

## **Institutional Anxiety and Difference: Dogma, Freedom, Cowboys and Mavericks.**

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### **Introduction:**

I did not know that I was a part of the group of Independent Psychoanalysts until several people told me that this was so. This may sound naïve but at the time I was finishing my training with the Institute of Psychoanalysis I was concerned with qualifying and not with groupings. Some of the people who told me what I was were, I learned, members of the Independent group and so I thought 'it's nice to be wanted'. Others were part of the Kleinian group. It must have been something I had said!

The rift that led to the formation of the group of Independent psychoanalysts grew out of a volatile mixture of personal, political and theoretical rivalries and differences. Before this major rift there had been others. One of the first of these was the ending of Freud's intense relationship with his father-figure Breuer. Breuer and Freud inspired each other and their collaboration led to the pioneering '*Studies in Hysteria*', which for the first time gave meaning to symptoms which often relegated sufferers to the asylum. Josef Breuer was a highly regarded physician with a thriving practice in Vienna. Breuer was 14 years older than Freud. He had befriended Freud when Freud was a student. He lent Freud money and they exchanged ideas. The two men grew so close that Freud named his oldest daughter after Breuer's wife.

Breuer, whom Freud regarded as the inventor of psychoanalysis, told Freud about one of his patients, - Anna O. Breuer's account of her treatment helped convince Freud that hysteria was connected to repressed imagination. The patient had been nursing her seriously ill father. She grew increasingly distressed and developed various physical symptoms along with horrifying hallucinations. Terrified by the thought of her father's death, she conjured up images of fear and mortality. Breuer put her into a hypnotic trance. Instead of instructing her to overcome her illness, he asked her about her feelings and her symptoms disappeared. Freud said of this "Breuer arrived at a new method of treatment," "He made her tell him what it was that was oppressing her mind." This approach was absolutely revolutionary. Freud developed the implications of this by linking hysterical symptoms with specific traumatic events that had become inaccessible to normal states of consciousness. Talking about the feelings associated with these events allowed access to that which had been repressed. Freud later turned away from this 'seduction/trauma theory' and towards the idea that fantasies of seducing and of being seduced are the cause of neurosis.

This difference between Freud and Breuer has sometimes been rather unfairly simplified as being due to Breuer's fear of sexuality. It may have been as much to do with Freud's need for an admiring collaborator beginning to break down. Breuer was much more tentative than Freud who needed someone with absolute commitment to his ideas. Freud's scientific mind needed a single clear cause for neurotic disturbance. Breuer said of this:

"The plunging into sexuality in theory and practice," ..... "is not to my taste."

Freud was adamant:

"Whatever case and whatever symptom we take as our starting-point, in the end we infallibly come to the realm of sexual experience."

Breuer objected to the way that Freud had reduced the complex lives of his patients into one, sweeping theme - sexuality. Freud later said of all this:

"The development of psycho-analysis afterwards cost me his friendship. It was not easy for me to pay such a price, but I could not escape it."

### **Orthodoxy vs. Innovation**

This break with Breuer coincided with Freud's rejection of sexual seduction (which we might call sexual abuse) as the cause of disturbance. At this early stage in the development of psychoanalysis it was important for those who wanted to be part of the founding group to follow orthodoxy and so the 'seduction theory' was not pursued again until the 1930's when Sandor Ferenczi, confronted by repeated evidence from his patients, stepped outside of the constraining dogma. His modification of classical technique placed him so far outside of accepted practice that everything he said was rejected. (Society anyway had a widespread aversion to the idea that parents might sexually misuse their children). It was many years before the idea of sexual trauma causing psychological problems re-emerged and began to find a place within psychoanalysis. An understandable human need to belong to a group created a situation in which certain ideas became ignored or unthinkable. Eventually the seduction/intrusion idea re-emerged in the form of ideas about trauma, including neglect and physical abuse, as creating, a particular sort of psychological damage exactly in the way that Ferenczi had proposed and this once again contributed to internal controversy.

