4 Resistance

4.1 General Factors

The vocabulary employed to deal with the patient's resistance is confusing and rich in metaphors whose primary meaning is based on man's struggle for existence, or even on war. In fact, it contradicts common sense that a patient seeking help because of emotional or psychosomatic suffering should also display forms of behavior that Freud summarized by the term "resistance." Yet most important is that we emphasize that at the same time patients *primarily* seek special help in the relationship to their doctor and the transference relationship to the psychotherapist. The appearance of resistance phenomena is *secondary;* they are the consequence of disturbances which lead inevitably to resistance in one form or another. Such *disturbances* in the therapeutic relationship provided the occasion for the original observation of resistance. Thus we can still say with Freud (1900a, p.517), "Whatever interrupts the progress of analytic work is a resistance." Analytic work is performed in the therapeutic relationship. Thus the basic pattern exhibited by resistance is directed *against* the transference relationship which is being sought (see Chap. 2).

The patient seeking help comes to realize, just like his therapist, that the process of change itself is unsettling because the balance that the patient has attained, even at the cost of serious restrictions of his internal and external freedom of movement, guarantees a certain degree of security and stability. On the basis of this balance, events are unconsciously expected and imagined, even though they may be unpleasant in nature. Although the patient consciously desires a change, a self-perpetuating circle is created, maintained, and reinforced because the balance, however pathological its consequences may be, contributes decisively toward reducing anxiety and insecurity. The many forms that resistance takes have the function of maintaining the balance which has been achieved. This reveals different aspects of resistance:

1. Resistance is related to the change which is consciously desired but unconsciously feared.
2. The observation of resistance is tied to the therapeutic relationship, whereas parapraxes and other unconsciously motivated phenomena can also be observed outside therapy. Resistance is part of the therapeutic process.
3. Since the continuation of the analytic work can be disturbed in a multitude of ways, there are no forms of behavior that cannot be employed as resistance once they have attained a certain strength. The cooperation between therapist

and patient suffers if the resistance surpasses a certain level of intensity, which can be detected on a wide range of phenomena. An increase in transference to the level of blind infatuation can become resistance in the same way as excessive reporting of dreams or overly rational reflection on them.

4. *Qualitative* and *quantitative* criteria are thus used in the evaluation of resistance. For example, positive and negative transference become resistance if they reach an intensity which inhibits or prohibits reflective cooperation.

Glover (1955) distinguishes between obvious, crude forms of resistance and unobtrusive forms. The crude forms include arriving late, missing sessions talking too much or not at all, automatically rejecting or misunderstanding all the analyst's utterances, playing ignorant, constantly being absentminded, falling asleep, and, finally, terminating the treatment prematurely.

These crude disturbances create the impression of conscious and intentional sabotage and touch the analyst at an especially sensitive spot. Some of the forms of behavior mentioned above, such as arriving late and missing sessions, undermine the analytic work and suggest global interpretations that can at best be considered educational measures or at worst lead to power struggles. Such complications can develop with particular rapidity at precisely the beginning of therapy. It is therefore essential to remember that the patient is primarily seeking a supportive relationship. As long as the analyst does not let himself become entangled in a power struggle, signs of positive transference can be recognized in subtle forms of evasiveness during the session, and also interpreted, even as early as the beginning of therapy. Then the power struggle that might result from the challenge which the attacks on the existential conditions of therapy would logically constitute does not necessarily take place.

Resistance to work has become "resistance to the psychoanalytic process" (Stone 1973). Many individual and typical resistance phenomena have been described since 1900. These can be classified — although with the inevitable loss of vividness — according to general qualitative and quantitative points of view and according to the genesis of the resistance. Since resistance to the psychoanalytic process is observed as transference resistance, this form of resistance has always been at the center of attention. It is therefore appropriate first to clarify how and why transference resistance appears.

4.1.1 Classification of the Forms of Resistance

Freud first discovered transference as resistance, as the *main obstacle.* Patients — women in particular, which is significant — did not keep to the prescribed patient-doctor stereotype with regard to their rules and relationships, but incorporated the therapist into their own personal fantasy worlds. As a doctor, Freud was irritated by this observation. Because of their bad consciences and their shame at having thus mentally violated a convention, patients concealed their fantasies and developed a *resistance* to the sexual feelings and desires they transferred to Freud. Since Freud had not provided any real cause for the actual genesis of these desires, i.e., for the situation precipitating them, it seemed

appropriate to examine the prehistory of unconscious patterns of expectations more closely. The study of transference as a "false connection" led into the past world of unconscious desires and fantasies and finally to the discovery of the Oedipus complex and the incest taboo. When it became possible to derive the doctor's influence from the parents' (and from the patient's *unobjectable* relationship to them), analysts' understanding of transference shifted from that of it being the main obstacle to therapy to it being the most powerful therapeutic tool, as long as it does not turn into negative or overly positive erotized transference.

The relationship between transference and resistance (in the concept of transference resistance) can be described schematically as follows: After overcoming the resistance to transference becoming conscious, therapy in Freud's theory is based on mild, unobjectable transference, which thus becomes desirable and the analyst's most powerful tool. Positive transference — in the sense of a relationship sui generis — forms the foundation of therapy (see Chap. 2).

This working relationship, as we would call it today, is endangered if positive transference is intensified and if polarizations — called transference love or negative (aggressive) transference — are created. Transference thus again becomes resistance if the patient's attitude to the analyst is erotized (transference love) or turns into hate (negative transference). According to Freud, these two forms of transference become resistance if they prevent *remembering.*

Finally, in the resistance to the *resolution* of transference we find a third aspect. United in the concept of transference resistance are resistance to transference becoming conscious, resistance in the form of transference love or negative transference, and resistance to the resolution of transference.

The concrete forms taken by the different elements of transference resistance are dependent on how the therapeutic situation is structured by rules and interpretations. For example, resistance to transference becoming conscious is a regular component of the introductory phase. The later ups and downs of this form of resistance reflect dyad-specific fluctuations. A paranoid patient rapidly develops a negative transference, just as a nymphomaniac quickly develops erotized transference. It is the intensity of these transferences which makes them resistance. A wide spectrum separates these extremes, and within it the analyst decides which forms of behavior to interpret as resistance. Freud's later classification (1926d) provides diagnostic criteria in this regard, listing superego resistance, id resistance, and resistance based on the secondary gain from illness in addition to repression resistance and transference resistance.

Thus the modern classification into two forms of ego resistance (repression resistance and transference resistance), superego resistance, and id resistance goes back to Freud's revision of his theory in the 1920s. Since transference resistance retained its central role, in structural theory the two basic patterns of transference resistance (the overly positive, erotized transference and the negative, aggressive transference) remained the focus of therapeutic interest. This is the reason that we have further differentiated the concept of transference resistance.

In our discussion of the theory of transference (see Chap. 2), we do not deal

with the complications arising from the fact that both basic patterns of transference resistance can make the cure more difficult. With negative transferences, the aggressive rejection can gain the upper hand, and therapy can reach a stalemate or be terminated (Freud 1912b, 1937c, p.239).

It is noteworthy that Freud retained the polar classification of resistance into negative (aggressive) and overly positive (erotized) forms although between 1912 and 1937 the modification of instinct theory and especially the introduction of structural theory had led to the classification of resistance into five forms. This element of conservativism in Freud's thought is probably related to the fact that in his treatments he continued to adhere to the conception of the polarization of love and hate in the oedipal phase of conflict and its transference, as pointed out by Schafer (1973) and others. This, as well as universal human ambivalence, leads inevitably to positive and negative transferences.

Yet what occurs with the intensification of transference to the point where it becomes resistance, whether as transference love or as insurmountable hate? Without wanting to minimize the human potential for hate and destructiveness there can be no doubt that the role treatment technique plays in precipitating resistance in the form of negative transference has long been neglected (Thomä 1981). A. Freud (1954a, p.618) finally raised the question of whether the occasionally complete neglect of the fact that analyst and patient are both adults in a real, personal relationship to each other might be responsible for some of the aggressive reactions that we trigger in our patients and that we possibly only consider as transference.

The same is true of transference love, especially inasfar as erotized transference dooms analysis to failure or seems to render any attempt at analysis pointless. Naturally, we also know of other cases of transference love, such as those described by Nunberg (1951), Rappaport (1956), Saul (1962), and Blum (1973). It is clear that erotized transferences can become resistance. Yet we would like to point to the fact that the influence of the analyst and his treatment technique on the development of negative and erotized transferences is often mentioned only in passing, even in the most recent publications. This occurs despite the general recognition of how strongly negative transferences — and the same is true for erotized transferences — are dependent on countertransference, treatment technique, and the analyst's theoretical position.

In our analytic work we ask, as Schafer (1973, p.281) does:

> How are we to understand his or her living in just this way, producing just these symptoms, suffering in just this way, effecting just these relationships, experiencing just these feelings, interfering with further understanding in just this way and at just this time? What wish or set of wishes is being fulfilled to the extent possible? Is it in this sense that clinical analysis eventuates in investigation of affirmations ("wish-fulfillments')? This is what is meant fnally by analysis of resistance and defence. What are they *for?* What is this person *for?*

Schafer was correct in putting the question as to the function of resistance and defense at the end. Habitual self-defense against unconsciously imagined dangers is the consequence of a life-long process of failing to find security and satisfaction in interpersonal relationships. In the next section we will therefore deal with the function resistance has in regulating a relationship.

4.1.2 Function of Resistance in Regulating Relationships

Emphasizing the function that resistance has in regulating relationships makes it necessary for us to pay special attention to the relationship between resistance and transference. Specifically, in transference resistance the intrapsychic model of conflict (repression resistance) is linked with object relationship psychologies and with the interpersonal model of conflict. Freud established this connection in the transformation of his theory of anxiety in "Inhibitions, Symptoms and Anxiety" (1926d); the appendix to this paper contains the above-mentioned classification of resistance into five forms. It should be remembered that Freud traced *all* neurotic anxieties back to real dangers (i.e., to threats) from without.

Castration anxiety and anxiety regarding the loss of an object or of love are thus products whose genesis requires two or three persons. Nevertheless, the internal emotional processes received one-sided emphasis in the psychoanalytic model of conflict. On the one hand, discharge theory suggests that precisely severe annihilation anxieties should be derived from quantitative factors. On the other hand, the situational influence on the genesis of anxieties, in the sense of a real danger, was neglected. And with regard to indications, the cases considered especially suited for psychoanalysis are those which exhibit stable structures, i.e., internalized conflicts. The question then is what disturbs the homeostasis, the internal balance.

Analysts orienting themselves on the intrapsychic model of conflict have to respond as Brenner (1979b, p.558) does: "Whatever mental activity serves the purpose of avoiding unpleasure aroused by an instinctual derivative is a defense. There is no other valid way of defining defense."

Analysts putting more emphasis on object relationships as a part of theory take a point of view of which Brierley (1937, p.262) was a very early advocate:

> The child is first concerned with objects only in relation to its own feelings and sensations but, as soon as feelings are firmly linked to objects, the process of instinct-defence becomes a process of defence against objects. The infant then tries to master its feelings by manipulating their object-carriers.

4.1.3 Resistance and Defense

We consider it especially important to clarify the interrelationship between resistance and defense. These two terms are often used synonymously. However, resistance phenomena can be observed, while defense processes must be inferred. In Freud's (1916/17, p.294) words, "We have proposed to give the pathogenic process which is demonstrated by the resistance the name of *repression."*

Synonymous use of the terms "resistance" and "defense" can easily give rise to the misunderstanding that the description itself provides an explanation for the function of resistance. In clinical jargon, psychodynamic connections are thus often given a global description: Negative transference serves as a defense against

positive feelings; self-defects and early abandonment anxieties are warded off by means of hysterical flirting; and so on.

Yet the important task consists in recognizing the individual instances of such psychodynamic connections, i.e., the specific psychic acts, and in rendering them therapeutically useful. Freud proceeded in this way when he constructed the prototype of all defense mechanisms — repression resistance — and related it to the patient's manner of experiencing and to symptoms. In this description, a form of resistance is linked with the prototype of all defense mechanisms.

It should be emphasized that the concept of resistance belongs to the theory of treatment technique, while the concept of defense is related to the structural model of the psychic apparatus (Leeuw 1965).

Typical forms of defense, such as identification with the aggressor, imply complex and multistage defense processes (repression, projection, splitting, etc.). These unconscious processes form the foundation for a multitude of resistance phenomena (Ehlers 1983).

The further development of the theory of defense mechanisms thus made the so-called defense resistances beyond the prototypical form (repression resistance) more accessible to therapy. It is possible to describe repression resistance using Nietzsche's famous phrase in *Beyond Good and Evil: "'I* did it,' says my memory. 'I cannot have done it,' says my pride and remains adamant. Finally, my memory complies." For psychoanalysis, of course, the *unconscious* processes of self-deception are the focus of interest (Fingarette 1977).

