

ANNA FREUD'S ADULT PSYCHOANALYTIC TECHNIQUE :  
A DEFENCE OF CLASSICAL ANALYSIS

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*The four parts of this paper try to give a picture of Anna Freud's views about adult psychoanalytic technique. In the first part, an historical review is given of the main points that Anna Freud made about the development of Classical technique. In a second part, a clinical sketch is presented of the author's own personal training analysis with Anna Freud, as an illustration of her actual analytic approach in practice. A third part presents a very brief summary of the historical development of 'Modern' psychoanalytic contributions and the controversies that resulted. Finally, a fourth part summarizes several major areas of differences that Anna Freud believed had developed in recent decades between Classical analysis and the more 'modern' varieties that focus predominantly on the transference and the 'here-and-now' interaction between patient and analyst. By outlining the many differences, the presentation attempts to convince some of the new generation of psychoanalysts in our pluralistic world of the continued value of the underlying principles behind Classical technique.*

In recent decades there has been an increasing change in the main stream of psychoanalysis as it had been developed by Freud and his circle in Vienna. The original framework of 'Classical' psychoanalysis has been diffused into many different branches under the influences of Kleinian theories, British Object Relations, a pervasive focus on transference and counter-transference phenomena, a shift from reconstruction to the analysis of the here-and-now interaction between patient and analyst, and the new dynamics of self-analysis. This collection of changes constitutes the new pluralistic world of psychoanalysis, along with the array of 'modern' analytic techniques associated with these new orientations.

There can certainly be some legitimate doubts about the theoretical value and therapeutic effectiveness of these new developments. In a field where there is admittedly little ground for empirical verification of either theoretical assumptions or therapeutic effectiveness, there is a great danger that these new ideas remain speculative part-theories not integrated with our past foundations and new techniques remain 'technical fashions' imposed as the new 'correctness' on communities of analysts who are prone to assume that something 'modern' is better, where better is only a conformity to a new fashion, with no convincing evidence of greater therapeutic success.

The whole body of Freudian contributions of the past 60 years seems to be dismissed by many 'modern' analysts. Some of them have become such militant 'fundamentalists' in their exclusive focus on transference interpretations and an overuse of such concepts as projective identification and counter-transference that they consider all other analysts who have retained a more balanced view of technique (using dreams, childhood memories, reconstruction, resistances, defences and extra-transference phenomena) as doing 'incorrect'

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<sup>1</sup> My definition of 'Classical' refers to the body of theoretical contributions and the personal technique of Freud and his close colleagues in Vienna who later emigrated to England and America before World War II. I would contrast this to 'Orthodox' analysis and technique which developed after the war in America and Europe in line with a strict interpretation of Freud's ideas and especially his formal papers on Technique (1911-15). Naturally, many national analytic Societies have their own conceptions of 'Classical' analysis and technique. I give my own definition for purposes of clarification of my usage in this paper.

analysis that is only intellectual and out-of touch with patients. In my view, it is important that this very narrow rigid 'modern' view, mixed with an intolerance towards 'non-believers', should be countered as damaging to the future of psychoanalysis as a discipline and damaging to the training of new analysts.

It is my concern that some effort should be made to re-state the older principles of Classical analysis and to make clear what is being lost by these new 'modern' orientations. In my view, this loss includes the humanistic Weltanschauung or Anlage of Freud's way of thinking that made psychoanalysis such a valued contribution to a cultural awareness of the unconscious and to a conception of a therapeutic method based on a human relationship of mutuality in a striving for truth about the patient's self.

As I considered the task of defending Classical psychoanalysis, which has already been admirably done by several analysts in recent times (Sterba, Greenson, Gedo, Rangell, Nagera, Freeman, Yorke), I came to the conclusion that an approach of restating the Classical views of Anna Freud would serve this task most appropriately as my own effort.

## INTRODUCTION

As is well known, Anna Freud was a wide-ranging dedicated contributor to psychoanalysis for nearly 60 years. Beginning as one of the first child analysts in the 1920's, she soon became a member of Freud's Inner Circle, a writer of many classic papers and books, an adult Training Analyst and Supervisor, and the acknowledged leader of International psychoanalysis from Freud's death in 1939 to her own death in 1982. All of this involvement stemmed from her deep commitment to psychoanalysis which she had first learned from her father who brought her into his early circle of colleagues in Vienna.

Having come from children's education as a teacher, her interest in psychoanalysis brought her quite naturally into the newly emerging realm of child analysis and the work on stages of development. She believed, along with her father, that the psychoanalysis of young children and their direct observation in natural settings would both support and make valuable additions to the developmental theory being derived mainly from analytic reconstructions from the analysis of adults.

This area of Anna Freud's contributions to child analysis is generally very familiar to a large audience. What is surprisingly less well known is that Anna Freud was a major influential figure in the main stream of Classical adult psychoanalysis and to the theory of adult technique associated with it. Some relevant papers by Yorke (1983) and Wallerstein (1984) have served to reemphasize her adult analytic contributions.

Anna Freud entered into the psychoanalytic world at a time in the 1920's when Freud was making his significant shift of focus from Id psychology to Ego psychology -- meaning a shift from a predominant interest in unconscious instinctual drives and fantasies to a balancing interest in the unconscious forces of the Ego and Superego. It is worth emphasizing that it was Freud himself who began this new period of 'ego psychology' in Classical analysis with his 1923 paper on "The Ego and the Id." It is this integrated kind of 'ego psychology' within Classical analysis, and not separated from it, that Anna Freud continued to represent throughout her life.

The first part of Anna Freud's classic 1936 book on "The Ego and the Mechanisms of Defense" is actually a summary of the evolution of adult analytic technique as it had changed in the 45 years since Freud first began treating patients with hypnotism. She also summarized what was becoming the new principles in adult technique that followed from the new ideas of Freud on the ego's defensive functions and the Structural Model of the mind: Id, Ego, Superego; each of which now demanded equal analytic attention.

But before going into these issues, I want to give a presummary of what I hope to cover in this presentation. First, I will try to bring together the main themes of Anna

Freud's views on adult technique, naturally only covering the highlights of what she advocated. Secondly, I want to give you a glimpse of how the adult technique of Anna Freud was experienced by a patient of hers; namely, by me, since Anna Freud was my training analyst here in London for six and a half years. Many theoretical aspects of Classical technique acquired a new meaning from this personal perspective. Thirdly, I review the historical background of 'modern' analysis. Finally, in a fourth part, I will attempt to summarize Anna Freud's views in the major areas of differences between Classical Freudian technique and the more contemporary 'modern' techniques that have developed in the analytic world under the influence of Kleinian<sup>2</sup> and Object Relations orientations, but also by significant contributions within Freudian psychoanalysis, such as those of Gill(1982) and Sandler, J. & Sandler, A.M.(1984) that also stress a new predominant interpretative focus on transference and its manifestations in the interactive relationship between analyst and patient.

