What has happened to Psychoanalysis in the British Society?

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In 1942 in a paper on Object Relations, Marjorie Brierley wrote prior to what are 'the Controversial Discussions', " One way of stating the problem before us is to ask the question: Is a theory of mental development in terms of infantile object relationships compatible with a theory in terms of instinct vicissitudes?" (Brierley 1942:110-111) . She felt that the answer was in the affirmative, and she quoted Freud's own most recent definition of instinct (Freud.1933: SE.22:3) in support of her opinion. that 'An instinct may be described as having a source, an object and an aim---.

In 1992 fifty years later, the British Society organised an English Speaking Conference in London and the topic was to assess the status of some of the topics that had been so hotly discussed then. 1 read the opening paper and 1 dared to suggest that 1 quote:

"Fifty years have now passed and when 1 listen to clinical material from some members of the British Society, 1 wonder if she was right, as they tend to work in terms of the analysis of the vicissitudes of the current Object relationships of the patient and the analyst, and there is little reference to the vicissitudes of instincts, indicating that perhaps the two theories have not proved compatible, but that one theory has replaced the other." (King 1993) When 1 read that sentence there was a gasp from some members of the audience.

1 offered to talk to this Forum because 1 am very worried about what is happening to Psychoanalysis in the British Society. Furthermore, what is happening is being covered up with a fudge that implies that there is very little difference between the conceptual and clinical points of view of most of the members of the British Society. This is conveyed by the following statements which are made at International Conferences and Congresses to the effect that in the British Society, we all work in the "here and now"! Such people try to give a message to those outside the British Society, that those who do not agree with this statement, are not worth taking seriously and the message to those in the 'British Society, is that if you want to get on in this Society, you had better agree with this way of working. 1 think that this is sick, and 1 feel that those of us who are unhappy about this state of affairs, should stand up and be counted. for 1 know that 1 am not alone in my disquiet.

It is not just that there is only one way of interpreting transference that is acceptable, but that this approach to the interpretation of transference as the current relationship between the patient and the analyst in the 'here and now', excludes the use of many of the key technical concepts of Freud. If you dare to discuss with students in clinical seminars, other ways of looking at clinical material, drawing on some of Freud's formulations, you are considered old-fashioned, and told "We would not be allowed to work like that." This was said to me when 1 raised the question to a student, "Who do you think that you are in the Transference? The student replied that they had to ask the question "What is the patient doing to you now?" The whole past of the patient was ignored and the idea of the operation of the repetition compulsion was either alien, 'forbidden' or felt to be disapproved of.

What is so sad is that so much of the fun, the excitement of exploring with a patient, their whole life span has been lost. This is not the kind of psychoanalysis that 1 was taught in this Society

and it would have been anathema to most of my teachers and colleagues. Now 1 think that support for this approach to analysing comes from two main directions. The first source of support for this approach comes from most of the Kleinians and their followers in the Independent Group. This has developed slowly over many years. The second source of support comes from the Sandlers and their idea of splitting the Unconscious into a Present Unconscious and a Past Unconscious. (Sandler J.& Sandler AM 1995).[1] Clifford Yorke has given a critique of these ideas and a discussion of their theory. (Yorke 1996)

Their contribution to metapsychology might not have had much effect on psychoanalytical thinking had it not been used to support one of the rationales for restricting technique to working on the present relationship between the patient and the Analyst, which becomes a restrictive, relationship-based technique for therapy, with its taboo of working with the past in the present when it occurs.

I was wondering when these changes and the development of this restrictive technique started developing. 1 first became a Training Analyst in 1955, At that time it was made quite clear to us that we should not~ part in any other training for any psychotherapy Course of training. Prior to the war, in order that those accepted for training with us, would be enabled to keep their experience of psychoanalysis separate from the psychotherapies that were practised at the Tavistock Clinic, applicants who worked at that Clinic were told that they had to give up their work there if they wanted us to train them as psychoanalysts. One result of the Second World War was that members of both organisations, the Institute and the Tavistock Clinic, who had worked together during that war, made friends and sorted out their roles to their mutual advantage.

