

INTRODUCTORY TALK ON ANNA FREUD FOR BP-AS E-LEARNING SERIES

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Anna Freud was the youngest daughter of Sigmund Freud and a world-renowned adult and child psychoanalyst. She made important contributions to psychoanalysis in general and especially to child analysis. She had a rigorous and searching mind as well as a very humane attitude towards those in emotional distress. She was one of the first psychoanalytic pioneers to study the child's emotional development and stressed the importance of *observation* for developing theory – that is, not jumping to conclusions without good evidence, or basing theories of child development on the findings from adult analysis, which was the general tendency. Using observations of both ordinary and troubled children of all ages and her wide experience of children, first as a teacher and later as an analyst, she built a comprehensive psychoanalytic view of development.

She focussed first on normative expectable development, because by learning about this we can see better where, how and why someone - child or adult - might have veered off-track. And for her, the main aim of psychoanalysis is to enable the patient to return to the normative path of development.

Although she largely followed in her father's footsteps theoretically, she also forged her own path by exploring the importance of the mother-child relationship and the impact of separation, by elaborating on the defences we use to protect ourselves from anxiety and conflict, and by founding a child and adolescent psychoanalytic training and a clinic that provided psychoanalysis for children and adolescents and help for parents. Another major contribution was the Diagnostic Profile, which guides clinicians in assessing the balance between health and disturbance and so helps with deciding on the most appropriate treatment.

Like her father, Anna Freud had a strong social conscience and was keen to *apply* psychoanalytic understanding to promote the wellbeing of children and their families. She always considered the impact of the actual environment, as well as the child's internal world of feelings, phantasies and anxieties, and, towards the end of her long and creative life, this informed her writing on the law's approach to fostering and adoption.

She was very hard-working and wrote prolifically. The 8 volumes of her writings are deceptively simple, but densely packed and complex. She also lectured widely – to analysts, teachers, psychologists, health and social workers, lawyers and many others - whilst maintaining a full clinical practice in both adult and child analysis. She was very organised and methodical, and combined a maternal femininity – she really loved children and they her, and she had a wonderful way with them – with an adventurous feisty masculinity, based on her identifications with her father.

In psychoanalysis, we look at the impact of an individual's past and unconscious experiences on their development throughout life and I'll take this approach now in telling you more about Anna Freud's life and work.

She was born in Vienna in 1895, the youngest of Sigmund Freud's 6 children. **1 – FM102** This was the year that Freud published '*Studies in Hysteria*', which he called "*the beginning of psychoanalysis*". Anna Freud once said that it was as if she and psychoanalysis were twins competing for her father's attention. Her mother, Martha, didn't breastfeed her and took a long time to recover after Anna's birth, so a nursemaid, Josefine, was appointed from the start. When Anna was 10 months old, her mother went away for several weeks and 2 months later her mother's sister, Aunt Minna moved in with the family; but neither Anna's mother nor her aunt took full responsibility for her care – this was left to Josefine. So, although she had in effect 3 mother figures (her mother, her aunt, and nurse Josefine), Josefine was her psychological mother and chief caretaker, and Anna Freud felt most loved by her. This close bond with Josefine was very important as she felt she had no special place in her actual family - her pretty sister Sophie was her mother's favourite and her other sister Mathilde was father's favourite – and throughout her life, Anna Freud struggled with feeling the little one who is left out. She compensated by seeking out female friends for motherly affection and by constantly striving for her father's admiration through her dedication to psychoanalysis.

As Freud was very busy with his work, he had little time to spend with his children. He clearly loved Anna but what he noticed and appreciated was her naughtiness rather than her femininity - he fondly called her his "little black devil". This probably affected her capacity to perceive herself as attractive, although photos of her as a young woman show otherwise. When Anna was 6 and just starting school, Josefine left to get married – a great blow, for Anna then felt utterly lost. Later, perhaps because of her struggle to feel close to her father, she began to talk with him about psychoanalysis and by the age of 14 she had become genuinely fascinated. As she loved children, she decided to train first as a teacher. She clearly had a gift for teaching and made a strong impact on her pupils – one child remembered her as "*such a marvellous and simple figure that I loved her deeply*" (EY-B). Teaching gave her invaluable experience of ordinary children, but she had to give it up after 6 years because of an infection, later diagnosed as tuberculosis. She had already begun a 3-year analysis with Freud, where she recognised how her 'good girl' identity was masking darker forces inside. From here on she had a deep conviction about the importance of self-awareness and, like her father, practised self-analysis regularly, especially at times of great stress. A parent treating their child in analysis would of course never happen nowadays, but in the early days of psychoanalysis this wasn't unusual – Melanie Klein analysed her children too.