Hopefully, this presentation will show the continued value of a more natural and balanced Classical technique, especially in contrast to the unbalanced and somewhat mechanistic nature of 'modern' technique which I consider no longer in the original humanistic tradition of Freud.

Lest it be assumed that I am uniquely over-concerned about the implications of the 'modern' developments, here is a comment by Anna Freud about this issue in a letter to a colleague (Dr Arthur Valenstein) in 1979, just three years before her death:

"What I hate to see or hear about is the forcing of transference onto the patient by dragging every item of material into the transference instead of waiting until the patient himself feels it and can use it as confirmation of what has happened in the past. Whereas we use the transference to elucidate the past, these others use it as something in itself, as a therapeutic agent. I think this is one of the most successful attempts to destroy psychoanalysis." (Young-Bruehl, 1988, p.493).

## PART I - ANNA FREUD'S VIEWS ON ADULT TECHNIQUE

Naturally, the main influence on her technique came from her personal analysis with her father, probably from 1918 to 1925 with some long interruptions. This personal experience quite clearly set the foundation for a basic similarity of her technique with Freud's own clinical technique, a point I will discuss later since Freud's own technique<sup>3</sup> differed considerably from the well-known picture he gave in his (1911-15) papers on Technique. Her training case supervisors were Lou AndreasSalome and her father with whom she constantly discussed her cases and psychoanalytic theory. Her psychiatric experience came from attendance at ward rounds at the University of Vienna Clinic under the direction of Paul Schilder and Heinz Hartmann.

Anna Freud was training at the Vienna Institute at a time (1920-30) when the new Structural Model and the focus on unconscious ego functions were bringing about significant new directions that influenced the future of Classical analysis.

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2 Since Anna Freud's comments on non-Classical theory and technique cover a 43 year period from 1936 to 1979, it should be acknowledged that Kleinian theory and technique have undergone several modifications during that period, as well outlined by E.Spillius (1988). Thus, Anna Freud's dated comments should always be placed in the context of Kleinian psychoanalysis at that time.

3 This significant point about Freud's own personal technique is fully discussed by Lipton(1977) in a paper where he distinguishes, in a favorable way, 'Freud's Technique' from the standard 'orthodox' techniques that developed after his death.

Major contributions were made to this new 'ego' side of psychoanalysis: W.Reich(1928) initiated the shift from symptom analysis to character analysis; R.Sterba(1934) explained the need for an 'ego alliance' between the patient's self-observing ego and the analyst's ego; H.Nunberg(1932) showed how the ego's 'synthetic function' can resolve inner conflicts; P.Federn(1928) made a major contribution to the role of ego defects in psychoses; R.Waelder(1937) outlined the Classical view of early infant development; and eventually O.Fenichel(1945) made a general reformulation of Classical theory and technique as analytic 'ego psychology' was integrated into the main stream of psychoanalysis.

By 1936, Anna Freud in her book on "The Ego and the Mechanisms of Defense" was able to summarize this newly emerging Classical orientation. She showed how the awareness of the ego and its defenses had taken a more and more central role in analytic technique. In the beginning of Freud's therapeutic efforts, hypnotism had not worked as a permanent cure since the insights obtained about the patient's unconscious had bypassed the patient's ego, which had not been an active participant in the hypnotic therapy, but had deliberately been put out of action. Even in the following period of 'active suggestion' when Freud pressed for memories, the patient's resistances were still seen as a disturbing factor that interfered with the uncovering process. Thus, the defensive aspects were again left unanalyzed, resulting in no real 'ego alterations' that would resolve the symptomatic disturbances more permanently.

With his next creative step in the mid-1890's to the method of 'free association', Freud then allowed the patient to take a more active instead of passive part in the analysis. However, Freud at first considered the patient's transference to him as an unwelcome intrusion as a form of resistance in the analysis, and it took another momentous step for Freud to see in the aftermath of the Dora case (1900-05) that transference must also be a major focus of interpretation.

By the 1930's it was well accepted that the analysis of transference and resistance as they impinged and were interwoven in the patient's material (free associations, dreams, memories, fantasies) were essential ingredients of the analytic process. Most analysts also agreed that analysis required the active participation of the patient's ego as a partner in the uncovering process which proceeded layer by layer towards the depths. However, some few analysts remained attached to the earlier Id period tradition centred on instinctual phantasies, such as Groddeck, Stekel, Otto Rank, Melanie Klein, with a firm belief in the direct interpretation of the possible unconscious meanings of the patients' material, without waiting for more supportive evidence from associations and for longer preparation. This pattern Freud had condemned as 'wild analysis'(Freud,1910). In her 1936 book, Anna Freud added her own criticism of such approaches as leaving out the patient's ego participation necessary for integration, even though the speculations might at times be correct. She pointed out how reluctantly analysts had switched their focus from the original exciting realm of repressed instinctual wishes and fears to the other realm of the opposing unconscious forces of the Ego and Superego.

Anna Freud came as early as 1936 to what was to remain her central position about analytic technique. She felt that the aim of psychoanalysis was "to acquire the fullest possible knowledge of all the three institutions [Id,Ego,Superego] and their relation to one another and to the realities of the outside world." (1936,pp.4-5). The analyst should have a balanced concern for all these areas of functioning, with a kind of revolving searchlight of attention.

As with her father, Anna Freud always emphasized that the "restoration of the ego to its integrity" (1936,p.4) was the major goal of psychoanalysis. The interpretation of dreams, memories, fantasies, transference, resistances and other material was only the means towards the basic aim of enlarging the scope of the patient's ego -- making things conscious and uncovering the developmental disturbance behind the patient's problems. It is this conception of an evenly directed and balanced viewpoint without a predominant focus, such

as transference, that continued to mark Anna Freud's conception of correct analytic technique.

In the 1960's and 1970's, Anna Freud frequently restated her earlier emphasis on the need for the patient's participation in the interpretative process, usually conceptualized as the 'ego alliance' Sterba(1934) or the 'therapeutic alliance' Zetzel(1956). In her 1965 book "Normality and Pathology in Childhood," she mentioned several basic principles of technique: namely, that the analyst should not try to bypass careful and slow unravelling of the unconscious; not to make overeager use of surface manifestations to detect unconscious impulses; not to bridge over the gap between levels of consciousness; not to take shortcuts to the depths; and not to ignore resistances and defenses.

A brief summary of her recommendations for adult technique would be as follows: (1) to analyze ego resistance before Id content; (2) in the interpretative process to proceed from surface to depth; (3) to offer the analyst as a transference object for the unforced natural growth of unconscious feelings, fears, wishes, memories, fantasies, and expectations about childhood figures; (4) to analyze impulses in a state of frustration as created by the analytic boundaries; (5) to lift material from the level of primary process functioning to secondary process thinking; in short, to turn Id into Ego.

