not play a hugely significant role in treatment, she argues, so long as the therapist does not step out of his or her analytic role. 'In contrast to this,' she continues:

. . . the nonneurotic cases single out for benefitting from them sometimes one, sometimes another, sometimes a mixture of the subsidiary therapeutic elements, while the main analytic procedure may remain without effect or bring about undesirable results.

(p. 230)

By 'subsidiary therapeutic elements' Anna Freud is referring to things such as verbalisation and clarification, reassurance and support – all elements that have long been considered 'educational' and therefore outside the analyst's remit. She gives the example of a child with a borderline diagnosis, who in treatment produced huge amounts of fantasy material and for whom 'distortion of id derivatives is minimal'. In such a case, it is relatively easy for the analyst to make interpretations; however, the relief and improved ego control that one would expect from a child with a more well-structured internal world does not follow:

Instead, the very wording of the analytic interpretations is taken up by the patient and woven into a continued and increased flow of anxiety-arousing fantasy. Met by interpretation only, whether within or outside the transference material, the borderline child uses the opportunity to turn the relationship with the analyst into a kind of *folie à deux*, which is pleasurable for him and in accordance with his pathological needs, but unprofitable from the point of view of therapy.

(p. 230)

A child such as this, suggests Anna Freud, is far more likely to be helped by verbalisation and clarification of internal and external dangers, or of frightening affects, which 'his weak and helpless ego, left to itself, cannot integrate and bring under secondary process dominance' (p. 230). Likewise, a severely deprived child, who has lacked the kind of early caregiving which is so essential to the development of a secure sense of self, may well develop a strong feeling of dependency and yearning for his or her analyst; but again, Anna Freud warns, 'interpretation of the transferred repetition has no therapeutic results':

Instead, the child may answer to the intimacy of the analyst–patient relationship, which is favourable for the proliferation of libidinal attachment because of the frequency and long duration of the contact, the lack of interruptions, the exclusion of disturbing rivals, etc. On the basis of this

new and different emotional experience, the child may move forward to more appropriate levels of libido development, a therapeutic change set in motion within the outward setting of child analysis but on the basis of ‘corrective emotional experience’.

(p. 231)

Anna Freud’s examples of the way in which deprived children or those with a borderline diagnosis may ‘mis-use’ analysis can be reframed in a more positive way, if one looks more closely at what she is describing. When looked at in this way, Anna Freud is making it clear that one of the primary aims of treatment for children with developmental disorders is increasing the capacity for affect (or emotional) regulation, a focus that has become far more central to both modern clinical psychoanalysis – as in the concepts of ‘holding’ (Winnicott) or ‘containment’ (Bion) – and also in modern developmental research, where the early build-up of the capacity for emotional regulation has been seen as a central feature of early development in the work of Schore (1999), Fonagy *et al.* (2002) and many others.

In particular, techniques such as the careful use of *clarification* can be important ways of helping a child who is utterly confused about internal and external reality. Whereas a ‘neurotic’ child who is anxious, for example, that his house may burn down during the night will not benefit from an explanation of why this will not happen (since the anxiety is based on an internal fantasy, such as an aggressive wish or a fear of punishment), the case is different with children whose inner lives are not yet so clearly structured. In the case of ‘Susan’, for example, a six-year-old girl with an early history of multiple hospitalisations that her parents had not been able to help her prepare for or understand (Sandler, Kennedy and Tyson, 1980), helping to sort out reality from fantasy had more therapeutic value. In this case, the therapist responded directly when the little girl was finally able to ask for the first time about why she had been in hospital as a child and helped her to talk through the details of what had happened to her in a careful, age-appropriate way. By explaining reality to this child, before exploring her fantasies about the hospital treatment, the child analyst was recognising the importance for this child of being able to make sense of her experience and put it into words (p. 159).

The role of verbalisation – a clinical example

Audrey Gavshon, who worked as a child analyst at the Hampstead Clinic for many years, gives a good example of the role of verbalisation in her treatment of a seven-year-old-boy called ‘Martin’ (Gavshon, 1988), who suffered from extensive developmental delay, with a likely organic basis compounded by physical health problems. His parents treated him like a much more advanced

child, and they struggled to respond appropriately to his developmental needs, which probably contributed to his difficulties in coping with his deficits.

When Martin first started treatment, his therapist struggled to understand his communications, as Martin's language skills were so poor. Yet the therapist was also aware that he found it shaming when she had to ask him to repeat things and that this was making him increasingly uncooperative with the treatment. Using her creativity, Gavshon came up with the idea of finger games, and she showed him the well-known game where you fold your hands together to make a church and then open them up to reveal the people (wiggling fingers) inside. From here, Martin and his therapist began to communicate and tell stories through various finger-games, which both of them clearly enjoyed. After a while, the therapist began to shape these stories around some of the important themes in Martin's life (a type of 'finger-interpretation-in-displacement', you might say). She acted out a story of a boy who was upset because he wasn't able to run fast, like his brother, and, as he watched this, Martin said (speaking quite clearly this time): 'Tell him why he is crying.' This was the start of a period of the analysis in which Martin and his therapist were able to work on some of his fears about being misunderstood and feeling stupid, and his despair that he would never be as capable as other children, including his brother. Gradually Martin and his therapist found ways to communicate together, and Gavshon was able to make increasing uses of verbal interpretations – although at times Martin would tell her: 'Now say that again, but don't say so much.'

This improved capacity for verbalisation, which was one of the outcomes of Martin's therapy, has been increasingly recognised as an important aspect of 'developmental therapy'. The capacity to use language is increasingly recognised as a crucial element of affect regulation and the development of the self. As Anna Freud put it, verbalisation 'facilitates the maturing of the ego and the acquisition of the capacity for self-observation' (quoted in Sandler, Kennedy and Tyson, 1980: 68), both of which are crucial for a developing capacity for affect regulation and a more mature sense of self.

In emphasising the importance of promoting affect regulation by means of 'ego supportive' interventions such as the use of clarifications and the promotion of the capacity to verbalise, Anna Freud was also implying a major shift in the way in which one conceptualises therapeutic change itself. She was always curious about the fact that people who have never had any experience of analysis are able to undergo profound inner changes, which suggests that the process of personality transformation cannot be specific to the analytic setting. Increasingly, she came to believe in the importance of *relationships themselves* as a vehicle of psychic transformation, and this led her to new ways of thinking about the role of transference in clinical work with children suffering from developmental disorders.

The ‘transference object’ and the ‘developmental object’

As discussed above, Anna Freud came to appreciate that children do develop all kinds of transference relationships in the course of analytic treatment, and she saw the interpretation of the transference as a key (but not exclusive) component of therapeutic change. Such transferences, she believed, were based on the child’s object relations from all levels of development, both oedipal and pre-oedipal, and needed to be worked with as such. In her discussion of clinical cases, as reported in Sandler, Kennedy and Tyson (1980), there are many examples of how the analyst can interpret the child’s transference, whether it is the transference of libidinal and aggressive drives or that of characteristic defences.

But Anna Freud also thought that the child analyst – especially (but not exclusively) when working with children with more developmental disorders – is ‘used by the patient in a variety of ways’, and that children themselves ‘have a hunger for *new experience* which is as strong as the urge to *repeat*’ (1965a: 38; italics in original). This ‘double relationship’ which the child forms to the analyst – as both a transference object and a new (developmental) object – is not easy for the child analyst to handle:

If he accepts the status of the new object, different from the parents, he undoubtedly interferes with the transference reactions. If he ignores or rejects this side of the relationship, he disappoints the child patient in his expectations which the latter feels to be legitimate. . . . To learn how to sort out the mixture and to move carefully between the two roles which are thrust upon him are essential elements of every child analyst’s training in technique.

(1965a: 38–39)

Anna Freud gives an example of how the child analyst can handle this dual role in her discussion of the case of ‘Frank’, a ten-year-old boy who was brought up by his father after his mother had left when he was three years old. In so far as the analyst was used as a ‘new object’, Frank was able to take a step forward in his ego development and build up a more trusting and safe sense of his objects, thanks to the reliability of his therapist. But at the same time, Frank’s rage with his mother for deserting him as a small child, and his fantasy that he was responsible for her abandonment because of his own badness, came into the relationship with the therapist as a ‘transference object’. In this case, the child analyst was able to accept both roles and to move between them as the child needed. ‘It was the combination of this “corrective” emotional experience of finding a better mother with the analysis of the relationship to the deserting mother,’ said Anna Freud, ‘which did the trick’ (quoted by Sandler, Kennedy and Tyson, 1980: 110).

In fact, as Edgumbe (1995) points out, this view of the double use that the child makes of the analyst was not entirely new in Anna Freud's work. As early as her 1927 lectures on the technique of child analysis, she had written about the role the analyst plays as an ego-ideal for a child whose superego is not yet fully structured, and who therefore needs to make use of the analyst, at certain points, as an 'auxiliary ego' support. But her later focus on the therapy of children with developmental disorders helped her to focus more explicitly on this aspect of the child analyst's role. Even interpretation, she came to see, was not only about providing insight into unconscious content or patterns of relating; it was also an aspect of the analyst acting as a 'new object', in so far as it gives the child a new experience of being recognised and thought about. In a clinical discussion of work with children with developmental disorders, she explained:

There are many moments . . . where one . . . shows the child that one is different from the parents, merely by understanding, by reacting differently to something the child says or does. That's an element which is very often neglected, which we call the analyst as a new object.

(quoted by Hurry, 1998: 48)

The child analyst as a new object is very different from the orthodox view of an analyst, in which her function is to offer herself as a 'blank screen' and provide interpretations of the unconscious transference material. Anna Freud strongly opposed the stereotype of the analyst as someone who simply delivers a series of clever interpretations. In a transcript from a seminar she gave at the Hampstead Clinic towards the end of her life, she is quoted as saying to her students:

It is a great danger to get a child accustomed to a constant flow of interpretation, which to him becomes a sort of nagging. . . . Interpretations thrown at the child indiscriminately are a great mistake [and are] usually meaningless to the child . . . I think what one should interpret are experiences, inner experiences . . . and not words, not images, not single items.

(1983: 119)

As Bonaminio (2007) points out, in quoting these words, what is striking in this seminar is Anna Freud's emphasis on the importance of the analyst making *contact with the child*, and on staying close to the child's *experience*. Bonaminio considers this attitude to be almost Winnicottian – and certainly a far cry from the view of Anna Freud as a 'conservative' analyst. One of Anna Freud's former trainees, Carla Elliott-Neely, captures the same spirit of adventure and creativity when she describes how Anna Freud 'was never content to rely on a "rule" in an unthinking way'. Rather, she 'thought about

each case from the child to the theory, so that the theory came alive in the context of a human being. This meant that her suggestions for technique were creative and directly related to the therapeutic task' (Elliott-Neely, 1995: 381).

Is developmental therapy a part of 'proper' child analysis?

In discussing the different ways in which children with a range of developmental disorders may make use of analytic treatment, Anna Freud often used words such as 'misuse', 'unintended' and 'unavoidable', as if the elements of treatment that may be of help to these severely deprived children are not something that one should be proud of – that they are not part of 'proper analysis'. As a child analyst at the Hampstead Clinic, Rose Edgcumbe (1995) describes her own experience of feeling rather indignant on behalf of her child patients, who she felt Anna Freud implied were 'not suitable' for psychoanalysis: 'Anna Freud made us feel that it was not right. Yet she undoubtedly encouraged us to carry on experimenting' (p. 22).

This ambivalence is well captured in Anna Freud's reported comments in a case discussion of a young patient, 'Helen', who was referred at the age of six because of learning problems (Sandler, Kennedy and Tyson, 1980) and whose treatment was initially based on the traditional model of interpretation of repressed impulses and defences. During the course of the first year of treatment, it became clear that Helen probably suffered from some form of mild learning disability; she was also living in an extremely chaotic home environment, in which she had been given very little support or sympathy in the early years of her life. After listening to a presentation of the case for some while, Anna Freud commented:

This case was misdiagnosed. Helen was not a suitable case for analysis but a severely deprived and traumatized child who suffered from a consequent personality distortion and who needed help, support, encouragement and sympathy. The analytic method was not right for her, both because of the nature of her disturbance and because of her external circumstances. Analysts at the Hampstead Clinic have now had sufficient experience with children like this to know that the analytic method does not help them. . . . It must not be forgotten that interpretation always depends on there being an ego able to make use of it, something which is deficient in these children. Also, the disturbance is due not so much to internal conflicts as to a mixture of early neglect and damage, lost opportunities for development, unavailable permanent objects, and all sorts of adverse environmental influences.

(p. 255)

In this comment, Anna Freud shows great insight into the nature of this girl's difficulties and has clear ideas about what could help her. But in emphasising that the child 'was not a suitable case for analysis', she seemed to be implying that the developmental psychotherapy that could be so valuable to this child – and which draws so deeply on psychoanalytic knowledge and understanding – would nevertheless not be considered 'proper analysis'.

The legacy of Anna Freud's developments 'beyond the infantile neurosis'

Anna Freud was by no means alone in exploring the widening scope of child analysis or the therapeutic techniques that would follow from it. As she acknowledges in *Normality and Pathology in Childhood*, Melanie Klein and her followers were unique among the early generation of child analysts in so far as they included children with severe ego defects and psychoses among their patients from the very beginning (1965a: 215), and some of the adaptations of technique that Anna Freud was exploring in the 1960s have clear parallels with the work of others, especially those working in the 'Independent' tradition in Britain and the 'relational school' of psychoanalysis in the US (see Hurry, 1998). The increasing emphasis on the relational component of treatment has continued to this day, alongside a growing attention to the importance of 'attunement' (Stern), 'holding' (Winnicott) and 'containment' (Bion) in facilitating the development of severely deprived and disturbed young children. Much of the developmental research that has taken place since Anna Freud's death, especially the work focusing on the early mother–infant relationship (e.g. Stern, 1985; Tronick *et al.*, 1998), has helped to increase our understanding of the parent (and by extension, the therapist) as a 'developmental object'. In addition, work in the neurosciences has increased our understanding of how even brain development is use-dependent and relies to a great degree on the environment – for example, in the build up of affect regulatory systems (Schoore, 1999). These discoveries in developmental research and neuroscience have been helpfully integrated into a developmental therapy model by Greenspan (1996), Hurry (1998), Green (2003) and others, who have also been able to incorporate more of a focus on the processing of the analyst's own countertransference – an aspect of the work which is notably absent in Anna Freud's writing, but which is central to modern versions of developmental therapy (e.g. Ralph, 2001).

Fonagy *et al.* (1993), building on the work of Anna Freud, have argued that what is most striking in the children whom Anna Freud described is a fundamental failure in the development of the child's mental functioning. They suggest that such children need a more developmentally focused form of treatment, which focuses on supporting the development of mental processes themselves, such as mentalisation-based therapy (which has been

described by some, e.g. Verheugt-Pleiter, Schmeets and Zevalkink [2008], as a modern version of Anna Freud's developmental therapy). Such a hypothesis has received some empirical support from outcome research carried out at the Anna Freud Centre, which demonstrated that children with more severe levels of disturbance benefitted from a more intensive, developmentally focused form of intervention (Fonagy and Target, 1996). As Anne Hurry puts it, in her important book on the subject:

Child analysts have always used . . . techniques such as helping a child to be able to play, to name feelings, to control wishes and impulses rather than be driven and enact them, to relate to others, and to think of and see others as thinking and feeling. They have done such work intuitively, and at times, lacking a fully developed theoretical framework in which to view it, they have undervalued and sometimes failed to record it. Anna Freud, however, believed that this 'developmental help' called for further study. . . . [Now] developmental help has moved to the forefront of psychoanalytic thinking; it is valued in its own right, it has been made 'respectable'.

(Hurry, 1998: 37–38)

FURTHER READING

The best account of Anna Freud's approach to analytic work with children in the latter part of her career is probably the book, *The Technique of Child Psychoanalysis: Discussions with Anna Freud*, edited by Sandler, Kennedy and Tyson (1980). The book records a series of discussions that took place at the Hampstead Clinic within one of the study groups, working on the topic of psychoanalytic technique. All the discussions, which Anna Freud participated in, were tape-recorded and transcribed, and the book offers a view of what the authors call 'the essential features of the treatment situation in one particular psychoanalytic milieu, the Hampstead Child-Therapy Clinic in London', at one particular moment in time – the late 1970s (p. 1). The book is unusual, especially among Anna Freud's later writings, in that it is full of clinical case material and discusses a wide range of topics that rarely get written about in the professional literature of child analysis, even if they are essential to the practice of child analysis. These topics include not only the major questions, such as the aims of treatment and the role of transference and interpretation, but also quite specific (but vital) issues, such as whether it is best for analytic sessions to coincide with school term dates or not; whether parents should be able to pay 'half price' for child analysis (since in other areas of life children are given a reduced rate); how to deal with the 'Monday crust' when a child hasn't been seen for several days; and what are the best ways to handle a change of setting – or indeed, a change of therapist – if this becomes

necessary. This book is a fitting final statement of Anna Freud's approach, ending, very appropriately, with Anna Freud discussing what things we still don't know.

A number of authors have written helpful accounts of clinical work using an approach based on Anna Freud's developmental therapy. Kennedy and Yorke (1980), for example, give a very clear clinical example of the differences between clinical work with a 'neurotic' child and one with a 'developmental disturbance', while Elliott-Neely (1996) shows the implications of a developmental perspective for the treatment of a young child with a history of prematurity and early environmental stresses. The *Bulletin of the Anna Freud Centre* contains many clinical papers demonstrating the use of 'developmental therapy' with children with a range of difficulties, and Edgcumbe (1985) gives a good overview of how this fits within Anna Freud's overall approach to child analysis.

For an overview of how the theory and practice of 'developmental therapy' has proceeded at the Hampstead Clinic since Anna Freud's death, there are two excellent collections of papers that balance conceptual and clinical issues brilliantly: Anne Hurry's book, *Psychoanalysis and Developmental Therapy* (1998) and Viviane Green's *Emotional Development in Psychoanalysis, Attachment Theory and Neuroscience: Creating Connections* (2003). More recently, Malberg and Raphael-Leff's *The Anna Freud Tradition* (2012) offers a series of case studies of children of different ages, showing how graduates of the Hampstead Clinic training have adopted and adapted a developmental approach to therapy.

For an account of parallel clinical developments within the post-Kleinian child psychotherapy field, the work of Anne Alvarez (e.g. 1992, 1996) is an excellent example, while the work of Greenspan (1996) shows parallel developments within American psychoanalysis. Verheugt-Pleiter, Schmeets and Zevalkink's book on *Mentalizing in Child Therapy* (2008) is an interesting account of some more recent adaptations of developmental child psychotherapy, linking it up with ideas about ways in which therapy can promote the capacity for 'reflective functioning'.