When Anna was 23 she started going to lectures at the Psychoanalytic Society in Vienna, and 4 years later became a member. She then planned to distance herself from her father and move to Berlin, but Freud's first cancer operation and bungled care put an end to this. Her sister Sophie had died 3 years earlier in a flu epidemic and her other sister Mathilde was now married, so Anna, the only daughter still at home, was expected to stay to look after her ill father. Freud's heavy demands on her, as well as her need for his good opinion, meant that her flirtations with men didn't lead to any long-term relationships. So, sadly, she never became a mother with her own family; but she did find substitute families through her close connections with friends, especially Dorothy Burlingham who had come to Vienna to have analysis with Freud and to rescue her 4 children from her violent schizophrenic husband. Later, she became Anna's lifelong companion. We might imagine that Anna Freud sublimated the lack of any children of her own

through her devotion to psychoanalysis, especially child analysis, and through her attachment to Dorothy and her children.

Anna Freud worked for several years as a child and adult analyst, teaching at the Viennese Psychoanalytic Society and writing her first papers. During her years as a teacher, she had been deeply affected by the plight of underprivileged children, and in 1932 she joined the Advisory Board of the Ambulatorium, a clinic in Vienna that offered free psychoanalysis to disadvantaged young children. A year later, Hitler came to power and anti-Semitism increased; Freud's books were burned and his health deteriorated. Alongside caring for her father, Anna worked on her first book *'The Ego and the Mechanisms of Defence'*, which was published to high acclaim in 1935. In this book, a present for Freud's 80th birthday, she makes a careful study of the defences he first described, expanding on some in more detail with vivid case examples. She differentiated several types of denial, one being 'denial in phantasy'. She gives the example of a 7-year-old boy in analysis who had the fantasy that he owned a tame lion *'which terrified everyone else and loved nobody but him. It came when he called it and followed him (everywhere) like a little dog. He looked after the lion, saw to its food...and made a bed for it in his...room.'* In one day-dream *"he went to a fancy-dress ball and told (everyone) that the lion...with him, was only a friend in disguise...He delighted in imagining how terrified the people would be, if they guessed his secret. (But) he felt...there was no real reason for their anxiety, for the lion was harmless so long as he kept it under control. From the little boy's analysis"*, Anna Freud wrote, it seemed that *"the lion was a substitute for the father, whom he ... hated and feared as a rival in relation to his mother."* The lion was *"his friend, and its strength, instead of being the source of terror, was now at his service."* (pp 78-81.) He loved his father too, so the phantasy combined both the love and the hatred for his father, and indicated *"the working-over"* of this ambivalence. *"By the...process of reversal the dreaded father of reality is transformed into the protective (lion) of the phantasy.'* Anna Freud points out the normality of many such phantasies, and how they feature in ordinary childhood games and are *'universal in fairy-tales and other children's stories'* (p 82). She describes another type of denial, 'denial in word and act', noting *'the curious thing that adults are ...ready to make use of this very mechanism (with) their children. Much of the pleasure which they give to children is derived from this kind of denial of reality. It is quite ... common ... to tell even a small child "what a big boy" he is... The grown-ups assure him, when he has hurt himself, that he is "better now" ... or, when he is distressed because somebody has gone away, we tell him that (they) will be "back soon" (p 90) ... The real point at issue"*, she says, *"is how far it must be the task of education to induce children of even the tenderest years to devote all their efforts to assimilating reality and how far it is permissible to encourage them to turn away from reality and construct a world of phantasy'* (p 90). Her playfulness and empathy is evident in her comment that *'The lion-tamer must ... be ready to obey his nursemaid, and the explorer or pirate must submit to bed just when the most interesting things are beginning to happen in the world of grown-ups'* (p 92).

