

CHAPTER 1

Reshaping the Psychoanalytic Domain

The British Psychoanalytic Community

In the summer of 1912 Ernest Jones consulted Sándor Ferenczi and sounded him out about forming a “small group of trustworthy analysts” around Sigmund Freud. Visions of “Charlemagne and his paladins,” of a secret society standing “to Freud . . . in the relation of a bodyguard,” danced in his head.¹ Ferenczi liked the idea; so too did Freud, who responded warmly to the “romantic element.” Thus the strictly secret “committee,” which Freud expected to watch over his “creation” and whose watchfulness would make “living and dying easier” for him, began its decade-long existence.²

How did Jones carry out his self-appointed mission? How did he go about ensuring what Freud called the “continuation” of psychoanalysis “along the right lines”?³ Two items stand out. In 1913 Jones entered upon a “didactic” analysis, and in so doing became the first analyst to be analyzed. What was meant by “didactic,” how such an analysis differed from the ordinary therapeutic variety, remained unclear; in fact there is no reason to believe that there was any difference at all. The analyst in this case was not Freud. The “master” was hard at work with Jones’s longtime mistress (who in the course of her treatment ceased to be his mistress) and hence was unavailable to his paladin. So Jones journeyed to Budapest, and there Ferenczi analyzed him in two hour-long sessions a day for a period of a few months. The analysis, he wrote to Freud, gave him “more self dependence and freedom by diminishing what was left of my father complex.” He felt certain that Freud would welcome such a development: who could doubt that it was better to have a “permanent attitude of respect and admiration than a kind of veneration which brings with it the dangers of ambivalency?”⁴ These particular dangers Jones claimed that he managed to avoid from then on.

When he returned to Britain that autumn, he took a second step toward carrying out his mission: he proceeded to establish the London Psycho-Analytical Society. He acted in haste and soon came to regret what he had done. Quantity and quality alike he found disappointing. Of the fifteen original members, five lived outside Britain, and of the remaining ten, only four, including Jones himself, actually practiced psychoanalysis—the rest had merely an academic interest in it. Still more, the smallness of the society proved no bar to dissension. Before long, Jones's second-in-command showed himself disloyal—he began openly to display Jungian sympathies—and he was not alone in straying from the Freudian fold. In short, the society was incapable of guaranteeing the continuation of psychoanalysis “along the right lines,” and during the First World War, with most of the members away, meetings were suspended. Jones thus had a chance to start all over again at the war's end.⁵

And it was the right time to begin. “In every country,” he wrote, “there seemed to have been a psycho-analytical moment . . . when interest in the newness of psycho-analysis became acute.” Britain's “moment” arrived during the five years after the First World War.⁶ In February 1919 Jones invited a select group to meet at his rooms. Forthwith they dissolved the London Psycho-Analytical Society and formed in its stead the British Psycho-Analytical Society, to be affiliated with the International Psycho-Analytical Association. Jones was to preside over this new body for the next thirty-five years. In 1920 he shepherded through the press the first issue of the first psychoanalytic review in English, *The International Journal of Psycho-Analysis*; before long Leonard Woolf and the Hogarth Press were publishing psychoanalytic literature as well. In 1924 the Institute of Psycho-Analysis was launched and with it the educational mission of the society. When two years later the London Clinic of Psycho-Analysis opened its doors, the scientific and clinical accoutrements of the British Society were in place.

In founding the British Psycho-Analytical Society, Jones was intent on putting into practice the lessons that earlier failure had taught him: to control carefully the number and character of the new members. The numbers in fact were never large: by the end of 1919 the society had thirty associate and full members on its roster; thereafter it grew in incremental fashion. Potential recruits usually attended as visitors before being formally proposed, nominated, and voted upon. During the first year of their associate membership, the new associates, who were required to face annual reelection, were frequently

asked to read a paper, thereby giving Jones ample opportunity to rectify a mistaken judgment. Initially there was considerable turnover on the periphery of the society, but the center was holding firm. By mid-decade Jones had gathered around him James and Edward Glover, Joan Riviere, James and Alix Strachey, Ella Sharpe, Susan Isaacs, John Rickman, and Sylvia Payne—all of whom were to loom large in the history of psychoanalysis in Britain.⁷

Who were the members of the British Psycho-Analytical Society? Where did they come from, that is, intellectually? As for Jones, his self-description as “a medical student handling the human brain” and committed to “evolutionary perspectives” offered a comprehensive, if thumbnail, sketch of his educational equipment and outlook. “As far back” as he “could remember” he had “wanted to be a doctor,” and when that goal was within his grasp, he decided to reach further and specialize in neurology. “The brain,” he wrote, “in its position of supreme control” obviously occupied a privileged position. So too would the person who had knowledge of that organ. With the assurance of a clear-sighted materialist, he scorned riddles of metaphysics. In similar fashion he dismissed works of sociology and ethics as lacking “the necessary basis in biology.”⁸ Only after professional misadventures had forced him to renounce his neurological ambitions did Jones move toward psychiatry, psychology, and Sigmund Freud. He did not, however, renounce his attachment to medicine.

Among the early luminaries, the Glovers followed a course most nearly approximating that of Jones. The sons of a Scottish school-teacher—Jones had come from a modest Welsh background—they had, one after the other, with James taking the lead and setting the pace, pursued medical studies; migrated to London, where they encountered psychoanalysis immediately following the First World War; and then journeyed to Berlin to be analyzed by Karl Abraham.⁹ (That experience left its mark, at least on James’s technique; when Sylvia Payne started analysis with him in 1919, she sat “in a chair facing him and he wrote down every word” she said. “After he had had training with . . . Abraham . . . the patient lay on the couch, the analyst sitting behind him. Interpretations were given mainly at the end of the session but not exclusively. . . . The analyst was very passive.”)¹⁰ Next to Jones, James Glover ranked as Britain’s leading analyst in the early 1920s: indeed James Strachey considered him “the only possible conceivable person” to go to for a second round of analysis, his first having been conducted by Freud himself.¹¹ The second round did not last long; James Glover died prematurely in 1926, and his less talented

younger brother, Edward, fell heir to his position as Jones's right-hand man.