11 PSYCHOANALYSIS AND PAEDIATRICS

The care of children in hospital

KEY WRITINGS

- 1952** 'The Role of Bodily Illness in the Mental Life of Children'
- 1952** 'Visiting Children – The Child'
- 1953** 'James Robertson's *A Two-Year-Old Goes to Hospital* film review'
- 1956** 'Comments on Joyce Robertson's *A Mother's Observation of the Tonsillectomy of Her Four-Year-Old Daughter*'
- 1961** 'Answering Paediatricians' Questions'
- 1965** *Children in the Hospital* (with Thesi Bergmann)
- 1970** 'Foreword to *A Psychoanalytic Contribution to Pediatrics*'
- 1975** 'On the Interaction between Pediatrics and Child Psychology'
- 1976** 'Foreword to *The Hospitalized Adolescent*'

Introduction

Ever since her early experience in Vienna, working with impoverished and orphaned children in the wake of the First World War, Anna Freud had been attentive to the *physical* needs of children alongside their *psychological* needs. When she established the Jackson Nursery in Vienna in 1937, Josefina Stross was employed alongside the teachers to act as a paediatrician for the children, most of whom came from the poorest families in Vienna. Elisabeth Young-Bruehl records in her biography of Anna Freud the precautions that she and her staff took to try to prevent the spread of infectious diseases, including daily baths and medical examinations each morning by Dr Stross, who kept careful records of the children's physical health and reported any concerns to the children's parents (1988/2008: 220). Many years later, Anna Freud proudly remembered that the parents of the toddler-age children who attended the Jackson Nursery were 'delighted with their good care' and that the children in turn 'thrived and, on their part, recompensed us by providing knowledge about a child's first steps out of the biological unity between infant and mother' (quoted by Young-Bruehl, 1988/2008: 219). When the Nursery was closed and the Freud family escaped to London, Anna Freud worked alongside Josefina Stross once again in the Hampstead War Nurseries and in the post-war years established a 'Well-Baby Clinic' at the Hampstead

Clinic, which was intended to provide sound advice on both the physical and the psychological needs of children in the early years of life.

Anna Freud had her own experiences of ill-health and knew what a devastating effect it could have. In her early twenties, she had suffered from tuberculosis, which continued to affect her on and off for about five years; then, in the immediate aftermath of the Second World War, she fell ill with an influenza so serious that she came close to death and was left with a permanent vulnerability to bronchial infections. In addition, Anna Freud had seen her own sister, Sophie, die in the influenza epidemic of 1919/20 and had watched for over 15 years as her father went through one treatment after another for his cancer of the jaw. All of these experiences had brought home to her the profound impact that bodily illness could have on the mind and the particular impact of treatment and hospitalisation on the developing personality of the child.

This concern with the interaction of body and mind – and in particular for those children suffering from physical illness – took on a particular significance in the post-war years, when the issue of how best to care for children in hospital came to the fore both in Britain and across the world (e.g. Spitz, 1945).

Visiting sick children in hospital: The work of James and Joyce Robertson

James and Joyce Robertson (1989), working alongside John Bowlby in the post-war years to study the effects of separation on children, decided to focus on the impact of hospitalisation in order to illustrate their ideas about the importance of attachment relationships. In doing so, they raised serious concerns about the impact that separation from parents had on children hospitalised for even quite minor operations. Likewise, the work of Isabel Menzies Lyth (1959), using psychoanalytic ideas to examine the organisational defences at work in hospital settings, raised real concerns about how staff in hospitals manage the unbearable anxiety of working in a setting where pain, loss and death are such unavoidable realities. Anna Freud followed this work with interest, although her own interests led her to focus her attention somewhat differently.

Anna Freud's interest in the work of these colleagues was not just academic. James and Joyce Robertson both worked with Anna Freud in the Hampstead War Nurseries, where they came to appreciate the powerful impact that separation could have on young children. In 1948 James Robertson joined John Bowlby's team at the Tavistock Clinic studying 'The Effects on Personality Development of Separation from the Mother in Early Childhood'. As part of this study, Robertson was asked to undertake a series of observations at the Central Middlesex Hospital, where he was shocked by the impact of

the severely restricted hospital visiting hours on the children's emotional well-being, especially on children below the age of three years.

Together with John Bowlby, Robertson used his hospital observations to develop a theory of how young children react to experiences of separation. He argued that they go through three key stages: protest, despair and finally detachment (Robertson and Robertson, 1989). In the protest stage, the young child will cry, have tantrums and desperately try to find his mother; if the separation continues, the child will enter a state of despair, in which he or she will become quiet, withdrawn and appear to lose interest in the outside world; in the third stage, that of detachment, the child may appear to have recovered and even start to engage once again with the world, but the engagement will be shallow and superficial, as if hope in loving attachments has been surrendered.

In order to challenge the seeming indifference that these initial findings met, Robertson made a documentary film, *A Two-Year-Old Goes to Hospital* (1953), which followed the progress of a two-year-old girl, Laura, entering hospital for a minor operation. Robertson's film had a great impact on the many people who saw it, and it led to a lively debate in the *Nursing Times* about the best policy on parental visits for sick children in hospital, ultimately influencing the recommendations of the Platt Report (MoH, 1959), which made the case for parents to be admitted alongside very young children. Anna Freud and her colleagues strongly supported this campaign, and they wrote a series of letters to the *Nursing Times* arguing that hospitals should revise their policies in order to protect the emotional well-being of young children. As with her experience in the War Nurseries, Anna Freud realised that the increased 'difficulty' that came from allowing young children to maintain emotional attachments in the face of separation experiences was a price worth paying for the long-term emotional well-being of those children.

In a review of Robertson's film in the *International Journal of Psychoanalysis*, Anna Freud was full of praise for the work and the insight it gave into the effect of hospitalisation on the young child, but she was critical of the fact that the film and the subsequent writings by Robertson and Bowlby focused solely on the impact of separation and neglected 'the importance of internal reality' (1953: 285). She pointed out, for example, that Robertson deliberately chose a child going into hospital for a minor operation, in order to emphasise that the little girl's behaviour was a result of the separation from her mother and not of any other factor, such as the operation itself. For Anna Freud, this approach comes 'dangerously near to those arguments and prejudices of the medical profession which the film sets out to combat':

To classify the operation as minor, harmless, practically painless, and of short duration is a reality assessment not excluding the possibility that to

Laura herself the same occurrence may be a major traumatic, terrifying one.

(p. 285)

Anna Freud went on in her review to offer a sensitive re-reading of key moments in the film, drawing out other aspects of the experience of physical illness and hospital treatment which Robertson appeared to de-emphasise. In doing this, she was making the case for a wider view of the impact of bodily illness on psychological well-being, a perspective that she was concerned could easily be lost. As she was to write many years later, looking back on the work of the Robertsons, Bowlby and others:

It was the emphatic description of the *separation anxiety* of hospitalized infants which succeeded finally to convince a number of doctors and nurses that, to be therapeutically effective, the care for a child's ill body needs to be complemented by concern for and attention to his psychological needs. In fact, the general public's readiness to acknowledge the importance of separation anxiety threatened for a while to overshadow the equally important impact of the illnesses themselves.

(1970a: 270)

This 'equally important' aspect of the situation was to be a major focus of Anna Freud's attention over the following 25 years.

'The Role of Bodily Illness in the Mental Life of Children' (1952)

In a paper first published in the *Psychoanalytic Study of the Child* in 1952, Anna Freud pointed out that in trying to evaluate the role of bodily illness in the mental life of children 'we find ourselves hampered by the lack of integration at our disposal' (1952b: 260), with the different perspectives of parents, nursery workers, child analysts and paediatricians rarely brought together. While acknowledging the important work of Robertson and his colleagues, she found that in this work hospitalisation was 'merely serving as the prototype of a first, short-term separation from home . . . [without producing] additional knowledge concerning reactions to illness and pain in infantile life' (p. 261). That such knowledge is of importance is suggested by the fact that parents often date the development of neurotic disorders in children back to the onset of some form of bodily illness, regardless of whether the child was hospitalised at the time or not.

In her writings, Anna Freud shows great empathy with the situation of the child suffering from physical illness. She describes the way in which the child often has to 'submit uncomprehendingly, helplessly and passively' both to that which comes from inside the body, in the form of disease, and to that

which comes from outside, in the form of being cared for and treated by parents and medical staff. Matters are made more complicated for many children who are unwell because of ‘a firmly fixed belief that illnesses are self-induced, the well-deserved punishment for all sorts of badness, disobedience, disregard of rules, neglect of prohibitions, bodily abuse’ (Bergmann and Freud, 1965: 80). In the book that Anna Freud wrote with Thesi Bergmann, *Children in the Hospital*, they give the example of a nine-year-old girl called ‘Ruth’, with a rheumatic heart disease, who was admitted to the Rainbow Hospital in Cleveland, Ohio, where Bergmann worked. At her first meeting with Bergmann, she told her that she was the ‘goodest’ of the four children in her family because ‘Mother and the Lord are always aware of children’s sins’ (p. 82). She went on to tell the hospital therapist that she thought it was unfair she was sick, as she was not as ‘bad’ as her brothers had been. But she was worried by the memory that she had masturbated, which had made her heart begin to pound. In talking with Bergmann, it became clear that the little girl felt that this was the reason why she now suffered from a heart condition, and that her illness was in some sense a punishment for her ‘bad’ behaviour.

Anna Freud was constantly fascinated by the very different ways in which children (and people more generally) could react to physical illness. Whereas some children, when they become unwell, appear to withdraw into their own world, lying in bed ‘without moving, their faces turned to the wall, refusing toys, food as well as any affectionate advances made to them’, others ‘become demanding, exacting, clinging far beyond their years’ (pp. 275–276). Anna Freud suggests that in the former case the ‘cathexis is withdrawn from the object world and concentrated on the body and its needs’, whereas in the latter the child is returning to the earliest stages of life, ‘when the mother’s libidinal cathexis of the infant’s body is the main influence in protecting it from harm, destruction and self-injury’ (pp. 275–276). Both of these reactions, she emphasised, are normal and appropriate in themselves, as long as the change in ‘distribution of libido’ is only temporary and the child is able to return to his or her normal personality once the illness is over. Why some children tend to behave one way more than the other, however, remained a question that Anna Freud left open.

One aspect of physical illness that Anna Freud shows particular interest in is the way in which different children tolerate pain. In her 1952 paper, she notes that parents and health professionals are often struck by the very different way in which children respond to bodily pain – ‘what is agonizing to one child may be negligible to another’ (1952b: 272). Going back to early infancy, she explores the ‘relative proportion of physiological and psychological elements in the experience of pain’, suggesting that at the earliest stages of life no real distinction is made by the infant between an experience of need or frustration and an experience of pain – both ‘assume the dignity of traumatic events’ and, as such, are met with in the same way.

By the age of two or three years, however, bodily pain takes on specific psychological significance for children. She suggests that analytic study has shown that these differences are based on ‘the degree to which the pain is charged with psychic meaning’, and that it is where pain is augmented by anxiety that one is likely to find the most extreme reactions. She gives as an example the scene in Robertson’s film about Laura where the surgical stitches are removed by a nurse, who handles the process quickly and skilfully. This event, however:

. . . may well mean to Laura a terrifying experience, with grim, ghostlike figures advancing on her without warning, making a deliberate attack on her body to do her injury. Such events confirm children in their belief that their fantasies of being attacked, mutilated, annihilated, are capable of coming true. According to the child’s fixation to one particular set of unconscious imaginings, the happening is understood by him as retaliation for his own aggressive wishes (in Melanie Klein’s sense), as punishment for misdeeds, for death wishes, as castration.

(1953: 286)

The experience of pain: A clinical example

As with her writings about diagnosis and assessment, Anna Freud did not give her own clinical account of working with children in a hospital setting, but left it to her colleagues and students to provide such illustrations of her thinking. ‘Kieran’, for example, was seven years old when he was referred to a hospital-based child psychotherapist because of his needle phobia (Neil, 2003). Having suffered from a brain tumour in early childhood, Kieran now reacted strongly to any type of hospital intervention, screaming and struggling against the staff, who sometimes had to hold him down to administer an injection. A clinical psychologist assessed him as suffering from a severe trauma reaction to his hospital treatment, which had left him constantly hyper-aroused, so that even minor hospital interventions, such as an injection, evoked huge anxiety. The psychologist recommended a desensitisation programme to help Kieran manage his anxiety about needles but was unable to proceed with the programme after Kieran covered his ears and began to scream at the very mention of his illness or his treatment. Kieran was referred on for individual psychotherapy.

The full course of Kieran’s therapy is described in a wonderful paper by Marta Neil (2003), in which she describes how she made use of psychoanalytic developmental therapy to help Kieran with his overall psychic development. During the course of this treatment, Kieran and his therapist came to understand a great deal about the psychic significance of his early experiences of medical treatment, and how this affected his way of managing any new

experiences of pain. Neil writes of Kieran at the age of three, when he first underwent surgery and radiotherapy for his tumour:

Lacking the cognitive maturity to distinguish between the pain and suffering caused by the disease within the body and the pain and suffering imposed on him from the outside, both the illness and the treatment must have been experienced as inescapable terrors to which he had to submit passively and helplessly. Also, that the illness and treatment coincided with wishes, fears and feelings that one might expect to emerge in line with his developing emotional life, meant that his internal world of fantasies was dramatically brought to life at a time when Kieran would have lacked the cognitive maturity to distinguish fantasy from reality.

(p. 157)

In response to these situations, Kieran had developed a whole series of fantasies that both helped him to symbolically represent his early experiences, but also became sources of anxiety in themselves, thereby exacerbating the impact of the trauma. He described fantasies, for example, of a 'little boy snake' who had been attacked by dangerous animals until his whole body was damaged, while his mother watched passively, unable (or unwilling) to help him (p. 150). Kieran's anxiety lessened not when he was given more 'realistic' explanations of hospital procedures, but only when he was able to fully explore fantasies like this one, which he was able to connect to his anger towards his own mother for allowing the doctors to put him through such painful experiences, such as a catheterisation at the age of four which had left him bloody and in pain and scared that he had been 'turned into a girl on the inside' (p. 151). By coming to verbalise the feelings associated with fantasies such as this, Kieran was gradually able to reduce the anxiety associated with his frightening internal world.

'Children in the Hospital' (1965)

Based on her observations about the impact of bodily illness on the mind of the developing child, Anna Freud grew increasingly interested in the question of how psychoanalysis could engage in a dialogue with paediatrics, in order to find ways in which a psychoanalytic-developmental perspective could influence the work of doctors and nurses in hospitals.

An important component of this bridge that Anna Freud wished to create was the establishment of a monthly meeting that took place in her home with a group of paediatricians, among whom the most influential was perhaps Ronald MacKeith, a paediatrician at Guy's Hospital in London who was so interested in seeing the world from the child's

perspective that he would often insist that his staff knelt down at the end of children's beds, so that the children 'are looking down on us, instead of us looking down on them' (quoted by Lindsay, 2008). MacKeith had supported Joyce Robertson in her decision to accompany her child into hospital for a tonsillectomy and to keep detailed observations of this visit, which were published in 1956. The paper described how her mother's presence had helped the little girl, Jean, to cope with the terrors that were brought to the surface by this experience, but its publication caused a furore at the time. Anna Freud wrote a very positive review of Joyce Robertson's paper (A. Freud, 1956b) and through this met with MacKeith. The two of them immediately recognised their common interest in bringing together paediatrics and child psychiatry, and so on a Thursday evening in 1956 a first meeting took place between Anna Freud and a group of senior paediatricians (Cooper, 1983b). These meetings continued on a regular basis for over 25 years, and they were an opportunity for the paediatricians to consult with Anna Freud about patients whose emotional well-being was causing them concern; in turn, Anna Freud had the opportunity to learn a great deal about the challenges of working with physically ill children in a hospital setting.

Christine Cooper was one of the people who took part in those meetings, and she described her memories of the evenings in a talk given soon after Anna Freud's death:

The evening began with the welcome from Paula the Viennese maid, followed by the charm and graciousness of Miss Freud as she ushered us into the dining room overlooking the lovely garden. We were offered a delicious light meal and coffee before our work together [creating] the relaxed atmosphere for mutual exchange and enlightenment. . . . We would then move into the library adjoining Freud's study . . . and each week 2 or 3 of us took turns to bring up difficult cases or problems in paediatrics. The atmosphere was friendly and informal, but critical comment occurred freely and sometimes there was gentle rebuke from Miss Freud. . . . Our discussions ranged widely over paediatrics covering acute and chronic illness, cancer, deformity, children with ambiguous sex, accidents, child abuse, stillbirth, the stresses of bereavement, and many other topics. . . . The whole gamut of behavioural disorders were discussed time and again, and the illumination of key paediatric issues through the insights of psychoanalysis made a deep impression on us.

(Cooper, 1983b: 472)

Although no records of specific discussions remain, we can get some sense of how these consultations may have gone thanks to a meeting that took place between Anna Freud and a group of paediatricians at the Royal College

of Physicians in 1959, which was later published as a paper called 'Answering Pediatricians' Questions' (1961). In the paper, Anna Freud makes the case for a 'double orientation', directed simultaneously towards the body and the mind, based on a hope 'that all people who practice medicine will also receive a double training: that they will learn approximately the same about the body and the mind' (p. 380). Following a brief introduction, Anna Freud went on to address a series of questions, ranging from the use of suppositories to crying infants, sleep disturbances and food refusal among small children. In all of her answers, Anna Freud emphasised the importance of taking a developmental perspective and of considering the specific meaning of any behaviour depending on the particular context and history of each child. For example, in responding to a specific query about a mother who fails to pick up on her child's readiness for toilet training because she has read somewhere about the dangers of 'coercive' toilet training, Anna Freud replies:

I often feel that the mothers of young children are the most maltreated individuals in our community, because they are made responsible for whatever happens to the child, whatever is found in the child, without being given the possibility to do something positive about it or even to defend themselves . . . [Many] mothers look to Dr. Spock [*the author of a well-known child care manual*] for guidance. He, quite intentionally, accepts this role. He tries to set himself up as a benevolent, and at the same time firm, authoritarian figure, in order to return to mothers the self-confidence which they have lost. I had a discussion with Dr. Spock about it once in which I took another point of view. I said I think all this advice to mothers is not really what is needed; the spreading of knowledge is what is necessary. (1961: 401–402)

One of the best examples of how Anna Freud tried to spread knowledge of the experience of children in hospitals was through her collaborations with colleagues where she encouraged them to gather systematic observations, as she had done in the Hampstead War Nurseries, which would highlight the emotional needs of physically sick children. She wrote forewords for works such as *The Hospitalized Adolescent* (1976c) and *A Psychoanalytic Contribution to Paediatrics* (1970a), written by her colleague, Bianca Gordon, and she collaborated with her old friend from Vienna, Thesi Bergmann, to put together observations from Bergmann's work at the Rainbow Hospital into a book about *Children in the Hospital* (Bergmann and Freud, 1965). In this book and in a series of related papers, Anna Freud explored a range of issues, including the child's relationship to medical staff; visiting rules and the impact of separation from parents; preparations for surgery; the use of defences against anxiety when faced by medical illness; and the impact on personality development of bodily illness and hospital treatment.