Anna Freud then elaborates on the defence 'identification with the aggressor', first cited by the Hungarian analyst Ferenczi An ordinary example would be when someone, who feels attacked by his boss at work, turns the tables by yelling at his wife, thereby causing her to experience the humiliating feelings he wants to be rid of. But at its most extreme pathological end, identification with the aggressor helps us to understand the roots of otherwise incomprehensible violent and abusive behaviour – the helplessness and humiliation of being attacked and controlled forcibly is so unbearable that it must be projected unconsciously onto

someone else. Then, of course, it causes huge damage, as in cases of paedophilia, sexual abuse, rape and other acts of violence. Anna Freud also introduces a new defence, called 'a form of altruism', which defends against envy, aggressive ambition and cravings for admiration. She gives several examples showing how "passivity is transformed into activity, narcissistic mortification is compensated for by the sense of power associated with the role of benefactor, while the passive experience of frustration finds compensation in the active conferring of happiness on others" (AF 1937, p 146).

Through many examples, she shows that any defence by itself isn't necessarily unhealthy – there is a wide spectrum from age-appropriate and adaptive to pathological and damaging. This vital point has consequences for analytic technique. Defences are there for a very good reason – to protect us from psychic danger. Some are appropriate and necessary and therefore don't need to be the focus of analysis; whilst others are past their 'sell-by date' and now causing deeper problems that need analytic interpretation. Also, if a defence is approached too directly in analysis, without careful preparatory work, the patient will feel unprotected from psychic threat, and may either resort to strengthening the defence, thus impeding their progress, or feel the need to withdraw from the analyst who is experienced as causing the fear and pain, and may even abruptly leave analysis. So, she stressed the importance of going from surface to depth, such as in the case of a child who needed to defend against recognising unconscious murderous wishes towards her mother and siblings. Anna Freud said, "*By going slowly, by showing the child that she understands that there are children who fight with their mothers and who are very angry with them, or by showing in play that a particular doll really did want to kill the mother doll, the analyst comes a step nearer to the defended content. This child thinks, 'Well, I'm not the only one, and it isn't as terrible as I had thought, and one can really talk about it without getting too criticised or too upset.'* To accept such feelings in oneself is a gradual process." (Sandler, Kennedy & Tyson p 168-90)

Two years after the book on defences was published, Anna Freud and Dorothy Burlingham founded a nursery for 12 toddlers from the poorest families in Vienna with funds donated by a wealthy benefactress. Not only did the deprived children in the Jackson Nursery thrive with the psychoanalytically-informed care they were given, but observations of them also provided "*knowledge about a child's first steps out of the biological unity between infant and mother*" (E Y-B p 219). "*What we need to see*", Anna Freud wrote, "*... are the actual experiences of the first years of life, from the outside, as they present themselves. Thorough knowledge of infancy is the goal.*"

When the Nazis marched into Austria in 1937, they forcibly closed the Jackson Nursery, and a year later they shut down the Viennese Psychoanalytic Society. Anna and her brother Martin had anticipated they might be arrested by the Gestapo and had procured poison to be able to choose suicide over torture. Anna was terrified when she was brought in for questioning, but she held her nerve and simply described international psychoanalytic activities and was allowed home. With the help of friends and colleagues, the Freud household managed to get exit permits to escape Vienna and arrived in London in June 1938.

By now, Freud was extremely ill and in a great deal of pain and he died the following year, leaving his daughter to continue his psychoanalytic legacy. She started teaching and took on training patients, but, sadly, she wasn't welcomed by the British Society of Psychoanalysis.

Many British analysts espoused the theories of Melanie Klein, a Hungarian analyst who had very different views on psychic development and analytic technique. Klein had moved to London in 1926, and in that same year had “trenchantly attacked” (Rayner p 13) Anna Freud’s ideas about child analysis. “*Freud himself took pains to remain neutral*” (Rayner p 14), but an increasingly hostile rift divided the British and the Viennese, and when the Freuds arrived in London, the long-distance disagreement became a next-door one.