There was a marked contrast, intellectual and social, between, on the one hand, Jones and the Glovers and, on the other, Joan Riviere and the Stracheys. The latter three came, as James Strachey put it, "from the same middle-class, professional, cultured, later Victorian box."¹² (He ought to have said upper middle class.) According to Jones, Riviere had a "strong complex about being a well-born lady":¹³ she was a member of the Verral family, a family much involved in the Cambridge-based Society for Psychological Research, which James Strachey joined and to which in 1912 Freud contributed a paper.¹⁴ James Strachey was himself a Cambridge graduate and inhabitant of Bloomsbury, whose presiding spirit was his older brother Lytton—scant preparation, in his own opinion, for psychoanalytic candidacy:

A discreditable academic career with the barest of B.A. degrees, no medical qualifications, no knowledge of the physical sciences, no experience of anything except third-rate journalism. The only thing in my favour was that at the age of 30, I wrote a letter out of the blue to Freud, asking him if he would take me on as a student. For some reason he replied, almost by return post, that he would.¹⁵

When James Strachey wrote to Freud, he was on the verge of marrying Alix Sargent-Florence, a graduate of Newnham College, Cambridge; Bloomsbury resident; and friend of assorted Stracheys, Stephens, and Woolfs, as well as John Maynard Keynes. Together the newlyweds proceeded to Vienna and analysis with Freud—so too did Joan Riviere, after many years with Jones. Alix subsequently went on to Berlin for treatment with Abraham, whom she considered the "sounder person as an actual analyst."¹⁶ These three—the Stracheys and Riviere—possessed the wide culture requisite for translating Freud's work into English, and it was James, ably assisted by Alix, who undertook the monumental task of editing the *Standard Edition*.

Was there, in the British psychoanalytic community of the 1920s, a correlation among class, gender, and medical or nonmedical background; that is, were male analysts likely to be doctors of lower-middle-class origin, whereas female analysts were likely to be nonmedical and upper-middle-class? The women were not all from the same social milieu: Ella Sharpe and Susan Isaacs, the first a former English teacher steeped in English literature, the second a leader in progres-

sive nursery school education, did not come from that same “later Victorian box.” Yet John Rickman, a doctor, did. And while the lay analysts were predominantly women, James Strachey and Sylvia Payne (a medical doctor) were both exceptions. (Payne succeeded Jones as president of the society and was in turn succeeded by Rickman.) Taken all in all, however, there was a strong correlation between cultural outreach and lay status.¹⁷ As a result, when the standing of lay analysts came to be hotly debated in the mid-1920s, the British among them found themselves in a relatively strong position.



In the spring of 1926 Theodor Reik, a prominent nonmedical member of the Vienna Psycho-Analytical Society, stood accused of violating an Austrian law against quackery—“a law which made it illegal for a person without a medical degree to treat patients.”¹⁸ (His case never came to trial: after a preliminary investigation, the charges were dropped.) The assault on lay analysis, Freud wrote, seemed “to be only an offshoot of the old resistance against analysis in general. . . . I regard the whole movement as an expression of annoyance at the benevolent interest my seventieth birthday aroused . . . , and . . . feel partly responsible for it.”¹⁹ So he fired off a pamphlet entitled *The Question of Lay Analysis*, which had immediate repercussions in the psychoanalytic world; it flushed out, as James Strachey put it, “the strong differences of opinion on the permissibility of non-medical psycho-analysis . . . within the psychoanalytic societies themselves” and prompted the publication of a “long series of reasoned statements (28 in all) by analysts from various countries.”²⁰

In sounding the clarion, Freud staked out an extreme position, or rather a succession of extreme positions. What linked them was his grandiose claims for psychoanalysis and an equally grand vision of its future. On the most obvious issue, whether psychoanalysis should be considered a specialized branch of medicine, he was adamant: he did not want to see it “swallowed up by medicine”; he did not want it “to find its last resting place in a text-book of psychiatry under the heading ‘Methods of Treatment.’ ” “The possibility of its application to medical purposes,” he argued, should not lead one “astray. Electricity and radiology also” had “their medical application, but the science to which they both” belonged was “none the less physics.” If psychoanalysis did not belong to medicine, of what was it a part? Psychology was the answer Freud gave, “not . . . the psychology of the morbid processes, but simply . . . psychology.” Still more, “as a ‘depth-psychology’, as a theory of

the mental unconscious," it could "become indispensable to all the sciences . . . concerned with the evolution of human civilization and its major institutions such as art, religion and the social order."

In line with his magnificent dreams, Freud played with the fantasy of creating a college of psychoanalysis and outlined a curriculum for that imaginary institution. He obviously did not regard medical education as obligatory for future analysts. Did he consider it at least desirable? He sounded dubious: it offered an analyst much that was "indispensable" to him; but it burdened "him with too much else" of which he could "never make any use," and there was "a danger of its diverting his interest and his whole mode of thought from the understanding of psychical phenomena." What Freud dreamed of instead was a curriculum that included "elements from the mental sciences, from psychology, the history of civilization and sociology, as well as from anatomy, biology and the study of evolution."²¹

Freud occupied one end of the spectrum; his followers in New York occupied the other. In fact nowhere was opposition to his stand as united as in the American metropolis: Berlin and Vienna were divided; New York spoke with one voice. And that voice insisted on limiting "the practice of psycho-analysis for therapeutic purposes . . . to physicians" who were "graduates of recognized medical schools."²² (In 1926 this regulation became New York state law.) Above all, New Yorkers were moved by practical considerations or by what Freud referred to as "the local conditions in America."²³ In their opinion too many of their countrymen traveled to Europe, received perfunctory training, returned home, and "degenerated into quacks"—or, at best, became "second-raters."²⁴ Then there were those who had no training at all: the novice who presumed "to call himself an analyst when surfeited with the boredom of social functions, or the scamp" who saw "an opportunity for financial gain" through charlatanry—"such as the correspondence school psychoanalyst."²⁵ Against types of this sort, so the argument ran, the honest and the reputable needed the protection that medical education—backed up by the law—alone provided.

In this debate the British occupied a middle position, or rather Jones, Edward Glover, and Rickman found a middle position thrust upon them. Their hearts lay with the doctors, and James Strachey, for one, suspected that they were "more or less . . . anxious to exclude non-medical analysts altogether."²⁶ Jones's dreams, only a shade less grand than Freud's, were of conquering the medical world. "Once psycho-analysis had obtained a secure foothold in the more psychological departments of medicine," he wrote, "the rest would automati-

cally follow: that is to say, the gradual penetration of psycho-analytical doctrine among the ranks of the profession, and the incorporation of truly psychological, i.e., psycho-analytical, points of view into general medical education."²⁷ Those dreams depended upon recruiting physicians. In point of fact, with more than forty percent of the British Society already lay, Jones predicted that if medical and nonmedical candidates were "admitted equally without reservation," in a few years, the society would be "composed mainly of laity," and divorce from the medical profession would follow willy-nilly.²⁸ Yet because of the number and prominence of that laity, Jones did not press for exclusion: he settled for prohibiting the lay analyst from working "independently"; that is, the lay practitioner should consult with a physician at the outset and remain in contact with one during the course of treatment. (Even Freud agreed that the responsibility for a diagnosis belonged to a doctor.)²⁹ Thus Strachey and his like were allowed to remain.

