5.2: Anna Freud and Ego Psychology

Anna Freud (1895-1982) was the youngest of Sigmund and Martha Freud's six children, and the only one to pursue a career in psychoanalysis. However, this did not come about immediately, and Anna Freud never attended medical school as her father had. Therefore, she was one of the first lay psychoanalysts, which is an important consideration for all mental health practitioners today (since Freud and most other early psychoanalysts were actually psychiatrists who had attended medical school). In 1971, a survey conducted among psychiatrists and psychoanalysts identified Anna Freud as the most outstanding colleague among both groups (see Peters, 1985).

Anna Freud lived with her parents until Sigmund Freud's death in 1939. She was a lively child, with a reputation for being mischievous. Although she always enjoyed a good relationship with her father, it was her older sister Sophie who was her father's favorite daughter (Peters, 1985). She was quite intelligent, but never attended college. She did, however, attend private schools, eventually entering the Cottage Lyceum in Vienna during fifth grade. She soon entered the Cottage Lyceum's high school, graduating in 1912. Since she had not chosen a career, she traveled to England to improve her English, one of several languages she had learned. Upon returning to Vienna, she became a teacher at the Cottage Lyceum's elementary school. She was very popular among her students, one of whom described her as "such a marvelous and simple figure that I loved her deeply at that time" (cited in Peters, 1985). Her popularity likely resulted from her own love of teaching and for her students (Coles, 1992). Anna Freud considered this experience as a teacher to have been very valuable for her later career as a child psychoanalyst:

The people who follow this line of thought hold that those who analyze children should possess not only the correct analytical training and mental attitude but something further: something which is called for by the idiosyncrasies of childhood, namely, the training and the mental attitude of the pedagogue… (pg. 130; A. Freud, 1973).

Even before she graduated, Anna Freud had begun reading her father’s works. But it was not until 1918 that she entered into psychoanalysis. Such a situation, a father psychoanalyzing his own daughter, would be considered
inappropriate today, but at that time the entire field was still quite new and many aspects of it were still experimental. In any case, Anna Freud subsequently became one of her father’s most unwavering supporters and an important psychoanalyst in her own right. In 1920 she attended the International Psychoanalytical Congress with her father, and 2 years later she was a member of the Vienna Psychoanalytical Society and began presenting her own papers. In 1923 she began her own practice treating children.

As Anna Freud was developing her theories regarding the psychoanalysis of children, Melanie Klein was developing her theories in England. There were significant disagreements between them, including a symposium in 1927 organized specifically to provide an opportunity for Klein to publicly attack Anna Freud’s theories (Peters, 1985). After Anna Freud arrived to stay in England with her family in 1938, the conflict between them threatened to split the British Psychoanalytic Society. However, during World War II, a series of discussion forums resulted in the establishment of parallel training courses for the two groups.

After the war began, Anna Freud helped to set up the Hampstead War Nursery to provide foster care for over 80 children, a number that rose to a total of 190 children over several years (Peters, 1985). In addition to simply providing care for the children, she hoped to provide the children with continuity in their relationships with staff and family. With long-time friend Dorothy Burlingham she studied the effects of stress on young children in wartime. This work continued after the war when she had an opportunity to help provide care for six orphans who had survived the Theresienstadt concentration camp (Coles, 1992; Peters, 1985).

Throughout the rest of her life, she remained devoted to her work at the Hampstead War Nursery. She helped to establish the Hampstead Child Therapy Course (in 1947) and a children’s clinic. Eventually the nursery became known more simply as the Hampstead Clinic, and Anna Freud became one of the major figures in psychoanalysis. She often traveled to lecture in the United States, and in the 1970s she was a co-author, with two professors from Yale University, of two books about governmental involvement in the lives of children who have been emotionally deprived and socially disadvantaged (see below). She received many honors, including honorary doctorates from Clark University (where her father had lectured during his trip to America), Harvard University, and Vienna University. The honorary medical degree she received from Vienna University was awarded in 1972, only 1 year after she returned to visit her native city for the first time since the Freud’s had escaped the Nazis in 1938.