### **Cowboys or Pioneers? - Institutional anxiety**

Adler was born in Vienna, the city that Freud later made his home. A medical doctor like Freud, he became a powerful enthusiast for psychoanalysis. Freud appointed him president of the Vienna group of psychoanalysts. Adler began to move in the direction of what we now think of as Ego psychology (the formation, nature and defences of the ego). Adler re-interpreted some Freudian concepts. For example, repression became the 'masculine protest' – a kind of protest by the ego against unconscious 'feminine' content derived from castration anxiety. (This is a perfectly acceptable modern idea in the form of phallic defences against helplessness). It seems that Adler did not want overtly, at least, to undermine Freud's system but was interested in developing certain aspects of it in his own way. Nevertheless Freud came to hate Adler with the same vehemence that he loved Jung and eventually forced Adler to resign from the Vienna group. Adler can be said to have some claim to setting the scene for the foundation of ego-psychology as a respected part of psychoanalysis. Many of Adler's ideas no longer seem alien to psychoanalysis. Freud regarded narcissistic conditions as un-analysable (because of his limited understanding of transference at that time). Adler's ideas about the inferiority complex compensated for by a sense superiority are very close to

contemporary psychoanalytic ideas about narcissism and defences against shame, (which has only recently begun to be discussed). Adler's belief that humans should be considered as more than the sum of several parts, that we are driven by unconscious forces other than sexuality, and are born as social beings rather than a psychologically self-generating organism are now widely accepted. Adler was partly responsible for the rift with Freud but the break meant that ideas about the self (as distinct from the ego) and issues of self-esteem were more-or-less banished from psychoanalysis for many years only to re-emerge, for example, in Kohut and Kernberg's work on narcissistic defences and in Bowlby's work on attachment. Freud seems to have projected into Adler (whom he berated, quite unjustly, as a 'paranoiac') some megalomaniac aspect of himself. At this time Freud said of the Vienna group, 'None of these Viennese will ever amount to anything' Adler was rejected in the way that any organisation will project and throw out something that threatens its integrity. Adler is still frequently dismissed as unimportant in historical accounts of psychoanalysis in spite of his enormous influence on American ego-psychology and upon schools of counselling.

Initially Freud needed the admiration and interest of Carl Jung. Psychoanalysis was fragile and under attack from many sides. For Freud Jung became his 'dear son and successor'. Jung was the willing ear that Freud used to vilify some of his critics. This was Freud's all-too-human need to create a sense of security by rubbishing his critics. But, eventually Freud and Jung became rivals, each staking out their territory. Jung was the first to point out the difference between hysteria and schizophrenia but it was Abraham, a close colleague of Freud's, who investigated this in a convincing way. It was also Jung who drew Freud's attention to the memoirs of Judge Schreber which led Freud to produce the first extraordinary attempt to understand the unconscious dynamics of psychosis. Jung and Freud were both interested in mythology. Jung was bitter that Freud successfully also occupied this territory with his paper 'Totem and Taboo'. Jung became increasingly estranged by these defeats by Freud and began to drift into the uncontested and incontestable territory of the occult, mysticism and astrology. Freud remained emotionally attached to Jung and even incurred severe disapproval from colleagues for hanging on to him, but eventually Jung left the group in 1913.