During the 1950s other trainings in pschotherapy started to be developed. The Institute supported the training in Child Psychotherapy, under Anna Freud at the Hampstead Clinic, provided that it was not called psychoanalysis. The Tavistock Clinic soon followed with their own training in Child Psychotherapy, under the direction of John Bowlby. We were permitted to analyse their candidates, as their training was initially based on five sessions a week both for the candidates and their patients.

However, as time went on, analysts found that their patients were finding their way into various forms of Psychotherapy training for Adults. When this happened it was thought that we could not refuse to continue to treat them. It was explained to us that they were training to see patients for only three sessions a week and that they would only work on their relationship between themselves and their patients, so that there would be no transference created or interpretations from the past. [2] It was therefore a different form of therapy and it should not get confused with what we were trained to do as psychoanalysts. (Bibring.E.1954)

When 1 realised how 1 had just described the way these psychotherapists were supposed to work, a bell rang in my mind. Is not this a description of how 1 had just been complaining that many colleagues were now working as ‘Psychoanalysts’ in the British Society? No wonder it is so difficult to describe the difference between what goes on in the Institute and what psychotherapists do?

It reminded me of a story about a man travelling in the desert on a Camel. It was a beautiful day, but as evening drew on, a sand storm started to blow up, and the man got off his camel and pitched a small tent for himself, and tethered his camel outside the tent. Soon the Camel put his head into the tent and asked if he could keep it there, as the sand was getting into his eyes.

The man agreed, and went to sleep again. The Camel then woke him up and asked if he come further inside the tent, as the sand was uncomfortable on his coat, while the man had a cloak to protect him. So the camel came even further into the tent and the man pulled his cloak around him to keep out the sand. When he woke up in the morning the man found himself sitting outside the tent, while the camel was comfortably established inside it. As he had pulled his cloak over his head, he had not even noticed that the camel had taken over his tent.

Now could this be a parable to explain what has happened between the 'here and now" way some psychoanalysts in the British Society work and the description of the way psycho-therapists would be trained to work in the psychotherapy trainings that had been set up. The only difference between the way they work and the way many of our members work, is that they see them 3 times a week, though when they can, they see them more often, and we see them 5 times a week. 1 must say that 1 am not very familiar with the work done now by colleagues in these psychotherapy organisations, but 1 do not think that they follow strictly the lines laid down initially, nor do they cut themselves or their patients off from the past.

What makes me so unhappy about what is happening to Psychoanalysis in the British Society, is that we have lost the high ground that we once held. We are also in danger of losing Freud and 1 think Melanie Klein also!

1 would now like to comment on the term 'here and now' as it is used today. In my opinion, it is emasculated compared with the way it was used in the late 1940's when 1 was a student and first met it. 1 think that John Rickman was the first to use it. 1 remember telling him that the Theravada Buddhists also used this phrase. He replied that he had first heard it from David Eder, one of the early British Analysts. He said that David Eder, who was an ardent Zionist, was also interested in Buddhism.

John Rickman was very concerned to put things in their correct chronological order, and to show the link for example, between Freud's contributions and thoughts and those of his colleagues. 1 have a long scroll which he has produced to help him to explain to students the development of Freud's and their influence on his colleagues. The years were marked out along the top of the scroll, and underneath, at the appropriate date, he entered the works of Freud on one line, and on a line below that the works of his colleague are entered.

The sequence of events were as important to him as the sequence of the patient's Free Associations. He was very aware of the timelessness of unconscious processes and the extent to which that which has not been digested, from the past will continue to influence the present. Thus to him, the past was very present in his version of the "here and now", but it was the task of the Analyst to discover the age or developmental stage which the patient felt he was re-experiencing at any particular moment or during any session, alongside who or what the patient was experiencing his analysts to be, either from the past or in the current moment that was contained by the Psychoanalytical setting or situation.