Strachey thought he had Freud to thank; rather, if one person were to be singled out for gratitude, it should have been Melanie Klein, who had arrived in London in 1926 and had immediately begun analyzing Jones's children.³⁰ Here a further correlation made itself amply apparent: that between nonmedical female analysts and a practice that included children. At the point when James felt most discouraged about the prospects of lay analysts, he advised Alix that treating children "would evidently be the line to take"—if she could overcome her "disinclination to dealing with the little dears."³¹ (Evidently she could not.) The argument may have been about lay analysis; the unintended result was that where lay analysis flourished, so too did the analysis of children.



The disputants might not agree about the importance of medical preparation for treating patients; they did, however, agree that psychoanalytic preparation ranked as an absolute necessity. As Freud put it, "[N]o one should practise analysis who has not acquired the right to do so by a particular training." And by the mid-1920s, the particularity of that training had been defined. To transmit theory, the Berlin Psychoanalytic Society, followed by the Viennese and the British societies, organized institutes that offered candidates seminars and lectures. As for praxis, the "older and more experienced" analysts supervised the candidates when they made "their first trials" with what one and all hoped would be "comparatively slight cases."³² To ensure that the

complexes of the practitioner would not interfere with those trials, the candidate was now obliged to follow the course Jones had initiated more than a decade earlier: he was obliged to undergo a didactic or training analysis, in actuality, a personal analysis of his own. This last requirement constituted the most distinctive feature of psychoanalytic training.

Did a training analysis inhibit a candidate's intellectual independence? Ella Sharpe, for one, thought it did not—at least not in the 1920s. She attributed some of the “freedom” she “took for granted,” however, to the fact that she and her colleagues “were separated” from their analysts “by the English Channel.” (She herself had been analyzed by Hanns Sachs in Berlin.) As the British came to train their own, analyst and candidate found themselves cheek by jowl in a small society, with “that small number consisting . . . of mainly analysts and the people” they had analyzed. It was “almost inevitable,” she went on, that if students should “continue moving too long in the orbits of their analysts,” they would “be unable to make approximately independent judgments for themselves.”³³ Susan Isaacs echoed these concerns: the residue of the attachment between analysand and analyst she considered “more intense and troublesome . . . than the influence of relationships such as teacher and pupil among other scientific workers.”³⁴ In the 1940s, when the society was wracked by dissension, Edward Glover remarked bitterly, “No objective observer of discussions at scientific meetings of the Society could fail to note the existence of training allegiances, even of the phenomenon of postponed obedience.”³⁵

What about “postponed obedience” to Freud himself? No doubt it was fostered by the training in both its theoretical and its practical aspects. In Britain, however, such obedience figured less prominently than on the Continent—perhaps owing, once again, to the protection the English Channel afforded.

Dramatis Personae

The three protagonists of this study stand as prime examples of independence prospering under the protection of the English Channel. Though Melanie Klein received her psychoanalytic training on the Continent, she was not analyzed by Freud, she did not belong to the circle around him, she never practiced in Vienna—and it was in England that she flourished and her theory grew luxuriantly. W. R. D. Fairbairn and D. W. Winnicott, the one a Scot, the other an Englishman, were far removed, geographically and intellectually, from the

center of psychoanalytic orthodoxy. Still more, not one of the three came to psychoanalysis with a conventional psychiatric background. In short, they were on the fringe, so to speak, and this fringe location may well have lessened their commitment to Freudian solutions and prompted a readiness to entertain alternatives.



Melanie Klein's origins resembled Freud's. She was born Melanie Reizes in Vienna in 1882 at a time when her family's fortunes were at a low ebb. Her father, brought up in a strict Jewish milieu and originally trained to be a student of the Talmud, had broken away from this tradition and had, without much success, pursued a medical career instead; indeed upon moving to Vienna shortly before Melanie's birth, he found himself largely reduced to a dental practice. Because of her husband's precarious financial circumstances, Melanie's mother was obliged to open a shop and, in so doing, to see her dreams of status disappear. Those dreams never came close to being realized; the family never did thrive, though for a few years during Melanie's childhood, it fared better. As a breadwinner, the father provided a poor model; as a man of learning, however, he set his children a high standard—a standard his indomitable wife could not approach.

Melanie was the youngest of four children, and it was through two of her older siblings that her father's intellectual aspirations reached her. Both died young—her sister at the age of eight, when Melanie was only four. The sister, a shadowy figure, apparently had the time and the temperament to teach Melanie the fundamentals of reading and arithmetic, and for that and similar kindnesses, Melanie remained in her debt. Her brother, five years her senior, exerted a more obvious influence. From about the age of nine, she allowed herself to be guided by him. She turned to him as “confidant,” “friend,” and “teacher”; he responded by expecting great things of her in the abstract, and, concretely, by coaching her in Greek and Latin and thus helping her pass the entrance examinations to the Gymnasium.³⁶ Beyond there she did not go; what she later claimed had been her dream, to enter medical school and to specialize in psychiatry, remained just that—a dream. Such ambitions were not, after all, appropriate for a lower-middle-class Jewish girl. By the time she began to set more realistic goals, her brother had left Vienna and begun a wandering life. He died when Melanie was twenty.

By then she was already engaged. Her father had died shortly after she met her future husband, and the family's uncertain finances

no doubt weighed heavily in her decision to marry. In worldly terms, Arthur Klein ranked as the most suitable of Melanie's admirers. An industrial chemist in training, he had prospects, but it was not until 1903 that his training was completed and that the marriage took place. It was not a success. Almost from the very beginning, Melanie's distress and dissatisfaction were evident. She found her surroundings trying: in their first seven years together, Arthur's profession took him and his wife to a series of small towns in Slovakia and Silesia. She found her children—Melitta, born in 1904, and Hans, born in 1907—likewise trying; in those years she regularly took refuge from her family in cures and seaside spots of one sort or another. And in that family her mother loomed increasingly large; Melanie's widowed parent more and more took over the management of her household and the rearing of her children. When in 1910 Arthur got himself transferred to Budapest, he may have hoped that this change would free Melanie from the depression that threatened to paralyze her.

Liberation was slow in coming. The earliest it can be dated is 1914, the year her third and last child, Erich, was born, her mother died, and Arthur went to war. In the course of the conflict, Melanie extricated herself unofficially from the marriage—it did not legally end until the mid-1920s. During the same period, she became an adherent of the psychoanalytic movement—though by what stages remains obscure. When the Fifth International Psycho-Analytic Congress was held in Budapest in late September 1918, she attended and caught her first glimpse of Freud. The following July she read a paper to the Hungarian Psychoanalytic Society and was immediately granted membership. Along the way, she had analysis with Ferenczi.