In his now famous paper (1932) *'The Confusion of Tongues Between Adults and Children: The Language of Tenderness and of Passion'* Sandor Ferenczi laid out his idea about the treatment of patients who have been sexually abused. Freud was shocked and appalled that Ferenczi was returning to the idea that "sexual traumas of childhood are the regular cause of neurosis." Freud believed that psychoanalysis had progressed by abandoning the seduction theory for the oedipal theory of neurosis. Joan Riviere, using the language of denigration, wrote about Ferenczi's paper to Ernest Jones "Its scientific contentions and its statements about analytic practice are just a tissue of delusions". There is an historical tendency within psychoanalysis to declare that those who hold unorthodox ideas are insane. The analysts in power closed ranks and excluded Ferenczi. Jones organised things so that the paper was not published in English. (That did not happen until 1949). Ferenczi's view was that sexual seduction trauma is devastating because the child uses his or her sensual repertoire in an ordinary, appropriate attempt to seduce the parent. The over-needy parent responds by misunderstanding the attempt. Rather than refuting it and

setting a boundary, the adult misuses the child for his or her own gratification. This creates traumatic confusion that overwhelms the child.

Ferenczi's conclusion was that the classical, Freudian technique was not appropriate because such patients cannot cope with the 'blank screen' approach. He stepped well outside of psychoanalysis when he concluded that such patients needed compensating physical care in the form of 'relaxation therapy'. (Winnicott later might have said that they needed a period of psychological holding before any attempt is made to interpret). Freud was highly critical of Ferenczi using what he called 'sexual contact' with his patient. Ferenczi's technique placed himself outside of orthodox psychoanalysis but his interest in trauma was taken up later by Michael Balint who refined it into a coherent theory in connection with what he called 'non-oedipal cases'. Balint's ideas were very much part of the set of ideas that formed the Independent group. Unlike Ferenczi, Balint maintained a central belief in classical technique: The deprivation and intrusion cannot be compensated for by concrete means as this bypasses the work needed to be done in the transference.

Independent psychoanalysts have tended to be interested in Ferenczi because of his trauma theory and because of his idea that traumatised patients require something different from classical technique. Such patients may experience a 'blank screen' approach as a repetition of abuse by a parent who does not listen to or contain the child's anxieties. Ferenczi's work is now seen as prophetic in its attempt to try to understand the child's subjective experience of abuse. He investigated the idea of trauma based upon actual disturbances in the object-relations of family interaction that were quite in line with Freud's early investigations. Modern findings have supported Ferenczi's view that what he called "difficult cases", what we might think of as borderline conditions, multiple personality disorder, sexual perversions and eating disorders, often have their origins in abuse. It required considerable strength of character to discard orthodoxy and take up Ferenczi's ideas.

These pieces of history illustrate the way that any organisation will struggle to maintain itself and maintain the power of those who hold it in the face of internal threats. The threats of course are real but they are also exaggerated by the projection of unwanted aspects onto those who represent the threat. The problem is that the anxiety prevents thinking 'outside the box' and therefore innovation and development is inhibited or prevented. All doubt must be abolished and dogma must prevail. This is convincingly explored by Isabel Menzies-Lyth in her writing on Containing Anxiety in Institutions.

### **London, 1920s**

By the 1920's psychoanalysis had established itself in London, the main driving force for this being Ernest Jones, a somewhat aloof man who retained control of the British Society for many years. Under his leadership the Society grew and he was responsible for bringing many Viennese analysts to England including Melanie Klein (in 1926). Klein's ideas, with Jones' support, gained ground in London. A rift began to open between the group in Vienna which included Anna Freud and, among others, Foulkes who became one of the pioneers of analytic group psychotherapy, and the London grouping around Klein. The Freud family came to London at the start of war. The distant rift became a serious fight for analytic territory. The two amazons on the front line of the battle were Anna Freud and Melanie Klein. It is obvious that this

was not just about theory but was also about succession. Klein regarded herself as more Freudian than Anna Freud and therefore as his true successor. What were the theoretical differences?

### **Anxiety and destruction, - The Death Instinct and Pathology**

With no data from children under two years Klein and (Jones) interpolated backwards. Late in his life Freud had developed the idea of the Death Instinct, an idea about which he was tentative. It was derived from his early notion of the organism 'wishing' or 'seeking' a state of stasis (as in sexual excitement which leads to discharge of energy). There is a history in psychoanalysis of individuals taking speculative ideas of Freud's and making dogma out of them. (An example is Wilhelm Reich who pioneered work in character analysis but then staked out his own territory in America with his 'Orgone theory', a bizarre version of Freud's sexual libido theory. Reich claimed to be able to measure, using an electrical gismo-box, Orgone energy).