The most important practical consequence of structural theory is the application of the typology described by A. Freud (1937) to clinical resistance phenomena. The "transference of defense," for example, proves to be "resistance to transference" in the sense described above. The fact that resistance is spoken of in some cases and defense in others results in part from the similar meaning of the words. Another reason is that clinical experience of typical forms of resistance has for decades been described in the terminology of defense processes. Finally there is a linguistic relation between a person's unconscious defense processes and his actions: The patient disavows, makes good, turns against his self, splits, tries to undo something, regresses.

The preference for defense terminology probably expresses a tendency which led to Schafer's *action language* (1976). Close examination of typical forms of defense leads beyond the theory of defense mechanisms and makes it necessary, for example, to look at the complex phenomena of acting out, repetition compulsion, and id resistance. These mechanisms serve in different ways to maintain a balance and cause the specific resistance to changes. Thus psychoanalytic terminology refers for the sake of brevity to resistance, e.g., by means of regression, projection, or disavowal. Since the process of inferring the unconscious defense mechanisms starts from resistance, i.e., they cannot be immediately experienced or directly observed, the relationship between resistance and defense revolves around complicated problems of construct validation. We hope that we have demonstrated convincingly that the use of "resistance" and "defense" as synonymous and global terms is objectionable.

The general points of view mentioned so far concern topics that we will deal with in more detail in the following sections of this chapter. Emphasis will be placed on the following points: Since Freud attributed resistance, from its discovery onwards, a function in regulating relationships, we will devote Sect. 4.2 to its protective function in relation to anxiety. In this regard it proves essential that other affect signals also be considered. We have already given transference resistance a special place in these introductory remarks because of its great significance, and will return to it in connection with repression in Sect. 4.3.

Prompted by Freud's classification, we present superego and id resistances in Sect. 4.4. These forms of resistance owe their names to Freud's far-reaching revision of his theories in the 1920s. The reorganization of instinct theory and the substitution of structural theory (id, ego, and superego) for the topographical model (with the layers unconscious, preconscious, and conscious) went back to, among other things, Freud's experiences in the analytic situation. The discovery of unconscious feelings of guilt in so-called negative therapeutic reactions led to the assumption that significant portions of the ego and the superego are unconscious. At the same time, Freud was deeply impressed by repetition compulsion, which he attempted to explain by means of the conservative nature of the instincts attributed to the id. Thus the powers of the id also seemed to explain the steadfast nature of the erotized and the negative, aggressive forms of transference and the superego resistance. The critical discussion of superego and id resistances has had theoretical and practical consequences, which we will describe in Sect. 4.4.1 using the example of the present-day understanding of negative therapeutic reaction.

In Sect. 4.4.2 we discuss recent developments in theories of human aggression. A short discussion (Sect. 4.5) is devoted to secondary gain from illness, listed in Freud's classification under ego resistance. This unusually important form of resistance is discussed in detail in Chap. 8 in the context of the factors working to maintain the symptoms. In our opinion, secondary gain from illness has received far too little attention in the psychoanalytic technique.

Finally, in Sect. 4.6 we turn to identity resistance as described by Erikson. This form of resistance is the prototype of a group of resistance phenomena which are of crucial clinical and theoretical significance. As such, the phenomena described as identity resistance are not new. Erikson's innovation is the theoretical reorientation by which he links the function of resistance (and also the unconscious defense processes) to the maintenance of the feeling of identity or self, which is psychosocial in origin. This introduces a superior regulatory principle. The separation of the pleasure-unpleasure principle from the economic principle and discharge theory by no means has to lead to a neglect of Freud's discoveries concerning man's unconscious world of desires. On the contrary, along with G. Klein and many other contemporary analysts we believe that the psychoanalytic theory of motivation gains in plausibility and therapeutic utility if the instinctive search for oedipal and pregenital gratifications is understood as an essential component in developing a *feeling of self:* The assumption that there is an interdependence between a regulation of self-feeling (as ego or self-identity) and the gratification of desires originates in the experience acquired in

psychoanalytic practice. It also leads us out of the dilemma that Kohut ended up in as a result of his two-track theory of development, with independent processes of (narcissistic) self formation and (libidinal) object formation. It is easy to show the absurdity of separating (narcissistic) self formation from (instinctive) object relationship: There are no disturbances of object relationships without disturbances of self, and vice versa.

4.2 Anxiety and the Protective Function of Resistance

Freud encountered resistance in hysterical patients in his therapeutic attempts to revive their forgotten memories. As Freud turned to hypnosis and the pressure procedure in his preanalytic period, everything in a patient which opposed the doctor's attempts to influence the patient was considered resistance. These powers, which were directed outward, i.e., against the doctor's attempts to influence the patient, were for Freud a mirror image of those internal powers which had led to and maintained dissociation during the genesis of the symptoms.

> Thus a psychical force, aversion on the part of the ego, had originally driven the pathogenic idea out of association [and thus led to dissociation] and was now opposing its return to memory. The hysterical patient's "not knowing" was in fact a "not wanting to know" — a not wanting which might be to a greater or less extent conscious. The task of the therapist, therefore, lies in overcoming by his psychical work this resistance to association. (Freud 1895d, pp. 269-270)

From the very beginning, therapeutic observation was linked with a psychodynamic explanatory model, according to which the strength of the resistance indicated the degree to which associations and symptoms were distorted (Freud 1904a). The discovery of unconscious instinctual impulses and oedipal wishes and anxieties added to the knowledge on the motives of resistance and strengthened their key role in treatment technique. Sandler et al. summarize:

> The entry of psychoanalysis into what has been described as its second phase and the recognition of the importance of inner impulses and wishes (in contrast to painful real experiences) in causing conflict and motivating defense did not bring about any fundamental change in the concept of resistance. Nevertheless resistance was now seen as being directed not only against the recall of distressing memories but also against the awareness of unacceptable impulses. (I 973, p. 72)

The starting point was "not wanting to know." What now required explanation were not being able to know, the self-deceptions, and the unconscious processes which led to the distorted reproduction of instinctual wishes.

The descriptive recording of resistance phenomena has meanwhile been completed. Less than a hundred years after Freud's discovery there is probably hardly a human impulse which has not yet been described in the literature with regard to its relationship to a specific resistance. It will not be difficult for the reader to acquaint himself with the feeling of resistance if he imagines communicating absolutely everything that passes through his mind to a fictive listener.

A function of resistance in the therapeutic dialogue is to regulate the relationship. Freud therefore viewed it from the very beginning in the context of the patient's relationship to the doctor; he understood it as being connected with transference. As we have already mentioned, the relationship-regulating (border guard) function of resistance was later neglected as a result of the restrictive model of conflict and structure. The context of the discovery of resistance remained decisive, however, for all later explanatory attempts: Why do resistance phenomena appear in the therapeutic relationship and what purpose do they serve? Freud (1926d) later answered this question in a global way: All resistance phenomena are correlates of anxiety defense. He classified anxiety, an unpleasurable affect, with the prototype of the defense mechanisms, repression. In Freud's generalizing manner of expression, anxiety stands for, as it were, shame, sadness, guilt, weakness — ultimately all unpleasurable affect signals.

As a result anxiety became the most important affect in the psychoanalytic theory of defense. Freud (1929d) was then able to say that anxiety, the escape and attack reactions belonging to it, and their counterparts in the emotional sphere constitute the core problem of neuroses. The unconscious defense processes are thus biologically anchored. Yet the emphasis put on anxiety as the motor of mental and psychosomatic illnesses also led to a situation in which other independent affect signals received too little attention. Today affect signals must be viewed in a more differentiated way for both theoretical and therapeutic reasons. Not going beyond the historical prototype, i.e., anxiety and the defense against it, means not doing justice to the wide spectrum of disturbing affects. An analyst ignores the patient's own feelings and experience if he makes anxiety interpretations while the patient is warding off a qualitatively different emotion. It is one thing that many phenomena culminate in anxiety, which is the reason we can speak of shame anxiety, separation anxiety, and castration anxiety. It is quite another thing that extensive parts of the hierarchy of affects contain independent elements whose phenomenology has not been the subject of growing interest among psychoanalysts until recent decades.

There are several reasons for this. Rapaport (1953) was probably the first to draw widespread attention to the fact that there is no systematic psychoanalytic theory of affects. The derivation of affects from instincts and Freud's view that affects represent instinctual energy were factors unfavorable for a subtle phenomenological description of qualitatively different affective conditions. As a result of the revision of anxiety theory, signal anxiety became the prototype of affective conditions. Freud did separate signal anxiety to a large degree from the economic process of discharge (1926d, p. 139); he described typical danger situations and distinguished between different affective conditions, one example being the pain affect. Yet the anxiety affect was given an exclusive role in psychoanalysis, not the least important reason being that many affects do indeed have an anxiety component (Dahl 1978).

We now want to illustrate a differentiated consideration of an affect and its relation to anxiety, using the example of shame and basing our description on the studies by Wurmser (1981). A person suffering from *shame anxiety* is afraid of being exposed — and thus humiliated. According to Wurmser, a complex shame

affect is arranged around a depressive core: I have exposed myself and feel humiliated; I would like to disappear; I don't want to exist any more as a creature that exposes itself in such a way. The contempt can only be erased by eliminating the exposure — by hiding, by disappearing, and if necessary by being obliterated.

Shame still exists as a means of protection, as preventive self-concealment, as a *reaction formation.* It is obvious that the protective function of resistance is particularly related to feelings of unbearable shame. According to Wurmser, all three forms of shame — shame anxiety, depressive shame, and shame as a reaction formation — have a subject pole and an object pole. A person is ashamed *of something* and with reference to *someone*. A subtle phenomenological analysis of different affective conditions is significant for treatment technique, especially because it makes it possible to make a psychoanalytic statement of what would be *tactful* at that moment. A tactful procedure for dealing with resistance analysis is then not only a result of sympathy and intuition. We see, in today's emphasis on countertransference, a sign that the manifold forms of emotions and affects are attracting increased interest.

The protective function of resistance can also be described for other affects. Krause (1983, 1985) and Moser (1978) have demonstrated that aggressive emotions such as vexation, anger, rage, and hate are employed as inner signals in the same way as anxiety and can trigger defense processes. It is certainly also possible for aggressive emotions to accumulate to the point where they constitute an anxiety signal, and anxiety theory is therefore so elegant, concise, and encompassing. Freud's genius worked like Occam's razor, subordinating a few at least partially independent affective signal systems to the prototype, as if they were vassals.

It is therapeutically inadvisable to pay special attention to the anxiety signal. Moser used the following argument to support the technical rule that the independence of other affect signals should be accepted.

> These affects [vexation, anger, rage, hate, etc.] are employed as internal signals in the same way as anxiety, given that affective experience has at all reached the developmental level of an internal reporting system (signal system). In many neurotic developments (e.g., in neurotic depressions, compulsion neuroses, neurotic character disturbances) the aggressive signal system is completely stunted or poorly developed These are patients who do not notice their aggressive impulses, consequently do not recognize them, and cannot classify them in a situational context. Such patients either demonstrate aggressive behavior without noticing it (and are also unable to recognize it as such afterwards) or react to environmental stimuli precipitating aggression with emotional activation, analyze the stimuli in a different way, and interpret them as, for instance, anxiety signals. In this case a shifting takes place from the aggressive to the anxiety signal system .... In the theory of neurosis these substitution processes have been described as typical affective defense mechanisms, using the terms "aggression as anxiety defense" and "anxiety as aggressive defense." Thus there are good reasons to devise an "aggression signal theory" in addition to anxiety signal theory. (Moser 1978, p.236-237)

Waelder described the development of psychoanalytic technique by using a series of questions which the analyst asks himself. First "the question [was] constantly in his mind: *What are the patient's desires?* What does the patient (unconsciously) want?" After the revision of anxiety theory, "the old question about his desires had to be supplemented by a second question also continuously

in the analyst's mind: *And of what is he afraid?'* Finally, the insights into unconscious defense and resistance processes led to the third question: *"And when he is afraid, what does he do?'* (Waelder 1960, pp. 182-183). Waelder stated that no further aspects had yet been added to help orient the analyst in his examination of the patient.

Today it is advisable to pose a series of further questions, such as: What does the patient do when he is ashamed, when he is pleased, when he is surprised, when he feels grief, fright, disgust, or rage? The manner in which emotions are expressed varies widely, and may be preceded by unspecific arousal stages. Emotions and affects — we use the two terms synonymously — can therefore be interrupted in the undifferentiated prestage (at the root, so to speak), but they can also accumulate to form anxiety. The wide range of affects should be kept in mind with regard to technique because the designation of qualitatively different emotions can facilitate integration or make the accumulation of affects either more or less difficult.