Concerning Anna Freud's position on the important issue of the technical place of transference, she certainly followed her father's clinical approach in using transference manifestations as only one of several important roads for learning about the patient's unconscious. Dreams took first place as the 'royal road' to the unconscious; other equally valuable roads were free associations, memories, fantasies, affects, defenses, resistance and nonverbal behaviour. But along with Freud, she also accepted that the actual reliving of the transference neurosis (the more deep-seated transference complex) as it emerged with intensity and was emotionally experienced with the analyst was the necessary condition for the curative power of psychoanalysis.

## PART II - PERSONAL ANALYTIC EXPERIENCE

My own analytic training began at the Boston Institute in America in 1963. My first training analyst there was Classical Freudian (as were most Boston analysts then) who had begun his training in Vienna in the 1930's. From extensive reading and from colleagues in my university setting, I expected a very proper textbook analyst, while I would be a very proper orthodox patient who free associated, etc. Fortunately, these expectations soon succumbed to analytic realities, but that first analysis is another whole story.

In my four years at the Boston Institute I attended many theoretical seminars where orthodox technique was taught, based on Freud's technique papers of (1911-15) which put forth the principles of anonymity, neutrality, mirror-like opaqueness, unresponsiveness, surgeon-like detachment, impersonality, blank screen passivity, etc. I would be grossly unfair to my Boston analyst and to the Boston Institute if I did not add that a very different picture of technique was conveyed personally and in clinically-oriented seminars by many experienced analysts there. I am merely trying to set forth the stereotype of the rigid 'orthodox' model propagated by Freud's papers that have unduly influenced many analysts in the past and present.

After about four years, my Boston analyst died, and I decided on a change of career from university life to become a clinical psychoanalyst. A long-term fantasy became a reality when I was accepted for a new training analysis by Anna Freud. I had previously written and made an appointment to see Anna Freud in January 1967. In the interview, she was very kind about my loss and agreed to an analysis with her if I could arrange for funds to come to London for the training. This I eventually did through a faculty training grant.

The analysis began in October 1967 and lasted for over six and a half years. During that period, I transferred from the Boston Institute and was accepted for adult training at the London Institute and went through the full training there, as well as completing the child analytic training at the Hampstead Clinic.

As I came to my first session at Anna Freud's house (now the Freud Museum) in Hampstead, the door was opened by Paula, the maid who had been with the Freud family for years in Vienna. She took my coat, saying that these coat hangers were the ones Freud had bought for his patients. I had come a few minutes early so Paula took the opportunity to ask if I would like to see Freud's library. As we moved through the hallway, Paula talked amicably about her memories of Vienna. In the library, she showed me Freud's study with his books and antiques and the famed couch, and the original manuscript of "Mourning and Melancholia" on his desk. As she turned over the handwritten pages, she pointed out that Freud had written this out without hardly a word changed. She commented that Freud had always been very kind to her and although she had very little education, Freud had frequently asked her to bring books to him. He had made her feel better about herself, and she liked him very much. As we moved towards the stairs, it was clear I was being treated as a guest in an old Viennese home. This atmosphere and warm greeting actually continued throughout the years of my analysis, and undoubtedly this natural setting had been the same for Freud's patients in Vienna.

Upstairs on the third floor, Anna Freud met me in the hallway, greeted me in a friendly way, and beckoned me to take a seat beside her at her desk in a large study lined with books and with many plants and old Viennese furniture. With an intense steady gaze at me, she asked about my trip over from America and about my new living arrangements in London. Then there was some realistic talk about financial matters and the times of sessions. With that settled, she said we seemed ready to start, so we moved over towards the couch by the windows. As I was settling down, she took her chair behind the couch and began speaking: "You must know what analysis is all about having been with Dr.M. in Boston for some years." I said I knew about free association and the need to try to do it." Anna Freud said: "Yes, and I would add that it is important that you be completely honest here." I talked for the rest of the hour about the loss of Dr.M. and the aftermath of feelings and events. She only listened without saying anything, except for a query about some events. At the end she said: "It's understandable that you are somewhat anxious in starting analysis again, but you will soon get used to it again. See you tomorrow."

What struck me then, and even more so in the early months of the analysis, was the complete naturalness of her clinical approach. I say 'approach' and would not even use the word 'technique', for she seemed to have no technique. 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. She just seemed an experienced wise person, and as far as one could imagine from the stereotyped image of the 'spooky' analyst as a remote, inhuman, interpreting machine!

The most striking characteristic of Anna Freud as an analyst was her very natural manner during sessions. She was very relaxed and unconstrained in feeling free to talk to me as I came from the waiting room or as I was leaving. There were no constrictions on ordinary brief comments off the couch. Even on the couch, she was responsive to my realistic questions and answered them in an ordinary way. At times, she would ask for clarification of events I was talking about. She also made commonsensical and realistic comments about some of the things I told her. I was taken aback!

I recall remarking to Anna Freud several times during the first year of my analysis that it seemed she had never taken an Institute course in Freudian technique. By that, I was referring not only to her natural style, but also to the fact that she frequently would make

wise comments on the realities of my adjustment to England: to the very different analytic culture of the London Institute, and to the new realm of child analysis at the Hampstead Clinic. She seemed not to know the orthodox 'Freudian' rules of technique about such restrictions. At times she even expressed her own opinions on certain realistic issues I was talking about. I recall telling her I was surprised that she should say such things; she answered: "Why are you surprised?" With many repetitions of this point, I came to realize that I had previously assumed something too rigidly limited about Freudian clinical principles.

Gradually, I adjusted to her apparent deviations from 'correct' Freudian technique and found that this unexpected attention of hers to the reality problems in my life was a very valuable part of my analysis. Central to her approach was her relaxed style of intermixing and interweaving deep analytic interpretations about myself with realistic comments, clarifications, explanations, and even anecdotal illustrations of the issue. Nevertheless, the analysis went on in a normal way in the sense of the transference development and working through.

Despite this back and forth of analytic work and realistic communication, Anna Freud did maintain very firm analytic boundaries. First, in the sense that there was no meeting on a personal basis in our outside lives, but also that the usual boundary in sessions was maintained with a velvet glove that conveyed an underlying personal reserve and a benign detachment, but not a technically required rigid barrier. The boundary was more of a broad border area and not a narrow line.

In the area of analytic work, Anna Freud had an evenly divided focus on all aspects of the unconscious. She was particularly active in working on dreams, and frequently whole sessions would be devoted to their analysis. She pointed out in simple words my defence mechanisms and externalizations. Much attention was given to reconstructions of my childhood development. Furthermore, she gave great emphasis to the growing and intense transference neurosis that developed as I became more and more focused on her as the centre of my analysis. In that area, she became and remained very active in analysing every facet of my transference material with great sensitivity. I might add that over time she gave equal weight to the mother and father aspects of the transference. But she never gave any indication of a focus on the mother-infant relationship (even though I conveyed many memories of my infancy), nor did she give any 'here-and-now' interpretations of our interaction. She never said anything like 'You mean me' or gave transference meaning to any allusions in my accounts of external events. It seemed these approaches were just not relevant to her thinking.