Klein gave Freud's idea of the Death Instinct the weight of fact by asserting that destructive phantasies are present in the first months of life. These are due to the infant needing to manage the effects of the Death Instinct. For Klein these destructive phantasies are the key to understanding psychological disturbance. In this divergence from the Viennese Freudian group Klein believed in an original, inborn phantasy structure in the newborn infant in which objects are being attacked and destroyed. (It is arguable that Klein's ideas about these things are somewhat like Jung's : archetypal and inherited). Accordingly Klein would quickly or immediately interpret the presence of destructive phantasies, even in first session. Anna Freud believed that this sort of object world and structure did not exist so early because she saw no evidence that this sort of thing would be required for the infant to function and because she and the Viennese group thought that a degree of post-natal mental development was required for such phantasies and structures to form. Anna Freud's view was a developmental one which suggests that the infant slowly acquires its phantasy and cognitive capacities.

### **Trauma and the Environment**

The London Group, in this instance with Susan Isaacs, a child analyst, at the centre, had begun to put forward that idea that trauma led to pathology because aspects of psychic experience became frozen and inaccessible to the ego. This was different from Klein's idea that Death Instinct aggression, or Freud's idea of repression of sexual content, as the cause of disturbance. For Klein parents were 'real good objects'. Internal damage, leading to psychopathology, is done to internal objects (representations of the parent) via the death instinct. The greater the force of this instinct, the greater the damage and the worse the pathology. The presence of these damaged internal objects is then projected onto the real mother and distort her real, good presence.

Klein's interest was in anxiety caused by the effect of the phantasised destruction of internal objects and the consequent guilt. She did not attend to the way that actual external objects might contribute to phantasies and defences. Anna Freud's concept of 'Identification with the Aggressor' did so and became for Freudian's and



Independents an essential idea of understanding reversal of passive into active in abuse and other forms of trauma, and a crucial concept in understanding the way that a patient in analysis will 'treat' the analyst in the way that she experienced being treated by a parent. A question arises here: Is this best understood via 'Identification with the Aggressor' – a repeated but reversed action in the transference or by means of 'Projective Identification' – an action in which a very early and primitive aspect of the patient is projected into the analyst? Do these different concepts lead to different interpretations? Eventually the issue of aggression became a key issue of disagreement between Klein and Winnicott, who believed there is a stage of 'pre-ruth' in which aggression is in the service of development, is without hostile intention and is to do with the infant learning to use his objects. Winnicott memorably said 'the mother hates the baby before the baby hates the mother'. For him destructive hate is something that develops out of excessive frustration, neglect or intrusion. Fairbairn also disagreed with Klein's view. He thought, rather like Winnicott, that destructive hate was 'love gone wrong' due to its needs not being met.

### **Sexuality**

Opponents of Klein thought that the emphasis on aggression detracted and contradicted Freud's theory of infantile sexuality as the driver of neurosis. Freud had later turned his attention to aggression as creating anxiety but for him it was invariably linked with sexuality.

### **Positive Transference and the Treatment Alliance**

Anna Freud and the Viennese group felt that Klein's early interpretation of destructive phantasies was ill-founded and likely to interfere with the positive transference (that aspect of the transference that Freud proposed was useful for forging a treatment alliance). The Viennese group continued to maintain the idea that it is important to move very slowly into interpreting to the patient while the Kleinian group on the whole believed that it was important to interpret the main anxiety to the patient as soon as possible. For Kleinians, Klein's theories about the infant living in a paranoid world of incorporated 'part-objects' (representations of bits of the body) meant immediate interpretations based on attacks upon or wishes to possess these objects, and the feared re-percussions of this. This was very far from the Viennese group's way of thinking and working.