Naturally there have always been a number of other questions which did not concern Waelder at this point. From therapeutic and dyadic points of view — we must be careful not to lose sight of these — the analyst asks himself many questions having a common denominator, such as: What am I doing that causes the patient to have this anxiety and that provokes this resistance? And above all: What do I contribute to overcoming them? In discussing these diagnostic considerations it is necessary to distinguish the different affect signals from one another. Today even an analyst as conservative as Brenner (1982) acknowledges that depressive affects and unpleasurable anxiety affects are factors of equal significance in the precipitation of conflicts. The fact that it is dubious to attribute autonomy to precisely the complex depressive affects in the signal system is not important for our discussion. The decisive point is to have a comprehensive grasp of pleasure-unpleasure regulation and conflict genesis, and not to limit oneself to anxiety, however important this prototypical affect signal may be.

The communicative character of affects must be given special consideration in the theory of defense processes (and of resistance), as Krause (1983) has emphasized. Freud had adopted the importance he attached to emotional expressive behavior in his early writings from Darwin (1872). In his later instinct theory, affects were treated increasingly as products of discharge and cathexis. The instinct finds a representative in the idea and the affect, and it discharges internally: "Affectivity manifests itself essentially in motor (secretory and vasomotor) discharge resulting in an (internal) alteration of the subject's own body without reference to the external world; motility, in actions designed to effect changes in the external world" (Freud 1915e, p. 179). In this statement Freud described the relationship of instinct and affect in a one-sided manner: Affects have become instinctual derivatives, and their communicative character seems to have been lost. As can be seen in Krause's comprehensive overview, the instinct-affect interaction is in fact complex and does not proceed in only one direction (from instinct to affect). We will deal with this complicated problem here only inasfar as our understanding of resistance is concerned.

There are lasting consequences for the therapeutic attitude, of course, if

anxiety, rage, disgust, and shame — to name a few affect conditions — are traced back to changes in the body's balance in a one-sided manner. It leads to a neglect of the interactional genesis of anxiety, rage, disgust, and shame and their signal function. Yet it is precisely these communicative processes which make comprehensible the infectious nature of affects observed by Freud in group processes. The interrelatedness which characterizes the precipitation of affects in others, either amplifying or weakening the circular process, forms the foundation of empathy. Thus, in therapy the analyst can also feel that emotions have a communicative character as a result of his empathic understanding of the affective condition.

Basing feelings and affects on dualistic instinct theory has led to a confusion of instinct with affect, of libido with love, and of aggression with hostility, as especially Blanck and Blanck (1979) have pointed out. If this confusion is carried over to signal anxiety, the capacity for perceiving other affect systems is limited. The fact that different affects and their dyadic functions should be taken into consideration in communication is gaining in importance in psychoanalytic object relationship theories. We would like to describe the relationship-regulating function of affective communication and the defense function of resistance associated with it by referring to a passage from Krause. After describing the complicated blend of affects and instinctual acts in sexual interaction, he concludes:

> Before a terminal act of sexual nature can take place between two persons, they have to ensure that they get together at all, i.e., the distance between the partners must be reduced and finally eliminated. This can only happen if the anxiety affect generally accompanying such processes is outweighed by the antagonistic affects of joy, curiosity, interest, and security. This takes place by means of the mutual induction of positive affects. (Krause 1983, p. 1033)

Krause refers to a mutual induction of positive affects and to the reduction in an anxiety affect. It is beyond doubt that in the case of impotence the terminal physiological act can be disturbed by the unconscious castration anxiety or that frigidity can develop as a result of an unconscious shame anxiety. At issue here is the interplay of emotional components such as security, trust, curiosity, and joy with lust, that is with sexual excitement and acts in a strict sense. This meshwork of purposive wishes striving for the climax of desire, positively coupled with emotions, is generally abridged in psychoanalysis to the scheme of oedipal and pregenital instinctual gratifications and object relationships. In doing this, analysts easily lose sight of the wide range of qualitatively different emotions. Balint (1935) was one of the first to discuss this problem, using the example of tenderness. Object relationships and countertransference probably play such a dominant role in current discussions because they are related to genuine and qualitatively distinct emotional experiences which are not simply a function of the phases of libidinal development.

Everyday psychoanalytic experience shows that a patient can relinquish resistant behavior if he feels secure and has gained trust. Such experience agrees with the results of psychoanalytic studies of mother-child interaction. We would like to mention Bowlby's (1969) findings on attachment and the significance of

the child's affective exchange with its mother, because Harlow's (1958) deprivation experiments with young monkeys suggest a convergent interpretation.

While the gratification of hunger, the oral component instinct according to psychoanalysis, is the necessary precondition for survival, the emotional object relationship is the prerequisite for sexual maturation. Monkeys who when young are deprived of contact with their mothers for a sufficient period of time and have only wire puppets or fur substitutes — i.e., monkeys deprived of the object which makes an emotional tie possible and, to use an anthropomorphizing expression, offers security — are not able to perform sexual acts. Krause offers the explanation that the deprivation makes it impossible for a monkey to experience in the presence of another the affects (security, trust, curiosity, and joy) which are necessary to perform sexual acts. According to Spitz's (1965) interpretation of these findings mutuality and dialogue are missing.

On the other hand, affective security can be sought in addictive instinctual gratification in the form of overeating or excessive masturbation. The interplay of instinctual processes and affective signals can lead to reversion processes. This is the reason that one speaks in terms of warding off anxiety by means of sexualization or of regression to oral patterns of gratification; it is widely accepted that this occurs in many illnesses.

Especially impressive, for example, is a manifestation of virtually addictive transference love without the recognition of any diagnostic factors indicating the existence of an addictive structure. The question is then whether and to what extent the patient seeks support from excessive masturbation, and whether the patient is not able to find this support in the analytic situation because the analyst does not provide affective resonance. Psychoanalysts commonly impose an inordinant amount of restraint on themselves because they associate affect signals with anxiety and trace this anxiety back to anxiety over the intensity of an instinct. The analyst's capacity for resonance can develop more freely if affects are viewed as the carriers of meaning (Modell 1984a, p.234; Green 1977) instead of as instinct derivatives, because response is not equated with gratification.

The division of instinct theory into affective and cognitive aspects was based in part on the fact that therapeutic experience had shown that "recollection without affect almost invariably produces no result. The psychical process which originally took place must be repeated as vividly as possible; it must be brought back to its *status nascendi* and then given verbal utterance" (Freud 1895d, p.6). The consequence of this observation for the theory of resistance and defense processes was the assumption of a division between affects and ideas. We think that the significance of the splitting processes is not that the instinct is represented twice, both as idea and as affect, as if it were naturally split. On the contrary, the interactive affective processes are actually also cognitive in nature; it is thus possible to say that expressive behavior is linked to the understanding of affects. It is true that this unity of affect and cognition, of feeling and idea, can be lost. Yet regardless of which affects are involved in conflict genesis and in the disturbance of the feelings of security and self, a balance has in any case been established in the sphere of symptoms and is further stabilized by repetitions.

Everyone knows how difficult it is to change habits that have become second nature. Although patients seek a change in regard to their suffering, they would like to leave the related interpersonal conflicts untouched. The relationship conflicts constituting the various forms of transference resistance are thus the objects of such intense struggles because the compromises which they involve, though associated with significant disadvantages, provide a certain degree of security. Caruso's (1972) suggestion that we speak of exchange mechanisms instead of defense mechanisms in the interpersonal sphere is therefore just as convincing as Mentzos' (1976) interactional interpretation of defense processes.

The defense processes restrict or interrupt the affective-cognitive exchange. The consequences of the defense process of disavowal are by definition more external and those of repression are more internal. Yet these are differences of degree: where there is disavowal and denial, repression or its manifestations can also be detected. We emphasize the adaptive function of resistance especially because the patient's strong reluctance to cooperate with the treatment is often viewed as negative. If analysts assume that patients, with the help of their resistance, have reached the best possible solutions to their own conflicts and thus maintain an equilibrium, then they will be better able to confront the task of creating the best conditions to eliminate the resistances.

A patient cannot admit his feelings toward the analyst to himself, whether because of his self-respect or his fear of the analyst. The everyday psychological meaning of this narcissistic protection is shown clearly by Stendhal: "You must be careful not to allow free rein to hope before you are sure that admiration exists. Otherwise you would achieve only an insipid flatness quite incompatible with love, or at least whose only cure would be in a challenge to your self-esteem" (1975, p.58).

When can a patient be sure that he has gained "admiration"? How can he determine that he has not created "an insipid flatness quite incompatible with love?" The analyst must be able to answer these questions if he wants to be able to handle transference resistance in a productive manner. Yet Stendhal's words also refer to the important function of nonverbal communication (more closely associated with the preconscious) with regard to the genesis of feelings indicative of a relationship, whether they be love or resistance. It is instructive in this regard that Erikson's description of identity resistance, to which all unalloyed forms of resistance can be subsumed, has found little resonance in psychoanalysis. This probably has to do with Erikson's strong psychosocial orientation, because the link binding resistance to the feeling of security (Sandler 1960; Weiss 1971) or to the feeling of self (Kohut 1971) in order to avoid injuries is not very different from identity resistance.

4.3 Repression and Transference Resistance

Prototypical for Freud's understanding of the effects of inferred defense mechanisms was his description of repression resistance. Repression resistance has remained the prime manifestation of defense mechanisms, even after A.

Freud's systematization of the theory of defense mechanisms. We agree with the description by Sandler et al. of the function of the forms of resistance originating in defense mechanisms. According to them, repression resistance occurs when the patient defends "himself against impulses, memories and feelings which, were they to emerge into consciousness, would bring about a painful state, or would threaten to cause such a state." They continue:

> The repression-resistance can also be seen as a reflection of the so-called "primary gain" from the neurotic illness, inasmuch as neurotic symptoms can be regarded as being last-resort formations aimed at protecting the individual from conscious awareness of distressing and painful mental content. The process of free association during psychoanalysis creates a constant potential danger-situation for the patient, because of the invitation offered to the repressed by the process of free association, and this in turn promotes the repression-resistance. The closer the repressed material comes to consciousness, the greater the resistance, and it is the analyst's task to facilitate, through his interpretations, the emergence of such content into consciousness in a form which can be tolerated by the patient. (Sandler et al. 1973, p. 74)

With reference to this passage, we would like to emphasize once more that observations of visible feelings and behavior suggest the assumption that unconscious or preconscious defense processes are active. The nature of the self-deception, the distortion, the reversal — in short, the transformation and the interruption — becomes increasingly evident the closer the patient gets to the origin of his feelings within the protection of the analytic situation. This is linked to authenticity of feelings and experience, and therefore the surface of one's character is often called a facade or even character armor (Reich 1933). This negative evaluation of the surface can unfortunately strengthen the self-assertion, i.e., raise the resistance, of those patients who initially cannot accept this assessment. This is an unfavorable side effect of the character analysis introduced by Reich.

Reich's systematization, which thematizes the form-content problem, should of course not be measured by its abuses. Reich's (1933, p.65) discovery that "character resistance expresses itself not in the *content* of the material, but in the *formal* aspects of the general behavior, the manner of talking, of the gait, facial expression and typical attitudes" (emphasis added) is independent of the libido-economic explanation of character armor. Reich gave a very astute description of indirect affective expressive behavior, which manages to manifest itself somewhere despite the resistance.

The affect appears in bodily and especially in facial expression, and its cognitive or fantasy components change in size according to whether they are temporarily separated or repressed. We refer to these processes as isolation or splitting. Reich showed that defense processes uncouple the affect from its cognitive representative and modify it in various ways. Krause correctly points out that Reich's point of view has not been further developed theoretically, and continues:

> This marked the disappearance of the influence of Darwin's affect theory on psychoanalysis. It was based on the fact that Freud, because of his background in neurology, was only able to view affect as a motor discharge leading to an internal change in one's own body, and ignored the social and expressive portion of the affect and the link between it and idiosyncratic action. As a consequence, the fact was overlooked that affect socialization takes place in part by means of an automatic and constant control exercised by the motoric-expressive system,

that this is the only way to prevent the initial development of the affect, and that this can often be successfully accomplished without the development of an unconscious fantasy. (Krause 1985, pp. 28 1-282)

The great growth of clinical knowledge by the 1930s made a systematization possible and even necessary. In 1926 Freud (1926d) was still able to restrict himself to referring to the prototype, namely repression resistance. Yet, based on A. Freud's list of defense mechanisms, it was imperative after 1936 to speak of regression, isolation, projection, and introjection resistance and of resistance by undoing, by turning against oneself, by reversal into the opposite, by sublimation, and by reaction formation. Reich, in fact, oriented his theory of character analysis primarily around resistance in the form of reaction formations. The diagnosis of reaction formation is a valuable aid in the evaluation of resistance in the therapeutic situation, as shown in Hoffmann's (1979) critical analysis of psychoanalytic characterology. We would like to remind readers of the forms of resistance corresponding to the reaction formations in oral, anal, and phallic characters.

