

Anna Freud Seminar 6 Libido and Aggression

Introduction

In 1952 Anna Freud was invited to America for 4 weeks to give 9 lectures at Harvard University. She didn't present written lectures but simply talked in very ordinary and straightforward language to convey the complexities of psychoanalytic theory. Luckily, her presentation of the lectures was recorded on tape, but it wasn't until 40 years later in 1992 that they were transcribed into a book (Sandler, 1992).

Lecture one, '**The unconscious**', is especially helpful in describing her understanding of the hidden parts of our minds that determine so much of our emotional life, our motives and wishes, and the roots of our behaviour and of our relationships both with others and with ourselves. The unconscious is one of the most important concepts in psychoanalysis, and one that we need to consider at all times as therapists.

Anna Freud stresses that the 3 three parts of the mind, the id, ego and superego, are simply concepts and not in any way connected to the brain, and that it is best to think about them as containing groups of functions. She puts these functions very simply: The id serves the purposes of the unconscious instinctual drives that reside within it. The ego serves the purpose of self-preservation. The superego serves the purpose of maintaining the individual as a member of the community - the "*so-called cultural purposes*" with "*the function of conscience and moral assessment*" (ibid.p.8).

The functions of the id

The id is primitive and crude with no contact with reality. Anna Freud wrote that "*it is very much the same in everybody, it is what we bring into the world, what is inborn, what we share with everybody else; whereas our personal individual qualities are developed out of it very gradually in the ego and superego*" (ibid.p.15).

We may think that we know why we feel or behave in certain ways, such as exactly why we chose our partner or our profession, but psychoanalysis shows that such things are motivated by unconscious force. Anna Freud wrote: "*the most important steps in our life are taken because we are driven from inside to take them ... But when you find somebody set absolutely intently on a certain course and when you find that no amount of reasoning will put him off it, you can be quite certain that he is motivated not for reasons that he knows but by causes that he does not know. And ... it is a fact that the most important decisions in life are taken on the basis of unconscious motivation*" (ibid.p.10-11).

It is not static, but *"dynamic, full of forces ... the reservoir of forces in us"* (ibid. p.10). *"When we make a certain idea conscious, far from it increasing in strength, its strength decreases, as if part of its energy has been let out in the action of becoming conscious. The more unconscious an idea...the stronger it is"* (ibid.p.10). I could add that we could think of it like a boiling bubbling cauldron, with the ego having to work hard to prevent everything inside from exploding out.

There is a barrier between the id and the other parts of the personality that prohibits *"the inhabitants ... of one realm from entering the other."* This is the repression barrier. It is not possible to know what is inside the id, and we can only infer the contents of the id by the derivatives or, we could call them the 'associative contents' that arise from it. Such unconscious derivatives can suddenly break through the repression barrier to consciousness and surprise us, as in dreams and slips of the tongue and other parapraxes (Freud, S. 1901). Severe outbreaks of passion may burst through the repression barrier and lead someone to be sexually uncontained and/or physically violent. Anna Freud notes that there are also *"all the illnesses such as psychotic outbreaks where this barrier between conscious and unconscious, ego and id, gives way all together. So on the one hand we have a strict control of traffic between the two parts of the personality, and on the other hand, we have sudden inroads from the unconscious."* (Sandler, 1992 p.12)

So, what is in the id? It is the totality of the person's instinctual life, the **instinctual drives** - our urges, wishes and desires that, as she writes, *"come from the body and become represented somehow in the individual's mind, (and) are felt in the mind as a claim ... every instinctive urge of this kind, whether it is a sexual wish or an aggressive wish, or any of the wishes that belong to one of these two groups, creates an enormous tension in the personality; and the conscious part of the personality feels that tension. There is no peace until that tension is reduced, and it is reduced when that particular instinctive urge reaches its aim and finds satisfaction - as, for instance, when a particular aggressive drive finds an outlet ..., or when a particular sexual wish can satisfy itself... What happens is very much according to the pattern of the great body-needs where the tension created by hunger is only satisfied when food is taken in."* (Ibid.p.13). The aim of the id is only to avoid painful tension and gain pleasurable satisfaction.