Many times in giving interpretations, Anna Freud would take my breath away by the accuracy and depth of her insight into my mind and past life. And yet these interpretations were cast in ordinary words which made complex points with deceptive simplicity.

With me, Anna Freud was a rather quiet analyst, listening with a kind of passive intensity that conveyed she was taking in my every word. For many sessions, I would talk about significant childhood memories or current relationships, and she would say almost nothing at all until she made some highly pertinent interpretation at the end. I sensed that she placed a high value on my efforts to gain insight by myself as I 'listened' to myself and reflected on it without her interventions. This stance came from her deep faith in the analytic process itself as a silent but continuous curative factor.

Throughout the analysis it was evident that Anna Freud valued my efforts to arrive at interpretations myself. Sometimes she simply agreed with them, at other times we worked together towards a deeper interpretation. Years later I was pleased to learn of a remark of hers about this issue in a book of Coles (1992) about her analytic life:

"It is a good sign in an analysis, my father said, when the patient has been prepared by the analysis to make decisive interpretations himself." (p.32).

On a few rare occasions, she prefaced an interpretation with the aside: "My father used to say about such things that..." Naturally, I took special note at such times, and learned something profound about myself, and also about Freud's deep insights. Other times, she would set aside the work of analysis and talk to me in a direct way about some important realistic matter. In the midst of one session, she asked me to take a phone call in her room about my training status in America; another time she gave me some advice about applying for another grant; she once recommended an analyst for a close friend of mine in another country; and she sometimes commented in a straightforward way about papers or presentations I had given at the Hampstead Clinic. The repercussions about such interventions were later analyzed, and simply integrated into my personal analysis.

What follows are some other examples of her natural clinical style which I am trying to illustrate in this paper without entering too deeply into the personal issues of my own analysis. After some months of talking about important people in my past, I said I would like to show her photos of them if that was all right. She said: "Yes, bring them in." I did, and we looked at them together while I talked about them.

Another memorable episode happened at the end of several sessions where I had been telling of my frustrations with my first training case at the Institute. The patient was a young woman who was not only very depressed, but also very soft-spoken -- so soft that I could barely hear her words and missed some of them to my concern. With the help of my supervisor, I had tried out a number of interpretations in an attempt to solve this symptomatic soft whispering with me. Some attempts were made to interpret it as resistance: such as the patient was afraid of my reproach about her thoughts; or she felt guilty about them herself; or that all material was like sexual secrets; or that she didn't want me to hear anything about her, and so forth. I even tried some early (for me) transference interpretations along the lines that she wanted me to move physically closer to her to share her intimate feelings; or to comfort her; or to reassure her that I was concerned; and so forth. As I recounted these various failed attempts each day, Anna Freud seemed to increase the intensity of her knitting, which she did most of the time so silently that I hardly noticed it. Finally, in one session, she began to speak about the issue of my soft-spoken patient. I expected her to give a very important interpretation about my difficult situation. But what Anna Freud simply said was: "Tell her to speak up." This I did, and it solved that particular problem for the rest of a long analysis.

While I was in the midst of multiple supervision on my three training cases, I was under considerable conflicting pressures even on Freudian technique. After hearing for many days of my concerns, Anna Freud said that I should accept ideas from my supervisors, but keep to my own style.

In another major area of my training concerns, I never got any overt support or involvement from Anna Freud for my criticisms of the Kleinian influences in the London Institute -- a topic I brought up in many sessions. Although I knew she had similar views, she only said a few times: "Well, that's just the way it is.", and that was the end of her comments.

I recall a time when I was discussing the confusion and dismay I felt about the very different views of prominent analysts around the world, including my personal contacts with Dr. Greenson. She had not said anything during the session, but as I was leaving she very spontaneously remarked: "Dr. Greenson is a real analyst."

Once after a return from a trip to America, Anna Freud remarked after I had commented on her lectures: "The people there have a high opinion of you." Naturally, I was pleased but it was not the direct praise I had wanted from her. A few times she did say that I had made a good presentation of a case at the Hampstead Clinic, and she once said that I



had made a correct summary of psychoanalytic principles at an Oxford seminar. The important clinical point here is that Anna Freud clearly felt it appropriate to comment on positive achievements in an analysis.

Another kind of praise came in the last year of my analysis when I had reflected on a paradox after we had fully analysed a dream. What I had noticed was that this dream seemed to reveal something new in my unconscious, something that had not come up before in a long analysis. I said that some unaware thoughts from my current life had entered the realm of the Unconscious which is being constantly renewed by new experiences. Anna Freud said that was exactly right.

An interesting event happened in one session in the late Spring of my fifth year. The window behind Anna Freud's chair was open, and in the midst of a session there was a sudden loud sound of two large birds coming through the window, wildly flapping their wings while clasped together in a mating embrace. They flew over Anna Freud's head and over my head on the couch. I was startled but remain immobile and silent. Anna Freud calmly got up and went around the room opening all the windows. The birds made a few flights around the room, but eventually flew out a window still clasped together. I commented on her calmness and rational action in such a situation - a characteristic that marked her life. My own calm composure became a topic for much analytic work.

There was a comment I once made to Anna Freud that I have always deeply regretted. It caused me considerable guilt, but also gave me a deep insight into Anna Freud's life work. I was talking about choosing furniture and drapes for our new apartment in Hampstead. I remarked that I preferred very traditional mahogany furniture and dark drapery 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 awhile 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.

Another sign of her same personal involvement in the Hampstead Clinic came in one session towards the end of my analysis. There was the sound of fire engines coming from the street. I kept talking for awhile but Anna Freud soon got up and looked out the front windows. She said that the fire seemed to be in the Hampstead Clinic which was across the road and asked me to go over and see what the problem was and come back and tell her. This I did very quickly, and could report that a minor kitchen fire was now out. We then continued the session.

It would be inaccurate and unrepresentative to convey that there were hardly any negative phases in the analysis. Many of my transference wishes were frustrated and certain periods were tense with disagreements, angry feelings, and contentious interpretations. In one period in the fourth year of my analysis there was considerable tension between us. It was in the months preceding my marriage when I was completely engrossed in the complicated preparations for a Protestant Church wedding in another country. This involved the need to obtain certain Church documents and visits to clergy. Anna Freud conveyed quite openly her surprise and disapproval that I would be going along with a religious ceremony. She said I must surely be aware of the illusionary nature of religion and such ceremonies, and added that most intelligently aware young people these days now have Registry office weddings. I tried to explain my own and our family's views, but I sensed that Anna Freud remained very unsympathetic. More tension developed as I kept talking in the sessions about all the practical difficulties involved: documents, notices, invitations, travel arrangements, phone calls about pressing issues, etc. After some days of my constant talk about such things, Anna Freud suggested I bring some dreams again, for these concerns were hardly material for analysis. I was disappointed at her lack of empathy for the many

anxieties that lay behind my preoccupation with the wedding. It seemed an unique lapse in her analytic wisdom.