According to the definition given by Sandler et al. (1973, pp. 74-75) for transference resistance,

although essentially similar to the repression-resistance, [transference resistance] has the special quality that it both expresses, and reflects the struggle against, infantile impulses which have emerged, in direct or modified form, in relation to the person of the analyst. The analytic situation has reanimated, in the form of a current distortion of reality, material which had been repressed or had been dealt with in some other way (e.g. by its canalization into the neurotic symptom itself). This revival of the past in the psychoanalytic relationship leads to the transference-resistance.

The history of Freud's discovery of transference resistance in the course of his attempts to promote free association is still instructive (Freud 1900a, p.532; 1905 e, p. 118; 1912 b, pp. 101 ff.). It is the story of a disturbance in association which occurs when the patient is dominated by an association relating to the person of the doctor. The more intensively the patient is concerned with the person of the doctor — which naturally also depends on the amount of time the doctor spends with the patient — the more his unconscious expectations are revived. The hope for a cure links with yearnings for wish fulfillment which do not conform to an objective doctor-patient relationship. If the patient transfers to the analyst unconscious desires which are already repressed in his relationships to significant others, then the strongest resistance to further communication can be evoked and can find expression in concealments or silence.

We would like to emphasize that transference resistance was discovered in the form of resistance *against* transference, and as such it can be observed over and over again by every analyst, even in initial interviews. A legitimate question, however, is why we make such a fuss about an everyday event, by emphasizing that the primary phenomena are to be understood as resistance to transference.

The technical rule that the analyst should begin at the surface and work down toward the "depths" simply means that the analyst should interpret the resistance to transference *before* the transferred ideas and affects and their earlier forms in childhood. Glover (1955, p. 121) especially warned against every rigid and absolute application of the rule, and emphasized that we *usually* are concerned

first with resistance to transference. Together with Stone (1973) and Gill (1979), we place great value on terminologically distinguishing resistance to transference, and especially to the patient becoming aware of transference, from the phenomenology of transference in general. We hope to be able to demonstrate the advantages offered by the unwieldy phrase "resistance to awareness of the transference" by adopting the distinction which Stone (1973, p.63) made between "three broad aspects of the relationship between resistance and transference":

> Assuming technical adequacy, the proportional importance of each one [of these aspects] will vary with the individual patient, especially with the depth of psychopathology. First, the resistance to awareness of the transference, and its subjective elaboration in the transference neurosis. Second, the resistance to the dynamic and genetic reductions of the transference neurosis, and ultimately the transference attachment itself, once established in awareness. Third, the transference presentation of the analyst to the "experiencing" portion of the patient's ego, as id object and as externalized superego simultaneously. (Stone 1973, p.63)

Out of the multitude of meanings given to the concept of resistance, we consider it very important technically to emphasize resistance to the establishment of awareness of the transference. This lends expression to the fact that transferences in the widest sense of the word are the primary realities. This must be the case since man is born a social animal. Resistance can only be directed against something extant, e.g., against the relationship. Clearly, we are referring to a comprehensive understanding of transference as relationship. Differentiations are introduced when the analyst shows the patient here and there that an act of avoidance, hesitation, or forgetting is directed at a — deeper — relationship.

Keeping sight of the adaptive function reduces the danger that resistance interpretations might be taken as criticism. It is therefore advisable for the analyst to conjecture about the object of resistance and about how reflex-like adjustments are achieved even in the initial phase of therapy. According to the steps outlined by Stone, an essential factor is the speed with which the analysis proceeds from the here-and-now to the then-and-there, from the present into the past. Of course, the handling of repression resistance occurs in the present. The therapeutic potential is rooted both in the multiple comparisons between the patient's retrospection and the way the analyst sees things, and in the discovery that the patient draws conclusions by analogy in the therapeutic situation. The patient wants to create a perceptual identity where something new could be perceived; peculiarly, the patient's appropriation of unconscious memories goes hand in hand with an increased distance to the past.

Merely by being different from the other people, the analyst contributes to this far-reaching affective and cognitive process of differentiation. The numerous similarities to other people that the analyst also exhibits can be strengthened in the analytic situation by countertransference. The analyst stimulates the patient's capacity to differentiate by calling feelings and perceptions by their right name. To recapitulate for the sake of clarity, resistance to transference is not referred to or defined as such; on the contrary, we recommend

avoiding all words also used in the language of psychoanalytic theory. The important point is to speak with the patient in his own language, in order to gain access to his world.

Nonetheless, the analyst provides the feelings of hate and love with, for instance, an oedipal meaning by referring to them in this context. This is also true for all the other forms and contents of resistance and transference. Which transferences and resistances originate in the here-and-now depends very largely on the way the analyst conducts the treatment (see the reasons given in Chap. 2). Whether the patient's initial resistance to becoming consciously aware of transference develops into a transference resistance, in the sense that the patient only wants to repeat something in his relation to the doctor rather than remembering and working through, and whether this transference resistance develops into transference love and erotized transference, only to change into an alternation of such phases or even finally into a negative transference — these fates of transference resistance are dyadic in nature, however great the contribution of the patient's psychopathology may have been. We hope that the fact that we have begun with resistance to conscious awareness of transference proves to be advantageous with regard to the discussion of the other transference resistances. This form of resistance accompanies the entire course of treatment, because the handling of every conflict or problem in the therapeutic situation can lead to a resistance.

In Chap. 2 we have discussed the most important conditions that must be satisfied in order to affirm Freud's statement that transference becomes "the most powerful therapeutic instrument" in the hands of the physician (1923a p. 247). With regard to transference resistances, we can paraphrase Freud to the effect that the importance for the dynamic of cure that the analyst's influence has in the genesis and course of the three typical transference resistances can hardly be overestimated. To recapitulate, these three resistances are resistance against transference, transference love, and the transformations of the latter to either its more intense form, erotized transference, or its reversion to the opposite extreme, i.e., to negative (or aggressive) transference.

4.4 Id and Superego Resistance

In the introduction to this chapter (Sect. 4.1) we describe the typology of five forms of resistance which Freud devised in the wake of his revision of anxiety theory and in the context of his structural theory. The observation of masochistic phenomena and the interpretation of acts of severe self-punishment led Freud to assume the existence of unconscious parts of the ego. The conception of superego resistance was thus a significant enrichment of the analytic understanding of unconscious feelings of guilt and negative therapeutic reactions. Superego resistance becomes psychologically comprehensible in the context of the psychosexual and psychosocial genesis of the superego and of ideals and in light of the description of identification processes in the life of an individual and in groups, as described by Freud in *The Ego* and *the* Id(1923b) and *Group Psychology* and *the* Analysis *of the Ego* (1921 c). In recent decades a large

number of unconscious motives for negative therapeutic reactions have been revealed by psychoanalytic studies. The negative therapeutic reaction will be discussed in a section of its own due to the significance of these discoveries for treatment technique. First, however, we will try to provide a description of Freud's theoretical explanations of id and superego resistance.

The clinical phenomena leading to id resistance have already been mentioned. They are the negative and the erotized forms of transference inasfar as these become an unresolvable resistance. Freud traced the fact that some patients are not willing or able to give up their hate or transference love back to certain features of the id which are also present in the superego. Yet, id resistance and superego resistance have one clinical feature in common: they make the cure more difficult or prevent it completely. Freud had noticed that these hardly comprehensible forms of resistance occurred in addition to the protective measures of ego resistance, i.e., in addition to repression resistance and resistance based on secondary gain (Sect. 4.5). He then traced erotized transference and negative therapeutic reaction back to resistance against the separation of the instincts from their previous objects and paths of libido discharge. We will turn now to the explanations Freud gave for apparently refractory erotized transference infatuations and incorrectible negative transferences.

The reader may be surprised that id and superego resistances are discussed in the same section. Yet while the id and the superego are located at opposite poles of Freud's structural theory, these poles are linked by the instinctual nature of man that Freud hypothesized. Because of this link, Freud traced the very different phenomena of id and superego resistance back to the same roots. Freud viewed negative therapeutic reaction and insurmountable transference love ultimately as the result of biological powers which manifest themselves as repetition compulsion in analysis and in the individual's life.

As therapist, Freud nonetheless continued the search for the psychic causes of malignant transferences and regressions. In his late study *Analysis Terminable and Interminable* (1937c), he discusses the problems involved in gaining access to latent conflicts which have remained undisturbed throughout a patient's life until therapy begins. He also deals briefly with the influence that the analyst's personality can have on the analytic situation and on the treatment process. Yet the psychological explanation of successes and failures, i.e., the classification of the factors contributing to a cure and of the way they can become effective in the analytic situation, was no longer one of his central interests. Freud's speculations (derived from a philosophy of nature) about the economic basis of id and superego resistance grew out of his observation of the apparently inevitable repetition of love and hate, of erotized transference and negative transference.

The obscure id and superego resistances seemed to evade explanation in terms of depth psychology. This obscurity was partially illuminated, but simultaneously sealed, for Freud by his fascination with the assumption of repetition compulsion, whose basis he sought in the conservative nature of the instincts. His assumption that the death instinct is the condition for repetition compulsion obscured the significance of the discovery of superego resistance. Similarly, id resistance seemed irresolvable because of the conservative nature of

the instincts.

We have mentioned that different kinds of phenomena are covered by id and superego resistances, and we are aware that Freud attributed different economic bases to them. Freud saw a greater chance of achieving modification of id resistance in *working through* (see Chap. 8) than of obtaining modification of superego resistance. According to Freud, in the one case we are dealing more with the termination of libidinal attachments, which is frustrated by the inertia of the libido, in the other with the struggle against the consequences of the death instinct. Freud sought and believed he had found the common denominator of these two forms of resistance in the conservative nature of instinct the "adhesiveness" (1916/17, p.348), the "inertia" (1918b, p. 115), or the "sluggishness" (1940a, p. 181) of the libido. In Freud's view, the patient seeks repetition because of the adhesiveness of the libido instead of foregoing the gratification of erotic transference and relying on remembering and the reality principle. Hate — negative transference — then results from the disappointment.

The patient thus puts himself into situations in which he repeats previous experiences without being able to remember the libidinal objects which serve as models for his love and hate. Indeed, he insists that everything happening is occurring in the present and is not the result of his love/hate of his father/ mother. In fact, however, the analyst is the object of the love and hate previously directed at the mother and father. These recurrences do not violate the pleasure principle; fundamental is disappointed love. In repetition compulsion in the sense of superego resistance, another, negative power is at work: the aggression derived from the death instinct.

To help the reader grasp these complicated problems, we will now describe how repetition compulsion was discovered, basing our account on Cremerius (1978). We will then discuss, using the example of the so-called negative therapeutic reaction, the immense expansion of our genuinely analytic understanding of this phenomenon, and of repetition compulsion as a whole, when freed from Freud's metapsychological speculations.

The phenomenon of repetition compulsion gives ample evidence that people get themselves into similar unpleasant situations again and again with fateful inevitability. In *Beyond the Pleasure Principle* Freud described the power of repetition compulsion, using the examples of fate neurosis and traumatic neurosis. For Freud the shared feature of these two forms of neurosis is the fact that states of suffering apparently occur inevitably in people's lives. It is possible for traumatic experiences, even those belonging to the past, to dominate a person's thinking and feeling for years. Painful constellations of typical disappointments and catastrophes in personal relations then result apparently through no fault of the patient's and recur in an apparently inevitable manner.

Precisely because of the recurrence of traumatic events in dreams, Freud now presented a very plausible psychological theory oriented around problem-solving The treatment of patients with traumatic neuroses also shows how repetition is employed by the ego, as it were, to master the traumatic experience of loss of control. In therapy the patient actualises this traumatic experience, with the goal of ridding himself of the accompanying painful affects and the hope that the

analyst can master them for him. Repetition compulsion can thus be understood as an attempt to tie the traumatic experience into an interpersonal context, and thus to integrate it psychically. We will go into this in more detail in the discussion of dreams (Chap. 5). In the Introduction (Chap. 1), we have already drawn attention to the fundamental significance of problem-solving as a framework for treatment technique. Nothing is more natural than to view the apparently incomprehensible and inevitable fate neuroses as manifestations of unconscious, i.e., psychic, patterns of behavior.

Yet Freud's psychoanalytic studies did not seem at this point to lead any further. The negative therapeutic reaction became the decisive piece of circumstantial evidence in favor of the hypothesis of a superego resistance derived ultimately from the death instinct. For the sake of brevity, we have skipped a few steps of the argument, but Freud reached this conclusion and accepted it to the end. In the posthumously published *An Outline of Psychoanalysis* (1940a, 149), he wrote: "There can be no question of restricting one or the other of the basic instincts to one of the provinces of the mind. They must necessarily be met with everywhere." Freud repeats in this statement his earlier assumption that when the life and death instincts are disentangled, the superego is the pure form of the latter (1923b, p.53).