What went on in that analysis? What went on in her subsequent analysis with Abraham in 1924 and 1925? From Klein's fragmentary comments, the two—and the analysts also—seem to have been quite different. Ferenczi's preference for encouraging and reassuring the patient, coupled with the relaxed atmosphere of the Hungarian Society—Klein's daughter, Melitta, was, at fifteen, allowed to attend meetings—provided her a supportive therapeutic and professional environment. And she appreciated it. Positive feelings for Ferenczi developed, and, as she later remarked, their effect should not be underrated—but positive feelings alone could “never do the job.”³⁷ Abraham, in contrast, appears to have been punctilious about what was becoming standard psychoanalytic protocol. The setting was more formal, and in it, negative as well as positive feelings emerged; both were analyzed. Whether or not Klein owed her technical rigor to

Abraham is unclear, but it was in Berlin that her strict notions of how to treat children took shape.

Klein had begun working with children in Budapest, following Ferenczi's advice. He drew her attention, she wrote, to her "great gift for understanding children" and suggested that she devote herself to analyzing them.³⁸ He made the same suggestion to other female colleagues; he may have simply assumed that all women had a similar gift. Child patients—or perhaps any patients—were not, however, readily available to Klein; so she turned to her son Erich.³⁹ The paper she presented to the Hungarian Society derived from work with him—his identity was concealed in later versions under the pseudonym of "Fritz." Could this work be regarded as analysis? After all, for more than a decade Freud had been urging his "pupils and . . . friends to collect observations of the sexual life of children," and, no doubt, many children of first-generation analysts were intently scrutinized.⁴⁰ By the time Alix Strachey met Klein in Berlin in 1924—political turmoil had forced her to leave Budapest, and in 1921 she had settled in the German capital—she had become "absolutely firm" on "keeping parental influence . . . apart from analysis" and on reducing it to "its minimum." That minimum was "to keep the child from actually poisoning itself on mushrooms, to keep it reasonably clean, and teach it its lessons."⁴¹

It was Alix Strachey who brought Klein to the attention of the British Society. When in the fall of 1924 she arrived in Berlin for her analysis with Abraham, Klein already belonged to the Berlin Society—she had become a full member in 1923. But she was not thriving; she later complained that the "only patients sent to her were children and the deeply disturbed relatives . . . of other analysts."⁴² Nor did she meet a warm reception when she "propounded her views and experiences" of child analysis. On one such occasion, Alix reported, "the opposition showed its hoary head—and it really was *too* hoary. The words used were, of course, psycho-analytical. . . . But the *sense* was purely . . . anti-analysis" (don't "tell children the terrible truth about their repressed tendencies"). At that meeting Abraham came to Klein's rescue, as apparently he did more than once.⁴³ After his premature death in December 1925, which brought her analysis (and Alix's as well) to an abrupt end, her position in Berlin became quite uncomfortable. If England would have her, she was ready to go.

England had been forewarned: Klein had lectured there in the summer of 1925, thanks to Alix and James Strachey. Alix's account of Klein's talk in Berlin had aroused James's interest. In London, he

wrote, “the little ones” were stirring “people’s feelings” to such an extent that discussion of them occupied successive meetings. To that discussion James thought an abstract of the talk would make a fine addition. He proved correct: when he read the document Alix provided, Klein received universal acclaim, with Jones turning out to be “an absolutely heart-and-soul whole-hogging pro-Melanie.” James then prepared Jones for Klein’s proposal, vigorously supported by Alix, of a lecture series. Again he reported positively:

Jones announced at the meeting that he’d had a letter from Frau Klein but that he hadn’t answered it, so that he might first discover what the society thought about the matter. He then, very haltingly, read out her letter. When he got through her scenario, or whatever you call it, he muttered to himself ‘very interesting programme’. . . . I had the impression, which afterwards turned out to be true, that he himself was very anxious that it should be put through but felt doubtful of what other people would think. Anyhow, after some talk, he said in very dubious terms: ‘Well, as to the number that are likely to attend . . . I’m afraid it’s much too early yet to ask people now if they’ll be prepared to come . . . h’m? . . . well, perhaps I might ask . . . ’m? . . . those who think they will to hold up their hands.’ It was a rather unusually small meeting: only 15 or 16 altogether. Without an instant’s hesitation every single hand rose in the air. Jones’s whole manner instantly changed. He became wreathed in smiles and exclaimed: ‘Oh, well! come!’ . . .

There couldn’t be any question at all that there was a most unusual amount of interest at the prospect of her visit; quite a stir, in fact. So you can pile it on as thick as you please.⁴⁴

How did Klein fare in the British Society? Very well indeed. She had been “sniffed at” by people in Berlin;⁴⁵ she was fussed over in London—in fact, within a year of her arrival, Ferenczi, after visiting the British capital, wrote to Freud of “the domineering influence . . . Frau Melanie Klein” had “on the whole group.”⁴⁶ She attended her first meeting in October 1926 and presented her first paper the following month. After she became a member in 1927, she played an equally active role in the administrative and educational life of the society; in 1929 she was named a training analyst, started to work with her first candidate, and was elected a member of the Training Committee—a position she held for many years.⁴⁷ With the publication of *The Psycho-Analysis of Children* in 1932, Klein reached her high point of accep-

tance within the British Society. Even Edward Glover, later a savage antagonist, found her book full of substance and merit—witness the laudatory review he wrote. He had “no hesitation” in stating that it was “of fundamental importance for the future of psycho-analysis,” indeed that it constituted “a landmark in analytical literature worthy to rank with some of Freud’s own classical contributions.”⁴⁸

In the mid-1930s misfortune struck. In April 1934 Klein’s older son, Hans, fell to his death in a mountain-climbing accident. Her surviving son maintained that his brother’s death “was a source of grief to her for the rest of her life.” At the time her depression was amply apparent to those around her; it prompted her to see Sylvia Payne professionally, though only briefly, and it also prompted her to write the two papers that marked her break with Freudian orthodoxy, “A Contribution to the Psychogenesis of Manic-Depressive States” (1935) and “Mourning and Its Relation to Manic-Depressive States” (1940).⁴⁹ In the second of these, Klein drew upon her own experience, thinly disguised as that of “Mrs A,” “to illustrate . . . a normal mourner’s” distress. A few weeks after her son’s death,

Mrs A went for a walk with her friend through the familiar streets, in an attempt to re-establish old bonds. She suddenly realized that the number of people in the street seemed overwhelming, the houses strange and the sunshine artificial and unreal. She had to retreat into a quiet restaurant. But there she felt as if the ceiling were coming down, and the people in the place became vague and blurred. Her own house suddenly seemed the only secure place in the world.⁵⁰