This was a painful time for Anna Freud, but she decided to throw herself into offering some war service for the country that had given her refuge. In 1940, with funds from various philanthropists and the American Foster Parents’ Plan, Anna Freud and Dorothy Burlingham set up 3 War Nurseries in London and one in Essex to take in babies and little children from broken families or destroyed houses or who couldn’t manage the separation from having been evacuated, and children unable to sleep due to the trauma of being underground in the tube during the bombing. Some were motherless babies. Anna Freud employed several young Jewish women, who had also escaped Nazi persecution, as staff in the War Nurseries, and gave them in-house training. They all wrote detailed observations of the children – what they ate, how they slept, how they interacted with each other and with adults, what frightened and what comforted them, how they related with their visiting mothers or fathers etc And discussions of these observations not only helped the staff to care better for the children, but also helped them to understand more about child development and that behaviour had meaning.

Anna Freud’s experience in the War Nurseries showed her that children can bear a great deal, but that they are immensely sensitive to separation from their parents, especially their mother. Nowadays, this is obvious, but then it was generally thought that physical safety was paramount, and the impact of sending a child away from the mother was largely ignored. Unlike most British residential wartime nurseries, Anna Freud’s War Nurseries involved the absent parents as much as possible. They could visit at any time, mothers were encouraged to work as live-in housekeepers so they could breastfeed their babies, fathers were welcomed whenever they could come, siblings were housed together, and transport was provided for parents to visit the Essex nursery whenever petrol rationing and safety allowed.

They soon realised that the children needed to be in substitute family groups and that one primary staff member should be responsible for the care of each child – something we would take for granted now, but then it was brand new. Anna Freud had already discovered from the Jackson Nursery in Vienna, that if children were given free rein to choose the food they wanted, within a few weeks, perhaps surprisingly, they would choose a balanced diet. So, she adopted a similar philosophy of thoughtfully guided freedom in the War Nurseries – the children were given every opportunity to follow their own path and choose things for themselves, but were also given careful and regular limit setting.

Anna Freud’s sensitive and vivid descriptions of individual children show her keen awareness of the child’s painful problems when separated from the mother. Here’s what she wrote about Billie, aged 3 years 2 months, who came to the Nursery after an unsuccessful evacuation to the countryside:

Anna Freud wrote that Billie’s mother ‘*admonished him to be a “good boy”*’ when she brought him to the War Nursery and ‘*promised to visit him if he would promise not to cry for her.* The

state of affairs that developed after she left was a most unhappy one. Billie tried to keep his promise and was not seen crying. Instead, he would nod his head whenever anyone looked at him, and assured himself and anyone who cared to listen with the greatest show of confidence that his mother would come for him, she would put on his overcoat and would take him home." After 2 or 3 days, his "nodding took on a more compulsive and automatic character" and he would list more clothes his mother would put on him: "my overcoat and my leggings, she will zip up my zipper, she will put on my pixie hat." When someone asked if he could stop repeating such things, 'Billie tried to be the good boy his mother wanted ... He stopped repeating the formula, but his moving lips showed that he was saying it over and over to himself ... (and) he substituted for the spoken words gestures that showed the position of his pixie hat, the putting on of an imaginary coat...etc.' Unlike the other children who were able to play, she wrote, 'Billie, totally uninterested, would stand...in a corner moving his hands and lips with an absolutely tragic expression on his face... We were shocked to see an apparently healthy child develop a compulsive tic under our very eyes. All attempts to get in contact with him were unsatisfactory.' They tried from the 2nd day to ask his mum to visit, but she was in hospital with flu – even a visit from his dad brought him no comfort. When his mum was well again, Anna Freud persuaded her to live in for a while. 'Billie's state changed immediately. He dropped his symptoms and instead clung to his mother with the utmost tenacity ... (and) hardly left her side. ... No-one was allowed to touch him; his mother bathed him ... and had her shelter bed next to his. (After a few days) Billie lost his excessive clinging and turned at times to other children to join in their play.' Gradually, he could allow his mother to come and go freely and he became a member of the nursery like any other child. Anna Freud thought that Billie had reacted primarily to the traumatic way in which the separation took place, rather than the fact of separation from the mother. He could manage when he was given 3 or 4 weeks to accomplish the separation, but the shock of having to do it all in one day was just too much and led to the compulsive symptoms.