The experience of being cared for in hospital

Anna Freud's comments about the experience of being cared for when sick are typical of her approach, in which she places the specific experience in the wider context of the child's development and asks what the meaning of an experience will be for a particular child. She notes, for example, that adult patients often describe the indignity and humiliation of being nursed through a severe illness as being 'treated like a baby'. This might suggest that such care was less upsetting for the child than for an adult, who is already familiar with the experience of being cared for by adults. But drawing on her knowledge of the developmental lines, Anna Freud suggests that in certain cases the opposite may be the case. For example, if a child has only just achieved mastery of various bodily functions, such as bladder control, independent eating or the capacity to wash and dress by himself, then the possible loss of such functions can be devastating, as it may be experienced as a loss in ego control and a pull 'towards the earlier and more passive levels of infantile development' from which the child has only just moved on: 'Newly acquired and, for that reason, precariously anchored ego achievements are most frequently lost under these conditions' (1952b: 265).

What Anna Freud is describing here is the 'normal regression' that can occur on any of the child's developmental lines in response to external experiences, especially ones that are stressful or anxiety-provoking. How the child reacts to such an experience may depend on what kind of defences he or she has developed against these regressive tendencies. Some may find such enforced regression intolerable and become difficult, intractable patients; others, with less severe defences against the more passive-dependent feelings, may slip back very comfortably into a more infantile role, giving up the advances that they fought so hard to achieve. Whether such a reaction is an indication of longer-term difficulties may depend, Anna Freud suggested, on the degree to which the regression is a temporary one or a permanent state, continuing even when the external circumstances alter for the better.

Children's illnesses, treatment and surgery

The way children react to operations and surgery was a topic of great interest to Anna Freud, who as a child herself had undergone an appendectomy operation without being told by her parents that this was to happen. As with many children of her generation, this was done deliberately in order to avoid her 'worrying', but it left the young Anna with a sense of ongoing distrust and anger directed towards her mother, which remained an important part of her childhood and adolescence experience (Young-Bruehl, 1988/2008).

Medical treatment had been a topic of interest to psychoanalysts for some time before Anna Freud wrote about it. The earliest generation of

psychoanalysts had been interested in how children responded to surgery, seeing this is an opportunity to observe the workings of ‘castration anxiety’ in a symbolic form. Although Anna Freud recognised that ‘any surgical interference with the child’s body may serve as a focal point for the activation, reactivation, grouping and rationalisation of ideas of being attacked, overwhelmed, castrated’ (1952b: 269), she widened the perspective, describing how a child’s reaction to surgery will depend far more on his level of development and his characteristic use of defence mechanisms than on the ‘seriousness’ of the operation itself:

What the experience means in his life, therefore, does not depend on the type or seriousness of the operation that has actually been performed, but on the type and depth of the fantasies aroused by it. If, for example, the child’s fantasies are concerned with his aggression against the mother projected onto her person, the operation is experienced as a retaliatory attack made by the mother on the inside of the child’s body (Melanie Klein); or the operation may be used to represent the child’s sadistic conception of what takes place between the parents in intercourse, with the child in the role of the passive sexual partner; or the operation is experienced as mutilation, i.e. as punishment for exhibitionistic desires, for aggressive penis envy, above all for masturbatory practices and oedipal jealousies.

(1952b: 269–270)

On a number of occasions, Anna Freud returned to the topic of tonsillectomies, which were a common form of medical intervention for children in the post-war years. A symposium on the topic was held in 1949, involving a group of psychoanalysts, paediatricians and psychologists, which recognised the potentially traumatic impact of various aspects of the tonsillectomy ‘journey’, including the experience of undergoing anaesthesia; of entering hospital; and of the operation itself (A. Freud, 1952b: 271). A series of papers by Anna Freud and her psychoanalytic colleagues explored issues such as the optimal timing for the operation, methods of preparation and means of facilitating the child’s expression of feelings; Joyce Robertson presented an observation of her own daughter’s experience of entering hospital for a tonsillectomy, which emphasised how a child can be protected against the harmful effects of this experience by the presence of the mother.

Anna Freud praised the approach taken by Joyce Robertson, but she noted that it did not prevent the four-year-old girl from experiencing the anaesthetic as an ‘oral attack’ or the surgery itself as a type of punishment against which she developed phobic defences (A. Freud, 1956b). She also noted how the experience of surgery continued to affect the little girl after her return home – for example, in her increased ambivalence towards her mother and her increased separation anxiety, which manifested itself in a fear of going to

sleep. That this little girl was soon able to overcome these fears was understood by Anna Freud as being in large part due to the careful management of the experience by her mother. In clarifying how this mother helped her child, Anna Freud also made a helpful distinction between the ‘therapeutic’ role of parents and that of child analysts:

Mrs Robertson helped her child precisely in this way: to meet the operation on the level of reality; to keep the external danger in consciousness, to be dealt with by the reasonable ego, instead of allowing it to slip to those depths in which the rational powers of the ego become ineffective. . . . [Mothers] limit themselves to assisting the child’s ego in its task of mastery, lend it their strength, and help guard it against irruptions from the id. Analysts work in the opposite direction. Under carefully controlled conditions, they induce the child to lower his defences and to accept the id derivatives in consciousness. The contact with the id impulses which is thereby obtained is then used to effect a gradual transformation of these strivings to which all neurotic anxieties and symptoms owe their origin. (1956b: 300–301)

Conclusion: The child therapist’s role in the hospital setting

Al Solnit and Lottie Newman, who both worked alongside Anna Freud, commented after her death that ‘she was always puzzled by why it was so difficult to convince pediatricians and nurses that physical illness, medical procedures, hospitalizations and surgery had a profound effect on the child’s emotional development’ (Solnit and Newman, 1984: 59). In the lecture to the Royal College of Physicians published as ‘Answering Pediatricians’ Questions’ (1961), Anna Freud praises her audience for their growing interest in the psychosomatic disorders, and their understanding of how the body may influence the mind, but went on:

I always wonder why you are not equally interested in the other side of the picture, namely, what repercussions the truly organic disturbances which you treat have on the mind of the child. I often regret that paediatricians care more for the psychosomatic side and are less interested in the psychological after effects of physical illness.

(1961: 405)

Anna Freud’s own work in the post-war years showed a concerted effort to correct this deficiency. Solnit and Newman (1984) note that the papers addressed to medical audiences that were included in the eight volumes of *The Writings of Anna Freud* were only a small fraction of the talks she gave, and that ‘for more than three decades [from 1950 onwards] she used and

sought every opportunity to speak to medical students, residents, nurses, and physicians, each time bringing essentially the same message' (1984: 59). As she put it herself in 1965:

The medical and nursing personnel must inevitably be guided in their actions by the needs which arise during the various physical crises or the exigencies of pre- and post-operative situations. This, nevertheless, does not alter the fact that every single happening during illness, as well as every single action performed during its course and for its sake, beneficial as it may be in the physical sense, also has its potential adverse repercussions in the child's mind.

(Bergmann and Freud, 1965: 142)

In order to encourage a greater awareness of this fact, Anna Freud supported the idea of psychoanalytic child psychotherapists working in hospitals as part of paediatric liaison teams – 'hospital therapists', as she called them, offering what she and Thesi Bergmann described as 'mental first aid' (p. 145). For Anna Freud, this situation was in some ways an unfortunate compromise:

Perhaps, in the distant future, new training programs in paediatrics and nursing will equip all hospital staff with sufficient knowledge of emotional factors to ensure enlightened management of child patients. But, until the time when this happens, paediatricians will have to rely on consultation with a psychoanalytically trained advisor; ward sisters and nurses will need instruction and guidance of some kind; medical social workers and hospital teachers will learn from such help to use their professional skills to the best advantage.

(1970a: 270)

Anna Freud saw the hospital therapist's task as being 'to introduce the staff to the intricacies of the child's mental and emotional functioning [just] as it is her task to guide the children toward a clearer grasp of the physical and medical necessities' (Bergmann and Freud, 1965: 145). As such, the role of the hospital therapist requires flexibility and the capacity to adapt models of working derived from other fields according to the need of the moment – but Anna Freud believed that the hospital therapist could greatly benefit by having some knowledge of a psychoanalytic model of child development. How the hospital therapist would use this knowledge required tact and flexibility. In some cases, it may be a case of giving comfort, as where a child's own parent is too distressed to be able to support a child through a difficult procedure; for others, it may be taking the role of an 'auxiliary ego', trying to support the child's capacity to cope with a situation that might otherwise be overwhelming; whereas in yet other cases, the approach most needed may be based on play therapy, helping the child to express his or her

inner feelings in displacement using dolls or other figures (pp. 148–149). In certain select situations, the hospital therapist may also need to promote communication between children and adults – both parents and in many cases staff – or to offer analytic interpretations: for example, of a child suffering from nightmares related to mourning and anxiety (p. 150). Despite the wide range of roles that the hospital therapist will need to play, what runs like a thread through all of them is the need ‘to be flexible’:

Since therapy is carried out within the hospital setting, it has to involve not only the parents of the patient, as in child guidance work, but equally the nursing and medical staffs. Since the approach ranges from the human to the scientific and covers every aspect of the child’s life, such as physical health, illness, normal and abnormal mental life, an orientation in these various fields will be essential for the worker; so will observational skill and a thorough grounding in the essentials of a developmental child psychology.

(p. 151)

Although Anna Freud herself was pessimistic about the degree to which such thinking was able to influence paediatric practice, Young-Bruehl speaks of the way in which Anna Freud’s work ‘contributed to a psychoanalytic revolution in both English and American treatment protocols for children requiring long-term hospital care’ (1988/2008: 410), with profound changes taking place in the way in which hospitals think about parental visitations; how they help children to prepare for operations; and how they help them to make sense of the profound emotional impact of their physical illnesses (Malberg, 2012).

Of course, the work of many (non-psychoanalytic) nurses, psychologists, psychiatrists and paediatricians has contributed to these changes in hospital practice, but psychoanalytic child psychotherapists continue to make a specific contribution to this field, whether it is working with children with life-threatening diseases, such as leukaemia (e.g. Emanuel *et al.*, 1990; Judd, 1989); or parents and babies in a neo-natal unit (e.g. Cohen, 2003; Midgley, 2008b); or those with long-term chronic health conditions (e.g. Malberg, Fonagy and Mayes, 2008; Winkley, 1990). To take but one example, a Study Group on Diabetic Children was established at the Hampstead Clinic in 1976, chaired by Marion Berger and Elisabeth Model, with the aim of investigating the emotional problems of children with diabetes and examining the effect of illness on the diabetic child’s personality (Moran and Berger, 1980). The Study Group ran in collaboration with the Middlesex Hospital, and it led to (among other things) the publication of an important series of studies by Fonagy and Moran, which explored how poorly controlled diabetes in children could be understood as reflecting ‘conscious or unconscious acts of transgression of the treatment regimen’, based on underlying

psychopathological aspects of the personality. In particular, these studies identified failures in ‘theory of mind’ in this group of children, which in turn led to a poor sense of self-cohesion and diabetic mismanagement as a maladaptive means of trying to manage poor internal representations of self and other by means of the body itself. A special adaptation of psychoanalytic treatment was found to be effective in improving the management of this group of children (Fonagy and Moran, 1990), leading it to be recommended as an ‘evidence-based treatment’ in clinical guidelines in the UK on psychological support for children with physical health problems (NICE, 2004).

Pleased as she would no doubt have been by this evidence for the effectiveness of psychoanalytic treatment, Anna Freud’s work not only focused on the individual therapy of children in hospital, but also on support to staff, parents and even the siblings of children in hospital. It also called for a revolutionary rethink of the way that children’s emotional needs were considered in a hospital setting. Whether directly influenced by the pioneering work of Anna Freud or not, the considerable changes that have taken place in paediatric wards over the last 30 years would have felt to her like a vindication of her belief that ‘applied’ psychoanalysis could make a significant contribution not only to the small number of children who received treatment, but also to the well-being of children in hospitals in general.

FURTHER READING

The book written by Thesi Bergmann and Anna Freud, *Children in the Hospital* (1965), probably gives the best feel for how Anna Freud’s approach could inform the way one thinks about, and works with, chronically ill children, while the papers by Cooper (1983a, 1983b) and Lindsay (2008) give a clear sense of how Anna Freud’s thinking influenced the work of paediatricians in the UK in the post-war years.

There are not many reviews of Anna Freud’s influence on hospital work, but Malberg (2012) is an extremely valuable contribution, linking Anna Freud’s contribution to more recent developments; Solnit (1983) is also very helpful, as he reviews the application of Anna Freud’s psychoanalytic thinking to a whole range of fields, not just paediatrics.

Many contemporary psychoanalytic child psychotherapists have written about the use of applied psychoanalytic thinking in various hospital settings. Ramsden (1999) provides an excellent overview of this work, while Kraemer (2010) gives a helpful overview of liaison work between paediatrics and mental health more generally. An interesting update on the 1959 **Platt Report**, which examined hospital policy in regard to visits for children, can be found in Brandon *et al.* (2009). A summary of the

contribution of psychoanalytic child psychotherapists to hospital work in the UK today can be found in a briefing paper from the Association of Child Psychotherapists (2011). A good example of hospital work in the Anna Freudian tradition can be found in Malberg (2012), who also discusses Anna Freud's contribution to paediatric psychology more generally.

12 CHILDREN AND FAMILY LAW

KEY WRITINGS

- 1965** 'Three Contributions to a Seminar on Family Law'
- 1966** 'Psychoanalysis and Family Law'
- 1968** 'Address at the Commencement Services of the Yale Law School'
- 1968** 'Painter v Bannister: Postscript by a Psychoanalyst'
- 1973** *Beyond the Best Interests of the Child* (with J. Goldstein and A. Solnit)
- 1975** 'Children Possessed: Anna Freud Looks at a Central Concern of the Children's Bill: The Psychological Needs of Adopted Children'
- 1979** *Before the Best Interests of the Child* (with J. Goldstein and A. Solnit)
- 1986** *In the Best Interests of the Child* (with J. Goldstein, A. Solnit and S. Goldstein)

Introduction

Towards the end of 1961, when Anna Freud was already in her mid-sixties, she was visited at her home in Hampstead by the Dean of the Yale Law School, Eugene Rostow, with an invitation to join the law faculty as a Senior Fellow and Visiting Lecturer (Goldstein, 1984; Young-Bruehl, 1988/2008). The faculty was fortunate to already have two professors, Jay Katz and Joseph Goldstein, who were interested in the application of psychoanalytic ideas to the law, and they were soon to publish an influential book on *Psychoanalysis, Psychiatry and the Law* (Katz, Goldstein and Dershowitz, 1967). Katz and Goldstein met with Anna Freud and agreed that she would visit for a month every other year and join the regular seminar discussion groups that took place between staff and students, on topics such as 'Family Law', 'Psychoanalysis and Jurisprudence' and 'Criminal Law'. Remembering these visits, which were the start of a collaboration that continued until only months before Anna Freud died, Goldstein writes:

Anna Freud loved this way of working. The students never got enough, no class ever ended on time. They insisted on posing new questions and hearing what she had to say. She not only willingly stayed on – caught in the excitement of the exchange – she never tired of responding to their

challenges. Indeed, year after year she insisted on a schedule which had us teaching more than twice our normal load. . . . We always looked forward to her visits, and we were delighted when she left – her pace was more than we could manage for long.

(Goldstein, 1984: 5)

The visits to the Yale Law School also allowed Anna Freud to maintain her links with the Yale Child Study Center, and in particular with Al Solnit, who soon joined the collaboration, becoming the third party in a three-way discussion between the law (Goldstein), paediatrics (Solnit) and psychoanalysis (Anna Freud). As Solnit was later to observe, this new collaboration, which Anna Freud entered into with great energy and enthusiasm, could also be understood as a continuation of ‘her lifelong interest in the interactions of children and their parents and in the psychoanalytic theory of object relations’ (Solnit, 1983: 387) – starting in Vienna with her work with the toddlers of the poorest members of the working class, through to the children in war-torn London and onto the work with neglected and abused children at the Hampstead Clinic in the post-war years. For Solnit, Anna Freud’s growing interest in legal questions was the ‘logical extension of her long-term interests in the applications of psychoanalysis’ (p. 387).

Yet in other respects, the attempt to build links between the disciplines of law and psychoanalysis was an unusual one. As Anna Freud herself noted, in an address to the students of the Yale Law School in 1968:

As you well know, our two disciplines, the law and psychoanalysis, have approached each other very cautiously and diffidently, with the links between them few and far between. To begin with, they were wholly divided and seemed destined to remain that way for good reasons. Legal concepts are time-honoured, clear-cut, concise, well defined, and based on indisputable facts; contrasted with them, psychoanalytic tenets are vague, diffuse, complex, and rooted in the revolutionary assumption of a dynamic unconscious mind. No wonder that there was – and still is – the widespread conviction that to include in legal teaching some thinking about the psychology of the human beings to whom the laws are applied is at best unprofitable and at worst leads to confusion.

(1968a: 257)

In her address, Anna Freud went on to talk about the many obstacles in the way of a mutual understanding between these two fields, but she argued that both have much to learn from a more active dialogue. She picks out for special mention two areas where the law and psychology have no choice but to interact: first, in the field of criminal law, where the ‘insanity defence’ has inevitably brought a psychiatric perspective to legal debates; and second, in the field of family law, where legal discussions concerning ‘the best interests

of the child' cannot choose but to engage with questions that belong to the realm of developmental psychology.