Another issue of disagreement was about a time when I had showed a visiting American analyst around Freud's library with Paula's help when Anna Freud was away during the summer. I talked about it when sessions resumed, but Anna Freud was very critical and said I shouldn't have done it. I tried to justify myself by conveying that the American analyst was President Roosevelt's grandson, but she remained disapproving.

A similar type of critical judgment was directed at me after some years of going over the analysis of a rather fixed pattern of mine. When I went over it again in the 5th year, Anna Freud said: "It's about time you gave that up." In this case, I felt she was quite right to confront me.

In a phase when we were working on my shyness, Anna Freud mentioned that her father had said he was very uneasy about people who were too shy to meet him, because it meant they harboured very hostile feelings towards him. This point clarified many shy situations in my life, and in the analysis.

I recall telling her once that she had helped me see the value of common sense about analytic things. She said: "The trouble with common sense is that it is so uncommon."

Throughout the whole analysis, Anna Freud kept repeating the phrase that "We are trying to understand about that." I gradually realized she really meant it -- that it was a collaborative effort to find the depth meaning of things. The use of 'we' is a simple way to understand the true meaning of the therapeutic alliance.

In marked contrast to the strong interpretative efforts she made with my transference neurosis, Anna Freud made almost no use at all of any 'transitory transference' (Glover, 1955) material she might have detected. She made no links between my accounts of outside real life experiences with any transference connection to her. She accepted it as reality communications. She never did any 'modern' decoding of transference allusions in these everyday reports by saying: 'You mean me.' Nor did she ever make any comments or interpretations or show any interest in the nature of the hereand-now interaction between us in the sessions. This would have been totally out of character with the way she thought about analysis. It would have been foreign to the atmosphere of the analysis which was strictly focused on the task of working together to understand my past and present life. If she had made our conversational dynamics an object of a 'hereand-now' analysis, such a shift of focus would have seemed a violation of the integrity and authenticity of our analytic relationship.

As might be expected, Anna Freud never made any reference to her countertransference as a way to understand me. I think she considered these 'modern' approaches as overly technical devices and passing fashions that undermined the authentic core of psychoanalysis.

With hindsight, I can now see that the central concern of Anna Freud's analytic work with me 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. I am very grateful to her.

Before outlining several areas where Anna Freud is opposed to aspects of 'Modern' analysis, I want to review the historical background of these developments. It may then be clearer how the disagreements stem from certain basic divergencies from the main premises of Classical Freudian psychoanalysis. This came out in the Controversial Discussions of 1943-44 in London when the Freud-Klein clash was fully expressed.

There is little doubt that the kernel of present day differences stem from the contributions of Melanie Klein beginning in the late 1920's in London where she had been invited from Berlin by Jones and Strachey. There in London, for the first time during Freud's lifetime, the group of Kleinian analysts with new widely disputed ideas about psychoanalysis were retained within a Freudian Society, instead of being rejected as 'outsiders' who would normally have formed a separate school.

What were the main points of Mrs. Klein's theories and techniques that set them aside from the Viennese main stream of analysis? Open conflict first developed at the London Symposium of 1927 between the divergent views of Anna Freud and Melanie Klein about child analysis and infantile development of phantasies and the super-ego (ego ideal). The hostile exchange was continued by an exchange of letters between Jones and Freud in 1927 where Freud strenuously defended his daughter against Jones' defense of M.Klein. In a series of letters 1927-28, Freud wrote to Jones:

"One thing I will disclose to you—that the opinions of Frau Klein about the behaviour of the ego ideal with children seem absolutely impossible to me and are in complete contradiction to all my basic assumptions." (Letter of May 31,1927 translated by R.Steiner, 1985, p.31).

"You are organizing a veritable campaign in London against Anna's child analysis. In this you make the accusation that she has not been deeply enough analysed... I must point out to you that such a criticism is as dangerous as it is impermissible. Who, then has been sufficiently analysed? I can assure you that Anna has been more deeply and thoroughly analysed than, for instance, yourself." (Letter of September 23,1927 translated by R.Steiner, 1985, p.32).

"The more I learn about things [the analysis of children], the more I believe that Melanie Klein is on the wrong track and Anna on the right one." (Letter of February 22,1928 translated by R.Steiner, 1985,p.36).

The next significant step in the formation of a strong alternative 'English School' in opposition to Classical analysis was Strachey's (1934) paper on "The Nature of the Therapeutic Action of Psychoanalysis." This was written under the strong influence of Melanie Klein and set the stamp of approval on an exclusive focus on transference in the context of an object relations framework and the interaction between patient and analyst. Strachey argued that only 'mutative transference interpretations' can effect psychic change, and thus conveyed a dis-valuing of all 'extra-transference' interpretative work on dreams, reconstruction, defences, real life relationships, and so forth.

Several attempts were made to clarify the serious emerging differences by an exchange of lectures (Jones, Waelder, Riviere) between London and Vienna in 1935-6. However, all these efforts at a resolution failed, and the rift widened.

The conflict of Freudian vs. Kleinian views came to a head in the London Institute during the period 1941-45, coinciding with World War II. Anna Freud and her Viennese colleagues had settled in the London Institute and this disturbed the previous harmony of the Kleinians and the original English group. Eventually, this led to the Controversial Dis

cussions of 1943. In her summary presentation in the Discussion of April 7th, 1943, (King & Steiner, 1991), Anna Freud conveyed the essence of her disagreements:

"The following seems to me an outstanding difference between Mrs.Klein's theories and psychoanalytic theory as I understand it. For Mrs.Klein object relationships begin with, or soon after, birth, whereas I consider that there is a narcissistic and auto-erotic phase of several months' duration, which precedes what we call object relationships in its proper sense, even though the beginning of object relation are slowly built up during this initial stage. According to Mrs. Isaac's descriptions, the new-born infant, already in the first six months, loves, hates, desires, attacks, wishes to destroy and to dismember his mother, etc. He has feelings of guilt towards her, commits acts of aggression, of reparation, and does things on her behalf or against her wishes. This means that his attitude towards her is that of a fully developed object relationship.

According to my own conception of this same period, the infant is at this time exclusively concerned with his own well-being. The mother is important, so far as she serves or disturbs this well-being. She is an instrument of satisfaction or denial, and as such of extreme importance in the child's narcissistic scheme of things." ( p.418).

"One of the outstanding differences between Freudian and Kleinian theory is that Mrs.Klein sees in the first months of life evidence of a wide range of differentiated object relations, partly libidinal and partly aggressive. Freudian theory on the other hand allows at this period only for the crudest rudiments of object relationships and sees life governed by the desire for instinct gratification, in which perception of the object is only achieved slowly." (p.420).

"It is easy to see where this subject touches on the problem of early phantasy. Owing to the limited possibilities of expression which the infant possesses, there is no direct evidence about phantasy in the first year of life. Its existence is inferred from circumstantial evidence collected in later periods of childhood. That means that the inferences drawn from the later material are necessarily influenced by the theoretical views held by the various analysts." (p.420).