Anna Freud points out that people sometimes think that gaining relief from a symptom that is bothering them by coming to therapy will empty their unconscious and that the troublesome thing in the id will be got rid of. Similarly, some artists fear that their creativity will begin to fail if they undergo therapy as they assume that therapy will remove aspects of their unconscious mind. However, these fears are groundless - nothing ever gets lost from the mind and everything in the unconscious will remain, including the sources of creativity. What therapy can do is help the individual to begin

to recognise and understand better his feelings and urges and the likely unconscious motives of his behaviour, so that his ego can manage his instinctual drives in a healthier way.

A very important aspect of Anna Freud's developmental thinking was her interest in what is normal, age-appropriate and generally healthy as well as what is pathological, age-inappropriate and unhealthy. Both instinctual drives are sources of energy that can be used positively, constructively and creatively, or negatively, destructively and regressively. The sexual instinct is used healthily in mutually loving relationships, and in protecting and caring for others and oneself; but it can be used unhealthily where there is sexual abuse or perversion. Similarly, the aggressive instinct is used healthily in pursuits which require activity such as physical activity, studying, creativity, even love making, and aggression is necessary for the child to be able to separate and individuate appropriately during development; but it is used unhealthily where there is destructiveness, such as bullying, sadism, cruelty, temper outbursts, violence.

Although Anna Freud thought that for each individual the instinctual drives might differ in terms of their strength, she stressed that both were heavily shaped by the child's interactions with the environment; and when the instinctual drives are in conflict they bring about neurosis.

The Libidinal Instinct

As we know, Freud became very interested in the development of sexuality, from infantile sensuality to adult genitality. He gave the name 'libido' to the psychic force of sexuality. However, this did not just refer to sexuality in a genital sense, it was also very much about all sensual aspects of pleasure, such as the baby's warm bodily and emotional feeling of being full of milk or of being cuddled by the mother. Freud wrote in 1905, "*A child has its sexual instincts and activities from the first; it comes into the world with them; and after an important course of development, passing through many stages, they lead to what is known as the normal sexuality of the adult. A child's sexual instinct turns out to be put together out of a number of factors; it is capable of being divided up into numerous components which originate from various sources. Above all, it is still independent of the reproductive function into the service of which it will later be brought.... The chief source of infantile sexual pleasure is the appropriate excitation of certain parts of the body that are especially susceptible to stimulation*" (Freud, 1905 p.43). The sexual instincts pass through the oral, anal and urethral parts of the body until puberty when "*separate instincts become subordinated to the dominance of the genital zone, so that the whole sexual life enters into the service of reproduction.*" (Ibid.p.42).

Initially, Freud equated sensuality with passionate sexuality, but more recently sensuality has been considered in its sensory and not necessarily sexual aspects in terms of the development of attachment love, and of the

self in the intimate interactions between mother and baby. Gaddini (1987) suggests that "*much of what was for Freud the early expression of sexuality may be referred to, now, in terms of sensuality; namely sensual experience*". Gaddini's emphasis on the importance of continuity and sense-of-being, based on interactions with the mother, echoes ideas by Balint (1952), Winnicott (1945, 1963a), and Stern (1985) on the development of the self.

Pleasurable experiences of sensuality, intimacy and love are essential for the healthy development of sexuality and the libido. Feeling loved, held and safe, at first in a bodily way, enables the baby and young child to establish healthy narcissism and a cohesive sense of himself as someone who is loveable and also able to love and have concern for others. This is the most crucial basis for healthy libidinal development through later stages. Another cornerstone of sexual development is a secure gender identity. The early stages of this start in early toddlerhood, then become a major focus in the phallic-narcissistic phase before the child is faced with the dilemmas of the Oedipus complex.

The development of a child's libidinal drive is crucially affected by the environment, mainly the people caring for him. For the healthy development of the libido, the child needs to be looked after by parents who love and protect the child in a consistent way and appreciate the child as separate from them. But parents also need to be able to set appropriately firm yet benign limits that will strengthen the child's ego and superego, help him to develop mastery over unacceptable urges, and enable him to relate in a balanced way with others.

If the child grows up in an environment where there is inconsistency of care or changes of caregiver, lack of love or protectiveness by the parents, or too little limit setting or limits that are very punitive, the child's libido will not be able to flourish and will be stunted. He won't be able to develop secure attachments, reliable self-esteem or the capacity to value, protect and care for others or himself.