As Young-Bruehl notes in her biography, Anna Freud's initial excitement about developing a dialogue with the Yale Law Faculty focused more on the field of *criminal* law, and the possibilities of using psychoanalytic insights to help develop a new system of crime prevention, based on an understanding of the 'internal constellation' that led to the criminal act (1988/2008: 414). But as her visits continued, her attention was led more and more to the field of family law and to a growing conviction that the insights gained by psychoanalytic developmental psychology could make a significant contribution to a revision of legal practice for children and families entering the court system. In a short paper in 1966, she set out a range of topics that fell within the scope of family law which she felt overlapped with the work she was already doing at the Hampstead Clinic – topics such as the impact of separation and family disorganisation on personality development; the effect of divided loyalties for children with separated parents; the links between multiple placements in early childhood and later delinquent development; and the specific problems faced by adopted children in relation to both their birth parents and their adoptive parents (1966[1964]: 77).

As her visits to Yale continued, Anna Freud and her colleagues began to think how they could best share some of the ideas that they were developing together. Starting in 1969, she began to meet on a regular basis with Goldstein and Solnit to try to produce a series of essays that would help the legal profession to gain from the insights of psychoanalytic understanding. This collaboration ultimately produced three jointly authored books: *Beyond the Best Interests of the Child* (Goldstein, Freud and Solnit, 1973), *Before the Best Interests of the Child* (Goldstein, Freud and Solnit, 1979) and (posthumously, with Sonya Goldstein joining as a fourth author) *In the Best Interests of the Child* (Goldstein, Freud, Solnit and Goldstein, 1986). Each work addressed itself to a specific question:

- Volume One – *Beyond the Best Interests of the Child*: The issue of *contested child placements* – what are the appropriate guidelines that should be used by courts to guide their decisions about child placement?
- Volume Two – *Before the Best Interests of the Child*: The issue of *state intervention in the life of the family* – when and why should a child's relationship to his parents become a matter of state concern? What are the justifications for authorising the state to modify parent–child relationships?
- Volume Three – *In the Best Interests of the Child*: The issue of *respecting the boundaries of professional knowledge* – when and how do professionals working in family law assume roles or undertake tasks that are outside their province or beyond their expertise?

The trilogy of books produced by this collaboration were, as one reviewer described them, 'a penetrating, relentlessly lucid examination of the ways in

which society managed – and mismanaged – the lives of children’ (Esman, 1981: 275). Another American reviewer, quoted by Young-Bruehl, described the first work in the trilogy (which was probably the most influential of the three, at least in the US) as ‘the most discussed book on law and family ever published’ (1988/2008: 416). Each volume systematically addresses a range of questions and illustrates the issues with examples of legal cases that highlight the dilemmas being addressed. Each book also ends with a set of specific proposals (or guidelines) that are aimed at improving the working of the family law system. The books are informed by a set of guiding principles, and so, rather than summarise each of these books in turn, this chapter will present some of the key ideas introduced in the trilogy in relation to these guiding principles.

Putting the child’s needs at the centre of decision-making

If there is one guiding principle that runs like a thread throughout each of these books, it is the idea that the child’s needs – rather than the parents’ rights – should be the decisive factor guiding every stage of the legal process in family law. Anna Freud and her colleagues argue that decision-makers in law have long recognised the necessity of protecting a child’s *physical* well-being, but that they have been ‘slow to understand and to acknowledge the necessity of safeguarding a child’s psychological well-being’ (Goldstein, Freud and Solnit, 1973: 4). Psychoanalysis, they argue, provides a valuable body of generally applicable knowledge that could be easily ‘translated’ into guidelines to facilitate good decision-making; but psychoanalysis is also important because it reminds us to see things from the point of view of the child’s own developmental needs. As Goldstein put it, in looking back on this collaborative work:

Anna Freud taught us to put childish things before, not behind us. She taught us to place ourselves in a child’s skin to try and think a child’s thoughts and feel a child’s feelings about being ‘removed from a known environment into an unknown one’, about his residence being divided evenly between two warring parties or about having to visit an absent parent on ‘prescribed days and hours’. She helped us understand that a child, like an adult, is a ‘person in his own right’; but that unlike adults, children ‘change constantly: from one state of growth to another’, measuring the passage of time not by clock and calendar but by their own built-in sense of time.

(Goldstein, 1984: 6)

Using non-technical language, they emphasise the child’s need for affection, stimulation and unbroken continuity of care and explore what the implications

are of these needs for family law. Their understanding leads them to emphasise the importance of the *psychological parent* and the psychological parent–child relationship. While recognising that the fact of being a biological parent has great significance, they argue that from the child’s perspective ‘the physical realities of his conception and birth are not the direct cause of his emotional attachment’ (Goldstein, Freud and Solnit, 1973: 17). They argue, instead, that it is the caregiver who meets the various needs of the child (for care, nourishment, comfort, affection and stimulation) who will become the psychological parent, and that it is this relationship that the law needs to protect in order to safeguard the child’s emotional well-being. They define the role as follows:

A psychological parent is one who, on a continuing, day-to-day basis, through interaction, companionship, interplay, and mutuality, fulfils the child’s psychological need for a parent, as well as the child’s physical needs. The psychological parent may be a biological, adoptive, foster, or common-law parent, or any other person. There is no presumption in favour of any of these after the initial assignment at birth.

(p. 98)

The complex problem of how to assess *who* should be considered a child’s psychological parent, when a child has had multiple caregivers, is addressed in Chapter 4 of the second book of the trilogy, *Before the Best Interests of the Child*. But once such a relationship has been established, then it is only on the basis of a relationship with such a psychological parent, the authors argue, that children are able to experience themselves as a wanted child and so can form the ‘internal mental images of the parents which remain available even if the parents are absent’ (p. 19). To neglect this relationship in favour of the rights of parents is, they argue, a dangerous step to take.

The implications of this point of view for decision-makers working in the field of contested child placements is immediate. In *Beyond the Best Interests of the Child*, the authors argue that placement decisions should aim to safeguard the child’s need for continuity of relationships. They set out the differential impact of discontinuities of care for children at different stages in their development (pp. 32–34), and they argue for a shortening of the usual waiting period with an adoptive family before a final order of adoption is granted (which at the time in the US was one year). They also suggest that the adoption decree should be made final as soon as the child is placed with the family and that custody decrees for children of divorced or separated parents should not be subject to modification (unless there are further grounds for state intervention). They also argue that the child’s different sense of time means that decision-makers should act with ‘all deliberate speed’ in order to ‘maximize each child’s opportunity either to restore stability in an existing relationship or to facilitate the establishment of new relationships’ (p. 42),

with every child-placement case effectively dealt with as an emergency, in the same way that decisions about a child's *physical* well-being are treated as emergencies requiring speedy determination (p. 43). Most controversially of all, at the time the book was published, Anna Freud and her colleagues suggested that it should be the custodial parent, not the court, who decides what visiting rights should be allowed to the non-custodial parent (p. 38) – a viewpoint that led to heated debates at the time in the American press.

The primacy of the relationship to the psychological parent

In arguing that a child's placement 'should rest entirely on consideration for the child's own inner situation and developmental needs', Anna Freud and her colleagues recognise that this 'simple' rule is by no means easy when one looks at its implications for placement decisions in the family courts. They note in particular that decisions are made by judges who, like all human beings, are swayed by different sympathies and may have 'deeply engrained irrational reservations about the primacy of children's needs' (Goldstein, Freud and Solnit, 1973: 106). Where a parent has deliberately abandoned or mistreated a child, so that the child has been placed in care and formed an attachment to another adult, the judge may more easily be convinced of the priority of a child's needs to maintain continuity of care with the psychological parent. But when the abandonment by the biological parent is entirely involuntary, the judge's decision will inevitably be affected by very different emotions.

Anna Freud and her colleagues give as an extreme example the 2,500 Jewish parents from Holland who returned from concentration camps at the end of the Second World War. Many of these parents had entrusted their children to non-Jewish friends and neighbours, who had cared for them for the duration of the war. When the war ended, those parents who had survived the camps returned to Holland and wished to reclaim their children. But in the intervening years, many of those children had become estranged from their biological parents and had effectively developed a relationship in which their foster carers were now their psychological parents. 'The choice in such tragic circumstances,' Anna Freud and her colleagues write, 'is between causing intolerable hardship to the child who is torn away from his psychological parents, or causing further intolerable hardship to already victimized adults who, after losing freedom, livelihood, and worldly possessions may now also lose possession of their child' (p. 107).

The Dutch parliament made the decision that these children should all be returned to the care of their biological parents, rather than allowing the courts to make a judgement about each child on a case-by-case basis. While recognising the almost unbearable difficulty of this decision, Anna Freud and her colleagues argue that the placement decision should have been based on

the principle of maintaining the child's relationship to the psychological parent, whoever that was deemed to be. Such a decision, they argue, is based on our knowledge of the detrimental effects of broken attachments:

To favour the biological parents [on principle] would impose an intolerable hardship on both the child and the psychological parents. . . . Only in the implementation of this policy does there lie a real opportunity for beginning to break the cycle of sickness and hardship bequeathed from one generation to the next.

(pp. 110–111)

The 'least detrimental alternative'

As the example above makes clear, to speak about acting 'in the best interests of the child' can sound dangerously glib in the context of difficult decisions in which no side is entirely right or wrong. Moreover, as the authors acknowledge throughout the trilogy, there are serious limitations to the predictive value of the knowledge on which many judgements are based, and no one can 'predict in detail how the unfolding development of a child and his family will be reflected in the long run in the child's personality and character formation' (Goldstein, Freud and Solnit, 1973: 51). The awareness of this limitation was one that struck Anna Freud forcefully in her work on the Diagnostic Profile, despite the knowledge gained by psychoanalysis and developmental psychology about the averagely expectable 'lines of development' and the way in which they can be derailed by adverse experiences.

Anna Freud and her colleagues therefore proposed that guidelines for family law decision-makers should be based not on the idea of what is 'in the best interests of the child', but, rather, on the concept of the 'least detrimental available alternative for safeguarding the child's growth and development' (p. 53). They define this alternative as the one that maximises 'the child's opportunity for being wanted, and for maintaining on a continuous, unconditional, and permanent basis a relationship with at least one adult who is or will become the child's psychological parent' (p. 99). Framing decisions in terms of the least detrimental alternative makes explicit the fact that family courts, often dealing with children and families in almost unbearably difficult situations, are not so much able to do good, but, rather, to *minimise harm*. As a standard, they see it as 'less awesome and grandiose, more realistic, and thus more amenable to relevant data-gathering than "best interest"' (p. 63):

To use '[least] detrimental' rather than 'best interest' should enable legislatures, courts, and child care agencies to acknowledge and respond to the inherent detriments in any procedure for child placement as well as to

remind decisionmakers that their task is to salvage as much as possible out of an unsatisfactory situation.

(pp. 62–63)

Implications of choosing the ‘least detrimental alternative’

In *Before the Best Interests of the Child*, Anna Freud and her colleagues give an example of a ruling that, they suggest, did not lead to the least detrimental alternative, as it was not based primarily on the needs of the child.

The Appleton Case (the case is real, but the name fictitious) related to a five-year-old boy, Tom, who had lived for four years of his life with his foster carers, the Appletons. Tom had been removed from his biological parents’ care when he was a year old because of his mother’s violent behaviour towards his elder brother, coupled with his father’s alcoholism. When he was five, however, Tom’s biological parents requested that he be returned to their care, on the recommendation of the Child Care Services who now deemed that they were capable of parenting Tom. The Appletons opposed this request, arguing that Tom had formed an attachment to them and that it would not be in his interest to be returned to the care of his biological parents. The judge ruled, however, that the Appletons had taken Tom into their care with knowledge of the terms of the agreement as foster carers and had received money compensation for their services. Part of the original agreement had been that the Appletons would not apply to adopt Tom, and that the biological parents had natural rights and obligations that entitled them to care for their son.

About a year after Tom returned to the care of his biological parents, his father was charged with abusing him; Tom then entered an orphanage, where he remained for five months before the court ruled that he should be returned to the care of the Appletons. At the time of his return, he was showing symptoms of anxiety, nightmares and sleeping difficulties and appeared confused and upset.

In retrospect, it is perhaps easy to see that returning Tom to the care of his natural parents had a detrimental effect on his emotional development. But following the principles set out by Anna Freud and her colleagues, the court would not have decided to return Tom to his biological parents’ care, even if there had been little risk of him suffering further abuse:

Instead of protecting the development and emotional well-being of the child, the Appleton court chose to safeguard child care agency policy, to enforce a contract, and to respect a legal, not an actual, relationship. Even if a contract theory deserves recognition, there is no reason why the child must be sacrificed to the injured party.

(Goldstein, Freud and Solnit, 1979: 54)

The principle of ‘minimum state intervention’

The examples given above may seem to imply that Anna Freud and her colleagues were not ‘on the side’ of biological parents and were strong supporters of state intervention. But on the contrary, the guidelines that the authors produce are based on the belief that ‘a child’s need for continuity of care by autonomous parents requires acknowledging that parents should generally be entitled to raise their children as they think best, free of state interference’ (Goldstein, Freud and Solnit, 1979: 4). Since a child’s paramount need is for continuity of caregiving relationships, the state’s primary interest should lie in the preservation of the family, whenever possible. Children’s development, they argue, has the best chance of proceeding in the context of a family (whether biological or not) which is granted the right to privacy, so long as the child’s well-being is not threatened:

When family integrity is broken or weakened by state intrusion, [the child’s] needs are thwarted and his belief that his parents are omniscient and all-powerful is shaken prematurely. The effect on the child’s developmental progress is invariably detrimental.

(p. 9)

Anna Freud had come to recognise, especially during her work in the Hampstead War Nurseries during the Second World War, the great degree to which children’s progress in terms of emotional and social development depended on the establishment and continuation of emotional ties to an adult caregiver. Once a child is taken into care, ‘the state is too crude an instrument to become an adequate substitute for flesh and blood parents’ (p. 12), and in many cases, as we know from the terrible statistics about outcomes for looked-after children in terms of mental health and well-being, the fact that a child has been protected from harm by removal from a dangerous situation by no means guarantees that a better outcome will follow. As the authors drily note, by its intrusion the state may make a bad situation worse; indeed, it ‘may turn a tolerable one or even a good situation into a bad one’ (p. 13).

In *Before the Best Interests of the Child*, the question of what justifies the state’s intervention in the life of families is posed. Anna Freud and her colleagues therefore put forward a series of questions that those involved in family law should ask at each stage of the process – from the initial point of investigation (‘invocation’) through to the stages of ‘adjudication’ and ‘disposition’. They ask (and give practical guidelines to help answer) questions such as: What events provide reasonable bases for authorising an investigation by a child protection agency? What must an inquiry uncover before parents can be forced to defend their entitlement to care for and represent their child? What should constitute sufficient cause for the state to modify or terminate a parent–child relationship? And if there is sufficient cause for modification

or termination, which of the available placements is the least detrimental? The authors go through a range of situations, including parent–child separations, physical and sexual abuse, emotional neglect, and refusal of medical care, and consider for each one on what grounds an intervention by state services should or should not take place. In each case, they provide examples of how their guidelines would influence decision-making in family courts, and they draw out the principles on which these recommendations have been made. They recognise that without some clearly defined principles to guide the work, there is a danger that terms such as ‘neglected’ or ‘abused’ will be used with little agreement about what is actually meant, leading judges to make decisions on a case-by-case basis on a purely ad hoc basis. By clarifying the fundamental principles by which decisions should be made, the authors argue that ‘fair warning’ is thereby given to parents, who can know the criteria by which their behaviour will be judged, thereby minimising the arbitrary authority of state officials (pp. 16–17).

Protecting the integrity of the family

As an illustration of their principles in practice, Anna Freud and her colleagues discuss the legal decision *In re Sampson*, where a judge in New York declared 15-year-old Kevin Sampson to be a ‘neglected child’, because his parents decided not to oblige their son to undergo a series of operations that had been recommended by the Commissioner of Health to correct a serious facial deformity that the boy suffered as a result of neurofibromatosis. This disease had left Kevin (in the judge’s words) with ‘a large fold or flap of an overgrowth of facial tissue which causes the whole cheek, the corner of his mouth and right ear to drop down, giving him an appearance which can only be described as grotesque and repulsive’ (Goldstein, Freud and Solnit, 1979: 102).

The judge ruled that this deformity would inevitably affect Kevin’s personality development, and his opportunities for education and for later employment, and that any decision to postpone or not go ahead with the surgery would have a detrimental effect on the boy’s development. The fact that Kevin himself did not wish to go ahead with the operation – and that his mother supported this decision – should not be the primary issue, the judge declared; as such, he considered that Kevin was a ‘neglected child’ and should be taken into the care of the state, so that his ‘need’ for the operation should be adequately addressed.

Anna Freud and her colleagues criticised this judgement on the basis that it interfered with the integrity of the family and went beyond what is required by the principle of minimum state intervention. They argued that the judge had placed himself in the position of ‘prophet, psychological expert, and all-knowing parent’, but that there was no reason why his own view on the

likely outcome of a decision not to have an operation would be any more or less accurate than the view of Kevin's parents. But given that the judges would not need 'to assume day-to-day responsibility for giving their Kevins the personal care they may require', the authors argue that the autonomy and freedom of the family to decide – free from state intervention – should be protected. A 'prime function of the law,' they remind us, 'is to prevent one person's truth . . . from becoming another person's tyranny' (p. 93).

Although they do not discuss Kevin's case specifically, the authors return to similar situations in the final book in the trilogy, *In the Best Interests of the Child*. Here they discuss the danger of crossing professional boundaries, whether it is a judge acting as an expert in child development, or a child therapist serving as a consultant to the court on issues of custody. They argue, instead, that experts from different fields should work together, learning from each other, but maintaining their own professional role, and making explicit, as necessary, the knowledge and assumptions that they are drawing on to make their claims. They conclude by arguing that professionals working in this field need to be both 'softhearted' and 'hardhearted', able to act with kindness and sympathy while at the same time remaining professional and never confusing their own role with that of the child's primary carers.

The 'agonizing dilemma'

Anna Freud and her co-authors of the *Best Interests* trilogy maintain a stance throughout that family law decision-making should be informed by research, by knowledge deriving from a range of different disciplines, and from clear guidelines that reduce the impact of personal prejudice and make the family law system as open and transparent as possible. Each volume ends with a chapter setting out provisions for a Child Placement Code, in which definitions are clearly stated and the explicit principles on which decisions should be made are set out. They also make a clear case for how the findings from psychoanalytic developmental psychology can inform the workings of family law, and how an understanding of children's development is central to deciding, on a case-by-case basis, what the 'least detrimental alternative' is for each particular child.