Shortly after her death, the Hampstead Clinic was renamed the Anna Freud Centre, in her honor, and in 1986 her former home became the Freud Museum. Although she has been considered by some to have done little more than continue her father’s work, she was a pioneer in both ego psychology and the psychoanalysis of children. Accordingly, she deserves to be considered one of the most influential neo-Freudians. Much of the information in this biography can be found on The Anna Freud Centre website, as well as much more information on the center itself (http://www.annafreudcentre.org).

Ego Psychology and the Defense Mechanisms

In 1936, Anna Freud published perhaps her most influential book: The Ego and the Mechanisms of Defense (A. Freud, 1936/1966). She began by stating a redefinition of the field of psychoanalysis. There was a general bias, in her opinion, among many psychoanalysts to focus on the deep instinctual impulses of the id at the expense of considering the ego. However, since the id is always unconscious, its processes can never be observed directly. It may also be difficult to
observe the processes of the ego as well, but at least the ego exists partially within the conscious mind. Since it is the ego that observes both the impulses of the id and the restraints of the superego, and since the ego is available to the psychoanalyst, she concluded “this means that the proper field for our observation is always the ego.” (A. Freud, 1936/1966)

Although the ego is observable, that doesn’t mean that a person’s thoughts and behaviors always make sense. As the id demands the satisfaction of its impulses, the ego attempts to restrain the id, in accordance with the external demands of society and the internal representation of those demands in the superego. When these factors come in conflict, and the ego cannot easily resolve the conflict, anxiety develops. In order to help alleviate that anxiety, and to continue restraining the impulses of the id, the ego resorts to defense mechanisms. In so doing, the ego transforms the conflict somewhat and attempts to keep both the conflict and the basis for the conflict unconscious. When an individual is suffering psychologically and has sought help from a therapist, according to Anna Freud, the psychoanalyst arrives on the scene as someone who disturbs this fragile peace. This is because “it is the task of the analyst to bring into consciousness that which is unconscious…” (A. Freud, 1936/1966).

In order to understand how the ego uses defense mechanisms, it is necessary to understand the defense mechanisms themselves and how they function. Some defense mechanisms are seen as protecting us from within, from the instinctual impulses of the id (e.g., repression); other defense mechanisms protect us from external threats (e.g., denial). When treating a patient, the goal of the psychoanalyst is to determine how much a given defense mechanism contributes to the symptoms and to the ego resistance of the patient (in other words, resistance to therapy). To help understand these issues, Anna Freud identified and discussed ten defense mechanisms as being commonly recognized in the field of psychoanalysis: regression, repression, reaction-formation, isolation, undoing, projection, introjection, turning against the self, reversal, and sublimation. See Table 6.1 for a description of some of the defense mechanisms most commonly discussed today.

The defense mechanisms are not all available to an individual at the same time. As originally proposed by her father, Anna Freud believed that the defense mechanisms develop with the structures of personality (the id, ego, and superego). For example, projection and introjection depend on the differentiation of the ego from the outside world, so they would not be available to the ego as defense mechanisms until the ego had sufficiently developed (and, perhaps, differentiated into the superego as well; A. Freud, 1936/1966). This became an important point of contention, however, with the English school of analysis that included Melanie Klein. Whereas Anna Freud and her colleagues believed that projection and introjection would not be available in early childhood, since the structures of personality have not adequately developed, members of the English school believed that projection and introjection were a necessary part of that development. Although this debate and others between Freudian and Kleinian theorists became rather bitter (Mitchell & Black, 1995), Anna Freud did acknowledge the following:

These differences of opinion bring home to us the fact that the chronology of psychic processes is still one of the most obscure fields of analytic theory…So a classification of the defense mechanisms according to position in time inevitably partakes of all the doubt and uncertainty which even today attach to chronological pronouncements in analysis. It will probably be best to abandon the attempt so to classify them and, instead, to study in detail the situations which call for the defensive reactions. (pg. 53; A. Freud, 1936/1966)

The final outcome of personality development, whether primarily normal or abnormal, depends on the overall process of these defense mechanisms throughout development. It is natural that defense mechanisms are called upon by the ego
during both waves of psychosexual development. Whether or not the ego develops as a yielding and flexible structure depends on the strength of the instincts during development and the environment in which the individual develops. If instinctual demands are excessively urgent during development, the ego will redouble its defensive activities. This can stiffen the resistance of the ego to the instinctual impulses, leading to symptoms and inhibitions that remain throughout life (A. Freud, 1936/1966). At least, they might remain until the patient is successfully analyzed by a qualified psychoanalyst.