### **The classical model, oedipal development and the Super-ego**

Klein proposed that an internal awareness of the oedipal situation in a primitive form is present in first few months of life. This was a logical backward deduction based on Freud's idea of substitution of objects: For Freud there is a symbolic progression from nipple to penis. For Klein the envy of the breast is there from the start. For Klein these situations are endogenous and not developed via the family environment, which was Freud's view. Diadic Envy and Oedipal Jealousy exist as a sort of pre-formed set of object relationships which are activated at birth. This is quite different from Freud's idea that the Oedipus complex is a much later developmental thing that is part of the matrix of family interaction. In this Kleinian system the Super-ego is organised in the first few months of life and arises out of attacks upon internal objects. The objects potentially threaten the infant with retribution. This is very different from Freud's view of the super-ego as an internalisation of parental prohibition and the threat of castration.

## **Depression**

Klein's view was that depression is due to Death Instinct derivatives. (Guilt caused by attacks). She began to investigate ideas of damage and remorse in normal and pathological development. The 'depressive position' is the realisation that love and hate are directed at the same object. Prior to this the infant splits the object into two, one loved and the other hated and feared. Depression was seen by the opposing group as, in keeping with Freud's view in '*Mourning and Melancholia*' as emerging out of later problems with oedipal super-ego development.

## **London, 1940's**

In the 1940's Klein developed her ideas about split-off parts of the self being projected into objects. (The 'Paranoid-Schizoid' Position). This idea came to be widely accepted but what remained contentious was Klein's idea that this mechanism derives from the traumatic anxiety of birth. (In my view another speculation of Freud's that has been unquestioningly accepted and over-valued by Klein and others). Freud said little about it except that for him it was the paradigm of the anxiety situation.

Arguments about the theoretical differences were put on the back burner during the war but eventually in the 1940's they burst into flames. From 1938 the hostile Viennese had begun to come to London and things came to a head. Anna Freud stayed in London while other Viennese went on to the USA. Anna Freud started the Hampstead nurseries. Ernest Glover and Militta Schmideberg, Klein's daughter joined in attacking Klein along with the Viennese group. In the early 40's a series of 'Controversial Discussions' were organised to try to examine the key points of disagreement. (See King and Steiner). There followed a sort of battle of papers and discussions, the main focus being on Klein's insistence of the inferred early presence of the phantasies she described and innate destructiveness driven by an endogenous death instinct. A group coalesced around a group of native British analysts, - Sylvia Payne, Margaret Brierly Ella Sharpe and William Gillespie along with Balint, Bowlby and Hayman, who produced papers which are models of careful thought, agreeing with some aspects of each side and disagreeing with others. This group became the foundation of the Independent, or non-aligned group. The issue of training brought things to a head in terms of who could train whom. This moderate group fought for and achieved the decision to re-organise things so that there would be two separate training groups. The 'A' group, mainly Kleinian, and the 'B' group, around Anna Freud. Trainees from either group must have a second supervisor from the non-partisan or 'middle' group (consisting mainly of native British analysts). This was the so-called 'Gentleman's Agreement'. The middle group eventually became the Independent group. (Recently this training structure has been abolished, at least formally, and so this history does not reflect the current situation).

This acrimony that had rumbled on for many years led to a compromise designed to prevent the organisation from disintegrating. As with previous rifts, the theoretical disagreements were loaded with emotionally laden rivalries and alliances. James Strachey was a key person in insisting on the idea of compromise and he condemned the 'Megalomaniacal tendencies of analysts attempting to stuff their own ideas into

their trainees rather than let them develop their own'. Strachey was deeply concerned about speculative ideas being treated as 'axiomatic', a phenomenon that has always dogged psychoanalysis.