But throughout the trilogy the authors also emphasise what they describe as 'the law's incapacity to supervise interpersonal relationships and the limits of knowledge to make long-range decisions' (Goldstein, Freud and Solnit, 1973: 49). They discuss the dangerous 'rescue fantasies' that professionals working in family law may develop, and they argue that a healthy awareness of our limitations is vital if this work is to be effective:

In the long run, the child's chances will be better if the law is less pretentious and ambitious in its aim, that is, if it confines itself to the avoidance of

harm and acts in accord with a few, even if modest, generally applicable short-term predictions.

(p. 52)

Unlike most writing for a legal audience, the authors make explicit their own assumptions and premises and discuss the implications of these for the policies they are proposing. They also write movingly about the ‘agonizing dilemma’ for those working in the field of family law, who have to bear the tension ‘between the fear of encouraging the state to violate a family’s integrity before intervention is justified and the fear of inhibiting the state until it may be too late to protect the child whose well-being is threatened’ (Goldstein, Freud and Solnit, 1979: 133). For every case where the state has stepped in and disrupted family life unnecessarily, there is another where they have waited too long, and the child has suffered. The second volume of the trilogy includes a long appendix on ‘children killed by their parents’, reviewing a series of tragic cases and trying to learn lessons from these for the lives of other children and their families. The authors make a strong case for children being given the right to legal representation in their own right (Goldstein, Freud and Solnit, 1973: 65–70), and Anna Freud also shows how the skills gained by child therapists can be used to make sure that professionals can communicate with children in such a way that their true feelings are understood.

Conclusion: Building bridges between psychoanalysis and the law

In 1995, Mr Justice Thorpe, then a judge of the Family Division of the High Court in the UK, gave a talk on ‘the impact of psychoanalytic practice on the family justice system’ to a special multidisciplinary conference held at Dartington Hall in Devon, at which family law judges and mental health professionals came together to discuss the relations between their two fields. In his talk, Justice Thorpe spoke about the ‘crucial interdependency’ between the family justice system and child psychiatry, but he added that there appeared not to be any history of a relationship between psychoanalysis and family law – noting, for example, that ‘there is not a single dictum upon the relevance of the psychodynamic approach to assessments and conclusions affecting outcome in Family Division cases’ (Thorpe, 1997: 3). And while recognising the profound changes that had taken place in relation to family law from the mid-1960s to the mid-1990s, he went on to say there was no ‘evidence that psychoanalytic thinking has made any direct contribution to this evolution in judicial approach’ (p. 3). He explains this lack of influence as having to do with the often arcane language used by psychoanalysis, as well as the lack of opportunities for High Court judges to enter into

interdisciplinary dialogue with those from other fields. Nevertheless, he suggests, the lack of mutual influence is striking.

However, there is one exception to this rule, which Mr Justice Thorpe notes. The work done by Anna Freud and her colleagues at Yale, he says, ‘was remarkable in that it launched concepts many of which have since become axiomatic’. He goes on to list some of the key ideas from Goldstein, Freud and Solnit’s 1973 book – all of which have become core features of modern family law. Some of the thinking set out in Anna Freud’s collaboration with the Yale Law School were enshrined in law in the UK in the landmark Children Act 1989, which put the needs of the developing child at the heart of family law decision-making. But Thorpe questions to what degree Anna Freud’s work directly influenced these reforms – noting that no English lawyers played a part in the collaboration that led to her three books and that the Supreme Court Library in London ‘does not possess a copy’ of even the first, most influential of these works (Thorpe, 1997: 4).

Anna Freud would probably have smiled ruefully if she had lived to read this comment. In a letter to Joseph Goldstein in 1973, she had warned him that they ‘must not be disappointed if England is less enthusiastic [about the book] than America, since you probably know that is always the case’ (quoted by Goldstein, 1984: 7). James Robertson was one of the few psychoanalytic practitioners in the UK who regularly worked as an expert witness in the family courts in the 1970s, and he remembered how helpful he had found it to speak to judges about the ‘psychological parent’, and how supported he had been by discussions with Anna Freud in which she had been ‘unshakeable in her confidence in the value of clinical evidence’ (Robertson, 1983: 21).

Despite the relative neglect of the books in the UK, *Before the Best Interests of the Child* (and to a lesser degree the two later books) was hugely influential in the US, with lively debates about its opinions taking place in both the psychoanalytic and the legal press, as well as in more popular journalism. The work of Anna Freud and her colleagues was received much more receptively in a culture where a great majority of the psychiatrists were psychoanalytically trained (which was not the case in the UK or Europe). The book also appears to have come at exactly the right time in the US, when debates about the nature of the family and the role of the state were being widely discussed. Young-Bruehl (2012: 13), possibly without exaggeration, suggests that in the US ‘no other psychoanalytic book has had as profound an influence in the wider world on thinking about children and on policy toward children’ as *Before the Best Interests of the Child*. The work that Anna Freud and her Yale colleagues did was unique because they tried to ‘identify principles for resolving legal disputes that took explicit account of the non-rational and did not simply impose a rational facade on unruly psychological forces’ (Burt, 2006: 404). This was more than just an academic exercise. On the basis of such principles, they went on ‘to identify rules that were themselves respectful of children’s developmentally distinct non-rationalities, rules that could be

applied by legal decision-makers in resolving a wide range of child welfare disputes' (p. 404). As such, they offered very clear evidence of how psychoanalytic thinking could be used to improve the lives of children, even those who would never meet a psychoanalyst.

Anna Freud was right to predict such a fruitful interaction between these two disciplines. In recent times, the field of psychoanalytic child psychotherapy more generally has made a significant contribution to court assessment work in the UK, as reflected in two important publications based on conferences at Dartington Hall, which brought together psychoanalytic practitioners and family law judges and solicitors to discuss points of common interest (Thorpe and Trowell, 2007; Wall, 1997a). The presentation at the conference by Stephen Cobb, QC, a family lawyer and member of the Family Justice Panel, illustrates how many of Anna Freud's ideas have entered common practice: the importance of interdisciplinary communication; the value of independent legal representation for the child; and most significantly, the idea of putting children 'at the heart of the process' (Thorpe and Trowell, 2007: 82). But he notes that the length of the legal process, and the delays that often occur, is 'probably singly the most serious failing in the delivery of effective justice to families' (p. 82) – a point that Anna Freud and her colleagues had emphatically made in the early 1970s.

The fact that much remains to be done to improve the process of family justice is a reason why the dialogue between the legal profession and psychoanalysis (as well as psychology and psychiatry more generally) continues to be important. Anna Freud began her address to the students attending the commencement services at Yale Law School in 1968 by pointing out all the obstacles that existed to a dialogue between these two disciplines. But she ended by reminding them that both psychoanalysis and the law shared a focus on an important area of common ground:

. . . the fact that all of us deal with human failures. . . . Whilst we try to protect our patients from the harm they do themselves, it is your task to safeguard society by keeping criminal activity in check. . . . [On this level,] the disagreements between us disappear and make way for a common effort to increase understanding.

(1968a: 258–260)

FURTHER READING

Few psychoanalysts or child psychotherapists have discussed Anna Freud's writings about the law in any detail, but Elizabeth Young-Bruehl (1988/2008) gives the background and sketches out the content of the three volumes of

Anna Freud's collaboration with Goldstein, Solnit and Katz well. She also suggests that one can get a sense of the impact of the books on the legal profession in the US through two lengthy review articles, by Davis (1987) and Crouch (1979).

The legal approach of Jay Katz and Joseph Goldstein at the Yale Law School is well represented by two books, *The Family and the Law* (Goldstein and Katz, 1965) and *Psychoanalysis, Psychiatry and the Law* (Katz, Goldstein and Dershowitz, 1967). A more recent article by Burt (2006) discusses the influence of the psychoanalytic approach of both Goldstein and Katz on legal thinking in the US more generally.

After Anna Freud's death, the Hampstead Clinic continued to bring together psychoanalysts and members of the legal profession – for example, in a symposium in 1986 on the implications of the 'Inquiry into the Death of Jasmine Beckford', which looked at the lessons to be learnt from the death of a four-and-a-half-year-old child in Britain from multiple injuries inflicted by her parents (see the *Bulletin of the Anna Freud Centre*, Vol. 9, part 4). The interest in adoption that Anna Freud's collaboration with Yale had promoted led to the setting up of an Adoption Research Group at the Hampstead Clinic in the 1970s, which continued under the leadership of Jill Hodges after Anna Freud died. Hodges' work with Miriam and Howard Steele, on the impact of early abuse and maltreatment on the 'internal working models' of adopted children, has been one of the major research studies to come out of what is now the Anna Freud Centre (Steele *et al.*, 2010), while the ideas that Anna Freud promoted have been further developed in the work of the Court Assessment Service and the Family Assessment Service at the Anna Freud Centre (Daum and Mayes, 2012). Meanwhile, in Yale, the Family Preservation and Support Program (Adnopoz, 1996) drew directly on Anna Freud's ideas to develop in-home services for the most high-risk families in New Haven, Connecticut, whose children were vulnerable to out-of-home placement.

Contemporary psychoanalytic contributions to the field of family law in the UK are well represented by the work of Judith Trowell, who edited a book (with M. King) on *Children's Welfare and the Law* (1992) and also contributed to the two volumes based on the fascinating interdisciplinary dialogues that took place at the Dartington Hall conferences: *Rooted Sorrows* (Wall, 1997b) and *Re-Rooted Lives* (Thorpe and Trowell, 2007).

13 CONCLUSION

The legacy of Anna Freud

Anna Freud, psychoanalyst

Anna Freud was, first and foremost, a psychoanalyst – and a psychoanalyst, moreover, who was committed to promoting and preserving the fundamental ideas passed down by her father, Sigmund Freud. During his lifetime she cared for him directly, throughout his long illness, and as he became increasingly frail she took on the role of his spokesperson in the psychoanalytic community – reading his papers at meetings when he was too ill to attend himself, and trying to represent his views in the political debates within the IPA (Limentani, 1983). After his death, Anna Freud was in many respects the ‘dutiful daughter’ – described half-mockingly by Jacques Lacan (1988: 63) as the ‘plumb line of psychoanalysis’ – connecting all post-Freudian developments back to their roots in her father’s work. She played a major role in editing Freud’s work and supervising the publication of his correspondence, and she was closely involved with Ernest Jones’s official biography of Sigmund Freud, published in the 1950s (Jones, 1953–57). One of her last major works was a long ‘Study Guide to Freud’s Writing’ (1978a), and in the last years of her life Anna Freud continued to see herself as ‘the ambassador and representative’ of her father’s life and work (Grubrich-Simitis, 1983: 43). She was, as W. Ernest Freud put it at a memorial service for Anna Freud, ‘the dutiful daughter, following in the spirit of her father, devoted, enthusiastic, indomitable’ (W. E. Freud, 1983: 8).

This absolute identification with psychoanalysis and the work of her father gave a strong core to Anna Freud’s own professional and personal life, especially in the final years of her life when psychoanalysis generally was coming under increasing attack and new developments within psychoanalysis were challenging the idea that there was ‘one psychoanalysis’ to which all analysts could subscribe (Wallerstein, 1988). In such a climate, Anna Freud stood out in her difference to her colleagues. At an international symposium in 1976 on ‘The Identity of the Psychoanalyst’, Anna Freud (now over 80 years old) explained her dilemma in addressing the topic:

I really have no justification to speak: I have never gone through a crisis of identity as an analyst. I can remember that during my analytic life I have met with several crises, in the external world and in the internal world; but

what I have missed out on evidently is that I felt my own identity shaken . . . Valenstein has mentioned the dichotomy between, or the need to bring together, the social identity, the professional identity, and the personal identity, as an analyst. I think that I was probably helped by the fact that with me, those three fell together into one.

(1976a: 189–190)

But Anna Freud's self-anointed role as the guardian of classical psychoanalysis had another consequence, both during her life and after her death. From the late 1920s onwards, those who developed new ideas in psychoanalysis, such as Otto Rank, Melanie Klein, and later Jacques Lacan and John Bowlby, were treated with suspicion by Anna Freud, who worried that their innovations would undermine the fundamental ideas of Freudian psychoanalysis. She was increasingly seen as 'old fashioned', 'conservative', an upholder of psychoanalytic 'orthodoxy'. Her adherence to the structural model of the mind (id, ego, superego) and drive theory was seen as increasingly out of date, especially with the growth of object relations theory and relational models of psychoanalysis more generally (e.g. Greenberg and Mitchell, 1983). As Rose Edgcombe (2000: 4) pointed out, in addressing the question, 'Why is she not better known?', it was perhaps 'her overall adherence to theories which have come to be considered, rightly or wrongly, as outmoded' which has led to her relative neglect among modern psychoanalytic practitioners. The fact that Anna Freud never challenged the basic principles of classical psychoanalytic theory is, according to Peters, 'probably the reason why her independence has not been fully recognised and honoured' (1995: 84).

There were institutional reasons, too, why her work became relatively neglected following her death, especially in her adopted home, the UK. One outcome of the Controversial Discussions in London in the early 1940s was a decision by Anna Freud to establish her own clinic and training, independent of both the BPS but also the newly formed National Health Service (NHS) in Great Britain. Although this gave Anna Freud and her colleagues considerable independence and freedom to pursue their own interests, it also led to a relative lack of communication or cross-fertilisation between Anna Freud and her contemporaries in London. (Many who trained at the Hampstead Clinic in the 1960s and 1970s comment on the complete lack of communication with those working at the Tavistock Clinic, just a few hundred metres down the road; others – aware of the active hostility between the two organisations – noted wryly that these two leading centres of child analysis and psychotherapy were 'within spitting distance' of each other.) Despite her many attempts, Anna Freud's failure to get the Hampstead Clinic's training recognised by the IPA only increased the gap between the work she and her colleagues were doing in Hampstead and the work that was being carried out by psychoanalytic practitioners around the world.

There were other reasons why Anna Freud's work came to be neglected in the years following her death, especially in the UK, her adopted home. Edgcombe (2000) points out that many of Anna Freud's major papers and seminars were given at psychoanalytic conferences in the US and were not published until some years later, making it difficult for analysts elsewhere to access her work. Moreover, 'many of the students at the Hampstead Clinic came from the US and returned there after training' (p. 201), often going back to work alongside old colleagues of Anna Freud's from her time in Vienna, many of whom had emigrated to the US and established themselves in cities such as New Haven, Boston and New York. It was America that provided most of the funding for the Hampstead Clinic, which did not integrate itself with the British NHS. As Robert Wallerstein said, with obvious regret, at Anna Freud's memorial service:

Anna Freud and the Hampstead Clinic have always stood within a proud but also a somewhat lonely isolation; a part of, but also – for all kinds of complicated historical reasons – apart from the main body of organized psychoanalytic activity in Britain.

(Wallerstein, 1983: 97)

For some time, this independence probably served Anna Freud well, and it allowed her to develop her ideas and her projects with relative freedom. But the 1980s and 1990s saw a general cultural shift away from psychoanalysis in many parts of the world, and there was also the start of what has been called the 'Freud Wars' (Crews, 1990), where the work of Sigmund Freud came increasingly under attack and was discredited by many as lacking any scientific basis. Given her close identification with her father's work, Anna Freud's reputation 'fell under the shadow of the shadow Freud', his daughter seen increasingly as a 'rigid conservator of a harmful psychoanalysis' (Young-Bruehl, 1988/2008: 1).

But as Wallerstein (1984) rightly pointed out at the time of Anna Freud's death, if she was in one sense a 'staunch conservative', she was also a 'radical innovator'. Not only was she one of the first analysts to extend treatment to include children; she was also a leading figure in what came to be called 'Ego Psychology', with her 1936 book on *The Ego and the Mechanisms of Defence*. Although this work is now considered a classic, it is worth remembering how controversial it appeared at the time. Helene Deutsch, Anna Freud's friend and colleague at the time the book was written, even went so far as to try to persuade her not to publish the work, for fear that Anna Freud would be thrown out of the Vienna Psychoanalytic Society because her ideas were so provocative (A.-M. Sandler, 1995).

As if this was not sufficient, Anna Freud went beyond an investigation of the development of the ego and gradually became interested in the 'humanizing process' itself (A. Freud, 1982), including the complex

interactions between internal givens, individual experience and wider social factors. She came to realise that Freud's model of 'psychosexual development' (S. Freud, 1905) told only one part of the story about how and why children develop and that it did not adequately describe the full range of the developmental process. Nor was it enough to simply describe the development of the other agencies of the mind (ego and superego) as if they were parallel, but separate, lines of development. What was needed was a fully integrated way of viewing things that could allow one to 'achieve a thorough understanding of the ebb and flow of development, its progressive and regressive trends, its inhibitions, failures, partial and total arrests' (1982: 265), as a means of understanding the full picture of development – as well as the ways in which it can go wrong.

With this work, Anna Freud was the first to bring a truly developmental perspective to psychoanalysis, in anticipation of (and coining the term now so widely used) the field of 'developmental psychopathology'. Through her investigation of the developmental process, Anna Freud helped to change psychoanalysis 'from a medical discipline which concerned itself with illnesses to a discipline which was concerned with the healthy and supportive environment necessary for the normal development of the child' (Argelander, 1983: 40). As Anna Freud herself said (although she was never one to emphasise her own originality), if 'metapsychological theory' was the crowning achievement of classical psychoanalysis, then the findings of child analysis 'can add to this a new, developmentally oriented psychoanalytic theory of child psychology' (1978b: 100):

As child analysts, we thus acquire a view of average, so-called normal, development as the background against which infantile psychopathology can be assessed, while as analysts of adults our glimpses of normality are always seen through and against the background of psychopathological manifestations.

(A. Freud, 1975b: x)

Anna Freud's developmental perspective, and her willingness to try to integrate psychoanalytic thinking with ideas emerging in other fields concerned with understanding the complex process by which babies and infants transform into first children and then adults, is probably what makes her work most relevant to contemporary psychoanalysis. In her preface to the second edition of her biography of Anna Freud, Elisabeth Young-Bruehl identifies this significant change in how Anna Freud's work can now be received by the psychoanalytic community. She writes:

[T]he main reason . . . that Anna Freud's legacy has been revitalized in recent years is that the emphasis on development at the core of Anna Freud's work was just what was needed. . . . As the commitment to

integrate the findings of neuroscience into psychoanalysis grows at the Anna Freud Centre (and more generally), her concepts of developmental lines, developmental disorders, and developmental help will have greater and wider influence.