And even “her own house” was no longer safe. In the controversy that erupted after Anna Freud’s emigration to Britain in 1938—as companion to her dying father, who had only a year and a half to live—Klein’s daughter, Melitta, joined the opposition. Melitta and, along with her, her analyst, Edward Glover, went over to Anna’s camp. They were not so much pro-Anna as viciously anti-Melanie. And vicious it was. As one German émigré noted, “At the meetings I could only see something quite terrible and very un-English happening, and that was a daughter hitting her mother with words and this mother being very composed, quite quiet, never defending herself.” A British member concurred: “It was horrible at times, *really* horrible.”⁵¹

Who measured up to the demands for undivided loyalty that Klein now made? Alix and James Strachey drifted away; neither

turned out to be “an absolutely heart-and-soul whole-hogging pro-Melanie.” Nor did Jones for that matter: once the Freuds had crossed the English Channel, Klein could no longer reckon Jones her paladin. Of the early members of the British Society, Joan Riviere and Susan Isaacs proved the most faithful and the most prolific. John Rickman, who had begun a seven-year analysis with Klein in 1934, regarded himself, at least during the war years, as a Kleinian; the Kleinians themselves were less sure. Few émigrés joined their camp; Paula Heimann, another analysand and perhaps a surrogate daughter, stood out. Hers was an intimate relationship with Klein, and their parting, just a few years before Klein’s death in 1960, was painful on both sides.⁵² Among a younger generation of Klein’s analysands, Hanna Segal, Herbert Rosenfeld, and, subsequently, Wilfred Bion explored the territory Klein had opened up in her major postwar paper “Notes on Some Schizoid Mechanisms” (1946). In short, it was from the ranks of those she had trained that her chief lieutenants emerged.

Neither W. R. D. Fairbairn nor D. W. Winnicott had such a “training allegiance” to Klein. Still, both were intellectually in her debt. And it was in large measure thanks to the stimulus of her ideas that they managed to escape the “postponed obedience” to Freud which constrained the world of psychoanalysis.



“He spoils” his good work by the claim “that he is knocking Freud over”—such was the pithy judgment Winnicott passed on Fairbairn.⁵³ How had Fairbairn come to knock Freud over—leaving aside whether that colloquialism does justice to his heterodoxy? Fairbairn himself provided a clue in describing his life during the war years, when he was both most productive and most “cut off . . . from . . . other analysts”:

During these years I suffered from all the disadvantages of working in comparative isolation; but perhaps a sojourn in the wilderness is not altogether without its compensations. For, if the isolated worker lacks the stimulus that comes from exchanges of thought with his fellow-workers, at any rate he does not lack the stimulus that comes from the necessity to work out for himself the problems which he encounters. He is also to some extent delivered from the temptation to fall back too readily upon authority for the solution of these problems. He is thus afforded an unusual opportunity to reconsider classic problems from a new approach.⁵⁴

“Comparative isolation” was a marked feature of his entire life. Born in Edinburgh in 1889, William Ronald Dodds Fairbairn, more familiarly called Ronald, was the only child of prosperous middle-class parents. His father was Presbyterian, his mother Anglican; his father was hard-working, if not hard-driving; his mother has been described as “a bit of a martinet” and intensely ambitious for her son, and it was she who was the dominant figure in his life. (Her death in 1946 quite unstrung him.) Apparently she wanted him to enter the clergy of her husband’s church and the church of his childhood; in his maturity, however, he embraced Anglicanism.⁵⁵ The strictness of a Calvinist upbringing—typified by Sundays with long morning sermons, which Fairbairn claimed not to mind, and with “afternoons when ordinary activities were suspended and there seemed nothing to do,” which he very much disliked—no doubt contributed to the loneliness he experienced as his parents’ only child.⁵⁶

When he was nine years old, he was sent to Merchiston Castle School in his home city. There he remained until the age of eighteen, following a curriculum of mostly Latin and Greek, and also following a regimen of a cold shower, an hour of class, and chapel before breakfast each day.⁵⁷ After leaving school he went to Edinburgh University, where in 1911 he took an M.A. degree with honors in philosophy. He then spent three years of postgraduate study in divinity and in Hellenistic Greek at the universities of Kiel, Strasbourg, and Manchester, in addition to Edinburgh.⁵⁸ This focus on Greek, besides its relevance for his intended clerical vocation, may have betokened a search for something more cheerful than dour Presbyterianism.

In the course of the First World War Fairbairn “decided to go in for medicine with a view to specializing in psychotherapy.” What prompted this career choice? The war itself removed him from his normal environment: initially, as a territorial in the Royal Garrison Artillery, he was stationed near home “on the Forth defenses; . . . after volunteering for service overseas,” he served in Egypt and took part in the Palestinian campaign.⁵⁹ At last, he may have felt, he had gotten away, particularly from mother, but he may also have come to appreciate that getting away was a conflict-ridden process. During the Second World War he was to have ample opportunity to study dependent people suddenly deprived of “accustomed props and supports.”⁶⁰ Perhaps he had been personally prepared for that study by his experience in the first war.

Upon returning home to Edinburgh at the end of 1918, Fairbairn set about implementing his decision. He immediately began a some-

what abbreviated four-year course in medicine which had been specially designed for veterans. In 1923 he took his M.B.Ch.B. (the normal first degree in medicine, sufficient for practice), and in 1927 he obtained the additional qualification of M.D. As for his plan to specialize in psychotherapy, after taking the first degree, he had a year's psychiatric experience in the Royal Edinburgh Hospital. Beyond that, in 1923 he went into analysis with Dr. Ernest Connell, seeing him several times a week for roughly a year.⁶¹ Not much is known about Dr. Connell except that he was a civilized man, with leanings toward Jung, who had set himself up in practice in Edinburgh. By the 1940s Fairbairn's sketchy training, similar to much of what had gone on two decades earlier, was to count against him: within the British Psycho-Analytical Society, "unconsciously people were graded as more or less trained, more or less real analysts, . . . and Fairbairn . . . was regarded as someone who had trained after a fashion, but it wasn't really adequate."⁶²

In the late 1920s Fairbairn launched a new family as well as a new profession. In neither venture was he particularly successful. He married for the first time in 1926 and for the second in 1959, seven years after he had become a widower. Three children, born between 1927 and 1933, survived his first marriage. From 1927 to 1935 he served as lecturer in psychology at Edinburgh University, and for most of that period he also acted as psychiatrist to the University Psychological Clinic for Children. With the academic psychologist James Drever the dominating figure in both the department and the clinic, Fairbairn found himself in a hostile environment. Still, according to John D. Sutherland, who was in analysis with Fairbairn in the 1930s, this hostility did not "knock him down."⁶³ Along with Harry Guntrip, Fairbairn's best-known analyst of the 1950s, Sutherland would do his utmost to introduce his mentor into the wider psychoanalytic world.