We are now in a position to state the following: Freud's discovery of unconscious guilt feelings, of the negative therapeutic reaction, and of superego resistance as a whole stood at the beginning of his revision of his theory. Since significant portions of the ego are unconscious, it was only natural for him to replace the topographic division (unconscious, preconscious, and conscious) by structural theory. At approximately the same time, the dualism of life and death instincts was given new meaning. The causes of repetition compulsion were seen (and sought) in the conservative nature of the instincts, whether in the inertia of the libido or in the death instinct with its yearning to return to an inanimate state. Freud's linkage of this new, dualistic theory of instincts with structural theory seemed to explain why attempts at psychoanalytic therapy are frustrated by id resistance, irresolvable erotized transference, and by superego resistance — because of the cathexis of the unconscious areas of the superego with destructive instinctual elements.

In hindsight it is impossible to disagree with the view that precisely the instinctual explanations of id and superego resistances caused a delay in the therapeutic application and *depth-psychological* understanding of the unconscious guilt feeling and of the negative therapeutic reaction. Overcoming these forms of resistance is definitely no simple matter, but exactly Freud's speculations on natural philosophy constitute the factor making the analyst into a Don Quixote, mistaking windmills for giants and battling them in vain. There is also no need for us to feel like Sisyphus; Lichtenstein's (1935) little known phenomenological and psychoanalytic interpretation of the myth of Sisyphus, which was not translated into English until 1974, can also lead out of the dead end of pseudo biological assumptions on repetition compulsion.

4.4.1 The Negative Therapeutic Reaction

In his report on the case of the Wolf Man (1918b, p.69), Freud described his patient's "transitory 'negative reactions'":

> Every time something had been conclusively cleared up, he attempted to contradict the effect for a short while by an aggravation of the symptom which had been cleared up. It is quite the rule, as we know, for children to treat prohibitions in the same kind of way. When they have been rebuked for something (for instance, because they are making an unbearable din), they repeat it once more after the prohibition before stopping it. In this way they gain the point of apparently stopping of their own accord and of disobeying the prohibition.

In analogy to raising children, Freud speaks here of prohibitions that children disobey. It seems significant that there is a worsening of the symptom concerned after a conclusive clearing up and that Freud considers the disobedient and negating behavior to be an expression of *independence.* Problem solving is done jointly, whereas stopping voluntarily is an expression of assertion and independence. Freud also put the therapeutic relationship at the focus of attention in the later, comprehensive definition of negative therapeutic reaction. He observed:

> There are certain people who behave in a quite peculiar fashion during the work of analysis. When one speaks hopefully to them or expresses satisfaction with the progress of the treatment, they show signs of discontent and their condition invariably becomes worse. One begins by regarding this as defiance and as an attempt to prove their superiority to the physician, but later one comes to take a deeper and juster view. One becomes convinced, not only that such people cannot endure any praise or appreciation, but that they react inversely to the progress of the treatment. Every partial solution that ought to result, and in other people does result, in an improvement or a temporary suspension of symptoms produces in them for the time being an exacerbation of their illness; they get worse during the treatment instead of getting better. They exhibit what is known as a "negative therapeutic reaction". (Freud 1923b, p.49)

Although the situation Freud described here was extreme, the description might nonetheless still apply to some extent to very many, and perhaps even to all, difficult cases of neurosis (Freud 1923b, p.51).

In view of the observation that very many patients react negatively precisely when the analyst expresses satisfaction with the progress of treatment and especially to accurate interpretations, it is surprising that Freud finally let himself be led instead by the model of intrapsychic conflict and by the conception of superego resistance. From the negative therapeutic reaction he concluded that there is an unconscious sense of guilt "which is finding its satisfaction in the illness and refuses to give up the punishment of suffering" (1923b p.49). Freud later repeated this explanation in a slightly modified form:

> People in whom this unconscious sense of guilt is excessively strong betray themselves in analytic treatment by the negative therapeutic reaction which is so disagreeable from the prognostic point of view. When one has given them the solution of a symptom, which should normally be followed by at least its temporary disappearance, what they produce instead is a momentary exacerbation of the symptom and of the illness. It is often enough to praise them for their behaviour in the treatment or to say a few hopeful words about the progress of the analysis in order to bring about an unmistakable worsening of their condition. A non-analyst would say that the "will to recovery" was absent. If you follow the analytic way of thinking, you will see in this behaviour a manifestation of the unconscious sense of guilt, for which being ill, with its sufferings and impediments, is

just what is wanted. (Freud 1933a, pp. 109I 10)

Finally, Freud traced the unconscious masochistic tendency — the motive of the negative therapeutic reaction — back to the aggressive and destructive instinct, i.e., the death instinct. The latter, together with the conservative nature of the instincts based on it, is also the reason for the failure of the interminable analysis, as we can read in Freud's late study *Analysis Terminable and Interminable (* 1937 *c,* pp. 242-243):

One portion of this force has been recognized by us, undoubtedly with justice, as the sense of guilt and need for punishment, and has been localized by us in the ego's relation to the superego. But this is only the portion of it which is, as it were, psychically bound by the super-ego and thus becomes recognizable; other quotas of the same force, whether bound or free, may be at work in other, unspecified places. If we take into consideration the total picture made up of the phenomena of masochism immanent in so many people, the negative therapeutic reaction and the sense of guilt found in so many neurotics, we shall no longer be able to adhere to the belief that mental events are exclusively governed by the desire for pleasure. These phenomena are unmistakable indications of the presence of a power in mental life which we call the instinct of aggression or of destruction according to its aims, and which we trace back to the original death instinct of living matter.

When we nowadays rediscover the negative therapeutic reaction and unconscious guilt feelings (in the form of superego resistance) during treatment, we are in a more favorable position than Freud was. In the meantime many analysts have pursued the question of why precisely the intensification of the relationship between patient and analyst, which is associated with an accurate interpretation and an increase in hope, can lead to the feeling "But I don't deserve this." Many patients quickly realize this tendency in themselves, and their accounts often contain components of what Deutsch (1930) misleadingly termed fate neurosis. In the statement "I don't deserve better," for example, the sense of guilt as such is not unconscious. On the contrary, the object-related pleasurable and aggressive wishes, which push into the foreground at precisely the moment transference is strengthened, i.e., upon rediscovery of the object, want to enter into the realm of experience.

There is therefore hardly anything in the psychoanalytic treatment technique better suited than the negative therapeutic reaction to demonstrate the unfavorable consequences of the doctrinaire assumptions of instinct theory and structural theory. In fact, the resolution of superego resistance leads away from Freud's metapsychological assumptions and toward a comprehensive interactional theory of conflict capable of providing an understanding of superego formation and thus of superego resistance. The internalization of prohibitions, i.e., superego formation, is tied in Freud's theory to oedipal conflicts. The object relationship psychologies provide more significant information on why it is particularly the analyst's expressions of optimism which lead to disturbances in the transference relationship. A wealth of emotions are contained in self-punishment and masochistic tendencies. It is therefore not surprising that many observations published in the last few decades significantly facilitate the resolution of superego resistance. It would be gratifying if the individual results could be reduced to a common denominator.

Grunert (1979) has argued that the numerous forms taken by the negative

therapeutic reaction should be conceived as a recurrence of the process of detachment and individuation, in Mahler's (1969) sense, and that the unconscious motivations of the negative therapeutic reaction should be sought there. Using the passages from Freud that we have quoted above and referring especially to Spitz (1957), Grunert demonstrates convincingly that this defiant behavior can also be understood positively, as negation serving the striving for autonomy. Considering that the process of detachment and individuation also includes the later rapprochement, i.e., encompasses practically everything that takes place between mother and child, then it is not surprising that Grunert views this phase and its revival as the common denominator for the typical constellations of transference and countertransference. A more exact examination of unconscious guilt feelings leads beyond oedipal rivalry. Superego resistance proves to be only the tip of a pyramid anchored deep in the world of unconscious wishes. The child's development inevitably leads out of the symbiosis. The child is inquisitive, curious, and eager for new experiences. In the therapeutic regression, rapproachement to unconscious fusion wishes also strengthens the tendencies toward differentiation (Olinick 1964, 1970).

The contribution the analyst makes toward the new discoveries is therefore decisive. Asch (1976) and Tower (see Olinick 1970, pp. 658ff.) have recognized different aspects of this negativism in the context of symbiosis or primary identification. Grunert uses one patient's meaningful, transference neurotic utterances to describe different facets of the process of detachment and individuation. As an example of separation guilt he gives the statement: "The separation will destroy either you or me." The following sentences illustrate the striving for autarky with simultaneous deprivation anxiety: "I want to control what is happening here, so that you lose in value." "If I show how well I am, I have to go." The passive struggle with the father was manifested, for example, in the following statement: "As a failure, I'll force him/you to accept my conditions." Grunert, like Rosenfeld (1971, 1975) and Kernberg (1975), views envy of the analyst as a particularly powerful motive behind the negative therapeutic reaction.

Even Freud's early descriptions disclose that a worsening occurs exactly when the analyst could expect gratitude. Klein's (1957) ideas on envy and gratitude are therefore especially relevant for a deeper understanding of the negative therapeutic reaction. Characteristically, the increase in dependence goes hand in hand with a growth in their denial by means of aggressive ideas of omnipotence. These are, admittedly, process-related quantities which are correlated with technique.

The negative therapeutic reaction is, however, also the response to an object felt to be pathogenic, as the character analysis of masochistics shows. These patients had to submit in childhood to a parental figure who they felt did not love them but despised them. To protect itself against the consequences of this perception, the child begins to idealize its parents and their rigid demands. It attempts to meet these demands and condemns and devalues itself in order to be able to maintain the illusion of being loved by its parents. When this form of relationship is relived in transference, the patient must respond to the analyst's interpretations with a negative therapeutic reaction. The patient turns the tables,

so to speak, by taking the position of the mother who had mocked his opinions and by putting the analyst into the position of the child who is constantly unjustly treated but still desparately strives for love. Parkin (1980) calls this a situation of "masochistic enthralment" between subject and object.

Awareness of these unconscious motivations behind the negative therapeutic reaction has contributed to a positive modification of psychoanalytic technique. Our survey makes it clear that the common denominator that Grunert found in Mahler's process of detachment and individuation proves to be a good classifying principle. In our opinion, however, the question of whether disturbances of this phase, comprising the period from the 5th to the 36th month of life, have special relevance for the negative therapeutic reaction cannot yet be answered. In any case, we believe it is important to pay attention to what the analyst contributes to the therapeutic regression and to his interpretation of it based on his countertransference and his theoretical approach (Limentani 1981).

4.4.2 Aggression and Destructiveness: Beyond the Mythology of Instinct

Since Freud's derivations of the superego and id resistances are incorrect, the limits of the applicability of the psychoanalytic method do not lie where he had thought. The hereditary and constitutional factors which contribute so decisively to molding every individual's potential for growth and development are not to be found where Freud's definition of instincts localized them. Neither id resistance (as erotized transference) nor superego resistance (as masochistic repetition) derives its quality from the conservative nature of the instincts which Freud felt compelled to assume on the basis of his metapsychological speculations on the death instinct. The introduction of an independent aggressive or destructive instinct and its derivation from the death instinct, which reached its culmination in Freud's *Civilization and Its Discontents* (1930a), had positive and negative consequences for treatment technique. In *Beyond the Pleasure Principle* (1920g), Freud had described repetition compulsion and the conservative character of instinctual life. Ten years later he was amazed at "how we can have overlooked the ubiquity of non-erotic aggressivity and destructiveness and can have failed to give it its due place in our interpretation of life ... I remember my own defensive attitude when the idea of an instinct of destruction first emerged in psycho-analytic literature, and how long it took before I became receptive to it" (Freud 1930a, p. 120).