(Young-Bruehl, 1988/2008: 13)

Anna Freud, child expert

Anna Freud's developmental perspective is an important bridge between her work as a psychoanalyst and her role, more broadly, in bringing the findings of psychoanalysis to the wider community, through what she might have called 'applied work'. Anna Freud was a great champion of psychoanalysis not simply because she believed that psychoanalytic treatment could have a profound effect on people's lives. (She did believe this, but she was also very aware that psychoanalysis is not helpful to everyone, and that it could never be available to more than a small proportion of those in need.) The primary reason why Anna Freud championed psychoanalysis was because she felt that its way of understanding the mind – and especially the developing mind of the child – was of huge relevance to those living and working with children in a whole range of settings: schools, hospitals, residential care settings, child guidance clinics, law courts, social services, etc. Psychoanalysis could be useful to people working in these settings because it could help them to understand more about the needs of children – physically, emotionally, developmentally. Psychoanalysis, as she conceived it, not only enabled people to understand what might go wrong in children's development, but also offered a way of thinking about *healthy* development and what was needed to promote it. Steve Marans, who took inspiration from Anna Freud in developing a liaison service that brought together child analysts and members of the police force in New Haven, wrote:

Anna Freud's ability to make her findings about the inner world of the children accessible to non-analysts has helped to shape policies and practices that affect the lives of children in multiple circumstances and settings. . . . Without the opportunity to learn from children in the clinical setting we would have little role to assume in helping others consider what children need. Without venturing beyond the consulting room, child analysts might have little opportunity to be heard or to learn more about those exigent circumstances in children's lives that so often undermine developmental potential and immobilize the efforts of adult caregivers to intervene on their behalf.

(Marans, 1996: 539)

In her own professional life, Anna Freud worked in many settings – with children who were homeless, or who came from disadvantaged and underprivileged backgrounds, or who were the victims of war and persecution. At the Hampstead Clinic, she and her colleagues offered not only child analysis and therapy, but also a Well Baby Clinic, a Nursery for underprivileged children (and those with physical disabilities) and other preventative services. Anna Freud was tireless in her support of the newly emerging Child Guidance Clinics in the UK, as well as similar services being established in the US and Europe, and she did all she could to make sure that psychoanalytic thinking could be used to support this work (e.g. A. Freud, 1960b, 1964). In reviewing this range of activity, she wrote:

There is a direct line from Kinderheim Baumgarten, founded after the First World War by Siegfried Bernfeld and Willi Hoffer, by way of the Jackson Nursery (1937–38) to the Hampstead Nurseries in the Second World War (1940–45), and from there again to the Nursery Schools of the James Putnam Clinic in Boston, Mass., of the Child Study Center in Yale, New Haven, of the Child Development Center in New York, the therapeutic Nursery School in Cleveland, The Master’s Nursery in New York, the School for Nursery Years in Los Angeles, the Orthogenic School in Chicago, the High Wick Hospital for Psychotic Children in Hertfordshire, England, and the Nursery Schools for Normal and for Blind Children in the Hampstead Clinic, London. There is also the untiring work done on the basis of psychoanalysis with well-baby clinics, with pediatricians and on pediatric wards, in short-stay and in long-stay hospitals, with residential institutions, foster parents, etc. Many of these tasks were, and still are, uphill ones since they are carried out in the face of opposition derived from ingrained traditional attitudes to teaching, nursing, medical or institutional routines; they are no less rewarding for this reason, of course.

(A. Freud, 1966a: 55–56)

One of the greatest obstacles to improving the lives of children, Anna Freud believed, was the fact that training for those working with young people was (and is) so piecemeal. As early as 1952, she lamented the fact that, ‘with the present day division between professional teaching, nursing, child guidance work, child analysis, and paediatrics, there is little or no opportunity for the trained worker in one of these fields to function, even in the role of observer, in one of the other services for children’ (1952b: 260–261). When speaking to those working in hospitals, she called for a ‘double training’, which would help them to attend to *the body and the mind* of sick children (Bergmann and Freud, 1965); to those working in schools, she called for an awareness of developmental issues, so that they would be able to make informed judgements about what reasonable expectations they could have of children, and how to

know the difference between a temporary regression and a serious disturbance in development (A. Freud, 1979a). She called for a training for people in the children's workforce that helped develop observational skills and offered a 'thorough grounding in the essentials of a developmental child psychology' (1965c: 435). Psychoanalysis, she believed, could contribute significantly to what she felt was needed: a training for 'child experts', whose knowledge cut across traditional academic and professional disciplines.

As Solnit and Newman (1984) have suggested, Anna Freud herself could well be thought of as the paradigmatic 'child expert', with her range of experience across a wide variety of settings, but always informed by a comprehensive psychological theory of development and an understanding of the child's mind, in both its conscious and unconscious aspects. This was coupled with a genuine curiosity about how children see the world and an openness and interest in 'learning together' about the meaning of a child's behaviour, whether normal or pathological. The ideas that Anna Freud developed have, according to Anne-Marie Sandler, had 'a considerable influence . . . not only in the field of child analysis, but quite markedly in fostering new educational, social and legal practices in regard to children and adolescents'. But she goes on:

However, as these new understandings became accepted and absorbed in the day-to-day mores, they also became disconnected from their original source. . . . Anna Freud played a central role in these changes but her initial input has long been forgotten.

(A.-M. Sandler, 2012: 47)

This is perhaps the final paradox of Anna Freud's life and work. In a tribute to the work of August Aichhorn, Anna Freud once remarked that 'people no longer remember who led the way in the methods they now use' (1976[1974]: 344). And in one of her last presentations before she died, reflecting on the fiftieth anniversary of the publication of her *Four Lectures on Psycho-Analysis for Teachers and Parents* (1930), Anna Freud commented about the fate of a work such as this, which tried to bring new ideas to an existing profession:

Assuming its message to have been successful at all, it becomes superfluous, obsolete, and loses its readership.

(1982: 259)

Perhaps the ultimate compliment one can pay to Anna Freud's work is to acknowledge that her ideas have had such an influence on the way we think about childhood that they now appear to us as simple 'common sense'. If this is the case, then Anna Freud herself would probably have been delighted. But her contribution as a teacher and a writer (and for her, the two were often closely entwined) deserves to be remembered, I think, because it still has

something to offer today. It is appropriate, perhaps, to end with the words of her own niece, Sophie Freud, who was a professor of social work in Boston and cared for Anna Freud in her final months of life. Writing about the legacy of her aunt's life, she concluded:

She wanted children to have lives that would not be oppressed and exploited, restricted, impoverished, or damaged by an uncaring adult world. It was her fervent hope that by spreading the wisdom of psychoanalytic insight she could improve children's lives in their families, clinics, schools, hospitals, and courts. It was in this role of mother/educator and advocate of children that she spoke most clearly in her own voice and that we can celebrate her wholeheartedly.

(Sophie Freud, 1988: 319)

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INDEX

- Abraham, K. 131
abuse: physical 191; sexual 153, 191
Achenbach, T. M. 142
'action research' at War Nurseries 88
active therapy 102
Adler, A. 1
adolescence: defence mechanisms in 62–3; *Sturm und Drang* of 63
adolescents, Diagnostic Profile for 127
adopted children 184
adult analysis: and child analysis, relationship between 22, 145–7; fundamental principles of 145; widening scope of 110–14
adult neurosis(es) 149, 151; infantile roots of 18, 32
adult patients, psychoanalytic treatment of 101–16
adult psychopathology 9, 115, 122, 140
adults, Diagnostic Profile for 127
affect, associated with threat 64
affect regulation 159
affect regulatory systems, build-up of 163
aggression: centrality to human nature 111; as ego instinct 73; frustration theory of 73; as independent drive 123; inhibition of 80; psychoanalytic view of, at Hampstead War Nurseries 73–4
aggressive impulses and libidinal impulses, fusion of 74
aggressor, identification with 55, 62; as defence mechanism 60–1
Aichhorn, A. 6, 20, 42–4, 48, 60, 62, 79, 203; early educational influence on Anna Freud 35–7; work with 'wayward youth' 38–41
Aichhorn, W. 42
air-raid anxiety 72
altruism, form of, as defence mechanism 55
'altruistic surrender', defence mechanisms as 3
American Foster Parents' Plan 70
American Joint Distribution Committee for Jewish War Sufferers ('the Joint') 36
anal fantasies 25
anal sadism, regression to 28
anal-sadistic impulses 26
analysis: adult, vs. child analysis 22; suitability for 162, 163
analytic neutrality 104
analytic stance and technique 104–5
Andreas-Salomé, L. 2
Anna Freud Centre 8, 31, 81, 110, 135, 153, 164, 201
anxiety(ies): air-raid 72; annihilation, and relation to maternal breast 26; deepest and most primitive, interpretation of 26; defences against, use of, when faced by medical illness 174; objective 64; role of 123
anxiety attacks 66; phobic 22
anxiety hysteria 120
Appleton Case 189
archaeology, work of psychoanalyst akin to 56
Argelander, H. 11
'artificial families' 80; creation of 77–8
artificial laboratory situation as means of investigation 86
asceticism 63
assessment: diagnostic 123, 125, 138 [example 125–6]; dynamic and structural 125; genetic 124; structural 125
assessment process and Diagnostic Profile 123–5
Association of the Jewish Youth of Austria 36
associations, chain of, break in 56
attachment(s): biological and behavioural vs. psychological aspects of 76; broken, detrimental effects of 188 [vs. emotional

- barrenness 80]; figure, libidinal relationship to 40; to loved adult 48; needs of child in residential setting 77, 80; and separation 74–5 [Anna Freud and John Bowlby on 75–7]
- attachment relationships, children's, and hospitalisation 167
- attachment theory (Bowlby) 76, 128
- attunement (Stern) 163
- atypical character disturbances, psychoanalysis of 111
- autism 50
- auxiliary ego 73, 161, 178; child's, analyst's role as 161; parents' ability to provide 73, 161, 178
- Balint, A. 30
- Balint, M., 112
- 'basic fault' (Balint) 112
- Baumgarten Children's home/'camp school' 6, 10, 37, 38, 202; as experiment 37–8
- behaviour: psychoanalytic investigation of, aspects of 84; unconscious motivation for 111
- Bellman, D. 105
- Berger, M. 179
- Bergmann, T. 170, 174, 178
- Bernays, M. 2
- Bernfeld, S. 6, 38, 41, 62, 79, 85, 202; early educational influence on Anna Freud 35–7
- Bibring, E. 7, 146
- Bick, E. 85
- Bion, W. R., concept of containment 158, 163
- Blatt, S. 128
- blind children 127; development of 91
- Blos, P. 42, 43
- Blum, H. 114
- bodily illness: impact of, on personality development 174; role of, in mental life of children 169–71
- bodily self-neglect of schizophrenic patients 115
- Bonaminio, V. 161
- borderline functioning in adulthood 115
- borderline pathology 96, 127, 153, 157, 158; adult and adolescent, differences between 114; psychoanalytic understanding of 114–15
- borderline patients 112, 113, 114
- Bornstein, B. 21, 30
- Bowlby, J. 75, 76, 79, 167, 168, 169, 198
- Brahms, J. 4
- Brazelton, T. 92
- breast, maternal, relation to, and annihilation anxiety 26
- breast-feeding 50
- Brenner, N. 11
- Breuer, J. 1, 29
- Brierley, M. 108
- Brill, A. A. 13
- British Psychoanalytical Society (BPS) 7, 31, 108, 109, 198
- Bühler, C. 85
- Bulldogs Bank home for child survivors of concentration camps 89–92
- Burlingham, D. 2, 4, 6, 8, 13, 42, 50, 51, 69–71, 73–5, 77, 79, 89, 91, 97, 99, 153
- Burlingham/Rosenfeld School, Vienna: see 'Matchbox' School, Vienna
- caregiver, primary, separation from 139
- castration anxiety/complex 18, 123, 176
- castration threats 34
- Central Middlesex Hospital 167
- character, development of 57
- 'character armour' (Reich) 30
- Chicago Institute for Psychoanalysis 51
- child(ren) (*passim*): adopted 184; –analyst relationship, confidentiality of 23; blind, development of 91; blind and deaf, Diagnostic Profile for 127; with congenital blindness 96; contact with, importance of making 161; deprived 158, 162; development of 9, 80, 87, 94, 95, 124, 126, 140, 151, 175, 178 [early 85; longitudinal study of 91]; from disadvantaged and underprivileged backgrounds 202; dreams and day-dreams of 29; early attachment of to caregivers, importance of 70; effects of separation on 167; experience of, staying close to 161; experience of pain of, clinical example 171–2; and family law 182–5; growth and development of, least detrimental available alternative for safeguarding 188; heroes, psychology of 96; homeless 202; in hospital, care of 166–80; hospital treatment of 175–7; identification of, with teachers 46; illnesses of 175–7; impact of war on, study of 89; killed by their parents 193; with learning difficulties, Diagnostic Profile for 127; looked-after, outcomes for, in terms of mental health and well-being 190; mass evacuation of, in Second World War 75, 88; mental life of, role of bodily illness in 169–71; needs of, and legal decisions 185–7; observation 85, 87, 92; point of view of, seeing things from 11; psychopathology of 119; relationship to medical staff 174; surgery of 175–7; teacher's unconscious identification with 47; tolerance of pain of 170; in treatment, importance of

- working with parents of 22; unconscious fantasy life of 29; victims of war and persecution 202; young, effect of hospitalisation on 168
- child analysis (*passim*): vs. adult analysis 22, 145–7; Anna Freud's approach to, legacy of 30–1; attending to affect in 67; and developmental therapy 145–64; 'fact-finding' aspect of, vs. 'therapeutic' aspect 155; fundamental principles of 145; indications and contraindications for 154–6; and infantile neurosis 148–9; optimum age for 22; origins of 18–19; preparatory phase in 146; 'proper', developmental therapy as part of 162–3; role of transference in 23–4; symposium on, London (1927) 21, 25–6, 31; technique of 5, 7, 9, 19–20, 25, 27, 54, 64, 145, 146, 161
- child analyst(s): analytic and educational stances of 28; early, experience of, as teachers 34; as new object 161; role of, educational or classical analytic 24–5
- Child Behaviour Checklist 142
- Child Development Center, New York 202
- child neuroses 149
- child observation 18, 85, 87, 92; development of 85; direct, value of 92; and psychoanalytic research 83–9; role of 87–9; *see also* infant observation
- Child Placement Code 192
- child placements, contested 184, 186
- child protection agency 190
- child psychiatry 141, 173, 193
- child psychology, psychoanalytic 6, 94
- child study, observational, analytically directed 91
- Child Study Center, Yale, New Haven, CT, USA 202
- child therapist, role of in hospital setting 177–80
- childhood disorders/disturbances 130; assessment and diagnosis of 118–28 [legacy of Anna Freud's approach to 127–8]; diagnostic approaches to, limitations of 119–20
- childhood pathology 148
- childhood trauma 92
- Children Act (1989) 194
- Children's Rest Centre, London 8, 70
- Cicchetti, D. 142
- Cihlarz, J. 2
- City University of New York 1
- Clark University, Worcester, MA, lecture (1950) 84
- 'classical' analytic view of adult analysis 102–4
- clinical case studies 92–3
- clinical setting as method of research, challenges to using 95–6
- Cluckers, G. 142
- Cobb, S. 195
- cognitive assessments 123
- cognitive psychology 128
- Cohen, M. 87, 132, 140, 141, 143
- Coles, R. 13, 14, 44, 52
- communication, nonverbal: in analysis, focus on 113; in classroom, understanding of 51
- compulsion and liberation, 'middle path' between 44
- concentration camps 10, 187; child survivors of, experiment in group upbringing 89–2
- consciousness, bringing into, that which is unconscious 65, 103, 148, 149
- contact with child, importance of making 161
- containment, concept of (Bion) 158, 163
- 'contemporary Freudians' 109
- Continental (or Vienna) School of Child Analysis 30
- Controversial Discussions between Anna Freud and Melanie Klein 31, 107, 108, 198; and 'Gentleman's Agreement' 109
- Cooper, C. 173
- Corveleyn, J. 128
- couch, use of 29, 104
- Couch, A., memories of analysis with Anna Freud 105–7, 116
- countertransference, psychoanalytic understanding of 46
- cure and research, 'inseparable bond' of in practice of psychoanalysis 95
- Dann, G. 89
- Dann, S. 89, 90
- day care in nurseries 10
- day-dreams 93; use of 24
- de Saussure, R. 85
- deaf children 127
- death drive 5, 61
- death instinct 9, 73, 152
- death wishes 27, 171; towards father 28, 46, 150; towards mother 26, 28
- defence analysis 21, 102, 103, 104; Anna Freud's contribution 67; case example 66
- defence mechanisms 3, 7, 55, 60, 72, 87, 103, 149, 176; against affects 63–5; concept of 58–9; and ego 30, 67, 69; against instincts 63–5; mechanisms 30, 55, 58, 59, 61, 63, 67, 69, 86, 114, 131; need of mind for 59–60; role of, during puberty and adolescence 55