As 1 understand the way the phrase'here and now'is now used by many people in the Society, from an three Groups, i.e. many Kleinians, some Contemporary Freudians and some Independents, they use it to refer to the actual relationship in the session and what the Analyst thinks that the patient is doing to him, what the Analyst thinks that his patient is feeling about what he is doing to him, which he gathers not only from what his patient says, but from his own affective reaction to what he thinks is going on in the present of the analytic relationship and what he feel about it. 1 was told that to refer to the any past, affect or behaviour which could be

being repeated, might divert his patient to his past and away from the affects related to the current person of the Analyst, even though it might help the patient to understand himself and his past better. Thus the concept of the transference, by which affects, memories experience from the past are transferred to and still exist in the mind of the patient, is ignored, and is replaced by equating the transference with a relationship. Thus if an Analyst interprets his relationship, he is thought to be interpreting 'the transference' or 'working in the transference'

1 understand this concept of transference differently. To me, following Freud, transference is the process by which a patient, as a result of the repetition compulsion, repeats and re-lives in the present of the psychoanalytic relationship, unconscious conflicts, traumas and pathological phantasies from his past, and reexperiences them, together with affects, expectations and wishes appropriate to those past situations and relationships, in relation to his analyst, who is then felt to be the person responsible for whatever distress he is reexperiencing. " In this way, the symptoms of the patient's illness are given a new transference meaning and his neurosis is replaced by a 'transference-neurosis of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made' (Freud, 1912b, p. 154)

The analytic relationship and what happens within it, is both within Time and beyond Time. It is also out of Time. I suppose that we are dealing with a paradox. The Psychoanalytic relationship takes place in time, and keeping time, with its intimate link with space, and therefore with place, (which links with togetherness and with separation) has to be acknowledged in the present of the session. Yet according to Freud we have to be able to work and to see our patients within the context of their whole life span.

Before I proceed to discuss the concepts that Analysts are unable to use or feel that they have no need to use, if they adopt the version of the 'here and now' which is now current in the British Society, 1 want to read a quote to you. It is from Melanie Klein's description of her way of working which you will find in Part 3 of the "Freud/ Klein Controversies". 1 was looking for a quote from her which 1 could use to blame her for the state of affairs that we now find ourselves in, but to my chagrin, 1 realised that she had described well how 1 myself have used and still think about transference. She describes beautifully how one has to pass backwards and forwards through time in one's understanding of a patient. 1 then remembered that 1 started my training as a Kleinian, and when Rickman quarrelled with her, 1 became a member of the 'Middle Group'!!!

"In my experience, the transference situation permeates the whole actual life of the patient during the analysis. When the analytic situation has been established, the analyst takes the place of the original objects, and the patient, as we know, deals again with the feelings and conflicts which are being revived, with the very defences he used in the original situation. While repeating, therefore, in relation to the analyst some of his early feelings, phantasies and sexual desires, he displaces others from the analyst to different people and situations. The result is that the transference phenomena are in part being diverted from the analysis. In other words, the patient is 'acting out' part of his transference feelings in a different setting outside the analysis."

'These facts have an important bearing on technique. In my view, what the patient shows or expresses consciously about his relation to the analyst is only one small part of the feelings, thoughts and phantasies which he experiences towards him. These have, therefore, to be uncovered in the unconscious material of the patient by the analyst following up by means of

interpretation the many ways of escape from the conflicts revived in the transference situation. By this widened application of the transference situation the analyst finds that he is playing a variety of parts in the patient's mind, and that he is not only standing for actual people in the patient's present and past, but also for the objects which the patient has internalised from his early days onwards, thus building up his super ego. In this way we are able to understand and analyse the development of his ego and his super ego, of his sexuality and his Oedipus complex from their inception."

If during the course of the analysis we are constantly guided by the transference situation, we are sure not to overlook the present and past actual experiences of the patient, because they are seen again and again through the medium of the transference situation and feelings do not become blurred and obscured.[3]"

Provided the interplay between reality and phantasy, and thus between the conscious and the unconscious, is consistently interpreted, the transference situation and feelings do not become blurred or obscured.