Adler had in fact allotted the aggressive instinct a special and independent place in his theory of neurosis. Freud (1909d) had described the role of hate merely casuistically, for example as a feature of compulsion neurosis, but derived the phenomena of aggression from the sexual and self-preservative instincts. Waelder summarizes the theoretical revision of the 1920s in the following way:

While they had previously been thought of as explainable in terms of sexual and self-preservative drives — the dichotomy of the early psychoanalytic instinct theory and in terms of the ego, they now came to be seen as manifestations of a destructive drive. (Waelder 1960 P 131)

Despite the mixed reception given to Freud's new instinctual dualism, as the publications by Bibring (1936), Bernfeld (1935), Fenichel (1953 [1935b]), Loewenstein (1940), and Federn (1930) show, the indirect consequences it had on treatment technique were substantial even where the theory as such was met with skepticism or rejection. According to Waelder's description (1960, p. 133), even analysts who did not believe in the existence of a death instinct, i.e., understood the aggressive instinct on the basis of the clinical psychological and not the metapsychological theory of psychoanalysis, "were quick to accept the new theory on impressionistic grounds." Waelder, referring to Bernfeld (1935) traces this back to the following circumstance:

The old theories could not be *directly* applied to the phenomena; the latter had first to be analyzed, i.e., their unconscious meaning had to be investigated .... But classifications such as "erotic" or "destructive" could be applied directly to the raw material of observation, without any previous analytic work of distilling and refining (or with a bare minimum of it) .... It is easy to say that a patient is hostile, much easier than, e.g., the reconstruction of an unconscious fantasy from transference behavior. Could some of the popularity of the concept be due to the deceptive ease of its application (or misapplication)? (Waelder 1960, pp. 133-134)

Waelder invites theoretical comparison by compiling a list of the explanatory modalities of the older psychoanalytic theory of aggression. In his opinion, it is possible to provide a good explanation for aggressive and destructive phenomena using the older theory, i.e., without recourse to the assumption of an independent aggressive instinct:

A destructive attitude, action or impulse may be

1. the reaction to (a) a threat to self-preservation or, more generally, to purposes usually attributed to the ego; or the reaction to (b) the frustration, or threatened frustration, of a libidinal drive. Or
2. it may be a by-product of an ego activity such as (a) the mastery of the outside world, or (b) the control of one's own body or mind. Or
3. it may be a part or aspect of libidinal urge which in some way implies aggressiveness against the object, such as, e.g., incorporation or penetration.

In the first case, we may feel hostile to those who threaten our lives or thwart our ego ambitions (la), or to those who compete with us for the same love object (1b). In the second sense, the normal attempt of the growing organism to acquire mastery of the outside world implies a measure of destructiveness as far as inanimate objects are concerned, and a measure of aggression with regard to man or animal (2a). Or it may manifest itself as a by-product of the control, gradually required, of one's body or as a by-product of our struggle to acquire control over our mind (2b), related to the fear of being overwhelmed by the strength of the id. Finally, it may be part and parcel of a libidinal urge, or an aspect of it such as in oral biting oral incorporation, anal sadism, phallic penetration, or vaginal retentiveness (3). In all these instances aggression appears, sometimes a very dangerous aggression; but there is no compelling need to postulate an inborn drive to destroy. (Waelder 1960, pp. 139-140)

Implicit in Waelder's classification are two aspects of principle which deserve special emphasis. We can consider this behavior from the points of view of spontaneity and reactivity. The spontaneous and reactive portions of human action and feeling have been mixed from the very beginning. Nutritional, oral, and sexual activity each have a relatively high level of spontaneity. The

preponderance of the influence of rhythmic physical and endopsychic processes over that of precipitating stimuli is one of the defining features of instinctual behavior. Waelder, in contrast, emphasizes the reactive nature of aggressiveness. Aggressiveness would be impossible, of course, without the spontaneous activity which characterizes man just as it does other living things. In this sense Kunz (1946b, p.23) said that "spontaneity constitutes the foundation which makes reactivity possible."

Since Freud described the development of human spontaneity in terms of libido theory — and hunger and sexuality do indeed have all the features of an instinct — it was a natural step to grasp the likewise ubiquitous aggressiveness as a primary instinct. A factor which has probably contributed to this right up to the present day is the idea that we can only do justice to the social significance of aggressiveness if we concede it a primary position next to sexuality.

The assumption that aggressiveness is reactive in origin seems to make it into a secondary phenomenon, even to minimize its importance. This is by no means our intention, and we would like to point out that the noninstinctual origin of aggressiveness — we will justify this assumption in detail later — is precisely what constitutes its evil nature. To introduce this line of argument, it is advantageous to distinguish between aggressive and destructive actions and their unconscious and conscious antecedents. Given a gradual transition from aggression to destruction, it is impossible to clearly define destructiveness as referring to devastation and extermination, ultimately as the killing of a fellow human being. In contrast, expansive and aggressive activities are not necessarily painful, but may in some situations even be pleasurable.

Reconsidering Waelder's list, it is apparent that he views the manifestations of aggressiveness as reactions to frustration or danger, as by-products of self-preservation, or as phenomena accompanying the sexual instinct. What then remains for Waelder is the particularly malignant "essential destructiveness" which eludes our understanding. He used this phrase to refer to

> manifestations of aggression which cannot be seen as reactive to provocation because they are so vast in intensity or duration that it would be difficult to fit them into any scheme of stimulus and reaction; which cannot be seen as by-products of ego activities because they neither are accompaniments of present ego activities nor seem explainable as derivatives of former by-products of ego activities; and, finally, cannot be seen as part of sexual drives because no sexual pleasure of any kind appears to be attached to them. (Waelder 1960, p. 142)

As an example of essential destructiveness, Waelder referred to the most monstrous case in history: Hitler's insatiable hatred of the Jews. He added, "It is difficult to see how it could be explained on a reactive basis because of its limitlessness and inexhaustibility" (Waelder 1960, p. 144).

We fully agree with Waelder that the limitlessness and inexhaustibility of this hatred and similar forms of destructiveness are not adequately explained by the stimulus-reaction scheme. Of course, Freud's discovery of unconscious response readiness had made it possible to grasp precisely those actions which had eluded understanding, i.e., those which have no recognizable cause or are

completely out of proportion to the cause. This disproportion between cause and reaction characterizes unconsciously directed trains of thought and action especially delusional ones. The inexhaustible and insatiable will for destruction that took hold of large portions of the German people under Hitler is something far beyond what we usually characterize as instinctual phenomena.

We mention this most monstrous of cases of destructiveness here because we believe that the holocaust is an extreme experience which has contributed to the revision of the psychoanalytic theory of aggression. The events of recent history have, however, also revived the belief in a death instinct; consequently, the far-reaching revisions initiated at the beginning of the 1970s have remained largely unnoticed. Whichever events of persecution, whichever apocalyptic threats, and whichever independent developments within psychoanalysis may have contributed to it, in recent years there has been a fundamental revision of the psychoanalytic instinctual theory which has hardly been recognized.

On the basis of subtle psychoanalytic and phenomenological analyses of aggressive and destructive phenomena, Stone (1971), A. Freud (1972), Gillespie (1971), Rochlin (1973), and Basch (1984) all independently reached the conclusion that malicious human destructiveness in particular lacks the features which customarily characterize instincts, such as sexuality and hunger, both within psychoanalysis and outside it. It is true that A. Freud, with reference to Eissler (1971), made a vain attempt to rescue the theory of the death instinct. Yet her clear line of argument, to the effect that the features of an instinct such as source and special energy are absent from aggression, leaves no room for the death instinct. That birth and death are the most significant events in a human life, and that any psychology worthy of the name has to assign death an important role in its system, as A. Freud emphasizes with reference to Schopenhauer, Freud, and Eissler, are not indications of the existence of a death instinct, but of a psychology of death (Richter 1984).

The clinical observations of children and adults in analyses as well as the direct observations of children that A. Freud mentions are all included in the territory marked out by Waelder. The fact that the criticism of the instinctual theory of aggression has so far had few consequences is surely related to our continued use of the wonted vocabulary. A. Freud continued to base her descriptions of clinical observations on instinctual theory even after the instinctual character of aggression had been refuted, as shown by her observation that:

> Children in analysis may be angry, destructive, insulting, rejecting, attacking for a wide variety of reasons, only one of them being the *direct discharge of genuine aggressive fantasies or impulses.* The rest is aggressive behaviour in the service of the ego, i.e., for the purpose of defence: as a reaction to anxiety and effective cover for it; as an ego resistance against lowering defences; as a resistance against the verbalization of preconscious and unconscious material; as a superego reaction against the conscious acknowledgement of id derivatives, sexual or aggressive; as a denial of any positive, libidinal tie to the analyst; as a defence against passive-feminine strivings ("impotent rage"). (A. Freud 1972, p. 169, emphasis added)

Yet what is the situation with regard to the reasons for the discharge of genuine aggressive fantasies? After A. Freud had denied that aggression has an

energy of its own, it obviously became impossible to assert that such energy can be discharged. Her use of the compact expression "genuine aggressive fantasies or impulses" also requires comment. It is most probable that diffuse, undirected explosions or those involving an object which is only accidentally present — the famous fly on the wall — occur reactively, as the result of previous injuries coupled with an incapacity to defend oneself which may have internal or external reasons. The gratification of aggression is not comparable with the satisfaction of hunger or with the pleasure of the orgasm. After verbal disputes one has the feeling, "At last I've told him what I think of him." The gratification of aggressive destructive impulses thus serves to reconstitute a damaged sense of one's worth. The fact that a person feels better after an emotional outburst than before is clearly also associated with the release of tension, but this tension also arises reactively and is based on fantasies in the widest sense of the word.

The conception that human aggressiveness and destructiveness lack the features of an instinct by no means minimizes their importance. On the contrary, it is precisely the especially malicious, timeless, and insatiable form of hate, which erupts unpredictably and without apparent reason, which now becomes accessible to psychoanalytic explanation.

In her criticism of the aggressive instinct, A. Freud reaches the same conclusions as Kunz, a constructive, even endearing critic of psychoanalysis; we will refer to the results of his studies. The fact that Kunz's phenomenological analyses have been forgotten is, incidentally, one of the many signs of the insufficient communication between disciplines. Forty years ago Kunz wrote that

> there is no aggressive "instinct" in the sense in which we acknowledge the instinctual nature of sexuality and hunger .... We therefore do not argue about the word 'instinct," because we can of course impute "instincts" or "an instinct" to all living behavior and even to cosmic events .... The question is rather: given that we have decided, for example, to give the name "instinctual acts" to the actions serving to gratify sexual desire and hunger, and to presume that they are at least partially determined by the dynamic mechanisms we term "instincts," is it appropriate also to describe acts of aggression and destruction as "instinctual" and call the imputed moving factor the "aggressive instinct"? ... Or are the differences between the two complexes of phenomena so pronounced that using the same terminology for both of them is inevitably misleading and a barrier to cognition? This is indeed our opinion. The aggressive, destructive movements differ in essence from actions due to sexual excitement and hunger, despite the many similarities. (Kunz 1946b, pp. 33-34, 41-42)

A. Freud concludes that human aggression lacks everything specific: the organ, the energy, and the object. Kunz emphasized that aggression

> *altogether lacks the specificity. both in feeling and in the forms of its manifestations* .... The correctness of the hypothesis about the nonspecific nature of aggression is supported, for one thing, by the absence of an organ or field of expression primarily serving aggression. We have been able to determine that there are preferences for certain zones of the body, changing in the course of life, and have to admit the possibility that such links can also form and harden secondarily. Yet there is no original — albeit nonexclusive organ serving aggression which corresponds to the digestive tract for hunger or the genital zone for sexuality. (Kunz 1946b, p. 32)

Kunz provides further support for his assumption that aggression is nonspecific by referring to the absence of an object reserved for it.

Spontaneous activity, as the basis of the object relations, is the precondition for the reactivity Kunz discusses here. We therefore agree with Kunz when he emphasizes that the *enormous effect* and the *constant readiness* of aggression and destructiveness can only be comprehended properly if assumed to be reactive in nature.

> If aggressions were based on a specific aggressive instinct, it would presumably fit, just as the other needs rooted in instincts do, into the more or less pronounced and never completely absent rhythm of tension and relaxation, unrest and rest, deprivation and fulfillment. Certainly, there is also a saturation of aggressive impulses, both when the gratification immediately follows the origin of the impulse and after a long-deferred discharge. Yet it does not obey an autonomous phasic alternation, but is connected to the appearance and diminution of those tendencies whose nongratification remains associated with the actualization of the aggressions. An apparent exception is the accumulated aggressiveness which results from the earlier inhibition of numerous impulses, becomes a kind of permanent character trait, and discharges from time to time for no (apparent) reason. (Kunz 1946b, pp. 48-49)

Turning to the theoretical and practical consequences of this criticism, the nonspecificity of the alleged instinctual nature of human aggressiveness makes a differentiated consideration necessary. Such consideration has led to a division of the complex field and to the formation of partial theories. Their empirical validity is accordingly limited. Merely a partial aspect is explained by time-honored theories such as the frustration-aggression theory, on which, for example, Dollard et al. (1967 [1939]) tested empirically based psychoanalytic assumptions regarding the sudden change of positive transference into hatred (see Angst 1980). From psychoanalytic points of view it must be emphasized that even in experimental research on aggression the degree to which an individual is *affected* by an event previously characterized by individual concepts such as "frustration, attack, and arbitrariness" (Michaelis 1976, p. 34) proves to be a decisive influence for his aggressive behavior.