The Aggressive Instinct

Freud originally called one instinct the sexual instinct or libido, and the other consisted of the self-preservative or ego instincts (the prototype being hunger). Much later, towards the end of his life, he introduced a new dualism - that between the life instinct (libido - 'Eros') and the death instinct ('Thanatos'). In Freud's 1920 paper 'Beyond the Pleasure Principle', he tried in a particularly complex and intricate passage of writing to find some biological evidence to support his new theory, but to a large extent he failed. However, Freud still continued with this new idea, with Eros as the libidinal sexual instinct, a life force, and Thanatos as the source of aggression, the death instinct.

Freud tended to think in terms of duality – hence his idea of both life and death instincts – but his ideas were otherwise so closely linked with biology that the notion of an instinct towards death seems quite out of character – every living creature strives for life even though death is of course inevitable. So how did he come up with the death instinct? He conceived of the idea towards the end of his life, when he was old and suffering a great deal of pain from cancer and when the 2nd World War was brewing. Some people think that Freud's pain, and depressed and disillusioned state of mind (affected also by the sadism being inflicted on Jews and other minority groups by the Nazis) caused him to consider the possibility of a death instinct.

Melanie Klein enthusiastically adopted the theory of the death instinct, seeing it as the inbuilt source of destructive aggression, and this became a cornerstone of Kleinian theory. Anna Freud, however, who otherwise remained mostly faithful to her father's theoretical views, did not take up his idea of the death instinct. She wrote 2 important papers on aggression. In 1949, she suggested that Klein's adherence to the death instinct as the source of aggression had disposed of Freud's theory of the development of the libido; and in her later paper in 1972 she added, "*it was never implied in Freud's dualistic biological theory that the life drive is the actual source of the sexual urges; the latter was always acknowledged as being either hormonal or anatomical. Nor need the death drive be the actual source of aggression*" (Freud, A. 1972 p.174).

Like Anna Freud, many psychoanalysts today see aggression as an inbuilt instinctual force that may be used healthily or pathologically and see no need to conceive of a death instinct to account for it. Anna Freud said that aggression "*comes to the aid, either constructively or destructively, of purposes such as ... vengeance, war, honour, mercy, mastery, etc.*", *i.e., in the service of aims which are dictated either by the ego or superego*" (1972, p165-6). The healthy development of the self, the capacity to separate and individuate, to apply oneself to tasks, to stand up for and protect oneself and others, to have mature relationships, to make love, all require some aggressive activity. Anna Freud saw aggression as 'mind building', stimulating the development of mental capacities in order to enable it to achieve its goals, and contributing to assertiveness, mastery, and self-preservation. Aggression, therefore, operates both in the service of survival as well as progressive ego development.

Anna Freud stressed that the appropriateness of aggression in any specific situation depends on the way aggression is expressed and the developmental level of the individual. The tiny baby who bites or hits the mother is not seen as intentionally wanting to harm the mother, because at this point there is no self-object (self-other) differentiation. The young toddler doesn't realise yet that biting another causes them pain, because his ego has not yet developed the capacity for empathy. This is something they have to learn. For toddlers and young children it is age-appropriate

to have tantrums and use bodily aggressiveness, but not the older child. In adolescence and adulthood, physical aggression to protect the self or others may be entirely appropriate in the face of real danger; but when the physical danger is only imagined, not real, bodily aggression indicates something has gone wrong developmentally.

Heimann and Valenstein wrote, "*Our psychoanalytic experience tells us that certain patients who show particular problems with aggression have had to suppress or otherwise defend themselves in infancy and childhood from environmental influences that were not conducive to the progression of their developmental needs for the normal expression of aggression*" (Heimann and Valenstein, 1972). So, if the force of the aggressive drive is fuelled by anxiety, fear or frustration, probably due to environmental failures, or by physical illness and pain, this can lead to a destructive use of aggression. Anna Freud wrote, "*The infant's experiences of pleasure promote libidinal growth, while the massive experience of unpleasure promotes aggression*" (Freud, A. 1972 p.160). She also noted how the capacity for pleasure and for play can become diminished or missing altogether if aggression is repressed or inhibited.

Although babies may be endowed with differing strengths of aggressive drive, the impact of the environment on the child's capacity to deal with aggressive forces is crucial. How the baby begins to make sense of his feelings and experiences will depend largely on the way his parents perceive him and relate to him, which will be affected by their own internal world and experiences of self and other. For example, if the mother feels too plagued by her baby's cries, and experiences them as an aggressive attack, her capacity to empathise with her baby and help him gradually to feel that both of them can manage his greedy demands will be impaired.