The dangerous surface fire was extinguished but that did not mean that it did not continue to smoulder away underground. My view of this is that ultimately allegiance to one or the other school of psychoanalysis is as much to do with personality as with anything else. It is probable that a British sceptic like me from a lower middle-class background would find himself part of the Independent group. Those who prefer scientific certainty are probably more likely to gravitate towards Klein.

### **The basic tenets of the Independent Group:**

These are an adherence to classical psychoanalytical theory and technique. A belief in the unconscious, a belief in defences and resistance to them being undone by means of interpretation. Gill (1954) quoted by Kernberg, gives a definition that defines psychoanalysis, of whatever school as

"the facilitation of the development of a regressive transference neurosis, and its resolution by interpretation alone, carried out by a psychoanalyst from a position of technical neutrality"

Inside this framework there is a lot of theoretical variation. Within the Independent group there is widespread acceptance of Anna Freud's delineation of defences that she lays out in her *'The ego and its Mechanisms of Defence'* and also of her work on developmental lines. (see *'Normality and Pathology in Childhood'*). While there may be disagreement about Klein's ideas about their origins there is more-or-less acceptance of her ideas about projection, denial, splitting in the service of defence and Projective Identification. Many Independent analysts accept Fairbairn's ideas about schizoid mechanisms (splitting of the self and object into parts) as a reaction to the environment which is more-or less depriving or traumatising. There seems to be acceptance of Klein's ideas about the early two person relationship leading to hateful feelings and guilt but again not necessarily acceptance of Klein's ideas about their origins or their early existence. The idea of the 'depressive position' is widely accepted. Many though prefer Winnicott's idea of the 'Stage of Concern' rather than the 'depressive position'.

Most Independent analysts do not subscribe to Klein's idea of the infant being in a paranoid-schizoid state, a kind of permanent state of actual or near psychosis in which it struggles to manage the Death Instinct. Some (following Balint and Winnicott) think of the paranoid-schizoid state as something, when found in Adult patients or children, as a secondary, pathological defensive structure due to neglect, abuse or impingement. Many Independents think of both 'positions' when seen in adult patients, not as endogenously driven but as defences against trauma of one sort or another.

### **Envy**

Klein believed in constitutional envy – there from the start – and so in her scheme envy is rather like a drive (she does not explain this) and so the infant envies, from the start, the mother's milk-giving capacity and attacks it in phantasy. This shunted



Freud's idea of penis envy right back to the beginning so that late penis envy is often said to be disguised breast or nipple envy. Independents tend not to agree with this and tend to see envy not in a drive-like way but more as a complex emotional set that requires a good degree of self-object differentiation before it arises. Winnicott, to repeat what he said, states that 'The Mother Hates the Baby before the Baby hates the Mother'. He would probably agree that similarly the mother envies the baby before the baby envies her.

### **Phantasy**

For Klein phantasy is there from the beginning and arises out of a need to manage anxiety caused by the death instinct. Independents tend to think of fantasy and imagination as a social phenomenon, arising out of (inevitable) frustration or impingement. Winnicott and Klein have quite different attitudes to the infant's perception of, and use of the breast. For Klein the breast is split by the infant into two objects, one idealised, the other attacked. For Winnicott the infant learns to hallucinate a good breast when it is absent, provided that things are 'good enough. If things in the environment are not good enough (or worse) this hallucinatory capacity is damaged and creativity is harmed. These are two very different views about the origins of symbolisation. Later on Bion seems to have been able to bridge this gap in that he adhered to Klein's views but was able to smuggle the mother back in under the wire without threatening the Kleinian status-quo, in the form of what he called the 'container'.