Sutherland did not become his analyst's "agent in London" until after the Second World War.⁶⁴ In the 1930s Fairbairn had been in touch with both Ernest Jones and Edward Glover, and he presented at least two papers to the British Society, the first in 1931, after which he was elected an associate member; a few years later he was made a full member. It is possible that he would have enjoyed the society in the early part of the decade; it is certain that he would have been horrified by the fight between Melanie Klein and Anna Freud.⁶⁵ From that controversy he kept his distance: he made only one contribution to the society's wartime debate, and that was read for him by Glover.⁶⁶ The distance was intellectual as well as physical. In his prewar clinical papers, though there were hints of future deviance, Fairbairn fitted

his material into the Freudian mold. In a paper delivered in 1946, in which he provided a condensed summary of the major theoretical departures he had published without arousing much attention during the war itself, his deviance became fully apparent. In the meantime he had been grappling with the work of Melanie Klein. .

What was the response of the Kleinians? "There's a story about Fairbairn reading a paper to the Society, and Melanie Klein stomping out in indignation, saying 'That isn't what analysis is!'"⁶⁷ Regardless of the Kleinians' reputation for rudeness, for being "contemptuous of other people's viewpoints," such an account defies belief. Fairbairn was not treated impolitely or roughly; rather "he was treated coolly."⁶⁸ And with what the Kleinians considered good reason. As Susan Isaacs commented, "Dr. Fairbairn . . . overemphasizes and distorts certain parts of Mrs. Klein's theories to the point of caricature." His "position is not to be taken as representing Mrs. Klein's work or conclusions."⁶⁹

Did Fairbairn knock over Klein as well as Freud? Far from it. In his opinion he was simply pushing Klein's views to their logical conclusion, and in so doing undertaking a major revision of Freudian theory.⁷⁰ Did such a revision itself constitute "knocking Freud over"? Again the answer should be no. Winnicott's phrase is inappropriate for describing the relation of one investigator to his scientific forebear. To his London audience, however, Fairbairn's dissection of the formulations of those whom he acknowledged as predecessors and his practice of proposing alternatives seemed to smack of hubris. That he was perceived in this light goes a long way to explain the cool reception his work, as well as his person, encountered. In fact he combined almost ruthless intellectual honesty with painful shyness and reserve.

In his final years Fairbairn succumbed to a combination of depression, drink, and Parkinson's disease.⁷¹ He died in 1964.



Winnicott's own allegiance to Freud was less than complete. He felt bound, he wrote, to follow the main lines of Freud's developing ideas and to justify variations on them.⁷² Yet he was quite cavalier about interpreting those main lines and about vindicating his modifications. As late as 1960 he confessed an inability to cope with these matters:

Whereas I used to be absolutely unable to take part in a metapsychological discussion, I am now just beginning to be able to see a glimmer of light, so that if I live long enough I feel I might be able to join in from time to time. I do feel, however, that I shall

always think that it is relatively unimportant the way Freud contradicted himself and gradually stimulated thought by making new suggestions. In a decade or two the people who mind about this will all be dead.⁷³

Despite, or perhaps because of, this inability, Winnicott's approach came across as "typically British and totally beyond the comprehension of the Teutonic Hartmann style of theorist."⁷⁴

"Typically British," or rather English, is a phrase frequently applied to him. Donald Woods Winnicott, a third and youngest child, and an only son, was born in Plymouth in 1896 to parents of "simple" (Methodist) faith. (Subsequently, as a medical student, he entered the Anglican fold.)⁷⁵ His parents were also prosperous; his father was twice mayor of Plymouth and was eventually knighted. Nonetheless the father had a streak of diffidence: "[H]e was sensitive about his lack of education (he had had learning difficulties) and . . . because of this he had not aspired to Parliament, but had kept to local politics." That diffidence made itself felt within the family as well: in his younger years, Winnicott wrote, his father was "extremely preoccupied" with town and business matters and he left his son "too much to all" his "mothers." Among those mothers Winnicott counted his sisters, five and six years older than he, and a devoted nanny. "Things," he continued, "never quite righted themselves."⁷⁶

The result, by his own admission, was a strong maternal identification—and a lack of emotional investment in the paternal and perhaps even the sexual. At the same time he was quite insistent on distinguishing between the maternal and the female; the expression "female identification" was "not something" he would ever apply to himself. At the very least, he commented, it started "people thinking along the wrong lines":⁷⁷

I think that the study of man's identification with woman has been very much complicated by a persistent attempt on the part of psycho-analysts to call everything that is not male in a man homosexuality, whereas in fact homosexuality is a secondary matter or less fundamental and rather a nuisance when one is trying to get at man's woman identification.⁷⁸

At the age of thirteen Winnicott left his multiple mothers and went off to the Leys School in Cambridge. While there he determined to become a doctor: recuperating from a broken collarbone, he de-

cided that the only way out of dependency on doctors—which he seemed to imagine as a chronic state—was to become one himself. So he went on to Jesus College, Cambridge, and took a degree in biology. By then Britain was at war, and Winnicott became restless remaining on the sidelines as a medical student. He wanted to enter the conflagration that had already claimed the lives of so many of his friends. Coming from Plymouth, he naturally opted for the navy and applied for and was accepted as a surgeon probationer. Once the war was over, he went straight to St. Bartholomew's Hospital in London to continue his study of medicine and stayed on there, after qualification, for a year as casualty officer. During his training he had become deeply interested in working with children, and in 1923 he obtained appointments at two hospitals, one of which, at Paddington Green Children's Hospital, he was to hold for forty years.⁷⁹

By the time Winnicott had taken up his hospital appointments and opened a Harley Street office, he had discovered psychoanalysis. Personal motives impelled him. In recalling his first meeting with Ernest Jones, in 1923—the year in which he married—he described himself as a “rather inhibited young man asking whether anything could be done about it.”⁸⁰ To do something about it he entered upon analysis with James Strachey. Strachey, in what would subsequently have been regarded as a serious breach of confidentiality, commented to Alix occasionally about his analysands—for a number of years there were only two. When he thought of ditching them in order to join her in Berlin, she cautioned against giving them up “in the middle” and went on to add, “perhaps . . . W[innicott] will die or f-ck his wife all of a sudden,” as if either event would have served to bring his analysis to an end.⁸¹ In fact the analysis lasted ten years.