What is the status of defense mechanisms in psychology today? Clinical psychologists have always found the concept of defense mechanisms useful, but for a period of time defense mechanisms did not receive much attention from academic psychologists (Cramer, 2000). The primary reason for this was that early studies aimed at demonstrating the existence of the defense mechanisms and their processes were not promising. However, these are particularly difficult processes to study, since much of the processing occurs unconsciously (Cramer, 2000; Kernberg, 2004). According to Cramer (2000), as the various fields of psychology developed, they began to examine psychological processes that received new names within the particular field, even though the processes being studied were actually defense mechanisms that had already been discovered within psychoanalysis. Just to cite a few examples: what cognitive psychologists describe as selective attention may involve the defenses of splitting and dissociation, in social psychology scapegoating is a form of displacement, and in developmental psychology a child’s verbal report of positive emotion while their facial expression clearly represents negative emotion is a classic case of denial (for a variety of examples and references see Cramer, 2000). Therefore, one can conclude that defense mechanisms, and defensive processes, have remained an important aspect of psychology and psychotherapy since they were first described by Sigmund Freud and Josef Breuer in 1895 (Freud & Breuer, 1895/2004).

Discussion Question: Anna Freud believed that even normal personality development involved the common use of defense mechanisms. Consider your own personality. Are there situations that make you anxious and, if so, can you recognize the defense mechanisms you rely on? Do you have a common defense mechanism that you use more than any other?

**Psychoanalysis with Children**

As mentioned above, Anna Freud began her career as a school teacher. This interest in children never diminished, and as she began to devote her career to psychoanalysis and psychoanalytic research her focus remained on the psychological lives of children. In 1946 she published *The Psycho-Analytical Treatment of Children* (A. Freud, 1946). This book is a collection of works she had written mostly in 1926 and 1927, with the final portion having been written in 1945. The book begins with an interesting preface, an apology that the book had not been available in English at an earlier date, particularly in the country of England. The reason for this, according to Anna Freud (and many historians agree), is that in England the theories of Melanie Klein dominated the psychoanalytic community (see also Mitchell & Black, 1995). Klein and her colleagues believed that psychoanalysis could be conducted successfully with young children, and that the process of transference occurred in the same manner as it did with adult patients. Initially, Anna Freud believed that psychoanalysis could not be performed with young children. Later, she acknowledged that the efforts of her colleagues had helped to make that a possibility, but she steadfastly denied that she had ever seen the normal process of transference in anyone younger than adulthood (A. Freud, 1946).
Table \(\PageIndex{1}\): Common Defense Mechanisms

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repression</td>
<td>Involves blocking an impulse from conscious expression. Examples include forgetting a traumatic event, such as sexual abuse, or being unaware of hostile feelings toward family members.</td>
</tr>
<tr>
<td>Regression</td>
<td>When faced with difficult situations that we cannot resolve, we may regress to behavior indicative of an earlier stage of development. For example, when we are very sick, we may act as helpless as if we were an infant and hope that someone will take care of us.</td>
</tr>
<tr>
<td>Denial</td>
<td>Denial refers to simply refusing to believe an unpleasant reality. For example, when someone is told they have a terminal illness, they may deny it and refuse to follow treatment recommendations.</td>
</tr>
<tr>
<td>Projection</td>
<td>Projection involves attributing our own negative impulses to another person. If, for example, we want to see another person fail, perhaps to make us feel superior, we may claim that they are trying to interfere with our success.</td>
</tr>
<tr>
<td>Reaction-Formation</td>
<td>A reaction-formation is the process of suppressing unacceptable impulses and adopting an opposite course of action. For example, a parent who resents having children may shower them with love.</td>
</tr>
<tr>
<td>Identification</td>
<td>We often model our behavior after people we admire, or adjust our behavior based on people we fear. Internalizing this process of identifying with others is primarily how the superego develops, how we adopt the rules and guidelines of our culture and make them our own.</td>
</tr>
<tr>
<td>Displacement</td>
<td>Sometimes we cannot respond directly to unpleasant situations, so we displace (or transfer) our impulses onto another object. For example, if your boss yells at you at work, you then go home and yell at people in your family.</td>
</tr>
<tr>
<td>Rationalization</td>
<td>Rationalization is the process of finding logical reasons for unacceptable behavior or thoughts. For example, a professor may constantly battle with administrators about policies, while claiming that he/she only has the best interests of their students in mind.</td>
</tr>
<tr>
<td>Isolation</td>
<td>Isolation involves separating the anxiety-provoking aspects of an event from one’s other thoughts and behaviors. For example, following the death of a child, one parent may set aside their grief in order to be able to provide support for the other parent.</td>
</tr>
<tr>
<td>Sublimation</td>
<td>Sometimes referred to as the successful defense mechanism, sublimation is the process of channeling unacceptable impulses into socially acceptable forms. It is often said that great artists must suffer before they can find the inspiration to master their craft.</td>
</tr>
</tbody>
</table>