- deferred action 92
- delinquency: as manifestation of arrested personality development 39; as neurotic disturbance 39
- delinquents 11, 38, 39, 40; psychoanalysis of 111
- denial as defence 131
- depression, concept of (Sandler) 97
- depth psychology 56, 57
- despair, phase of, in mourning process, on separation from primary caregivers 33, 76, 168
- destruction and violence, children's reactions to, Hampstead War Nurseries 72–3
- detachment, phase of, in mourning process, on separation from primary caregivers 33, 76, 168
- Deutsch, H. 36, 199
- development: failure of 152; normal, reasons for study of 130–2; study of, legacy of Anna Freud's approach to 140–3
- developmental arrest, temporary 135–6
- developmental charts 72
- developmental disorders/disturbances 40, 67, 125, 127, 138, 152–6, 159, 160–2, 201; children with, innovations in technique for work with 156–8
- developmental line(s) 9, 52, 60, 94, 115, 141, 143, 145, 148, 152, 156, 175, 201; averagely expectable 188; concept of 132–3, 137; example 133–4; interaction between 134–5; and psychological well-being 136–7; uses of 137–8 [example 138–40]
- developmental needs, neglect of 156
- developmental object 160–2; therapist as 163
- developmental perspective, assessment and use of 152
- developmental psychology 84, 87, 88, 92, 133, 188; psychoanalytic 99, 131, 141, 143, 184, 192 [contribution to legal practice for children and families 184; principles of 140]
- developmental psychopathology 9, 128, 130–43, 200
- developmental therapy 9; and child analysis 145–64; as a part of 'proper' child analysis 162–3; psychoanalytic, clinical example 171
- 'devil girl' (clinical example) 24–8
- diagnosis: based on developmental perspective 122–3; categories of 125
- Diagnostic and Statistical Manual of Mental Disorders (DSM) 120, 128
- diagnostic assessment 123, 138; example 125–6
- diagnostic nihilism 121
- Diagnostic Profile 94, 128, 130, 152, 188; and assessment process 123–5; uses and implications of 127
- double training, necessity for 174, 202
- drawing(s) 29; use of, in child analysis 24, 29
- dream analysis 22, 24
- dream interpretation 104, 116, 148; as treatment tool 105
- dreams: censorship of, and unconscious drives or wishes 56; interactions between ego and id in 56; psychoanalytic focus on 65; road to the unconscious 113
- dream-work 56
- drive psychology, psychoanalysis as 58
- drive theory 127, 198
- DSM: *see* Diagnostic and Statistical Manual of Mental Disorders
- Dyer, R. 21, 67
- dynamic and structural assessment 125
- dynamic psychology 83, 148
- eating disorders 63, 93
- Edgumbe, R. M. 101, 161, 162, 163, 198, 199
- education: application of, to psychoanalysis 32–52; progressive 36, 43; and psychoanalysis [early history 33–4; relation between 47–9]; radical, and Red Vienna 34–5; three cardinal goals of 34
- ego: analysis of 103; auxiliary, parents' ability to provide 73, 161, 178; as both defensive and adaptive 57; censorship of 29; concept of 55, 57; as constitutional monarch 55; and defence mechanisms 54–68 [Anna Freud's work on, legacy of 67–8]; defensive manoeuvres of 66, 103, 112; as defensive pole of the personality 55; functions of 55; and id [infantile battle between, ending in truce at puberty 62; interactions between 55, 56]; and mechanisms of defence 30, 67, 69; place of, in psychoanalysis 55; psychoanalytic concept of 55; role of 6, 45, 55; synthetic function of 57; unconscious 56
- ego boundary, concept of (Federn) 57
- ego development 9, 62, 120, 124, 131, 160, 199; early stages of 57
- ego functioning 60, 98
- ego-ideal: for child, analyst's role as 41, 161; structure of 40; teacher as 44
- ego instinct, aggression as 73
- ego mediation 98
- ego psychology 30, 199; birth of 57–8; era of, in USA 54, 58

- ego resistances 29, 56
 ego-supportive work with children 67
 Eitingon, M. 54
 Ekins, R. 14
 Elliott-Neely, C. 161
 Emde, R. 142
 emotional neglect 191
 English School 30
 enuresis 120; possible reasons for 121
 environment, 'average expectable', lack of 153
 Erikson, E. 10, 42, 43, 105
 'Erna', Klein's case of, response to Anna Freud 26–7
 evacuation, policy of, broken attachments resulting from 75
- faeces, withholding of, possible reasons for 121
 Fairbairn, R. 133
 'falsification', role of, central to the scientific method (Popper) 84
 family, integrity of, protecting 191–2
 family law: application of psychoanalytic ideas to 11; and children 182–5; professionals working in, rescue fantasies of 192
 family life, disruption of, reactions to 72
 fantasy, concept of (Sandler) 97
 fascism, rise of, in Europe 7, 51, 67, 69, 70
 father: absent 79, 93, 94 [clinical case study 93; role of, clinical case study 93–4]; death wishes towards 28, 46, 150; and development of identifications 78; and development of object relations 78; role of 78–9; superego development 78
 Ferenczi, S. 1, 6, 33, 34, 102, 108
 Field, K. 110
 'finger-interpretation-indisplacement' 159
 Fischer, H. 78
 fixations, temporary 135–6
 Fonagy, P. 142, 158, 163, 179
 Foster Parents' Plan for War Children 89
 free association 22, 29, 104; as 'golden rule' of psychoanalysis 102; interactions between ego and id in 56; psychoanalytic focus on 65; resistance in, and unconscious drives or wishes 56; road to the unconscious 113; substitution of, for hypnosis 108; as tool of treatment 105
 Freeman, R. 14
 Freeman, T. 114
 Freud, A. (*passim*): address to students at Yale Law School (1968) 183; approach to study of development, legacy of 140–3; Arthur Couch's memories of an analysis with 105–7; as child expert 201–4; childhood 1–2; commitment of, to systematic observation 99; Continental (or Vienna) School of Child Analysis 30; Controversial Discussions 31, 107–9, 198 ['Gentleman's Agreement' 109]; 'dark night of the soul' 110; beyond depth psychology 56–7; early educational influences 35–7; ego and mechanisms of defence 54–68; lecture at IPA Congress, London (1975) 111, 113; lecture to Royal College of Physicians (1961) 177; life 1–15; memorandum to Training Committee (1943) 108; paper presented to New York Psychoanalytic Institute 111; personality of 2–4; as psychoanalyst 197–201; 'schools' of child analysis, Vienna 19; as teacher and writer 11–15; 'The Theory of Child Analysis' (1928[1927]) 27–8; tuberculosis 167; in Vienna 4
 Freud, A., works of: 'About Losing and Being Lost' 110; 'Address at the Commencement Services of the Yale Law School' 182, 195; 'Adolescence' 62, 63; 'Adolescence as a Developmental Disturbance' 63; 'Aggression in Relation to Emotional Development: Normal and Pathological' 69; 'The Analysis of Defence', with J. Sandler 54; 'Answering Pediatricians' Questions' 166, 174, 177; 'Answering Teachers' Questions' 32, 47; 'Appendix', *The Writings of Anna Freud, Vol. 5* 96; 'The Assessment of Borderline Cases' 122; 'The Assessment of Pathology in Childhood' 124, 127; 'August Aichhorn' 203; 'Beating Fantasies and Daydreams' 2, 14; *Before the Best Interests of the Child*, with J. Godstein & A. Solnit 182, 184, 189–91, 193, 194; *Beyond the Best Interests of the Child*, with J. Godstein & A. Solnit 182, 184–8, 192, 193, 194; 'Beyond the Infantile Neurosis' 118, 130, 145, 151, 152; 'On Certain Difficulties in the Preadolescent's Relation to His Parents' 62; 'Certain Types and Stages of Social Maladjustment' 63; 'Changes in Psychoanalytic Practice and Experience' 101, 113, 156; 'Child Analysis as the Study of Mental Growth, Normal and Abnormal' 118, 130, 132, 136, 203; 'The Child Guidance Clinic as the Center of Prophylaxis and Enlightenment' 49, 50, 202; 'Child Observation and Prediction of Development: A Memorial Lecture in Honour of Ernst Kris' 83, 92, 94; 'Children in the Hospital', with T. Bergmann 166, 203;

‘Children Possessed: Anna Freud Looks at a Central Concern of the Children’s Bill: The Psychological Needs of Adopted Children’ 182; ‘Clinical Problems of Young Children’ 123, 124, 127; ‘Clinical Studies in Psychoanalysis – Research Project of the Hampstead Child-Therapy Clinic’ 95; ‘Comments on Joyce Robertson’s *A Mother’s Observations on the Tonsillectomy of Her Four-Year-Old Daughter*’ 166, 173, 176, 177; ‘Comments on Psychic Trauma’ 5, 10, 98; ‘The Concept of the Rejecting Mother’ 101, 112; ‘The Contribution of Direct Child Observation to Psychoanalysis’ 83, 92; ‘The Contribution of Psychoanalysis to Genetic Psychology’ 83–7, 91; ‘Diagnosis and Assessment of Childhood Disturbances’ 15, 118, 119, 123; ‘Difficulties in the Path of Psychoanalysis: A Confrontation of Past with Present Viewpoints’ 87, 101, 104, 111, 112, 113; ‘Discussion of John Bowlby’s Work on Separation, Grief and Mourning’ 69, 76; ‘Doctoral Award Address’ 5–7, 19; ‘Dorothy Burlingham – 1891–1979’ 42; ‘Dynamic Psychology and Education’ 32, 35, 36, 51; *The Ego and the Mechanisms of Defence* (*The Writings of Anna Freud, Vol. 2*) 3, 7, 14, 16, 29, 54–9, 61–3, 65, 67, 68, 87, 101–3, 107, 130, 131, 199; ‘The Emotional and Social Development of Young Children’ 32; ‘Entrance into Nursery School: The Psychological Pre-requisites’ 32, 137, 138, 139; ‘An Experiment in Group Upbringing’, with S. Dann 83, 89, 90; ‘Expert knowledge for the average mother’ 49; ‘Foreword’, *Analysis of a Phobia in a Five-Year-Old Boy* 145; ‘Foreword’, *Beyond the Infantile Neurosis* (Rosenfeld) 154; ‘Foreword’, *The Hospitalised Adolescent* (Hofmann, Becker, Gabriel) 166, 174; ‘Foreword’, *Maria Montessori* (Kramer) 36; ‘Foreword’, *Parent Guidance in the Nursery School* (Ruben) 50; ‘Foreword’, *A Psychoanalytic Contribution to Pediatrics* (Gordon) 166, 169, 174, 178; ‘Foreword’, *Studies in Child Psychoanalysis* 200; ‘Foreword’, *The Writings of Anna Freud, Vol. 3* 89; *Four Lectures on Child Analysis*, see *Introduction to the Technique of Child Analysis*; *Four Lectures on Psycho-Analysis for Teachers and Parents* 12, 18, 32, 41, 45, 137, 203; ‘Freedom from Want in Early Education’ 32; ‘The Hampstead Child-Therapy Course and Clinic’ 95; ‘Heinz Hartmann: A Tribute’ 57; *In the Best Interests of the Child*, with J. Goldstein & A. Solnit 182, 184; ‘Indications for Child Analysis’ 16, 18, 145, 154; ‘Indications and Contraindications for Child Analysis’ 145, 151, 155, 156; *Indications for Child Analysis and Other Papers* (*The Writings of Anna Freud, Vol. 4*) 16; ‘The Infantile Neurosis’ 149; *Infants without Families: The Case for and against Residential Nurseries* (*The Writings of Anna Freud, Vol. 3*), with D. Burlingham 16, 69, 72, 73, 77, 79, 80, 81; *Infants without Families: Reports on the Hampstead Nurseries, 1939–1945* 16; ‘Instinctual Drives and Their Bearing on Human Behaviour’ 82; ‘On the Interaction between Paediatrics and Child Psychology’ 166; ‘Interactions between Nursery School and Child Guidance Clinic’ 32; ‘Introduction’, *The Writings of Anna Freud, Vol. 1* 8, 9; *Introduction to Psychoanalysis: Lectures for Child Analysts and Teachers* (*Writings of Anna Freud, Vol. 1*) 16; *Introduction to the Technique of Child Analysis* 12, 18–31, 41, 42, 145, 146, 148, 161; ‘James Robertson’s *A Two-Year-Old Goes to Hospital* film review’ 166, 168, 171; ‘Links between Hartmann’s Ego Psychology and the Child Analyst’s Thinking’ 54, 57, 68; ‘Memorandum on Technique’ 101; ‘Mental Health and Illness in Terms of Internal Harmony and Disharmony’ 130; ‘Metapsychological Assessment of the Adult Personality: The Adult Profile’, with H. Nagera & W. E. Freud 101, 127; ‘The Mutual Influences in the Development of the Ego and the Id: Introduction to the Discussion’ 54; *Normality and Pathology in Childhood: Assessments of Development* (*The Writings of Anna Freud, Vol. 6*) 9, 14, 16, 20, 94, 118–20, 122, 123, 125, 127, 130, 132–8, 140, 145–8, 155–7, 160, 163; ‘Notes on Aggression’ 69, 73; ‘Nursery School Education: Its Uses and Dangers’ 32; ‘The Nursery School from the Psychoanalytic Point of View’ 32; ‘Observations on Child Development’ 69, 83; ‘Painter v Bannister: Postscript by a Psychoanalyst’ 182; ‘The Past Revisited’ 32, 51, 112, 199, 200; ‘Personal Memories of Ernest Jones’ 7, 136; ‘Preface’, *Chronic Schizophrenia* (Freeman, Cameron, & McGhie) 115; ‘Preface’, *The Hampstead Psychoanalytic Index* (Bolland, Sandler, et al.) 97; ‘The Principal Task of Child Analysis’ 130, 143,

- 145, 156, 200; 'The Problem of Training Analysis' 116; *Problems of Psychoanalytic Training, Diagnosis, and the Technique of Therapy* (*The Writings of Anna Freud, Vol. 7*) 16; 'Problems of Technique in Adult Analysis' 101, 104, 111; 'Psychoanalysis and Education' 32, 34, 47; 'Psychoanalysis and Family Law' 182, 184; 'Psychoanalysis and the Upbringing of the Young Child' 32; 'Psychoanalytic Knowledge Applied to the Rearing of Children' 50; 'Psychoanalytic Knowledge and Its Application to Children's Services' 49, 202; *Psychoanalytic Psychology of Normal Development* (*The Writings of Anna Freud, Vol. 8*) 16; 'A Psychoanalytic View of Developmental Psychopathology' 119, 122, 130–3, 137, 140, 143, 145, 153, 156; 'Psychopathology Seen against the Background of Normal Development' 118, 130, 145, 148, 153; 'Remarks on Problems of Psychoanalytic Training' 116, 198; *Reports on the Hampstead Nurseries 1939–1945*, with D. Burlingham 69, 72, 74, 75, 77, 80, 88; *Research at the Hampstead Child-Therapy Clinic and Other Papers* (*The Writings of Anna Freud, Vol. 5*) 16; 'Research Projects of the Hampstead Child-Therapy Clinic, 1957–1960' 83, 83, 96, 99; 'The Role of Bodily Illness in the Mental Life of Children' 166, 168, 169, 170, 175, 176, 202; 'A Short History of Child Analysis' 7, 9, 18, 30, 31, 202; 'The Significance of the Evolution of Psychoanalytic Child Psychology' 83, 88; 'Some Thoughts about the Place of Psychoanalytic Theory in the Training of Psychiatrists' 101; 'Special Experiences of Young Children, Particularly in Times of Social Disturbance' 50, 69, 82; 'Studies in Passivity' 116; 'A Study Guide to Freud's writings' 38, 39, 197; 'The Symptomatology of Childhood' 118, 120, 121; 'The Technique of Child analysis – Excerpts from Seminars and Meetings' 161; 'The Theory of Child Analysis' 18, 27; 'The Theory of the Parent–Infant Relationship' 113, 123; 'Three Contributions to a Seminar on Family Law' 182; 'Visiting Children – The Child' 166; *War and Children*, with D. Burlingham 69, 72; 'The Widening Scope of Indications for Psychoanalysis' 101, 102, 114; 'The Widening Scope of Psychoanalytic Child Psychology, Normal and Abnormal' 118, 130, 145, 149, 150, 151; 'Willi Hoffer, MD' 37, 38; *The Writings of Anna Freud* 12–16, 72, 177; 'Young Children in War-Time', with D. Burlingham 69, 72
- 'Freudian Group' 109–10
- Freud, M. 1
- Freud, Sigmund 1, 2, 24, 35, 43, 55, 59, 70, 105, 108, 197, 199; adult neurosis, infantile roots of 18, 32; application of psychoanalysis, to education 32; 'beyond pleasure principle' 152; capacity to love and to work, as determinant of mental health 122; castration complex 18; concept of 'defence' 58; deferred action 92; female homosexuality 140; infantile sexuality 18, 62, 123; lack of experience of working with children 34; 'Little Hans' 18, 85, 149, 150 [phobia about horses 19, 150]; metaphor of archaeology to describe work of psychoanalyst 56; model of psychosexual development 200; Oedipus complex 18, 25, 27, 45, 46, 86; 'polymorphous perversity' 18; psychotic breakdowns 114; structural model of mind 5, 102, 127, 198; symptoms and diagnosis 120; theory of neurosis 64; use of hypnosis 29; 'where id was, there ego shall be' 24
- Freud, Sophie (A. Freud's niece) 204
- Freud, Sophie (A. Freud's sister) 2, 167
- Freud, W. E. 12, 14, 197
- 'Freud Wars' 199
- Friedlander, K. 110
- Fries, M. 94
- 'fundamental rule' of psychoanalysis 22, 29
- Gardener, M. 1
- Gavshon, A. 158, 159
- gender identity, developmental line for 143
- genetic assessment 124
- genetic psychology 87
- genetics 128, 141, 153
- 'Gentleman's Agreement', and Controversial Discussions 109
- Gergely, G. 158
- Glaser, B. G. 133
- Glöckel, O. 35
- Glover, E. 59
- Goethe, J. W. von 14
- Goldberger, A. 91
- Goldstein, J. 11, 182, 183, 184, 185, 194
- Gordon, B. 174
- Graf, H. 18
- Green, A. 112, 113
- Green, V. 124, 135, 154, 163
- Greenspan, S. 163

- group dynamics, psychoanalytic study of 38
- group upbringing, experiment in, child survivors of concentration camps 89–2
- Guy's Hospital, London 172
- Halberstadt-Freud, E. 42
- Hampstead Child Therapy Course and Clinic 3, 15, 31, 81, 106–8, 118, 119, 124–7, 147, 184, 198, 199; centre of A. Freud's professional life 110; clinical research at, 84, 91–101, 151; creation of 8–12, 96, 109–10; Nursery of 11, 51, 95; Nursery Schools for Normal and for Blind Children 202; Study Group on Diabetic Children 179; study group on adult schizophrenia and psychosis 114; Well Baby Clinic 166, 202; work with neglected and abused children 183; *see also* Anna Freud Centre
- Hampstead Index 96–8; as collective analytic memory 97
- Hampstead War Nurseries, London 8, 9, 12, 15, 37, 51, 69–82, 85–9, 92–9, 110, 131, 166–8, 174, 190, 202; and observational research 70–2; research and training as aim of 70–2
- Hartmann, H. 30, 54, 57, 58, 84, 86, 114, 131
- Hayman, A. 121
- head-banging 77, 80
- Heller, P. 42
- Hellman, I. 71, 85
- 'here-and-now' transference interpretations 106
- Hietzing School, Vienna: *see* Matchbox School, Vienna
- High Wick Hospital for Psychotic Children, Hertfordshire 202
- Hitler, A. 4, 7, 30
- Hoffer, W. 6, 37, 38, 41, 50, 202
- 'holding' (Winnicott) 158, 163
- horses, phobia about 19, 150
- 'Hort' schools, Vienna 10, 44, 46
- hospital: children in, care of 166–80; setting, role of child therapist in 177–80; visiting rules 174
- hospital treatment, impact on personality development 174
- hospitalism 91
- hospitalisation: and children's attachment relationships 167; experience of 175
- Hug-Hellmuth, H. 19
- Hurry, A. 163, 164
- hypnosis: as core technique of treatment 102; substitution of free association for 108
- ICD: *see* International Classification of Diseases
- id: and ego [infantile battle between, ending in truce at puberty 62; interactions between 55, 56]; as instinctual pole 55
- id analysis 104
- id impulses 66
- id psychology, psychoanalysis as 58
- identification 3, 59; with aggressor, as defence mechanism 55, 60, 61, 62
- 'Independent Group' 109, 163
- infant(s): Diagnostic Profile for 127; early psychological needs of 91; relationship of, to maternal breast (M. Klein) 26; *see also* child(ren)
- infant observation 18, 85, 94; *see also* child observation
- infantile amnesia and Oedipus complex 45
- infantile development 90, 175
- infantile experience, early, reconstructions of 116
- infantile instinctual life 45
- infantile neurosis(es) 9, 34, 60, 62, 125, 151–5, 163; and child analysis 148–9; example of, case of Little Hans 149–50
- infantile psychopathology 200; types of 152
- infantile sexual curiosity, repression of 33
- infantile sexuality 18, 62, 123
- influenza epidemic (1919/20), death of Sophie Freud in 167
- instinctual drives: repressed 30; vicissitudes of 58
- instinctual life, infantile 45
- institutional care, impact of 79–81
- intellectualisation 63
- internal censorship 22
- International Classification of Diseases (ICD) 120, 128
- International Psychoanalytical Association (IPA) 1, 7, 101, 197, 198; Congresses [(1920) 13, 19; (1927) 27; (1957) 92; A. Freud's lecture at (1975) 111, 113]
- interpretation(s): dream 116, 148; of dreams, as tool of treatment 105; of manifestations of transference 104; as research tool 93; transference, 'here-and-now' 106; of unconscious material, as tool of therapy 146; use of 108 ['Memoranda on Technique' 108]
- introjection 59; primitive 109
- IPA: *see* International Psychoanalytical Association
- Isaacs, S. 85
- isolation, as defence 60