Strachey was not Winnicott's only analyst. In 1940 he began analysis again, this time with Joan Riviere. The second treatment lasted six years, though the war must have imposed frequent interruptions. According to his widow, Winnicott had wanted to have a second analysis with Melanie Klein, but he had already, from 1935 to 1939, analyzed her son Erich. It would have been improper for the son's analyst to go to the mother for treatment; here Klein and Winnicott obeyed proprieties. It would have been equally improper for the mother to supervise the son's analysis; here Winnicott resisted Klein's encroachment. She had supervised a number of his child cases and wanted to do the same with his analysis of Erich—or at least do a bit of supervision.⁸² (Winnicott's close associate Marion Milner was less successful in resisting when it came to the case of Klein's grandson, Michael.)⁸³

Before the war Winnicott was very close to Klein. On Strachey's advice he had sought her out: his analyst had told him that if he was applying psychoanalytic theory to children, he must meet her. In the 1920s "no other analyst was also a paediatrician," and he considered himself a pioneer. Overnight he "changed from being a pioneer into being a student with a pioneer teacher."⁸⁴ And Klein was generous, and, in view of her later reputation, undogmatic. As Winnicott affectionately reminisced:

She was always having ideas, . . . and they were tremendously important to her when she had them. At one time she endeared herself to me by the concept of internal chaos because of the fact that she insisted on pronouncing this CHOUS, rhyming with the word COWS except that the S was short and sharp! . . . I refrained from correcting this one word . . . because it was such fun!⁸⁵

In later years Winnicott made it clear that because he "had never had analysis by her, or by any of her analysands," he "did not qualify to be one of the group of chosen Kleinians."⁸⁶ And he preferred it that way. Yet even as he kept his distance from Klein, he remained enormously attracted by her. They have been described as performing a *pas de deux* in the late 1940s and 1950s: "Klein was the ballerina to whom Winnicott was constantly offering something, which she rejected with a toss of her head as if to say that she had it already."⁸⁷ In those years he implicitly addressed his papers to her. One cannot "truly understand" them, it has been claimed, "unless one is aware that they have [the] . . . secondary aim of getting her to modify something."⁸⁸

In those same years Winnicott was emerging as an outstanding independent within the British Psycho-Analytical Society, independent, that is, from both the Kleinians and the Anna Freudians. In the aftermath of the wartime controversies, a "middle group," including both Fairbairn and Marion Milner and owing allegiance to neither female chieftain, became recognizable, albeit not institutionalized. And though Winnicott's independence did not prevent him from twice serving as president of the society, from 1956 to 1959 and again from 1965 to 1968, it did bar him, for a long time, from instruction. "[N]either Miss Freud nor Mrs. Klein," he wrote, "would use me or allow their [*sic*] students to come to me for regular teaching even in child analysis."⁸⁹ Clearly he paid a price for his independence, a price he was quite willing to pay: "[H]e firmly refused either to found a school of his own or to become the leader of a group, for

he held that independents should be independent, not reliant on a leader."⁹⁰

Meantime, after long self-questioning, Winnicott and his first wife ended their marriage, which had remained childless. In 1951 he married Clare Britton, a psychiatric social worker who had been his colleague during the war. (In the 1950s Clare went through psychoanalytic training, including an extended period as one of Melanie Klein's last analysands.)⁹¹ This second marriage was also childless. Yet until the end of his life Winnicott worked with children and played with them as well. In a session with a little girl, prompted by the material she offered, he found himself "ready with the idea of linking birth and death." In response to her question about his birthday, he asked, "What about my death day?"⁹² That day came in 1971, and, as he had wished, he "was alive" when he "died."⁹³

The Controversial Discussions

British independence—and tolerance—were called into question by the arrival of the émigrés from central Europe. The British Society had accorded the newcomers "immediate membership and, where appropriate, training analyst status"; it had also taken steps to assure their financial security by making arrangements for them to establish private practices.⁹⁴ By 1938 over one-third of the analysts in the British Society had come from the Continent.⁹⁵ (Six years earlier full and associate members had totaled 74.)⁹⁶ "A comparison of the 1937 and 1938 membership lists shows the number of new names that were added—Bibring, Eidelberg, Hitschmann, Hoffer, Isakower, Kris, Lantos, Stengel, Schur, Stross, Sachs, Straub—and of course Sigmund and Anna Freud." Though many of these Central Europeans subsequently moved on to the United States, their presence profoundly altered the climate of the British Society. Melanie Klein, for one, lamented that it "would never be the same again." She told Winnicott, "This is a disaster."⁹⁷ Her forebodings were amply confirmed.

To persuade the British "to open their doors to the influx of members from Vienna, i.e., to colleagues who held different scientific views from their own and [who] could only be expected to disrupt peace and internal unity," Anna Freud commented, had been no mean achievement on the part of Ernest Jones.⁹⁸ What did he do thereafter? What did he do to mitigate the baleful consequences for peace and internal unity? Very little. With the appearance of the Freuds, Jones seemed to retreat into the background, and when the

Second World War broke out, in September 1939, he retired to the country, coming up to town for business meetings of the society. (The move was in part motivated by financial worries. With only five patients left, he was “terribly hit.”)⁹⁹ The administrative work he largely delegated to Klein’s chief adversary, Edward Glover, and as the native-born left the capital, prompted by either military service or German bombs, Glover and the Continental analysts (who, as aliens from an enemy country, were not allowed to travel beyond the London area) found themselves in command. Jones might sympathize with Klein in private—he wrote to her that Anna was “certainly a tough, and perhaps indigestible morsel”—but he did nothing to defend her in public.¹⁰⁰

When in 1927, only a year after Klein’s arrival in Britain, Anna Freud had criticized Jones’s protégée in print, his behavior had differed markedly. (What had been at issue then—and will be explored in due course—was the technique of child analysis.)¹⁰¹ In his eagerness to champion Klein, Jones had taken the offensive. “It is a pain to me,” he wrote to Freud, “that I cannot agree with *some* of the tendencies in Anna’s book and cannot help thinking that they must be due to some imperfectly analysed resistances; in fact I think it is possible to prove this in detail.” Jones had overstepped the bounds: it was, Freud retorted, a “breach of good taste” to suggest that someone “had not been sufficiently analysed”—and he claimed that Anna had been “more deeply and thoroughly analysed” than Jones himself. (Freud had, in fact, been his daughter’s analyst.) Yet for his part, Freud felt free to impugn the motivation behind what he regarded as “a veritable campaign against Anna’s child analysis.” Anna was his daughter, and hence, he asked, was this “hasty, violent and unjust reaction” really aimed at him? He answered his own rhetorical question in the affirmative: “A fine motive amongst analysts who demand from others that they control their primitive urges!”¹⁰²

Anna was indeed her father’s daughter. She too responded to intellectual disagreement as if it were a personal attack—an attack on her father. And it was to consecrate his memory that she entered the lists against Klein. Whether or not Strachey was correct in asserting that she considered psychoanalysis a “Game Reserve belonging to the F. family,” he was clearly on target in claiming that she saw “Mrs. K’s ideas” as “fatally subversive.” In her view, according to Sylvia Payne, her own work and that of her collaborators was “Freudian analysis, and . . . Mrs. Klein’s work” was “not psycho-analysis but a substitution for it.”¹⁰³ In equating psychoanalysis with Freud’s legacy, she skillfully

shaped the agonistic field: the central issue became loyalty to the master's formulations.