The importance of the analysis of children in terms of research is threefold, according to Anna Freud. It helps to confirm the theories develop by Sigmund Freud and others based on the analysis of adults, it leads to fresh conclusions and new conceptions (and she commends Melanie Klein on this point), and it serves as a point of transition to a field of applied analysis that she felt might become the most important of all: working with children as they develop (A. Freud, 1927/1973). What Anna Freud tried most to do in her writings was to point out the circumstances that make psychoanalysis with children different than psychoanalysis with adults. Fundamentally, there is no difference in the
process. However, the results of the process must be viewed differently in order to understand what happens with children. Since Melanie Klein was actively pursuing the same goals, Anna Freud often wrote specifically about Klein, acknowledging her accomplishments, but also pointing out their differences.

The basic argument was aimed at the intellectual and psychological abilities of young children, and the extent to which the psychical apparatus (the id, ego, and superego) have developed. Since all three personality structures have developed in an adult, there is no need for the analyst to worry about that. All the analyst needs to do is to bring into consciousness the neurotic processes that have led to the patient’s symptoms (granted, that may be easier said than done). In children, however, the ego and especially the superego are still developing. Therefore, the analyst must consider the role he/she may play in the development of the child. The analyst must consider the extent to which the superego has already developed, and the analyst may be able to take advantage of its continuing development and help to direct and/or instruct superego development. According to Anna Freud (1927/1973):

…In the analysis of the adult we are at a point where the superego has already established its independence - an independence which is unshakable by any influence from the outside world...But child analysis must include all those cases in which the superego has as yet not reached any true independence. Only too clearly it strives to please its taskmasters, the child’s parents and others responsible for his training…we have to use our influence from without in an educational manner by changing the child’s relation to those who are bringing him up… (pgs. 138-139)

As these processes are actually observed, Anna Freud believed that the child’s symptoms could transform in the presence of the psychoanalyst, in a way that simply did not happen with adults. Thus, it was essential to observe children from a different point of view than one observes adults. She acknowledged that Melanie Klein had contributed to our understanding of how children might be observed, but she felt that Klein had attributed too much to what Klein and her colleagues observed. Klein allowed children the opportunity to play with toys in her office, a situation in which the child’s imagination can run wild. Klein believed this was the same for a child as free association was for an adult. However, Anna Freud countered that an adult is aware of their goals in psychoanalysis, whereas a child at play is not aware of being in therapy. As a result, Anna Freud viewed the play of children as fundamentally different than an adult’s free association:

The play technique worked out by Mrs. Melanie Klein is certainly valuable for observing the child. Instead of taking the time and trouble to pursue it into its domestic environment we establish at one stroke the whole of its known world in the analyst's room, and let it move about in it under the analyst's eye but at first without his interference...

Mrs. Klein however…assumes the same status for these play-actions of the child as for the free associations of the adult patient…if the child’s play is not dominated by the same purposive attitude as the adult’s free association, there is no justification for treating it as having the same significance. (pgs. 28-29; A. Freud, 1946)

Anna Freud’s steadfast belief that children do not have the intellectual or psychological capacity for free association, in part because they simply can’t relax and lie still for an hour on the psychoanalyst’s couch, also raises questions for the use of the second most common psychoanalytic technique, dream analysis. Dream analysis depends on the patient’s ability to freely associate about the manifest content of the dream. With children, it is necessary for the psychoanalyst to connect the manifest content with the latent content, and this process will always be somewhat suspect (A. Freud, 1946). These problems lead into another controversy, the age at which psychoanalysis can occur. Whereas Klein and her colleagues believed that psychoanalysis could occur at any age, since babies are involved in play as part of their
earliest activities, Anna Freud believed that some amount of speech was necessary to form an adequate therapeutic relationship with a child (so the earliest reasonable age for psychoanalysis would be around two to three years of age; A. Freud, 1946).