'This constant interaction between conscious and unconscious processes, between phantasy products and the perception of reality, finds full expression in the transference situation. Here we see at certain stages of the analysis how the ground shifts from real experiences to phantasy situations and to internal situations - by which 1 mean the object world felt by the patient to be established inside - and again back to external situations, which later may appear in either a realistic or phantastic aspect. This movement to and fro is connected with an interchange of figures, real and phantastic, external and internal, which the analyst represents."

'There is one more aspect of the transference situation which 1 should emphasise. The figures whom the analyst comes to represent in the patient's mind always belong to specific situations, and it is only by considering those situations that we can understand the nature and content of the feelings transferred on to the analyst. This means that we must understand what in the patient's mind analysis unconsciously stands for at any particular moment, in order to discover the phantasies and desires associated with those earlier situations - containing always elements of both actuality and phantasy - which have provided the pattern for the later ones."

"Moreover, it is in the nature of these particular "situations" that in the patient's mind other people besides the analyst are included in the transference situation. This is to say, it is not just a one to one relation between patient and analyst, but something more complex. For instance, the patient may experience sexual desires towards the analyst which at the same time bring up jealousy and hatred towards another person who is connected with the analyst (another patient, somebody in the analyst's house, somebody met on the way to the analyst, etc.) who in the patient's phantasy represents a favoured rival. Thus we discover the ways in which the patient's earliest object relations, emotions and conflicts have shaped and coloured the development of his Oedipus conflict, and we elucidate the various situations and relationships in the patient's history against the background of which his sexuality, symptoms, character and emotional attitudes have developed."

'What 1 want to stress here is that it is by keeping the two things together in the transference feelings and phantasies on the one hand and specific situations on the other - that we are able to bring home to the patient how he came to develop the particular patterns of his experiences. (King/Steiner 1990. 3/6)"

I shall now proceed to discuss some of Freud's concepts, particularly those referring to the technique of working with patients, although some of his metapsychological concepts to do with the way the mind functions and is organised, can also be affected by our assumptions about the role of the past in our work as psychoanalysts. In putting forward these ideas, 1 realise that 1 have my own assumptions and hypotheses on how psychoanalysis functions to help my patients, and you may not always agree with them.

If 1 give some examples of what 1 think has happened to some of Freud's concepts, 1 hope that some of you will be able to put forward suggestions of your own, for 1 have only touched the fringe of the problem we are discussing. Afterwards, we can discuss how we could salvage some of these concepts, that once seemed so central to our understanding of how psychoanalysis functioned. It may also emerge, as 1 suspect, that more Analysts secretly make use of the past, are aware of the extent to which the past is still active in the present of their patients, and are alive to the importance of their patient's history, than they would be prepared to let the senior colleagues in their group know or would include in a paper which they read or published.

I have selected the following concepts to comment on, which in my opinion can only make sense together with an appreciation of the patient's past history:

1) Free Association by the patient, who should be free to bring up and communicate whatever comes to his mind, relevant to his past, his present or his future. However, when an Analyst relates everything that his patient says to himself in the present, ignoring what may come from his past, patients soon pick this up. Thus, the concept of Free Association will have already become devalued.

At an unconscious level, our patients quickly discover our rules, regulations and assumptions and have little difficulty in making use of them for their own neurotic purposes. Therefore, any analyst who feels he has too rigidly to adhere to certain lines of conduct or modes of interpretation can soon find himself, (except that he seldom becomes aware of it himself,) in the situation where his very technique is used as a defence and resistance to protect the patient's illness. 1 sometimes have to say to students, listen to the order of the patient's communications to you, see what is the meaning of the links between one statement or memory and the next one. So often, that is where there is an important key to what is going on at an unconscious level in your patient's mind,

2) The Free floating attention of the Analyst is the parallel concept to the request to our patients to associate freely, and not to censor their thoughts, which of course they cannot always do. Any rigid rules as to what may or may not be taken up or interpreted by the Analyst, must cloud the openness of the Analyst to their own UCS perceptions and awareness. Their perception of themselves as being treated by their patient as the patient's mother could have treated the patient, would be missed if only current events could be accepted or recognised by the Analyst.