Interestingly, Michaelis arrives at a process model of aggression. He states: "The decisive factors are not acts of frustration, attacks, or arbitrary acts, but rather the *direction* of the event and thus the degree to which an individual is affected" (Michaelis 1976, p.31). We believe that the technical knowledge which makes it possible for us to discover the factors precipitating aggressive impulses, fantasies, or acts is oriented around the degree to which one is affected or feels injured. A treatment technique situated *beyond* the mythology of instinct has to undertake a differentiated phenomenological and psychoanalytic analysis of the situational origin of aggressive impulses and fantasies as recommended by Waelder.

The loose attachment of the instinct to its object, as described by Freud, distinguishes human instincts significantly from animal instincts and their regulation by innate stimulus mechanisms. This difference is the basis of the *plasticity* of human object choice. It is fairly safe to say that this loose association is the expression of an evolutionary jump which characterizes the process of man's development. Lorenz (1973) uses the term "fulguration" to describe the situation. The metaphor of the sudden brightness emanating from a flash of

lightning accurately expresses the transformation of unconscious life to a state of conscious awareness. Let there be light — with reference to the biblical story of creation, one could say that with lightning speed the fulguration created light, throwing shadows and making it possible to distinguish light and dark, good and evil. And what about the thunder which usually follows the lightning? Its strongly amplified echo reaches us today in the knowledge that the fulguration, as the evolutionary jump, brings with it the capacity to form symbols and thus the potential to employ destructiveness in the service of grandiose fantasies.

The destructive goals of human aggression such as the annihilation of fellow humans or even entire groups of people — such as the attempted genocide of the Jewish people in the Holocaust — is beyond biological explanation. Nobody would ever consider minimizing these forms of aggression by explaining them as manifestations of so-called evil. It is illuminating that a biologist, von Bertalanffy (1958), was the one to remind psychoanalysts of the significance of symbol formation for the theory of human aggression.

The capacity to use symbols not only makes possible man's cultural evolution; it also enables an individual to distinguish himself from others and allows barriers to communication to be established between groups. These processes can contribute to conflicts being so waged "as if they were conflicts *between different species,* the aim of which even in the animal kingdom is generally the destruction of the opponent" (Eibl-Eibesfeldt 1980, p.28). At this point it is necessary to distinguish between intra- and interspecies aggression. A typical feature of the destructiveness directed at fellow men is that the targets are discriminated against and declared to be subhuman. In intergroup aggression, alternating mutual disparagement has always played a significant role. As a result of the development of the mass media, the influence of propaganda has grown beyond all bounds in our lifetime — for good as well as for evil. In his famous letter to Einstein, Freud contrasted human aggressiveness and its destructive degenerate form particularly to emotional attachment by means of identification: "Whatever leads men to share important interests produces this community of feeling, these identifications. And the structure of human society is to a large extent based on them" (1933b, p.212). Such processes of identification are also the basis of the therapeutic relationship, and thus negative, aggressive transference is a variable which depends on many factors.

In contrast to the processes just described, aggressive animalistic behavior is endogenously controlled by rhythmic processes. In behavior research, Lorenz has described object discharges which consume the instinct and could be called aggressive. There appear to be analogies between substitute activities and aggression discharged onto the object of displacement, between vacuum activities and blind, seemingly objectless actions (Thomä 1967a). The therapeutic recommendations that Lorenz (1963) makes in his well-known book, entitled in German *Das sogenannte Böse* (literally, the so-called evil), are, accordingly, at the level of time-honored catharsis and affective abreaction. Lorenz basically says that there should be a psychohygienic reduction in the accumulated potential for aggression that could mean the end for mankind, and advises that this be achieved by means of more harmless forms of instinctual discharge, such as

sports. Discharge theory and catharsis were influential in the formulation of these recommendations. Some instances of harmless negative transference become comprehensible in this way. The aggressiveness reactively produced by frustration is part of the negative transference.

Following A. Freud's argumentation, however, all simple patterns of explanation and analogies become dubious, since human aggression has no energy reservoir or object of its own. While interspecies animal aggression consists only of the finding and killing of prey, human destructiveness is insatiable. Fantasy activities are not bound by the constraints of space and time, and this seems to have led to boundaries not being reliably established and maintained by ritual as they are in the animal kingdom (Wisdom 1984). Aggressive behavior between members of the same animal species, whether between sexual rivals or for seniority or territory, ceases when the weaker animal acknowledges defeat by means of a submissive posture or flight (Eibl-Eibesfeldt 1970). In the animal kingdom, distance can end the rivalry; in contrast, distance is a precondition for human destructiveness: the image of the enemy is distorted beyond recognition.

As already mentioned, von Bertalanffy traced human destructiveness back to man's capacity to form symbols and distinguished it from instinctual aggressiveness as seen in animal behavior. The factor that gives human aggressiveness its evil quality and makes it so insatiable is its tie to conscious and unconscious fantasy systems, which apparently are generated out of nothing and degenerate to evil. Man's capacity to form symbols is in itself beyond good and evil.

An analyst cannot, of course, be satisfied with the view that omnipotence fantasies and destructive aims arise out of nothing, as it were. We know that injuries that appear completely banal can precipitate greatly exaggerated aggressive reactions in sensitive people and especially in psychopathologic borderline cases. Destructive processes are set in motion because unconscious fantasies give the harmless external stimuli the appearance of a serious threat. Psychoanalytic investigation of this connection regularly leads to the recognition that the extent of the injury from without is in direct proportion to the amount of aggression that the subject has relieved himself of by means of projection. Klein (1946) earned the honor of describing this process as an object relationship within the framework of the theory of projective and introjective identification.

Yet the question as to which childhood experiences are instrumental in the formation of grandiose and destructive fantasies (and their projection with subsequent control of the object) has remained unanswered. It is a part of every mother's experience that strong aggressive reactions appear especially with frustration in small children, just as it is part of everyday knowledge that the tolerance of frustration is lowered by continued pampering. Freud therefore described both excessive denial and pampering as undesirable in child raising.

If the history of the development of fantasy systems with grandiose ideational contents is traced back, one finally arrives at the question of how firmly the assumption of archaic unconscious ideas of omnipotence and impotence is founded. The theory of narcissism provides a clear answer to these questions:

Kohut's inborn grandiose self reacts to every injury with narcissistic rage. Awareness of the phenomenology of increased sensitivity to injury and narcissistic rage — here we prefer to speak of destructiveness — is obviously one of the older and least controversial facts of psychoanalysis. In view of the criticism directed at metapsychology, the important thing now is to provide an unprejudiced clarification of the role of man's capacity to form symbols in the origin of human destructiveness.

If one considers self-preservation to be a biopsychological regulatory principle that can be disturbed both from within and from without, one reaches a perspective from which it is possible to attribute to self-preservation the ability both to attain a reflective, oral mastery of the object and to establish a sophisticated delusional system of destruction subserving grandiose ideas. The fantasy associated with symbolization processes, in the widest sense of the concept, is ever-present. Since fantasy is linked to the capacity to form internal ideational representations, infantile aggression can hardly have the archaic significance assigned to it by the assumption, from instinctual theory, that the narcissistic libido is expressed in the infantile omnipotence. The grandiose fantasies lead us to conscious and unconscious wishes, which are inexhaustible because of their loose connection and plasticity.

It is significant that oral and sexual desires are satiable, whereas instrumentalized aggressiveness is ever-present. Aggressiveness subserves a self-preservation primarily determined by psychic contents. We thus take up Freud's old classification and endow it with a psychosocial meaning. Freud initially attributed aggression to the instinct for self-preservation, which he also called the ego instinct, and contrasted this instinct to the sexual one responsible for species preservation. According to this classification, included in the ego instincts is the mastery of the object with a view to self-preservation. By means of an immense extension of what Freud termed self-preservation, it is possible to view human destructiveness as a correlate of self-preservation. Thus, neither human destructiveness nor species preservation can now be conceived as purely biological regulatory principles. They nonetheless remain related to each other because the intensity and extent of the destructiveness are interdependent with grandiose fantasies and their fulfillment.

This assumption contains a reactive element inasmuch as the increase in fantasies of grandeur is accompanied by an increase in the danger posed by imagined enemies. A *circulus vitiosus* thus develops that finds more and more realistic occasions to transform the imagined enemies into real opponents fighting for survival. Such self-preservation is no longer grounded in biology. The struggle is not one for animalistic survival, which may well be guaranteed and as a rule is. It is even possible to say that the *Homo symbolicus* cannot fully develop and put his inventions at the disposal of aggression until a sufficient margin of security has been achieved, i.e., until the loose connection between the nurturing instinct and the object has been stabilized to the extent that the struggle for the daily bread is no longer man's sole or primary preoccupation (Freud 1933 a, p. 177). Why do social revolutionaries, such as Michael Kohlhaas (to mention a figure from German history, immortalized by a novel by H. Kleist), fight? The

primary reason was certainly not to obtain compensation for the material injustice inflicted on Kohlhaas when the nobleman robbed him of his horses.

Since self-preservation, in its narrow and comprehensive sense, is tied to the gratification of vital needs, the problem of the connection between deprivation and the compensatory increase in envy, greed, revenge, or power fantasies is still of great practical importance. Yet Freud demonstrated, using the example of the consequences of childhood pampering, that aggressiveness is not only compensatory in origin. Pampering creates an aggressive potential in adults in that a moderate demand is later experienced as unbearable: aggressive means are employed for self-preservation, i.e., to preserve the pampered state of the status quo.

The consequences which the revision of the theory of aggression has on treatment technique affect both superego resistance, i.e., the negative therapeutic reaction, and negative transference. The greater the insecurity in the analytic situation, i.e., the more serious the threat to self-preservation, the stronger aggressive transference has to be. Moser stressed what consequences the analytic situation can have, especially if the aggressive signals are not recognized at an early stage:

> If attention is not paid to the aggressive signals (anger, rage) and if they do not lead to any behavior activities to change the precipitating situation, the emotional activation progresses. (This corresponds to Freud's thesis of signal summation.) The overactivation finally shows itself in a state of anger or rage in which plainly only uncontrolled aggressive behavior is possible .... The analytic situation forestalls motoric aggression through systematic conditioning which, coupled with insight, operantly reinforces the nonaction. There is therefore an inclination to somatisize affective outbursts inasmuch as they cannot be headed off interactively by the analyst's interpretation. (Moser 1978, p.236)

One possible disadvantage of premature interpretations of negative transference was pointed out by Balint:

> In this latter case the patient may be prevented from feeling full-blooded hatred or hostility because consistent interpretations offer him facilities for discharging his emotions in small quantities, which may not amount to more than a feeling of some kind of irritation or of being annoyed. The analyst, interpreting negative transference consistently too early in the same way as his patient — need not to get to grips with high intensity emotions either, the whole analytic work may be done on "symbols" of hatred, hostility, etc. (Balint 1954, p. 160)

Kohut grasps negative transference as the patient's reaction to the psychoanalyst's actions; this led him to criticize the conception that human aggressiveness is rooted in man's instinctual nature, and to interpret destructiveness in the framework of a theory of the self.

Kohut drew consequences from the untenability of the view that human destructiveness is a primary instinct which deepen our understanding of aggressive transference. Although we do not share his opinion that destructiveness represents a primitive disintegration product (Kohut 1977, p. 119; 1984, p. 137), without a doubt narcissistic rage belongs to the processes maintaining the delusion-like self and identity systems being discussed here. Examples of these systems can be found especially in personal and collective ideologies. The difference between aggression and destructiveness is considerable.

Pure aggression, directed at the persons or objects standing in the way of gratification, disappears quickly after the goal has been reached. In contrast, the narcissistic rage is insatiable. The conscious and unconscious fantasies have then become independent of the events precipitating the aggressive rivalry and *op*erate as insatiable forces of cold-blooded destruction.

For the treatment technique it is essential that the numerous injuries be identified that the patient *actually* experiences in the analytic situation, rather than perceives through the magnifying glass in exaggerated form. The childish powerlessness which is revived by the regression in the analytic situation reactively leads to ideas of omnipotence, which can take the place of direct controversies if the realistic precipitating factors in the here-and-now are not taken seriously. Narcissistic patients refuse to become involved in everyday aggressive conflicts because for them it immediately becomes a question of all or nothing. Because of their heightened sensitivity to injury, these patients are trapped within a vicious circle of unconscious fantasies of revenge. In the case of personal or collective ideologies, an enemy is created whose qualities facilitate projections. It can thus be observed with great regularity that narcissistic rage is transformed into everyday, relatively harmless aggressive rivalry if it has been possible in the analytic situation to trace the offenses back to their roots.

We quoted from Freud's letter to Einstein partly for technical reasons. Negative, aggressive transferences must be viewed in the context of whether it is possible to create significant common ground in the sense of Sterba's (1934, 1940) we-bond (see Chap. 2). Negative, aggressive transference also has a function with regard to regulating distance, since identifications arise by means of imitation and appropriation and this interpersonal exchange is inevitably connected with disturbances. Finding the optimal distance is crucial particularly for at-risk patients, who at first sight appear to require a special degree of support and empathy. A correctly understood professional neutrality, which has nothing to do with anonymity, contributes to this (T. Shapiro 1984).