"The third and final step in development of the synthetic function consists in correlation between an inner urge and an inner prohibition. This achievement which, in Kleinian theory, is ascribed to the very beginning of life, belongs, in Freudian view, to the development of the Oedipus complex and its consequences for the formation of the superego. The affect which accompanies this unification is guilt: I cannot see evidence of this reaction before the third year." (p.423).

"It has always puzzled me how it is possible in Kleinian technique to interpret deeply repressed cannibalistic phantasies in the beginning of analysis without meeting absolute disbelief in the patient or without strengthening his resistance." (p.425).

"It is again clear that the underlying differences of opinion does not concern phantasy activity itself, but our views about the various mechanisms of mental functioning, their dating, their sequence, and their importance for governing mental life." (p.425).

These were the views of Anna Freud in 1943 that epitomized the position of Classical analysts in their opposition to Kleinian ideas. This position was shared by her Viennese colleagues who stayed in London with her, and also by the far greater number of colleagues from Europe who had emigrated to America

In the 1940's and 1950's, Classical psychoanalysis and its companion of Hartmann's ego psychology were solidly transplanted from Vienna and Berlin onto American soil where they blossomed and reached exceptional heights of cultural influence, along with a proliferation of new Institutes and candidates in training. The only alternative on a small scale to the Classical dominance was the William Allison White Institute which represented the interpersonal orientation of Harry Stack Sullivan (1953) and his followers. The Kleinian contributions from England were either relatively unknown or dismissed as very deviant and unfounded speculations, as they had been in Vienna.

It was a completely different situation in London where Kleinian analysis was slowly gaining ground and spreading rapidly to South America. A similar growth of influence came from the new contributions of the Middle Group of British analysts, such as Winnicott, Fairbairn, Rickman, M. Balint, who took some parts of Kleinian ideas about the mother-infant relationship and developed their own form of an Object Relations psychoanalysis. Their focus was on the interpersonal relationship of patient and analyst and a transference interpretation of the here-and-now interaction between them. As Rickman (1951) conceptualized it, there was a change from Freud's one-body psychology to a two-body psychology.

A major paper by Paula Heimann in 1950 "On Counter-Transference" initiated a whole new way of looking at Freud's old concept of 'counter-transference', such that it became a centre-piece of 'modern' psychoanalysis. In brief, counter-transference was changed from being a hinderance to the analyst's clear thinking to being an important aid to the analyst's understanding of the patient's unconscious. Thus, counter-transference combined with transference further extended the analytic focus to the interpersonal relationship between patient and analyst and to their here-and-now interaction.

Beginning in the 1960's there was a great flowering of significant Kleinian contributions by their group that included Bion, Rosenfeld, Segal, Joseph, Sohn - all of whose papers acquired international status. Their work shifted the focus of analytic attention towards the psychotic, borderline and narcissistic disturbances. By the use of their technique, therapeutic success was claimed for these kinds of patients about whom Freud and many Classical analysts had been very pessimistic.

The increasing acceptability of Kleinian ideas along with the increasing appeal of the interpersonal framework of the British Independent's Object Relations orientation soon created a climate where a deep-level dramatic shift occurred in international psychoanalysis.

The 'new' key elements of psychoanalysis were: (1) the ubiquity and primacy of transference interpretations, (2) the focus on the 'here-and-now' interaction of the patient and analyst under the influence of transference and counter-transference; (3) an internal object model taking the place of the drive-defence model; (4) an extensive use of such concepts of projective identification; and (5) a rejection of the older emphasis on reconstruction. Even some prominent Freudian analysts joined this 'modernistic' trend, such as Merton Gill (1982) in his book on "Analysis of Transference" and Sandler, J. & Sandler, A.M. (1984), along with many other American analysts who acknowledged the movement towards a more open pluralistic psychoanalysis such as Wallerstein, R.S. in his book (1992) on "The Common Ground of Psychoanalysis."

Many of the older proponents of Classical analysis have died and only their books remain to speak for them. There are undoubtedly many Classical analysts still alive and their voice has occasionally been heard in recent publications. But at this point I turn to let Anna Freud speak again.

#### PART IV - ANNA FREUD'S VIEWS ON CLASSICAL VS. 'MODERN' ANALYSIS

In previous sections, I have already alluded to many of the differences between Anna Freud's views of Classical analysis versus the more 'modern' varieties. What follows is a brief review of the major areas of differences.

The first area of change from Classical to 'modern' was the 'widening scope of analysis', referring to the fact that the population of potential patients has changed from mainly neurotic ones to more patients with narcissistic, borderline, perverse, or psychotic personalities. Anna Freud (1954a) was basically very pessimistic about unmodified psychoanalysis of such patients with severe early deprivations in development, with resultant ego defects and lack of structuralization. She believed that interpretative analysis should remain within its more effective realm of the inner conflicts in more normal patients. Those with developmental defects from early traumatic relationships needed a modified form of analytic therapy focusing on structure building, reconstituting defences, and ego supportive efforts. In her 1976 paper on changes in psychoanalytic practice, Anna Freud wrote along these lines: our psychoanalytic understanding of these severe disorders has far outstripped our capacity to help them by analytic therapy. What the child's ego has done to itself during development can be undone by the ego in analysis -- but what has been done to the ego by early deprivation or trauma, can only be healed by a modified 'ego-building' approach. Naturally, she believed that analysts should try to help such patients, but that standard analytic technique should be modified with them. Here her position was in direct conflict with Kleinian views, as well as some Continental views such as those of André Green (1975), that borderline and psychotic patients be accepted for analysis and be treated by their regular analytic technique of interpretation of the mother-infant relationship. Anna Freud doubted that there would be much success for such arduous efforts. In her 1965 book, Anna Freud had written: "Where the libido defect is due to severe early deprivation in object relations, interpretation of the transferred repetition has no therapeutic results." (p.231).

A second area of difference has been the increasing acceptance of the mother-infant relationship as the basic model for the analytic situation. Along with this shift has been the assumption that the preverbal years of life could be relived in the analytic setting and could be the focus of analytic interpretation. This conflicts with the Classical view that interpretative work should be centred on post-verbal childhood conflicts as they appeared after the ages of two to three. In a 1969 paper on difficulties in psychoanalysis, Anna Freud wrote: "There is little or no evidence that he [Freud] thought it possible to deal therapeutically with preverbal experience, in spite of his knowledge and conviction that this is an all-important period in the individual's life when essential lines of development are laid down, when reaction patterns are preformed, and when basic deprivations and frustrations exert an influence which threatens to be lasting." (1969,p.145). The modern analytic community "pin their faith on the analysis of the first year of life, with the purpose of therapeutically modifying the impact of the earliest happenings." They take a view that the "preverbal phase...has to be revived in the transference and analyzed before the later infantile neurosis can be approached effectively" (1969,p.145). Anna Freud did not accept this viewpoint. In her 1976 paper she wrote: "There are, in fact, far-reaching dissimilarities between the two settings." (1976,p.183), that is, between the mother-infant relationship and the analyst-patient relationship in adulthood. Anna Freud clearly had deep doubts that there can be a reestablishment of these earliest experiences in the analytic situation. This probably explains why Anna Freud put little emphasis on the interpretation of infantile separation anxiety in relation to analytic weekend breaks and vacations, where the reactions can be due to many other determinants.