When the War Nurseries closed in 1945, Anna Freud arranged an After-Care Scheme to help the children with life after the war, and she and her staff kept contact whenever possible with them as they grew up, some for many years until they had their own children. She then opened a sequel to the War Nurseries, Bulldog's Bank in Sussex (Freud & Dann 1951), for 6 three-year old orphans from Theresienstadt concentration camp. Having been deprived of the vital early relationship to a mother or surrogate, these little children had formed intense attachments to each other and the group; they would huddle together, anxious and alarmed if one of them was temporarily absent. With no significant adult for whose love it had been worthwhile to compete, they had developed no competitiveness or envy; so, if one child in the group got a present, the others would excitedly help with the unwrapping. These highly traumatised children were extremely anxious, sensitive, and aggressive, but gradually became able to develop appropriate defences, master their fears and learn social behaviour.

Back in the British Psycho-Analytical Society, tensions had been mounting, and the question about who could train students led to fierce debates about the opposing views, later called the Controversial Discussions. Eventually, a tripartite training system was set up – one stream for students in analysis with Kleinians, another for those in analysis with Anna Freud and her colleagues, and a 'Middle' group for those with analysts who didn't want to take part in the split, later called the Independents. The hostile politics scuppered Anna Freud's wish to set up a child analysis training at the British Society; so, undeterred, she set up her own in 1947

- the Hampstead Child-Therapy Training. The first students were staff from the War Nurseries who were keen for further training. Then, in 1952, she founded the Hampstead Clinic to provide assessment and analysis to any child in need of help.

Anna Freud drew on observations of children in the War Nurseries to construct several 'Developmental Lines' of normative expectable development, including one that indicates what the child needs to have achieved practically and emotionally to be ready for nursery school. She was interested in how the child's external circumstances (especially the nature of the mother-infant relationship) shape the child's development. She wrote, "*of the personality achievements of the infant's first two years of life, it is muscular control and motility which are predominantly maturational advances, while speech, food intake, and bladder and bowel control are more dependent on the intimate mother child relationship and on the constant interaction of maturational forces with external stimulation.*" (Infants without families). This quote shows that she didn't simply follow in her father's footsteps by seeing the instinctual drives as the motivating forces in development, a criticism that is often levelled at her. She always stressed the importance of the mother-infant relationship, and also extended Freud's theory of defences and how the ego tries to manage anxiety and keep an internal balance by mediating the pressures and demands from 3 sources – the instinctual urges (in the id), the external world of reality, and the superego.

Her developmental ideas influenced the running of children's homes, such as Dr Barnardo's; and she later encouraged John Bowlby in his study of attachment, separation and loss, and James and Joyce Robertson, whose work on the damaging impact on children when separated from their mothers led to the decision in the NHS that a mother should stay with her baby or young child in hospital.

Having mapped out the typical stages of development and their interrelationship in the 'Developmental Lines', Anna Freud then looked at the deviations from the norm. This led to another innovation, the 'Diagnostic Profile', which enables the analyst to organise the mass of material obtained during an assessment "*into ... a comprehensive metapsychological profile of the child*" (N+P - 1965, p 138-140). This very rigorous assessment, used for every child referred to the Clinic, was discussed by the whole Clinic, and enabled them to consider if, how and why the child was disturbed, as well as what kind of intervention would be best. Anna Freud's flexible approach and wish to adapt psychoanalytic technique to the patient, rather than fit the patient to the theory, led her to develop changes in technique to suit the wide range of disturbances treated at the Clinic.

All Clinic services were offered free, thanks to generous grants from America where Anna Freud was highly respected. As well as assessment, analysis and less intensive psychotherapy for children and adolescents, plus guidance for their parents, other valuable resources using psychoanalytic understanding were provided for the local community. Some had a preventative role, such as the Well-Baby Clinic where mothers could bring their babies for physical check-ups and inoculations, and discuss any worries about their babies to help them manage their own anxiety and stress in ways that would not impinge on their baby's development.