The technical consequences we can draw from these considerations correspond to a certain extent to Kohut's recommendations. It is essential that the real stimulus in the here-and-now be linked to its incontestable meaning. This real stimulus can possibly even lie in the fact that the patient turns to the analyst for help. The question of how rapidly the analyst can move from the her-and-now of the injury to the then-and-there of the origin of increased sensitivity is a topic we will discuss against the background of case studies in volume two.

4.5 Secondary Gain from Illness

One of Freud's five forms of resistance was ego resistance, which "proceeds from the 'gain from illness' and is based upon an assimilation of the symptoms into the ego" (1926d, p. 160). In evaluating the external forces which codetermine and sustain the psychic illness, it is useful to bear in mind the distinction between primary and secondary gain from illness that Freud made in 1923 in a footnote

to his account of the Dora case (1905e). Between 1905 and 1923 the ego was assigned a much greater significance in theory and technique with regard to the origin of symptoms, specifically relating to defense processes. According to the 1923 footnote: "The statement that the motives of illness are not present at the beginning of the illness, but only appear secondarily to it cannot be maintained" (Freud 1905e, p.43). And in *Inhibitions, Symptoms and Anxiety* (1926d, p.98) Freud wrote, "But usually the outcome is different. The initial act of repression is followed by a tedious or interminable sequel in which the struggle against the instinctual impulse is prolonged into a struggle against the symptom."

Precisely a case exhibiting a stable structuring of symptoms is characterized by a course in which the primary conditions are so mixed with the secondary motives that they can hardly be distinguished.

> In obsessional neurosis and paranoia the forms which the symptoms assume become very valuable to the ego because they obtain for it, not certain advantages, but a narcissistic satisfaction which it would otherwise be without. The systems which the obsessional neurotic constructs flatter his self-love by making him feel that he is better than other people because he is specially cleanly or specially conscientious. The delusional constructions of the paranoic offer to his acute perceptive and imaginative powers a field of activity which he could not easily find elsewhere.
>
> All of this results in what is familiar to us as the "(secondary) gain from illness" which follows a neurosis. This gain comes to the assistance of the ego in its endeavor to incorporate the symptom and increases the symptom's fixation. When the analyst tries subsequently to help the ego in its struggle against the symptom, he finds that these conciliatory bonds between ego and symptom operate on the side of the resistances and that they are not easy to loosen. (Freud 1926d, pp. 99-100)

Freud also comments on this topic in his *Introductory Lectures:*

> This motive ["a self-interested motive on the part of the ego, seeking for protection and advantage"] tries to preserve the ego from the dangers the threat of which was the precipitating cause of the illness and it will not allow recovery to occur until a repetition of these dangers seems no longer possible ....1 have already shown that symptoms are supported by the ego, too because they have a side with which they offer satisfaction to the repressing purpose of the ego .... You will easily realize that everything that contributes to the gain from illness will intensify the resistance due to repression and will increase the therapeutic difficulties .... When a psychical organization like an illness has lasted for some time, it behaves eventually like an independent organism .... (Freud 19]6/17, pp. 382, 384)

The secondary gain from illness amplifies the *circulus vitiosus.* The analyst should therefore pay special attention to the situative factors in and outside the analytic situation which maintain the symptoms. We attribute very great significance to secondary gain from illness, understood in a comprehensive sense and deal with it in the sections on working through and restructuring in Chap. 8.

4.6 Identity Resistance and the Safety Principle

The reader will not have overlooked the fact that we have often referred to a uniform functional principle in addition to the numerous different resistance phenomena. We would now like to discuss this principle. In addition to the great differences between these phenomena, not amazing considering the complexity of the phenomena, there are also very revealing similarities. Independently of one another, analysts from different schools attribute to resistance and defense processes a function oriented on self-regulation and the safety principle. In Kohut's self psychology, instinctual gratification is subordinate to the self-feeling. Sandler (1960) subordinated the pleasure-unpleasure principle to the safety principle. In Erikson's *identity resistance,* the most important regulator is identity, which viewed phenomenologically is the Siamese twin of the self. Erikson provides the following description of identity resistance:

> We see here the most extreme form of what may be called *identity resistance* which, as such, far from being restricted to the patients described here, is a universal form of resistance regularly experienced but often unrecognized in the course of some analyses. Identity resistance is, in its milder and more usual forms, the patient's fear that the analyst, because of his particular personality, background, or philosophy, may carelessly or deliberately destroy the weak core of the patient's identity and impose instead his own. I would not hesitate to say that some of the much-discussed unsolved transference neuroses in patients, as well as in candidates in training, is the direct result of the fact that identity resistance often is, at best, analyzed only quite unsystematically. In such cases the analysand may resist throughout the analysis any possible inroad on his identity of the analyst's values while surrendering on all other points; or the patient may absorb more of the analyst's identity than is manageable within his own means; or he may leave the analysis with a lifelong sense of not having been provided with something essential owed him by the analyst.
>
> In cases of acute identity confusion, this identity resistance becomes the core problem of the therapeutic encounter. Variations of psychoanalytic technique have this one problem in common: the dominant resistance must be accepted as the main guide to technique, and interpretation must be fitted to the patient's ability to utilize it. In these cases the patient sabotages communication until he has settled some basic — if contradictory — issues. The patient insists that the therapist accept his negative identity as real and necessary which it is, or rather was — without concluding that this negative identity is "all there is to him." If the therapist is able to fulfill both these demands, he must prove patiently through many severe crises that he can maintain understanding and affection for the patient without either devouring him or offering himself for a totem meal. Only then can better-known forms of transference, if ever so reluctantly, emerge. (Erikson 1968, pp. 214-215)

We do not disregard the differences between these conceptions. Kohut derives self-feeling and its regulation from narcissistic selfobjects, while Erikson's identity feeling and the identity resistance associated with it have a more psychosocial founding. While it is true that self-feeling and identity can hardly be differentiated phenomenologically, Kohut's and Erikson's different derivations have consequences for treatment technique. The same applies to the safety principle, which Henseler (1974, p.75) linked closely to the theory of narcissism. The *safeguarding aspects* of the neurotic *life style* occupy much of Adler's theory. Freud (1914d, p.53) considered Adler's word "safeguarding" to be better than his own term "protective measure."

We can again refer back to Freud's concept of self-preservation as "the highest good" and find there the best common denominator for resistance and

defense. Who would doubt that self-preservation occupies an especially high, if not the highest, rank among the regulating factors, or "governors," as Quint (1984) recently documented using case studies. Self-preservation in the psychological sense is effective as a regulating factor by means of the unconscious and conscious contents which have been integrated in an individual's life to constitute the personal identity. The interpersonally developed sense of self, the self security, the self confidence etc. are themselves dependent on the satisfaction of certain internal and external conditions.

Many of these interdependences are in fact conceptually included in the structural theory of psychoanalysis. As soon as we discuss the concepts of superego and ego-ideal in clinical terms we tend to transform them into substances and call them internal objects, even though they are characterized by their motivational strength. This usage goes back to Freud's discovery that in the case of depressive self-accusations "the shadow of the object fell upon the ego" (1917e, p.249).

As a result of the very expressive metaphor in Freud's description of internal objects it can be easily overlooked that these objects are in a context of action: a person does not identify himself with an isolated object, but with interactions (Loewald 1980, p. 48). That intrapsychic conflicts can arise through such identifications as a result of the incompatibility of some ideas and affects is one of the oldest items of knowledge in psychoanalysis. When Freud (1895d, p.269) spoke of incompatible ideas against which the ego defends itself, the word "ego" was still colloquially used and equated with person and self. The obvious question is then why so much discussion is being devoted nowadays to self-regulation or the safety principle if they have always had a place in theory and technique and if the understanding of resistance and defense has been oriented on their safeguard, which also forms the background to structural theory. The limitation of ego psychology to intrapsychic conflicts and their derivation from the pleasure principle in the sense of the *instinctual discharge model* have proven to be a Procrustean bed too narrow for interpersonal oedipal conflicts — at any rate when the aim is to gain a comprehensive understanding of these conflicts. The rediscovery of holistic references and regulatory principles within two-person psychology — such as security, self-confidence, and object constancy — indirectly makes apparent what had been lost as a result of disorientation and fragmentation. Not that narcissistic pleasure had ever been forgotten in psychoanalysis, but by raising the pleasure gained in self-fulfillment to a principle Kohut not only rediscovered something old, but gave narcissism a new meaning.

Yet the numerous types of interdependence of self feeling can easily be overlooked if self feeling is made the primary regulatory principle. The patient's resistance is then quite logically understood as a protective measure against injuries and finally against the danger of self-disintegration. Kohut not only discarded the instinctual discharge model, but also neglected the dependence of self-confidence on psychosexual satisfaction. The effects of these new forms of one-sidedness are, however, in many cases favorable. This is not surprising considering that the self-psychological treatment technique conveys much confirmation and acknowledgement. In addition, the analyst's thematization of

injuries as a result of a lack of empathy and his admission of this situation create an atmosphere favorable to therapy; they promote self-assertion, thus indirectly reducing many anxieties. So far, so good.
The problem consists in the fact that the patient's resistance is now understood as a protective measure against injuries and ultimately against the danger of self-disintegration, as if self-disintegration no longer required explanation. Self-disintegration is ontologized instead of psychoanalytic research being conducted into the extent to which, for example, unconscious aggressions assume the form of anxiety concerning the loss of structure (whether in the form of the end of the world or of one's own person). The sociologist Carveth (1984a, p.79) has pointed to the consequences of the ontologization of fantasies: "It would seem that psychoanalysis (like social analysis) is perpetually in danger of conflating phenomenology (or psychology) with ontology, the description of what people imagine to be the case with statements of what is in fact the case." After describing Freud's understanding of women's lack of a penis as such a conflation, Carveth continues:

> Similarly, Kohut observed that many analysands suffering from narcissistic problems think of their "selves" as prone to fragmentation, disintegration, or enfeeblement under certain circumstances. It is one thing to describe such fragmentation fantasies; it is quite another to evolve a psychology of the self in which "the self" is actually thought of as some "thing" that can either cohere or fragment. (Carveth 1984a, p.79)

In support of his criticism Carveth cites Slap and Levine (1978) and Schafer (1981), who represent similar points of view.

Kohut places special emphasis on the relationship-regulating function of selfobject transferences, and above all on everything that the patient seeks in the analyst, whether it be in the idealizing selfobject transference, in the twinship transference, or in the mirror transference. These signals emitted by the patient serve, in Kohuts opinion, to compensate for empathy deficiencies. Patients unconsciously seek to compensate defects, and the resistance has a protective function, i.e., to ward off new injuries. The grandiose or idealizing transferences are taken by the analyst as signs of early disturbances. These disturbances are not primarily frustrated gratifications of instincts but rather deficiencies in the confirmation which the child's self-feeling is dependent on.

Despite our criticism of Kohut's theory, we attach great value to his technical innovations. Yet at first glance it is surprising that in some cases the anxiety over structural disintegration can improve even though the unconscious aggressions in the transference relationship referred to above have not been worked through. This is probably associated with the fact that the promotion of self-assertion in Kohut's technique both indirectly actualizes the aggressive portions of personality and reduces the frustration aggression.

To what extent Kohut's transference interpretations have a specific effectiveness cannot in our opinion be answered. The regulation of self-feeling and the analyst's therapeutic contribution toward it have a special significance, regardless of the validity of individual aspects of interpretations. We would like to illustrate the advance in treatment technique attained by Kohut's ideas by

referring to a self-psychological interpretation of narcissistic resistance, described by Abraham in 1919, which was at that time irresolvable.

Abraham (1953 [1919], p.306) described a form of resistance for narcissistic and thus easily injured patients with labile ego feeling who identify with the doctor and behave like superanalysts instead of personally coming closer to him in the transference. Abraham's patient saw himself, so to speak, through the eyes of his analyst and made the interpretations he thought were accurate for himself. The author did not consider the possibility that such identifications may be indirect attempts to come closer. This is all the more surprising since it is Abraham to whom we thank the description of oral incorporation and the identification associated with it. Abraham was apparently not yet able to fruitfully apply the knowledge that primary identifications can be the earliest form of emotional attachment to an object (Freud 1921c, pp.106-107; 1923b, pp. 29-30). Strachey (1934) later described the identification with the analyst as object relationship. More recently, Kohut has brought us closer to understanding the primary identifications in the different selfobject transferences and the technical ways of dealing with them. It is true, however, that Kohut on the other hand seems to neglect the fact that identifications have a defensive function and thus can subserve the resistance to independence.