### **Interpretation of Destructiveness**

Independent analysts tended to see the repeated interpretation of 'innate' destructiveness as leading to conformism. The patient realises that it is better to agree than to disagree with the analyst because disagreement might lead this being interpreted as a further attacks on the analyst-breast, confirming in the analyst's mind that the patient is in the 'paranoid-schizoid' position. Contemporary Kleinian analysts have moved away from this in their technique due to contributions which take account of feelings of humiliation and secondary defences against this. Major contributions to Kleinian thinking on narcissism paved the way for this but it is notable that ideas about humiliation were very late arriving within Kleinian technique, probably because they connect with ideas about the 'self' and self esteem and the effect of the environment (in the form of the inadvertently traumatising analyst). I think it is also because humiliation is connected with shame which had never been considered by Klein. I will talk about this in the paper I will read later.

The independent view traditionally sought to maintain a circumspect attitude to interpretation, more in keeping with Freudian technique of working first towards a positive therapeutic alliance. (This of course is much more difficult with patients who lack basic trust). The independent view tended to be that repeated, real, faulty interactions from early on and during development cause pathology. These faulty interactions are inevitably repeated in therapy/analysis. The establishment of a good working relationship is thought to encourage a situation in which these interactions can be safely repeated and then interpreted and understood.

### **Counter-transference: Inter-subjectivity vs Neutrality**

In recent years all the groups have converged in their understanding that counter-transference is usually the key to understanding what is being re-enacted in the consulting room. Kleinians tend to regard counter-transference as a manifestation of the patient's projection of early and primitive, unwanted aspects of self into the neutral analyst, - a manifestation of the early infantile paranoid-schizoid state. Independents tend to see counter-transference feelings as a joint creation and as a repetition of early mother-infant interactions, - as a later developmental defence in which the patient reverses something it experienced as a child, or repeats an earlier real relationship, and as a joint creation of both patient and analyst. This approach emphasises that both analyst and patient are 'in something together' that is a social creation and that this interaction is what needs to be analysed. Kleinians and some Independents might feel that this moves psychoanalysis to far away from Gill's definition and too much towards the American Inter-Subjective School or too much towards supportive psychotherapy.

### **Re-Construction**

Freud and the neo-Freudian group have tended to use re-constructive interpretations. These have the aim of attempting to make sense of what is going on now by connecting it with what probably went on both externally and internally in the past. Kleinians have objected to this as watering down the immediacy of 'here and now' interpretations. They have said that this takes the emotional heat out of the work. Some independents may make use of a much more conversational mode with their patients, rather as Freud is reported as having done. They may do this in order to be more 'real' to their patients (without revealing undue details of their own lives). Some independents see this as a form of 'free association' in that it encourages the patient to talk freely, perhaps occasionally sharing a thought of fantasy with a patient. This may be criticised in the same way as reconstruction in that can be regarded as diluting and avoiding the anxieties aroused by a more neutral technique.

### **Inter-subjectivity**

Independents tend to be interested in, while by no means adopting all its ideas, in the so called 'inter-subjective or Relational' approach, particularly as espoused by the New York group. This emphasises a non-authoritarian approach, attention to the 'real' aspects of the analyst and the myth of the objective analyst. A major aspect of this is the belief that the patient developed originally out of social interaction and can change in analysis due to similar, corrective interactions between himself and the analyst who draws attention to, and interprets repetitions of faulty interactions and fosters the internalisation of better ones.

### **Après-Coup**

Is an idea of Freud's that has been developed by the Paris school and taken up by the contemporary Freudians. It is the idea that later developmental stages and events cause a re-working in phantasy of earlier internalisations. (For example, phantasies about one's pre-oedipal maternal object may drastically altered by the later oedipal shock of the birth of a sibling). This idea re-enforces the idea that the past is a foreign country in which we can never really know 'what happened'. Most independents find this idea useful. It is a neo-Freudian idea that is very much associated with Anna Freud's developmental stages and is in keeping with Freud's ideas about the transferring of affective cathexis from one part of the body to the

next in development. In this scheme there is always a backward re-working and re-symbolising of earlier psychic events, except in trauma where things remain frozen and not re-worked. (It is the impossibility of *Après-coup* in trauma that makes it so terrible). The idea of *Après-Coup* is somewhat contrary to Klein's idea of very early anxiety remaining unmodified in the unconscious (except in the case of trauma)