3) The Repetition Compulsion which leads to unsatisfactory experiences, intrapsychic or interpersonal, being repeated in various internal or external contexts. This is one of the mechanisms behind the operation of transference, whereby the past is kept alive and brought into the present. Drawing the patient's attention to what is being repeated, empowers the patient very often to be aware of such repetitions occurring in his everyday life and to begin to be less at the mercy of past impulses. By cutting out the use and understanding of the repetition compulsion, Analysts reduce to an affect or emotion the meaning of the term Transference.

4) Regression to infantile experiences occurs when the patient brings their past into the session, feeling themselves to be re-experiencing their infantile feelings and frustrations, and perhaps treating their Analysts as their infantile mother. If an Analyst cannot put these experiences into the historical context of the patient's life, the patient's analysis is seriously impoverished.

5) Developmental Approach which helps us to be aware of the patient's need to re-experience his bodily functions and frustrations at different phases of growth.

e.g. the patient as a baby, hungry or being breast- fed by the words/ interpretations of his Analyst. This concept also helps Analysts to tune into what is being repeated from past periods of the patient's life, so that the Analyst can more easily discover what significant person from his past, the patient is experiencing the Analyst as: e.g. mother, father, nurse or sibling

6) Infantile Sexuality leading to Adult Sexuality and the operation of Instinctual impulses in the patient's inner world and in his relationships, cannot be explored outside the context of the whole of the patient's past and present. Acceptance of the concept of Infantile Sexuality was the key difference between the early Jungians and early psychoanalysts. It is crucial to bodily, affective and cognitive development, and crucial also to the working through of the Oedipus Complex with its important role in facilitating the growth of the capacity for object relationships.

7) The Super Ego is a concept which changes over time, and refers to a function of the patient's mind, whereby he intemalises authority figures from his childhood, which can become both supportive and also punishing, sometimes sadistically so, to the young child. As growth and/ or psychoanalysis proceeds, the severity of the super-ego should be diminished. Some time ago, 1 was invited as a guest at a seminar of students to introduce a discussion on criteria for the termination of Analysis, which was being run by a senior Kleinian, 1 put forward the idea that one criteria would be the reduction of the severity of the super ego. 1 was immediately told by him that we do not use concepts like that nowadays.

1 was staggered, and pointed out it was a very important and useful concept, particularly in the context in which 1 had used it. 1 realised sadly that 'modem' Kleinians had gone a long way from Freud, as well as from Melanie Klein.

In the paper which was read at the First Extraordinary Business Meeting, which is reported in the "Freud/ Klein Controversies", Sylvia Payne wrote: 'The basic conceptions of psychoanalysis were laid down by Professor Freud, and this Society and Institute were founded on them.

It might be said why should we limit our basic principles to those laid down by Freud. My answer to this is that we have in the past done so publicly and voluntarily, both by adherence to the International Psycho-Analytical Association and by acclaiming our intention to the Committee set up by the British Medical Association, who passed the resolution that only those analysts adhering to the conceptions of Freud had the right to call themselves Psycho-Analysts.

The basic conceptions of Psycho-Analysis are: 1) The concept of a dynamic psychology 2) The existence of the Unconscious 3) The theory of instincts and of repression 4) Infantile sexuality 5) The dynamic of the transference.

In my view all work which really recognises and is built upon these conceptions has a right to be called psychoanalysis." (King/ Steiner 1990. 1/ 2)

This is our heritage. If we want to continue to call ourselves Psychoanalysts, those of us who value this heritage and what we have learnt from Freud, have an obligation to understand and to explain his contributions to our colleagues, and especially to those who come after us.

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[1] I selected this reference as it is the most recent statement of the Sandler's point of view

[2] Margret Tonnesman reminded me that a number of discussions had taken place in the United States between 1952 and 1955 on the difference between psychoanalysis and Psychotherapy, and they had come to the same conclusion. She quoted the paper by Edward Bibring (1954) as an example.

[3] 3) (Original Footnote) 1 am in full agreement with James Strachey's paper on "The Nature of the Therapeutic Procedure". (Strachey 1935)