The third area concerns markedly different views about transference phenomena in analysis. Modern technique gives absolute primacy to transference interpretations. Their

focus is on a very different kind of transference from the Classical focus and centres on what Glover (1955) termed 'transitory transference reactions'. In the 'modern' conception, most transferences do not appear in any conscious form, but must be detected from their unconscious sources by interpretation of the allusions and metaphorical similarities between reports of outside events and the current analytic situation. Since it is assumed that there are constant defensive displacements from the analyst to outside persons, a great deal of what the patient says can be decoded into the transference. In his salient book on "Analysis of Transference", Gill(1982) clearly states the fundamental shift:

"Freud remained of the view that the analysis of the transference is ancillary to the analysis of the neurosis rather than contending that the analysis of the neurosis should take place essentially by way of analysis of the transference." (p.177).

About this 'modern' tendency, Anna Freud remarked: "It reminds me of the patient who says to the analyst, You can never say anything without bringing yourself into it." (1985,p.99). This is far removed from the Classical view that the transference neurosis (complex) should be left to grow slowly and naturally, and not be pulled up by its leaves by premature interpretations.

The 'modern' focus also assumes the primacy of therapeutic effectiveness for transference interpretations. In a discussion in 1972 Anna Freud said: "I know that it is a current idea that only material which comes into the transference, and is shown as a transference phenomenon, can be helpful to the patient. I don't quite believe it. I don't see that there is a great difference between the analyst putting it in terms of the patient's relation to herself or in other terms." (1985,p.96). She had the view that all the extra-transference interpretative work on dreams, defenses, reconstructions, and current life relationships are devalued in modern technique.

Another premise of 'modern' analysis is the ubiquity or all-presence of transference in the analyst-patient relationship -- namely, that all interaction between patient and analyst is some form of transference. This contrasts with the view of Anna Freud and Greenson(1967) who made the well-known differentiation that the full analytic relationship is an intermingling of three levels: the transference relationship; the therapeutic relationship; and the real relationship. About the latter, Anna Freud wrote in 1954: "...concerning the 'real personal relationship' between analyst and patient versus the 'true transference reactions' ... such a distinction coincides with ideas which I have always held on this subject... to the extent to which the patient has a healthy part of his personality, his real relationship to the analyst is never wholly submerged. With due respect for the necessary strictest handling and interpretation of the transference, I still feel that somewhere we should leave room for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other. I wonder whether our - at times complete - neglect of this side of the matter is not responsible for some of the hostile reactions which we get from our patients and which we are apt to ascribe only to 'true transference'." (1954a,p.372-3). This clinical position of Anna Freud is very much in line with Freud's own personal style of analysis. Many careful studies(Lipton,1977;Sterba,1982; Blanton,1971;Kardiner,1977;Ruitenbeck,1937) of Freud's clinical technique and of reports by his patients support the view that his very natural style always allowed for a quite separate realistic relationship with his patients. Very pertinent is Lipton's (1977) formulation that Freud kept an ordinary 'personal' human relationship with his patients that was outside the realm of technique. This form of separation was an intrinsic part of Anna Freud's natural style, and this differentiates her clinical approach very strongly from the 'Modern' position that views all communication in analysis as transference material that should be interpreted as such.

A fourth area is the modern shift away from a concern for understanding the past development of the patient to a concern for understanding the present transference interactions in analysis. In the Classical 'historical' conception of psychoanalysis, the analytic effort was directed at the discovery of the past unconscious sources during childhood of the patient's problems and character formation. The modernistic conception of the analytic task is to understand the 'present unconscious' (Sandler & Sandler, 1984) of the patient as it appears in the 'here-and-now' interaction between patient and analyst. This shift of focus creates a dramatic change in the nature and atmosphere of the analytic situation -- greatly different from that advocated and practised by Freud and other Classical analysts.

In an Introduction to her 1981 book, Anna Freud wrote:

"As analysts of adults we attempt to revive our patients' childhood by a variety of methods: by means of remnants of the past which survive in conscious memory or reveal themselves as ingrained personal characteristics; by lifting into consciousness repressed impulses and experiences; by the analysis of dreams; by means of interpreting transference behaviour, transference fantasies, and the transference neurosis." (pp.3-4).

In her (1978) paper, Anna Freud pointed out the change in direction from the Classical 'past' orientation to the 'present' orientation of the 'modern' analysts:

"The most significant changes, however, are undoubtedly in the handling of the transference itself. What in Freud's method appeared as an autonomous revival of the past and was the spontaneous production of the patient is today all too often a phenomenon which the analyst has foisted upon the patient from the very beginning, behind which the patient's other spontaneous contributions to the analysis, such as his free associations, his memories, disappear and remain excluded from interpretative work." (p.258).

With reconstruction of the past now considered by 'modern' analysts as purely 'intellectual' work that diverts the analysis from the more emotionally-laden present interaction between patient and analyst, there is no doubt that there has developed a militant opposition to the major premise of Classical psychoanalysis about the need to understand the past. Furthermore, it is very questionable that reconstructive work is less emotional and more intellectual than 'here-and-now' interpretative work.

A fifth area concerns the role of the analyst's counter-transference in the analytic situation. In modern technique, the counter-transference is used in an active, interpretative way, since it is assumed that the analyst's mental state is directly influenced by the patient's unconscious, and therefore is a good guide for understanding the patient's material. This contrasts with the older Classical view that while the analyst's ordinary mental and emotional reactions to the patient can aid empathic understanding, any intense inappropriate reaction does not come from the patient but from some resonance with the analyst's own unconscious complexes. Anna Freud (1969) supported Freud's view that such reactions should be controlled by further self-analysis or re-analysis if necessary:

"The harmful consequences of unchecked countertransference have been emphasized by many authors, Paula Heimann (1950) foremost among them. That only the analyst's own preparatory analysis can combat these defects is a general opinion..." (p.151).

A few years later, Anna Freud (1978) wrote in a critical way about changes in the use of counter-transference in 'modern' analysis:



"The reconstruction of the past, for Freud a principal part of analysis, is thus replaced by the current interplay between analysand and analyst, between transference and countertransference. Even the real relationship between analyst and patient, which Freud never denied, was with the almost exclusive preoccupation with the transference pushed so far in the background that it required special efforts on the part of other analysts to rescue it, almost as a novelty, from oblivion." (pp.258-59).

The inclusion of all the analyst's ordinary human reactions and thoughts about the patient as counter-transference has changed the original concept out of all recognition -- and all this in the service of the 'modern' effort to bring the analyst's reactions into the interpretation of the 'here-and-now' interpersonal interaction.