### **Science or Art?**

Eric Rayner in his account of the independent group believes it has its roots in Empiricism and trial and error rather than in dogmatic closed systems. Knowledge arises from perception and experience and not from theories. Doubt, and the ability to manage it, is central to this. It is notable that many of the original non-aligned group were not scientifically trained doctors but came from the Humanities. (Ella Sharpe, for example, had been a teacher) and this is still the case. Perhaps these people are more comfortable with doubt and relativism than are those with a more scientific background.

From its beginning Freud and his followers were determined to ensure that psychoanalysis should achieve scientific status. One reason for this was Freud's belief in the rationality of psychoanalysis. Another was that psychoanalysis was immediately threatened from many sides. The assertion that it was scientific was an understandable defence against these attacks. This debate still goes on, for example in the recent debate: Professor Wolpert vs Professor Fonagy (only the most recent of these bouts between world class heavy-weights) Wolpert asserts

The main problem with psychoanalysis is that it makes no attempt to be based on science and so there are no general principles which a case history could use to help other patients. An analytic case history is essentially subjective and anecdotal and it also ignores other approaches to mental illnesses.....

Modern psychoanalytic interventions are primarily intended to provide a special communication with the patient based on emotion, rather than to promote intellectual insight. Nevertheless, most psychoanalysts continue to stress the strong influence of unconscious elements affecting people's mental lives..... There is excessive emphasis on the influence of childhood, although many adults with symptom neuroses and character pathology have no history of childhood sexual or physical abuse. And where is the evidence for the Oedipus complex? One of the problems with psychoanalysis is that it is difficult to be wrong as anything can be explained; there is no evidence with which it assesses any idea or claim. Every explanation seems possible, and this must make it very attractive to those who practise it – how nice to have virtually no constraints.

.....

Professor Fonagy provides a stout defence of the scientific credibility of psychoanalysis and I will not quote it here. The point I would make is a personal one and I think one that is probably most likely to be made by an Independent analyst: That all this is interesting in the way that a wrestling match is interesting but other than this it of little value. Psychoanalysts believe, for enough of the time, in what

they do just as an artist believes, enough of the time, in what he does when he is painting. Scientists like Professor Wolpert do not believe in psychoanalysis. I think it is realistic to think of psychoanalysis as an art. Of course, this position leaves one open to accusations of hopeless relativism but then Professor Wolpert is right: there are as many different psychoanalyses as there are analysts. I do not find this a problem: there are as many childhoods as there are mothers and fathers. It really depends ultimately on whether one is interested in 'cure' (as is Prof. Wolpert) or in understanding meaning. I think the science of psychological cure (to which the government is wedded) is a cul-de-sac. Initially Freud stumbled on a way of giving meaning to apparently incomprehensible symptoms. After that he strove to produce theories to explain his observations. These theories are exactly that: theories, not facts.

A young, white middle-class woman from a strict Christian family came to me following a breakdown that had resulted in her being diagnosed psychotic. While on the psychiatric ward her delusions bloomed. She believed that she had had sex with a black doctor treating her and she was beset by overwhelming, pathological jealousies and by terrible, guilty thoughts about her own aggression and sexuality. Anti-psychotic medication helped calm her down and reduce the power of her delusions but it could not help her realise that her fantasies were the safe, but terrifying version of her adolescent rebellion and an attempt at separation from her prohibitive and persecutory internal, parental objects : Sex outside marriage with a 'heathen', black man was, she eventually realised, the worst thing she could 'do' to rebel against these objects in a family she thought of as racist and condemning any sexuality or jealousy. You cannot cure a person of his or her self. Groping in the dark towards understanding while living with doubt is an art.