Klein found herself on the defensive. Though her adherent Susan Isaacs publicly objected to the implicit injunction "that Freud's work and his conclusions" were "never to be developed any further and that no-one" was "to formulate theories which he himself had not yet framed,"¹⁰⁴ and though Klein firmly believed that she was "entitled to continue" Freud's findings, she did not voice such sentiments very often or very loudly. Rather, she took what seemed the safer course of disputing Anna's claim to represent "her father's views." And with this object in mind, Klein urged her followers, "both for the discussions in the Society and with Anna Freud and for our own sake, to refresh our memory on every word Freud has written. . . . Then we might be able . . . to meet the 'Viennese Freudians' on their own ground."¹⁰⁵

In July 1942 the British Society decided to devote one scientific meeting a month to an examination of theoretical differences—a series that came to be known as the controversial discussions.¹⁰⁶ The following October, the format of those meetings was determined. Glover insisted—and Klein acquiesced—that it behooved those who advanced "new theories" to "make clear in what respects . . . their views . . . amplified accepted Freudian teaching" or called "for a modification of it." Hence it was up to Klein and her supporters to give the opening papers, and that task devolved on Susan Isaacs and Paula Heimann, as well as Melanie Klein herself.¹⁰⁷ All three took pains, as Joan Riviere subsequently commented, to show "that many of the concepts . . . developed by Melanie Klein were already inherent in the earliest psycho-analytical theory and observations, and that her work" progressed "by natural and logical steps from them." With "each side appearing to claim to be more Freudian than the other," she added, the effect was sometimes "farcical."¹⁰⁸

The discussions, which were held in 1943 and 1944 and which focused on previously circulated papers, were actually serious and even promising—and, in comparison with the business meetings of the previous year, relatively free from nastiness and acrimony. Sylvia Payne, Ella Sharpe, and Marjorie Brierley stood out for their combination of intellectual sophistication, good sense, and tolerance.¹⁰⁹ If left to their own devices, they and other members of an emerging middle group who refused to align themselves with either Anna Freud or Melanie Klein might have been able to explore further the feasibility of coexistence. But such an enterprise was anathema to Anna Freud.

From the start of the discussions she was emphatic in maintaining that “compatibility” was not the question, that “the two theories could not co-exist.”¹¹⁰ At that time she reminded her listeners of the so-called exchange lectures—a program designed in the mid-1930s for mutual explanation of the differences developing between London and Vienna.¹¹¹ And by her intransigence, Anna Freud made certain that, at the very least, this second attempt at conceptual clarification would be equally inconclusive.



To what extent and in what respect do false or defective views about the findings or theories of psycho-analysis imply incompetence to carry out a training analysis, to do control work, to conduct a seminar or to give a course of lectures?

In this fashion Strachey posed the question over which the fiercest battle raged. For his part, he tried valiantly to limit the strife to the field of clinical practice:

I suggest that the essential criterion of whether a person is fit to conduct a training analysis is not whether his views on aetiology or theory are true, but whether his technique is valid. If his technique is valid, then any gaps in his knowledge (and there are sure to be many) and any mistakes in his deductions (and they are not likely to be few) will have only what I may call a *local* effect, they will not lead to any *generalized* distortion of the analytic picture, and it will moreover be possible for the gaps to be filled in and the mistakes corrected.

To justify his choice of terrain, Strachey invoked past experience:

It is, indeed, in some such way as this that we must account for all the successful analyses carried out in the period before Freud made his later discoveries and also for all of our own successful analyses to-day—since I am rash enough to believe that in the course of the next hundred or thousand years some further facts will be discovered about the human mind of which we are ignorant to-day.

By shifting the ground from valid theory to valid technique (“valid” was intentionally left vague), Strachey hoped to avoid what he regarded as the greatest danger: “that those who hold one set of views may feel

tempted to declare that those who hold the contrary set of views are on that account incompetent to carry out training activities."¹¹²

He did not succeed. Anna Freud refused to be drawn from her position. Strachey suggested that analytical training might "be based on an 'open forum' where candidates would be introduced to a variety of psychoanalytical tendencies."¹¹³ Anna Freud countered that "if such a teaching procedure had been adopted from the beginning of psychoanalytic development, psychoanalysis of the present day would include the theoretical and technical teachings of, for instance, Stekel, Adler, Jung, Rank, etc. A psychotherapeutic Institute of this type," she continued, "was actually set up in Berlin in 1934, under pressure and according to the express wish of the Nazi regime."¹¹⁴ With the specter of Nazi Germany before her, she defended her inheritance. With that specter before her, she nonetheless asserted that "if there are two controversial views . . . it is not possible to compromise. . . . Nowhere in the world do people use only legitimate methods. . . . Someone . . . convinced of his views will use all the methods available."¹¹⁵ In February 1944, following much discussion and memorandum writing, a majority of the Training Committee—and subsequently of the society as well—came to the conclusion that divergences in technique did exist, but that such differences could be contained within existing psychoanalytic practice.¹¹⁶ In short Anna Freud and Edward Glover found themselves rather than Melanie Klein in a minority, and they resigned from the Training Committee forthwith.¹¹⁷ (Glover also resigned from the British Society.)

"Freud's daughter has had to resign," one member declared dramatically.¹¹⁸ Before long, Sylvia Payne, who shortly thereafter was elected president of the society, approached Anna Freud and elicited from her the conditions under which she and her supporters would take an active part in the training program. During the war that program had already begun to split: it had become customary for the Training Committee to assign a Kleinian analyst to candidates wishing Kleinian training and to assign a Freudian analyst to those preferring Freudian training.¹¹⁹ Payne now agreed to institutionalize this split. In 1946 the society introduced two parallel courses: Course A, organized as formerly on an eclectic basis, with a strong Kleinian element, and Course B, to be taught by Anna Freud and her adherents. (Both courses would come under one Training Committee, which would also take charge of the selection and qualification of candidates.) For a student's first training case, the supervisor was to be chosen from the

student's own group; the second was to be selected from the group of analysts—the middle group—who did not identify themselves as either Kleinian or Anna Freudian. “The society remained one, but divided into three separate groups with two training courses.”¹²⁰

What effect did this compromise—or stalemate—have on the job of conceptual clarification which had scarcely begun? At the very least, it meant that there would be no public avowal of theoretical shifts. At the very least, it meant that there would be no explicit agreement on the transformation of Freudian paradigms already underway. And to this day no consensual resolution has been acknowledged.