It is important that parents don't give in to all their child's wishes and try to stop them from ever feeling frustrated, anxious or angry. Anna Freud wrote, "*Many of the most important identifications with the parents are made at moments when the child is frustrated, when the child withdraws libido from the parents and builds up his own ego and superego on these experiences of frustration*" (Sandler, 1992 p.130). "*Children who are frustrated, dissatisfied, jealous, etc, but unable for internal or external reasons to react aggressively to their parents, may turn this same aggression towards material things and become destructive of their toys...their own bodies, or other people*". (Freud, A. 1953 p.307)

She did not see hatred and destructive intent as primary and drew attention to the fusion of ruthless aggression with libido when she observed the aggressive, exhausting, possessive love of a toddler for his mother, his mistreatment of favourite toys, and the pets that have to be rescued from his violent affection. She wrote, "*We understand that on these pregenital stages, it is not hate, but aggressive love which threatens to destroy its object*" (Freud, A. 1949, p.495). The intimacy of the baby's relationship

with the mother and her body is central – gaze avoidance, refusing food and squirming when being held are typical signs of protest. Frequent self-directed aggression (like biting, head-banging and hair-pulling) is unusual and indicates disturbance. Anna Freud wrote, *“From this stage of development onwards it is essential for the child’s normality that the aggressive urges should be directed away from the child’s own body to the animate or inanimate objects in the environment... At a later stage aggression will normally be used again in a self-destructive manner. But it will then be invested in the superego and directed against the ego itself, not against the body.”* (ibid)

Anna Freud said, *“The ability to attack others precedes the ability to defend oneself”* and that intentional destructive *“aggression in the service of defence is a learned response mediated via the ego”* (ibid.p.171). Where there is weak ego development and heightened anxiety and fear, physical aggression may burst out more readily, for example an autistic child may erupt in an aggressive attack as an instinctive response to the terror of change.

Anna Freud stressed the many potential meanings of aggression, and that destructive behaviour isn’t necessarily about destructive intent but may be about control and mastery; for example, a toddler will joyfully knock over a tower of bricks and then rebuild it. She also noted that aggression has many different sources (ibid.p.165): *“Children in analysis may be angry, destructive, insulting, rejecting, attacking for a wide variety of reasons, only one of them being the direct discharge of genuinely aggressive fantasies or impulses. The rest is aggressive behaviour in the service of the ego, ie for the purpose of defense:*

- *As a reaction to anxiety and effective cover for it*
- *As an ego resistance against lowering defenses*
- *As a resistance against the verbalisation of preconscious and unconscious material*
- *As a superego reaction against the conscious acknowledgement of id derivations, sexual or aggressive*
- *As a denial of any positive libidinal tie to the analyst*
- *As a defense against passive-feminine strivings (“impotent rage”)* (ibid.p.168)

Anna Freud suggests that some **defences** are used specifically against aggression, especially identification with the aggressor and turning aggression against the self (Freud, A. 1972 p.160-1). In identification with the aggressor, the passive experience of being trapped, helpless, ashamed and at the mercy of someone powerful and attacking is turned into an active humiliating attack on another, thus unconsciously offloading the unbearable feelings onto them (Freud, A. 1936). Although identification with the aggressor is particularly associated with paedophilia, child abuse and

violence, where the perpetrator desperately attempts to reverse the trauma of having been the victim of such experiences, it is also a defence used by less disturbed individuals whose libidinal development is stunted or has veered off track. There is a wide range of types of turning aggression against the self: from being accident-prone, to self-harm and suicide. A harsh superego implies aggression turned inwards – the superego attacking the self. Anna Freud wrote, *“If, in the analysis, the course of the aggression is changed again, and what belongs to the outer world is directed there again and freed, I think that in itself lessens the severity of the superego very much”* (Freud, A. 1972, p10).

As there are developmentally appropriate phantasies and ways of expressing, defending against and dealing with aggression, one could conceive of a **developmental line of normative healthy aggression** based on Anna Freud’s views. Behaviours such as unprovoked violence, sadism, contemptuous denigration, bullying and wanton destructiveness arise from pathology not health, and so cannot be included.