Most Clinic activities formed a dual function, offering help to troubled children and also providing learning opportunities for trainees. As well as observing an infant at home with the mother, now a regular part of all psychoanalytic trainings, trainees also observed in the 2 – AFC46 Clinic’s Mother and Toddler Group and Nursery– free to any local families, especially those in disadvantaged circumstances. Detailed notes were taken about every Clinic activity, and provided a wealth of material for study. One particularly interesting and unique research opportunity came when a baby was brought to the Well-Baby Clinic, then joined a Mother-Toddler group, then the Nursery School and perhaps then had a diagnostic assessment and analysis.

After an analysis ended, the analyst would go through their monthly reports on the case with a fine toothcomb to write an ‘Index’, another innovation that mapped in great detail every aspect of the child’s internal world and changes during the analysis. This was a wonderful, albeit exhausting, learning experience, because of the rigorously detailed analytic thinking involved. The many surviving Indexes are a largely untapped resource for psychoanalytic research.

Despite Anna Freud’s ongoing unease with the British Society, she continued clearly voicing her disagreements about Kleinian ideas, and remained the powerfully influential key figure in the ‘B’ group as teacher, supervisor and training analyst, and a major contributor to the development of psychoanalytic thought. As well as teaching in the UK, she lectured widely in Europe and the United States, visiting the States every 2 years from the 1950s onwards. In one visit, she spoke about the impact of infantile trauma and illness on the child’s mind and the importance of applying analytic knowledge in children’s hospitals, and in another visit, she stressed the importance of exchange with other disciplines - psychology, sociology, education, the law. She made many good friends in the States, and in the 1960s was asked to contribute to seminars on crime and family law at Yale University. *“Class after class of Yailes started out dismayed that their famous guest looked like a frail, wrinkled great-grandmother and ended up humbled by how easily she outpaced them mentally. For her part, she loved being with the young American men ... for they flattered her by treating her as a normal mortal, someone who might like to go out for a pizza (or) ride a motor(bike).”* (E Y-B p 414).

During the 1960s and ‘70s, many research groups sprang up at the Clinic and there was a creative outpouring of papers. Anna Freud and her colleagues studied and wrote about a wide range of topics including blind children, borderline children, adolescence, the simultaneous analysis of a mother and her child, children in hospital, adoption, language, trauma, technique, and many psychoanalytic concepts such as the superego, narcissism, acting-out and aggression.

In Anna Freud’s major book of this period, ‘*Normality and Pathology in Childhood*’, published in 1966, she describes careful ways of assessing both normality and pathology using Developmental Lines and the Diagnostic Profile. She notes that uneven progress along the developmental lines is normal up to a point - what is important is that the fluidity of development is maintained, that the child does not get stuck. She also notes that regression is part of normal development and serves adaptation and defence, and can show necessary flexibility in the face of stress.

In 1967, Anna Freud was the first analyst to be awarded a CBE, and in 1971, then 76 years old, she was unanimously voted by psychiatrists and analysts in New York as their most outstanding colleague. In the same year, she returned to Vienna for the first time in 32 years to give a paper on aggression at the International Psychoanalytic Congress. This was an important occasion politically, as there was great disquiet amongst adult analysts about a proposal from the Dutch that their child analytic graduates be recognised as analysts by the International Psychoanalytic Association. For nearly 40 years, Anna Freud and her colleagues had hoped that people trained at Hampstead would gain this official recognition, but British political differences prevented this. Unlike the Kleinians, Anna Freud was clear about the differences between child and adult analysis, and emphasised the importance of building developmental theory from observations of ordinary children as well as from child analysis. At the Vienna Congress, she hoped to counteract the “*rigidity, conservatism, and bureaucracy*” that downgraded child analysis, by showing in her paper that the “*vexed topic of aggression requires for its elucidation the insights of child analysis and observation*” (E Y-B p 390).

The way she thought about aggression offers a major contribution to psychoanalysis. As always, she took a balanced and developmental view, considering aggression from both a normal and a pathological perspective. She described how aggression is expressed age-appropriately in the different developmental phases, such as screaming and biting in infancy, and clinging, negativity and stubbornness in toddlerhood; and she stressed the danger of equating adult behaviours, feelings and phantasies with those of children - so, although something may look actively destructive to our adult eye, we shouldn't assume that destructive intent (as we know it) is necessarily in the young child's mind. (AF 1949 p163).