In her conclusion to The Psycho-Analytical Treatment of Children, Anna Freud re-emphasizes the role that the developmental processes play as a child (and their id, ego, and superego) grows. As such, a child analyst needs to be “as intimately familiar with the normal sequence of child development as he is familiar with the neurotic or psychotic disturbances of it” (A. Freud, 1946). She specifically mentions academic psychology and the tests being created by psychologists for the measurement of personality as useful in this regard. She also mentions one test as being especially useful in examining libido development and its disturbances: the Rorschach test. Still, she acknowledges that our understanding of the developmental processes of the libido and of the ego is “very incomplete.” Yet she cautions psychoanalytic investigators “not to confine examinations to short-cuts of any kind…” (A. Freud, 1946). Clearly her concern for children, and for a professional approach to psychoanalytic research and practice, were foremost in her mind.

So what does current research tell us about the effectiveness of psychoanalysis on children? As is often the case, the results are not clear. Although a number of studies have shown that children benefit from psychoanalysis, the degree of that benefit has been disappointing (see Jarvis, 2004). When children of different age groups were studied, the results showed that psychoanalysis was more effective for younger children than it was for adolescents, something that Anna Freud would probably not have predicted. An important problem in many of the studies providing positive results, however, is that the results are based on reports by the therapists. Such reports are highly subjective and open to bias (Jarvis, 2004). Also, as we might expect, the effectiveness of psychoanalysis is dependent on the experience and skill of the analyst. Typically, analysts who have experience teaching and supervising psychoanalysis, as well as those who are prepared to try a variety of psychoanalytic techniques, achieve significantly better outcomes with their patients (Kernberg, 2004). So we must consider the question of the effectiveness of child psychoanalysis as one that remains unanswered.

**Discussion Question:** Is a child at play engaging in the same mental activity as an adult engaged in free association? Melanie Klein believed yes, but Anna Freud disagreed. Do you think that children are capable of the same participatory role in psychoanalysis as adults, and is play the best way to observe children?

Late in her life and career, Anna Freud extended her work beyond the psychoanalytic treatment of children to larger issues of child advocacy. In collaboration with Joseph Goldstein, a professor of law at Yale University, and Albert Solnit, a professor of pediatrics and psychiatry at Yale’s medical school and Director of the Child Study Center at Yale, she co-authored two books: *Beyond the Best Interests of the Child* (Goldstein, A. Freud, & Solnit, 1973) and *Before the Best Interests of the Child* (Goldstein, A. Freud, & Solnit, 1979). These books focus on the importance of placing the interests of children first when the government intervenes in cases involving the custody and placement of children. These situations arise in many circumstances, such as in the case of orphans or following a difficult divorce, but also in more extreme cases of abuse or when certain parents do not believe in allowing medical care for very sick children. Since these situations can pit one parent against another, or the parents against the interests of society, the authors addressed very clearly reasons why the interests of the child should be placed first:

Some will assert that the views presented in this volume are so child-oriented as to neglect the needs and rights of the adults. In fact, this is not the case. There is nothing one-sided about our position, that the child’s interests should be the...
paramount consideration once, but not before, a child’s placement becomes the subject of official controversy. Its other side is that the law, to accord with the continuity guideline, must safeguard the rights of any adults, serving as parents, to raise their children as they see fit, free of intervention by the state, and free of law-aided and law-abetted harassment by disappointed adult claimants. To say that a child’s ongoing relationship with a specific adult, the psychological parent, must not be interrupted, is also to say that this adult’s rights are protected against intrusion by the state on behalf of other adults.

As set out in this volume, then, a child’s placement should rest entirely on consideration for the child’s own inner situation and developmental needs… (Goldstein, A. Freud, & Solnit, 1973)

So long as the child is part of a viable family, his own interests are merged with those of the other members. Only after the family fails in its function should the child’s interests become a matter for state intrusion. (Goldstein, A. Freud, & Solnit, 1979)