Within a good-enough family environment and with gradually increasing ego development, this normative developmental line would progress from:

1. the baby’s primitive bodily outbursts of frustration or distress without actual destructive intent, to
2. bodily aggressiveness with intent to hurt, to
3. the libido starting to bind aggression (firstly out of the need to retain the object’s love and then empathic concern for the other). As the ego gradually matures, further defences come into play, such as extending externalisation to projection (including phobias and paranoia), turning aggression against the self (like accident-proneness, psychosomatic problems, eating disorders, self-harm), and displacement, to
4. the gradual replacement of bodily expression by the use of fantasy, play and words, with overtly wounding words progressing towards more socially acceptable and sophisticated expressions of aggression, such as ‘biting wit’ (Parsons, 2007), to
5. sublimation into socially acceptable activities (such as through verbal debate, sport, creative endeavours, choice of profession), alongside aggression being processed and contained within the mind, and channeled so that it can be used appropriately for healthy self-assertion and the protection of others.

The importance of the fusion of the instinctual drives

During healthy toddlerhood the child begins to assert more independence by actively doing more things for himself and wanting to do them his way, but he also wants to please his mother because his sense of well-being is dependent on her love for him. He faces a major conflict – that of

ambivalence - as he experiences violent swings between love and hate, especially towards his mother. He hates her when she does not gratify him but loves her when she comforts him and provides for his needs. When he feels hatred, his sense of loving and being loved may disappear. Such intense feelings arise in relation to many age-appropriate developmental conflicts, like toilet training where faeces (a loving gift or a noxious weapon) may be used as an expression of love or aggression in the mother-child relationship. If the mother is able to tolerate his anger and hatred without feeling narcissistically wounded, without retaliating and without needing to deny his negative feelings towards her, she offers him a model for dealing with his ambivalence. Through internalisation of her capacities, he integrates his loving views of the mother with the angry and hostile ones and recognises that the mother who is sometimes angry with him also still loves him. This integration of loving and hating feelings is crucial for the healthy development of both aggression and sexuality as it helps the child to develop a sense of trust that his affectionate relationship with his mother will endure during moments of anger and during separations from her. If the mother can't provide a maternal protective and mirroring function for the child, the child is left feeling unsafe with huge amounts of uncontained rage, and aggression cannot be bound by loving feelings, leading to the enactment of rage and hatred towards self and others.

One of Anna Freud's major contributions to psychoanalysis was her balanced focus on the instinctual drives, object relationships and the development of the ego. She applied this balance to her ideas about aggression when she wrote, "*The fusion of sexual instincts with aggression makes it possible for the child to assert his rights to the possession of his love objects, to compete with his rivals, to satisfy his curiosities, to display his body or his abilities – even to obtain possession of his food and destroy it by eating it. When aggression is repressed or inhibited, consequences include feeding disturbances, weak emotional attachments, inhibition of curiosity and intellectual achievements, loss of pleasure in play, and, in the adult, impotence. And when the aggressive urges are not fused with the libido, they become purely destructive, criminal, uncontrollable and unmanageable. If we translate this into object relationships, the natural aggression is tempered by the love of, and for, the parents and by the growing ego ideal and internalizations.*" (Freud, A. 1949 pp69-70).

Here she refers to what happens when aggression is not fused with libido - this is a crucial point. If the child's libidinal development is healthy and he feels loveable and worthwhile, then he wants to retain the love of his primary objects and will tend to do what they ask and curb his aggression to please them. He begins to internalise their wishes and values into his slowly developing superego. But if he doesn't feel loved by them, there's no motivation to do this, and this leaves his aggression unbound and his superego undeveloped or unbalanced – the result is that his aggression is now uncontained and likely to erupt. The capacity to restrain destructive

aggression is therefore primarily due to love, not fear of punishment. If a child is always punished for their aggressiveness they will in the end identify with the aggressor and remain destructively aggressive.