She agreed with Bowlby about the intimate connection between aggression, separation and loss (Bowlby 1973, 1980), and noted that pain, physical illness, anxiety and fear promote aggression. She wrote, “*Children who show pathological aggression tend to be those who were not enabled in childhood to develop a secure, ongoing libidinal attachment in which they felt loved and contained by primary caretakers. Institutionalised children with multiple caretakers, traumatised children and those who have suffered severe physical pain, neglect or over-stimulation, and children for whom fear has been a daily currency, may show the kind of uncontrollable, apparently senseless destructiveness otherwise only seen in brain-damaged and psychotic children.*” (1949) This has huge implications for technique - instead of seeing aggression simply as a destructive attack, the analyst thinks of the roots of the behaviour, seeing inappropriate aggression more like a symptom or defence masking underlying fear, anxiety and pain. She considers the patient's experience of feeling unsafe and insufficiently valued – so, the work will focus first on the missing positive emotional bonds with important people in early life.

Anna Freud's visits to Yale led to her working with Joseph Goldstein and Al Solnit in the 1970s on 3 books about family law, adoption and fostering. These combine her profound knowledge of child development with her call for using psychoanalytic understanding to promote ‘the best interests of the child’. Although now quite old and unwell, her collaboration with Goldstein and Solnit was “*one of the great joys of (her) last years... and while her vitality when she was with them amazed them, she felt she had to keep being frank: (by saying) ‘the book and I have a sort of competition: who will finish first?’*” (E Y-B p 416)

In the next few years her heart was wrenched by the deaths of people she was close to: first, her sister Mathilde, then her lifelong companion Dorothy Burlingham, then her oldest childhood friend, Marianne Kris. But her grief and loneliness was eased by the companionship of Manna Friedmann, previously the Clinic's Nursery School teacher, who shared her love of weaving. At 85, Anna Freud "*announced joyfully that it was time for her to take up a new profession, as she was...too old to take patients: she and Manna would produce handwoven goods and market them*" (E Y-B p447) Money raised for the Clinic from their knitted and woven goods helped Anna Freud still to feel active and useful. In 1982 (aged 87) she handed over the directorship of the Hampstead Child-Therapy Course & Clinic to 2 well-respected colleagues. Soon afterwards, a stroke affected her speech and movements, forcing her into uncharacteristic inactivity. She died 7 months later and her ashes were placed in a simple box on shelves near the Grecian urn containing Freud's ashes.

In her biography of Anna Freud, Elisabeth Young-Bruehl summarised Anna Freud's unique contributions to psychoanalysis and the reasons why her work, seemingly simple but actually very complex, is now not so well-known or considered fashionable. Young-Bruehl wrote, "*Her labor of checking and revising all of her father's maps of psychic life ...provided her with a survey-making or synthetic sense that was without equal in her generation or the next ones. ... She offered... lines of normal development – along which and between which disturbances can occur. She argued that pathology is multiple, multilateral, taking forms in childhood and adulthood which are not necessarily direct or simply causally related or even similar. Unwavering in her opposition to reductionism of any sort, Anna Freud vastly complicated psychoanalysis – and that is (not) a popular ... thing to have done. It has meant that her influence, more widespread and widely recognized than that of any analyst since Freud, has been piecemeal. Parts of her work, her work on particular topics, have been assimilated, but not ...the full ambition or intention of her way of thinking psychoanalytically.*" (EY-B p 461-2)

I hope this talk might have aroused your curiosity about this remarkable woman and her ideas about psychoanalysis and child development, and that you will want to delve deeper, perhaps using the link to the reading list and watching the more in-depths talks about her work in further lectures available from the British Psycho-Analytical Society.

REFERENCES AND READING LIST

References from the lecture are marked *

- | | |
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[Especially Chapter 6 Denial in phantasy
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Chapter 9 Identification with the aggressor
Chapter 10 A form of altruism]

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