- Jackson, E. 51
 Jackson Nursery, Vienna 6, 8, 10, 51, 69, 70, 72, 87, 166, 202
 James Putnam Clinic, Boston, MA 202
 Jones, E. 7, 13, 33, 34, 57, 197
 Jung, C. G. 1, 6
 Jurist, E. 158
 juvenile delinquency 39; *see also* wayward youth
- Kaplan-Solms, K. 125
 Katz, J. 182
 Kennedy, H. 8, 160, 163
 kibbutz movement 36
 'Kinderseminar' 5
 Kipling, R. 2
 Klein, M. 21, 57, 59, 74, 171, 176; case of 'Erna', in response to Anna Freud 26–7; child and adult analysis, fundamental identity of 26; child analyst, 'educational' role of 25; Controversial Discussions 31, 107–9, 198; English School 30; first year of life, emphasis on 28; focus on phantasies 108; Gentleman's Agreement 109; internal object relations 133; internalised objects, transformation of 109; play technique 22, 27, 30; play therapy 26, 29; psychoanalytic treatment of children 5; 'schools' of child analysis, London 19; work of with children with ego defects and psychoses 163
 Kris, E. 30
 Kris, M. 7, 30, 84, 86, 91
- Lacan, J. 197, 198
 language acquisition, developmental line for 143
 language development 80, 125, 126
 Laplanche, J. 55
 latency period 45, 62, 134
 learning difficulties, children with, effectiveness of psychoanalytic treatment for 127
 liberation and compulsion, 'middle path' between 44
 libidinal and aggressive development, stages of 71
 libidinal impulses, and aggressive impulses, fusion of 40, 74
 libidinal stages, sequence of 123
 life instinct 73
 lines of development: *see* developmental line(s)
 Little Hans 18, 85; case of, example of infantile neurosis 149–50; phobia about horses 19, 150
 Loewenstein, R. M. 86
 London Blitz 70, 72
 looked-after children, outcomes for, in terms of mental health and well-being 190
 loss, traumatic, and separation, experiences of 81
 Luyten, P. 128
 lying, compulsive, possible reasons for 120
- MacKeith, R. 172, 173
 McLean, D. 125
 Maenchen, A. 5
 Mahler, G. 4
 Mahler, M. 30, 91; separation–individuation 131
 Mahon, E. J. 134
 Marans, S. 201
 Master's Nursery, New York 202
 masturbation 23, 61, 77, 80
 Matchbox School, Vienna 6, 12, 42–4
 maternal rejection 50
 May, K. 2
 Mayes, L. 87, 132, 140, 141, 143
 mechanisms of defence, and ego, Anna Freud's work on, legacy of 67–8
 medical care, refusal of 191
 melancholia 119
 'Memoranda on Technique' 108
 memory(ies): recovered, integration of, into personality 30; road to the unconscious 113
 mental functioning, child's, fundamental failure in development of 163
 mentalisation-based therapy 163
 Menzies Lyth, I. 167
 Meurs, P. 142
 Middlesex Hospital, London 167, 179
 Midgley, N. 92, 150
 mind, agencies within, disharmonies between 112
 'minimum state intervention', principle of 190–1
 Model, E. 124, 179
 Montessori, M. 35, 36, 43, 70
 Moran, G. 163, 179
 Moskovitz, S. 91
 mother: aggression against 176; death-wishes against 26, 28; depressed, infant's reaction to 94; hostility towards 28
 mother–infant relationship 131; deficient 131; early 112, 163 [consequences of interruptions of 123; problems in 112]
 mothering, substitute, responses to 72
 mourning 76, 110, 179
 mourning process, separation from primary caregivers, phases of 76
 Mozart, W. A. 4
 Murray, J. 9, 14, 152

Nagera, H. 8, 114
 narcissism: concept of (Sandler) 97; disturbances of 127; primary 76
 narcissistic functioning, in adulthood 115
 needle phobia 171
 negative transference 23, 26; child's resistance as 23
 Neil, M. 171, 172
 neurobiology 128, 141
 neurosciences 141, 163, 201
 neurosis(es): adult 149, 151; child 149; infantile 9, 34, 60, 62, 125, 148, 149, 150, 151–2, 153, 155, 163 [roots of 19]; obsessional 19, 24, 28, 118, 120; structure of 148; transference 24, 109, 147
 neurotic disorders/disturbances 110, 148, 169; causes of 34
 neutrality, analytic 104
 Newman, L. 177, 203
 New York Psychoanalytic Institute 111
 Nijinski, K. 42
 nonverbal communication, in classroom, understanding of 51
 Novick, J. 114
 Nunberg, H. 57, 59
 nurseries, day care in 10
 Nursery School Association of Great Britain 137, 139
 Nursery Schools for Normal and for Blind Children, Hampstead Clinic, London 202
 Oberhollabrunn institution for 'delinquent' boys (Austria) 20, 38
 object relations, early 24
 object relations theory 127, 183, 198
 'objective anxiety' 64
 observation: child 85, 87, 92; infant 18, 85, 94; and reconstruction, 'double approach' 94
 observational research 70, 71, 92, 93, 153
 obsessional neurosis 19, 24, 28, 118, 120
 obsessional symptoms 19, 24, 26
 oedipal phase 108
 Oedipus complex 18, 25, 27, 45, 46, 86, 123; and infantile amnesia 45; resolution of, time of 25
 orphanages 74: in Romania, infants raised in 88
 Orthogenic School, Chicago, IL 202
 paediatrics 141; and psychoanalysis 166–80
 pain, children's experience of 170; clinical example 171–2
 paranoia 119
 parent(s): importance of working with 49–50; psychological 194 [definition 186; primacy of relationship with 187–8]; separated, effect of on children 184; separation from, impact of 174; and teachers, Anna Freud's introduction to psychoanalysis for 44–6
 parent–child relationship: early, difficulties in 39; modification or termination of 190
 parental abuse 64
 parental authority, abuse of 34
 parental seduction 153; *see also* sexual abuse of children
 parental sexuality, primitive anxieties about 94
 pathogenic environment 65
 pathological behaviour, motives for 64
 Payne, S. 108; 'Gentleman's Agreement' 109
 'pedagogic' love, for children in care 78
 pedagogy, psychoanalytically informed 33
 penis envy 176
 personality development: impact of bodily illness on 174; impact of separation and family disorganisation on 184
 personality psychology 128
 Peters, U. 198
 phobic anxiety attacks 22
 phobic defences 176
 physical abuse 191
 Piaget, J. 85
 Platt Report (1959) 168
 play: importance of, in psychoanalysis of children 25; role of, in child analysis 29–30; way of mastering anxiety 73
 play technique/therapy 22, 26, 27, 30; in hospital 178
 pleasure principle 9, 40, 44, 152
 Pollock, G. 51
 'polymorphous perversity' 18
 Popper, K. 84
 positive transference 21, 40, 146; value of 23
 'preparatory period' of treatment in child analysis 20–1, 24, 25, 146
 primary narcissism 76, 131
 primary repression 112
 primitive introjection 109
 primitive projection 109
 progressive education 36, 43
 projection 3, 59, 64; primitive 109
 projective testing 123; development of 85
 protest, phase of, in mourning process, on separation from primary caregivers 33, 76, 168
 Provisional Diagnostic Profile 94
 psychiatric genetics 128

- psychic trauma, as example of psychoanalytic research 98
- psychoanalysis: aims of, 'Memoranda on Technique' 108; application of, to education 32–52; and education [early history 33–4; relation between 47–9]; and paediatrics 166–80; and science, uneasy relationship between 83; scientific status of 84; widening scope of, and implications for technique 110–14
- psychoanalyst, work of, metaphor of archaeology to describe 56
- psychoanalytically informed pedagogy 33
- psychoanalytic child psychology 6, 94
- psychoanalytic developmental psychology 99, 131, 141, 143, 192; contribution to legal practice for children and families 184; principles of 140
- psychoanalytic developmental therapy, clinical example 171
- Psychoanalytic Press, Vienna 7
- psychoanalytic research; and child observation 83–9; clinical and conceptual, Anna Freud as promoter and facilitator of 83
- Psychoanalytic Research and Development Fund conference, New York (1964) 98
- psychoanalytic treatment: of adult patients 101–16 [A. Freud's approach to 115]
- psychodynamic psychology 128
- psychological parent 194: definition 186; relationship with, primacy of 187–8
- psychological well-being, impact of bodily illness on 169
- psychopathology: of children 119; developmental 130–43; infantile 200 [types of 152]
- psychoses(is) 112, 163; adult and adolescent, differences between 114; predisposition to 114
- psychosexual development 72; S. Freud's model of 200
- psychosomatic symptomatology 153
- psychotic breakdown 115
- psychotic functioning: in adulthood 115; failure in maintaining object relationship in 115; role of conflict and the mechanisms of defence in 114
- psychotic patients 114, 115; treatment of 85
- psychotic states, psychoanalytic understanding of 114–15
- puberty, defence mechanisms in 62–3
- Rainbow Hospital, Cleveland, OH 170, 174
- Rangell, L. 113
- Rank, O. 1, 6, 102, 108, 198
- reaction formation 59; as defence 60; during latency period 45
- reconstruction, and observation, 'double approach' 94
- recovered memories, integration of, into personality 30
- 'Red Vienna' 5, 10; and radical education 34–5
- regression(s): enforced 175; normal 175; temporary 134–6, 203 [vs. fixation and developmental arrest 135]; in transference 103
- Reich, W. 30, 57, 59, 102, 108
- 'relational school' of psychoanalysis in US 163
- repetition compulsion 152
- repressed, return of 24, 60
- repressed wishes, interpretation of 25
- repression 59; in formation of symptoms, and unconscious drives or wishes 56; freedom from 34; harmful aspects of 33; primary 112; and unconscious drives or wishes 58; and unconscious mind 123
- rescue fantasies of professionals working in family law 192
- research, psychoanalytic, clinical and conceptual, Anna Freud as promoter and facilitator of 83
- resistance(s) 20, 26, 29, 65, 102; analysis of, as tool of therapy 146; child's 21; dynamic importance of 108; ego 56; focus on 110; in free association, and unconscious drives or wishes 56; transference as 23
- Ribble, M. 91, 94
- Rilke, R. M. 14
- Robertson, James 12, 79, 171, 194; sick children in hospital 167–9
- Robertson, Joyce 173, 176, 177; sick children in hospital 167–9
- Romania, infants raised in orphanages in 88
- Rorschach test 85
- Rosenfeld, E. 42, 43
- Rostow, E. 182
- Royal College of Physicians 173–4; A. Freud's lecture to (1961) 177
- Rutter, M. 88, 142
- St Andrä institution for 'delinquent' boys (Austria) 38
- Sandler, A.-M. 83, 199, 203
- Sandler, J. 8, 95, 97, 160
- Schilder, P. 114
- schizophrenia 114

- schizophrenic patients: bodily self-neglect of 115;
psychoanalysis of 111
- Schliemann, H. 56
- School for Nursery Years, Los Angeles, CA 202
- school phobia, possible reasons for 121
- Schore, A. 158
- science, and psychoanalysis, uneasy relationship
between 83
- screen-memories 108
- Sears, R. 86
- secondary-process functioning 136
- seduction theory 64
- separation: and attachment 74 [Anna Freud and
John Bowlby on 75–7]; early, impact of 88;
and family disorganisation, impact of, on
personality development 184; from parents,
case example 75; and traumatic loss,
experiences of 81
- separation anxiety(ies) 135, 169, 176; possible
reasons for 121
- separation-individuation (Mahler) 30, 91, 131,
132, 136, 152
- separation-individuation stage 91, 152
- sexual abuse of children 153, 191
- sexual curiosity, ban on 34
- sexual enlightenment 33, 48, 50
- sexual expression, prohibition of 34
- sexuality: centrality to human nature 111; diffuse
infantile 62; early childhood, psychoanalytic
investigations of 85; genitally centred adult 62
- Sharpe, E. 108
- signal anxiety 143
- sleep disturbance, possible reasons for 121
- social psychology 128, 141
- Solnit, A. 177, 183, 184, 194, 203
- Sophocles 2
- Spitz, R. 85, 91, 94, 131
- splitting, as defence 131
- Spock, B. 174
- Sroufe, A. 142
- Stern, D., attunement 92, 128, 163
- Stockbridge Symposium (1950) 92
- Strachey, J. 108, 147
- Strauss, A. L. 133
- Stross, J. 166
- structural assessment 123, 125
- structural model of mind (S. Freud) 5, 102, 127,
198
- Study Group on Diabetic Children, Hampstead
Clinic 179
- sublimation 14, 59, 131; of asocial impulses 39;
during latency period 45
- superego: child's 24, 25; concept of (Sandler) 97;
development 40, 46, 61, 72, 78 [early, nature
of 25]; functioning, disturbance in 121;
harshness of, minimising 50; as system of ideals
and inhibitions 55
- superego anxiety 59, 64; role of, in formation of
neurosis 60
- surgery, preparations for 174
- symptomatology: diagnoses based on, problems
of 120–2; psychosomatic 153
- symptoms, formation of, and repression, and
unconscious drives or wishes 56
- Target, M. 142, 158, 163
- Tavistock Clinic 30, 85, 167, 198
- teacher(s): child's identification with 46; and
parents, Anna Freud's introduction to
psychoanalysis for 44–6; unconscious
identification of, with child 47; use of
psychoanalysis for 46–7
- Tereszin (Theresienstadt) Concentration Camp
89
- Thematic Apperception Test 86
- therapeutic alliance 21, 67, 106, 146
- Therapeutic Nursery School, Cleveland, OH
202
- Thorpe, M. 193, 194
- Tiffany, C. 42
- toddlers, Diagnostic Profile for 127
- toilet training 22, 50, 80, 121, 174; effects of 71
- tonsillectomies, symposium on (1949) 176
- Toth, S. 142
- training analysis, nature of, 'Memoranda on
Technique' 108
- transference: analysis of, as tool of therapy 146;
child's, interpretation of 160; communication
in, over-emphasis on 113; earliest experiences
of infancy repeated in 113; fact of 108; focus
on 110; handling of, as tool of treatment 105;
importance of, in psychoanalysis of children
25; interactions between ego and id in 56;
interpretation of 147, 148, 160; manifestations
111 [interpretation of 104]; negative 26
[child's resistance as 23]; positive 21, 40, 146
[value of 23]; psychoanalytic focus on 65;
regression in 103; as research tool 93; as
resistance 23; revised view of 147–8; role of
23, 107–9, 159 ['Memoranda on Technique'
108]; in work with children, types of 147
- transference-countertransference matrix 113
- transference interpretations, 'here-and-now'
106

- transference neurosis 24, 109, 147
 transference object 160–2; therapist as 160
 transference phenomena 22, 107, 113
 transference reactions 147, 160
 trauma, childhood 92
 tripartite (structural) model of mind 55
 Tronick, E. 92
 twins, identical, study of 96
 Tyson, R. 160
- unconscious, revelation of 65, 102, 103, 148, 149
 unconscious drives or wishes: and dream
 censorship 56; and repression (formation of
 symptoms) 56; and resistance (free association)
 56
 unconscious ego 56
 unconscious mind, and repression 123
 unconscious wishes 102, 104
 undoing, as defence 60
 University of Vienna, psychiatric clinic 114
- Valenstein, A. 198
 van Houdenhove, B. 128
 verbalisation: capacity for 159; role of 158
 [clinical example 158–9]
 Vienna, City of, Board of Education of 6
 Vienna Psychoanalytic Society 1, 5, 7, 18, 36,
 38, 85, 114, 199
 Vienna Psychoanalytic Training Course 6, 41
 Vienna School of Child Analysis 68
 Vienna Training Institute 12; Course for
 Educators 6, 7
- Viennese Department of Youth 41
 Vliegen, N. 142
- Wagner-Jauregg, J. 114
 Wallerstein, R. S. 54, 57, 98, 199
 ‘wayward youth’, Aichhorn’s work with 20,
 38–41; *see also* juvenile delinquency
 weaning, effects of 71
 ‘Wednesday meetings’, Vienna 5
 Well Baby Clinic, Hampstead Clinic 166,
 202
 well-being, psychological 185; and
 developmental lines 136–7; impact of bodily
 illness on 169
 ‘where id was, there ego shall be’ (S. Freud) 24
 ‘wild analysis’ (Winnicott) 113
 Winnicott, D. W. 75, 112; concept of ‘holding’
 158, 163; ‘wild analysis’ 113
 Wiseberg, S. 114
 wishes: repressed, interpretation of 25;
 unconscious 102, 104
- Yale Child Study Center, New Haven CT 5, 30,
 91, 95, 183
 Yale Law School, New Haven, CT 182, 194,
 195; A. Freud’s address to students (1968) 183;
 Faculty 184
 Yorke, C. 114, 115
 Young-Bruehl, E. 1, 9, 99, 101, 109, 110, 166,
 179, 184, 194, 200
- Zetzel, E. R. 21