Anna Freud wrote: *"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 ... The pathological factor is found in the realm of erotic, emotional development which has been held up through adverse external or internal conditions, such as absence of love objects, lack of emotional response from the adult environment, breaking of emotional ties as soon as they are formed, deficiency of emotional development for innate reasons. Owing to the defects on the emotional side, the aggressive urges are not brought into fusion and thereby bound and partially neutralised, but remain free and seek expression in life in the form of pure, unadulterated, independent destructiveness...The appropriate therapy has to be directed to the neglected, defective side, ie the emotional libidinal development."* (Freud, A.1949)

This understanding is vital to **technique** with patients: instead of seeing aggression simply as a destructive attack, the therapist thinks of the roots of the behaviour, seeing inappropriate aggression more like a symptom of weak libidinal development or a defence masking underlying fear, anxiety and pain. The therapist's attitude to the patient then arises from this way of understanding aggression – recognising the damaged, vulnerable, frightened, helpless, humiliated, unwanted feelings in the patient. Considering the patient's experience of feeling unsafe and insufficiently valued, the therapist thinks first about 'anxiety and defence', rather than 'destructive attack.' and work will focus initially on the missing positive emotional bonds with important people in early life. If the libido can be helped to develop, then fusion between libido and aggression will follow, *'and aggression will be brought under the beneficial influence of the erotic urges'* (Freud, A. 1949, p.42).

I'll end with an **example of an adolescent patient** whose very undeveloped libido wasn't able to bind her aggressive impulses both to others and herself. She felt confused, unloved and utterly miserable, and constantly damaged her relationships and the chance of having experiences that would help her to feel good about herself.

In infancy, Lisa had lacked ordinary maternal sensuality, care and secure attachment. Instead she experienced inconsistent handling, ranging from emotional and sensory neglect from an anxious mother who often disappeared for days at a time, to beatings from her father who was left angrily holding the baby. As a result, her libidinal development was stunted and unable to bind her aggression, her ego development was compromised

and she was persecuted by a very cruel superego. She was often overwhelmed by anxiety, confusion and distress and defensively developed a grandiose identity that was constantly undermined by the threat of fragmentation. She longed for but feared loving intimacy, and defensively used provocative and aggressive ways of relating to try to hold onto her objects at a safe distance (Glasser 1996, 1998).

Some things she said during the analysis stand out: her poignant cries, "*I don't get attached to anybody! I detach myself beforehand so that I won't. What am I supposed to do with my life? I feel lost*"; "*I wish my parents hadn't spoiled me as though they didn't care*"; "*Fighting and provoking are my best talents, I'm not good at anything else.*" And this graphic despairing metaphor for her fragmented self-image and sense of disintegration:

"I think of myself as a shattered windscreen. I suppose analysis is to find all the tiny pieces of glass and put them back together, but maybe I was born in pieces. Perhaps there just aren't enough bits to make a whole and it's impossible."

Here are two brief vignettes showing how I tried to facilitate her libidinal development and enable her to feel worthwhile:

One day, Lisa announced very provocatively but also in despair, "*Analysis is pointless anyway - I'm too crazy. Even a hundred Sigmund Freuds would never figure me out*". I took up her terror that she was irreparably damaged and mad, and her disappointment in having an ordinary analyst, not 'the best': if she couldn't be perfect, she felt worthless; and if I wasn't Freud, I was useless. I deliberately decided not to address her omnipotence or contempt of me at this stage, sensing she would perceive this as a retaliatory attack and incorporate it into her urge to provoke a battle between us, thus fuelling the sado-masochistic transference. By acknowledging her sense of being deprived of "the best", I hoped she would recognise that I felt empathy for the needy "child" in her, and did not only see the vindictive one as her punitive superego did.

On another occasion, she gleefully called herself a "*spoilt brat*" and "*prize bitch*", then described two conflicting parts of herself that she called the "*wilful child*" and the "*conscience*". As her "*conscience*" could set no limits, even though she knew this would help, she thought she should kick her "*wilful child*". Addressing this internal sado-masochism, I said it was sad that she could only think of attacking the child part of herself instead of trying to understand and help it gently, and maybe she lacked a sufficiently strong part of herself to mediate between the "*child*" and her punitive "*conscience*". I was thinking here about the need not only for some change in her internal self- and object-representations but also her need for developmental therapy to help her ego to manage the internal sado-masochistic tension between drive pressures and her persecuting superego.

By the end of a long analysis, Lisa was able to say that she was now more of a good than bad person and saw herself as a ball of clay, which she hoped to mould into a "shape" that both she and others would like. Perhaps this shift in self-representation from the sharp, unyielding and fragmented "shattered windscreen" image indicated a step towards a potentially healthier and more integrated self and enhanced libido development that could begin to bind her destructive aggression.

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