There is a sixth area of a pervasive change of emphasis in the role of external reality in analytic work. In Classical psychoanalysis, external reality and inner psychic reality were considered in a complex interplay in mental life and were analysed with this duality always in view. The 'Modern' position has shifted very far in the direction of considering only the psychic reality of the patient's internal world. One consequence is that the patient's communications about outside relationships and activities are not accepted as reality accounts but are viewed mainly as psychically over-determined perceptions or phantasies, frequently as defensively displaced thoughts about the analyst. A good deal of distrust towards the analyst can be generated by this attitude of constantly translating everything into 'you mean me' interpretations. Another consequence is that the patient's analysis itself becomes divorced from his real life. As many Classical analysts have affirmed, there should be a place for ordinary conversations in analysis: a place for clarifications, explanations, questions, and commonsensical communications about realistic issues.

Anna Freud stated the Classical position very clearly in her major (1936) book on "The Ego and the Mechanisms of Defence":

"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." (pp.4-5).

Almost 30 years later, Anna Freud (1965) wrote:

"In short, the analyst of adults is a firm believer in psychic, as opposed to external, reality. If anything, he is too eager to see during his therapeutic work all current happenings in terms of resistance and of transference, and thereby to discount their value in reality. For the analyst of children, on the other hand, all the indications point in the opposite direction, bearing witness to the powerful influence of the environment." (p.50).

"Together the two procedures, adult and child analysis, may help to maintain the balanced outlook demanded by Freud's etiological formula of a sliding scale of internal and external influences ...." (p.52).

One of Anna Freud's most pertinent comments on the need for a balanced viewpoint about external and internal realities is in a paper she gave about "A Psychoanalyst's View of Sexual Abuse by Parents" reported in a book by Mrazek & Kempe (1987):

"It is the psychoanalyst's task to examine external events from the aspect of their impact on internal life and to trace their past, present and possibly future significance. Seen in this light, sexual abuse of children by their own parents seems to belong in a category of its own, different in some respects from other forms of maltreatment.... The abused young child therefore is not merely exposed to an unfortunate and unsuitable sexual encounter, he is also experiencing a type of stimulation for which, developmentally, he is wholly unprepared ." (p.33).

"However, normal development presupposes that these Oedipal phantasies remain just what they are, namely irrealities... Few, if any, of these developmental achievements are open to children whose Oedipal phantasy has been replaced by reality.... Far from existing only as a phantasy, incest is thus a fact, more widespread among the population in certain periods than in others. Where the chances of harming a child's normal developmental growth are concerned , it ranks higher than abandonment, neglect, physical maltreatment or any form of abuse. It would be a fatal mistake to underrate either the importance or the frequency of its actual occurrence." (p.34).

In this complex area of sexual abuse, the advantages of the balanced attitude of Classical analysis towards external and internal realities is most evident.

Finally, there is a seventh area of different attitudes towards the need for the analyst's ordinary human responses to the patient at certain times in the analysis. Many modern analysts maintain that strict adherence to the rules of neutrality and unresponsiveness are necessary to protect the purity of the transference and the analysis itself. On the other side are Freud himself, Anna Freud, and many older Classical analysts like Fenichel(1941) who emphasized that above all the analyst should be human and was appalled that so many of his patients were surprised by his naturalness<sup>4</sup> and freedom. Greenson(1967) believed that a trusting and friendly underlying relationship and the expression of ordinary human responses by the analyst are actually essential for full transference development and for a successful analysis. The overly 'correct' technique can create a rather 'inhuman' analysis. Anna Freud wrote in 1954 that analysts sometimes: "wish to hide behind the rules, to meet the patient not squarely, but protected by a barrier....the analytic technique was not devised for their protection."(1954b,p.383).The essence of Anna Freud's position was that a human quality must always be present in an analysis.

Pertinent to this last issue about the value of human responses in analysis are some stories about Erik Erikson's analysis with Anna Freud in Vienna. The first was reported in Vaillant's (1993) book:

"Erikson once said to Anna Freud in psychoanalysis that he could not see a place for his artistic inclinations in such a high intellectual endeavour. Anna Freud said quietly: You might help to make them see." (pp.261-262).

Another story told by Erikson (personal communication) about his analysis. Erikson's wife was pregnant, and he was spending many sessions talking about his worries about her pregnancy and what having a baby meant to him. Being very involved with this topic and wanting his analyst's full attention and concern, Erikson expressed his irritation to her that she was not speaking about it, but Anna Freud just kept knitting with increasing

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<sup>4</sup> In her later years, Paula Heimann (1978) wrote a paper "On the necessity for the analyst to be natural with his patients" which conveyed essentially the same point as the Classical analysts cited here.

intensity while remaining silent. He complained repeatedly that she wasn't paying enough attention to this serious issue. Anna Freud maintained ordinary analytic work during this period, but when Erikson came into his session and announced that his new baby son had been born, Anna Freud gave him a blanket she had been knitting all along for his baby.

Today, many 'modern' analysts would explain how this was a serious error in analytic technique. But, perhaps, some of you will have doubts that much of the so-called progress in 'modern' technique has been a real advance on the human wisdom that had a place in Classical analysis of the past.

## CONCLUSION

This review of Anna Freud's views on adult analysis has attempted to serve as a defence of Classical psychoanalysis in opposition to many 'modern' developments. The main body of Classical analysis seems to have been swept aside by the tide of alternative theories and techniques that have created a pluralistic world full of challenges to our older foundations.

Acknowledging that all analytic metapsychology is un-verifiable by present scientific means and serves only as a background under-structure to our clinical work, what is the real advance in replacing older concepts such as drives and defences, displaceable psychic energy, id, ego, superego, and unconscious, preconscious and conscious memories -- with a new metapsychology of internal object relationships and primitive unconscious phantasies of the infant as the basis of mental functioning. It seems such a concrete simplification of human thinking -- perhaps that is its appeal! These new ideas are only changing fashions, given weight by sub-group conformities.

Much of 'modern' analysts' efforts to interpret unconscious phantasies from allusive transference material alone is frequently no more than one analyst's idiosyncratic speculation that usually differs from another analyst's idiosyncratic speculation. Without extensive collaborative associations by the patient and much mutual work in a therapeutic alliance, such speculative interpretations are unsound, and detrimental to our professional reputation.

In conclusion, on the basis of this extensive review of Anna Freud's consistent views on the conflict of Classical vs. 'modern' psychoanalysis, I believe that the following concerns can be expressed on her behalf. One question is: can the non-humanistic 'modern' analysis with its rejection of a conscious mutuality in a working alliance between patient and analyst acquire any widespread cultural respect. With every communication between patient and analyst being subject to constant transference interpretation, the very authenticity of the analytic relationship is undermined, along with the reality aspects of patients' material. These detrimental characteristics become the major flaws in 'modern' technique. Furthermore, 'modern' analysis with its overconfident claims for therapeutic success with severely disturbed patients using only transference interpretations may well bring about the final decline of psychoanalysis as a respected therapy.

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