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# Psychoanalytic Practice Textbook of Psychoanalytic Therapy

– *second edition 2011* –

## 1 Principles

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## Foreword

A basic issue for all those essaying to write comprehensive texts on the nature of psychoanalysis, whether oriented primarily to the exposition of the theory or of the technique of psychoanalysis, — within the American literature the books by Brenner and by Greenson come to mind as exemplars of the two categories — is that of the relationship of the theory to the technique and the practice. This issue is however not always brought into explicit focus in this literature and thereby its problematic nature as a fundamental and not yet satisfactorily resolved dilemma of our discipline is often glossed over, or even bypassed completely, as if we could comfortably assume that Freud had, uniquely in the world's intellectual history, fully succeeded in creating a science and a discipline in which the theory (the understanding) and the therapy (i. e., the cure) were inherently together and truly the same, but two sides of the same coin.

It is the achievement of Helmut Thomä and Horst Kächele, the authors of this book presenting within two volumes — this first one on theory and a second imminent companion volume on clinical interaction and application — an overall statement on what psychoanalysis is (or should be) all about, that they have more than others kept this central problematic of the relationship of theory to practice in the center of the reader's conceptual field and have organized their presentation of the phenomena of our field, of its concepts and its data, accordingly. The heart of the problematic to which I am referring is caught in one short paragraph in Chap. 7: "As for psychoanalysis, one can see that while the theories are predominantly concerned with the determinants of *genesis*, the rules of technique are oriented toward achieving the necessary and sufficient conditions for *change*: psychoanalytic technique is not *simply* application of theory" (p 218, emphasis added). From this distinction and inevitable tension, all else follows though it is of course also an oversimplification and something of an injustice for me to focus the overall thrust of this so very comprehensive book in just this way, or to imply that the whole range of conceptual problems of our field is caught up in the effort at the delineation of the interplay — and the dialectic — between theoretical and clinical therapeutic development.

Nonetheless, it is an important perspective and one that I feel is central to the authors' thinking; and for my part I would indicate two (to me) necessary consequences of this conceptual disjunction of theory from technique with the problem that then emerges of the conditions and the parameters of their relatedness — as against the conventional psychoanalytic assumption of the conceptual unity of theory and technique which conceals and papers over these very questions at the heart of our discipline, how a theory of how the mind functions can relate to a

technique to alter that functioning in desired directions. The first consequence to which I would draw attention runs like a quiet but insistent leitmotif throughout the book, the call at many points for empirical research into the psychoanalytic process and its outcomes that is designed to elucidate the conditions and the parameters of the relationship of theory to technique, research with which the authors have themselves long been identified, and of which they are actually the leading continental European representatives alongside a small band of fellow investigators in the United States and in Great Britain. In this they join forces solidly with the pragmatic and empirical tradition in the Anglo-Saxon (scientific) intellectual world.

A second consequence of this conceptual disjunction emerges even more softly but still unmistakably in the book, the inevitable consideration of the relationship of psychoanalysis qua therapy to the whole range of psychoanalytic psychotherapies, varyingly expressive and supportive, which represent applications of the same psychoanalytic theoretical understanding of the organization and functioning of the mind to the varieties of psychopathological formations presented in our consulting rooms via an array of differentiated expressive and supportive technical interventions, i.e., one theory, but various techniques conceptualized within it. This message emerges most explicitly, as one would expect, in Chap. 6 on the initial interview(s) with all its focus on the problem of diagnosis and of case formulation and the shift expressed there from the concept of " " to the preferred concept of "treatability," ending in "a *diagnostic phase of therapy*, which is not a trial analysis in the conventional sense followed by the decision regarding suitability, but rather has the purpose of finding out what changes can be achieved under what therapeutic conditions. The wide scope of the current forms of psychoanalytic therapy allows room for many ideas, which do not even have to be restricted to the field of psychoanalysis in the stricter sense" (p. 188).

With this statement, the authors align themselves with a tradition very familiar in the American psychoanalytic world, a tradition articulated in the various American panel discussions of the early 1950s around the similarities and differences between psychoanalysis proper and the array of psychoanalytic or psychodynamic or psychoanalytically oriented psychotherapies — varyingly expressive and supportive — that were brought into focus in the important contributions to these issues of E. Bibring and Stone and Gill and Rangell along with the more discrepant voices of Alexander and Fromm-Reichmann. This concern with the broadened scope of psychoanalytically informed psychotherapies tailored specifically to the internal psychological requirements of the patients and the sociopolitical exigencies of the external surround also makes more understandable the authors' willing placement and portrayal of *psychoanalytic therapy* within the constraints of the West German insurance reimbursement system, which limits the therapy to 240 or at most 300 hours for all but the small minority who go on past that point on their private resources.

And for the American English-speaking audience this book carries an additional, perhaps not explicitly intended, message. For a long time the American psychoanalytic world lived within the comfortable feeling that the metapsychological ego psychology paradigm brought to its fruition in the work of Hartmann, Kris, Loewenstein, Rapaport, Jacobson, Waelder, Fenichel and a host of others represented *the* main stream of psychoanalytic development from Freud through Anna Freud and into the psychoanalytic transplantation from Vienna to America (of course also to Great Britain) with the accession of Hitler to power. It has only been within recent years that American psychoanalysis has become more fully appreciative of the true diversity of theoretical perspectives within psychoanalysis, not only the Kleinian which had long been looked at as a unique theoretical aberration existing within the psychoanalytic corpus, but also the Bionian, the Lacanian, the English object relational, and now from within the American scene itself, the rise of Kohutian self psychology to shake what had once been the monolithic hegemony in America of the so-called "classical" ego psychological metapsychology paradigm. In this pluralistic and therefore relativistic psychoanalytical world in which we now all live, this book by Thomä and Kächele is nonetheless a reaffirmation of the still established place of ego psychology as an encompassing psychological world view, delineated here not from a parochially American and English language literature standpoint but drawing more broadly upon similar developments and thinking deeply within the German language orbit and to a lesser degree within other language literatures as well. Much as there are today all the diverse overall theoretical perspectives within organized psychoanalysis that have been indicated, they have also each broken loose from their origins and confines within a particular geographic and language setting and are thus more widely counterpoised against each other within each regional and national center of psychoanalytic activity world-wide. (For within the same German psychoanalytic and intellectual world in which Thomä and Kächele present a natural science and an empirical research-linked ego psychological paradigm there also exists at the same time a vigorous psychoanalytic (and philosophical) hermeneutic perspective identified with such names as Habermas and Lorenzer.) It is, of course, ultimately all to the good of psychoanalysis both as science and discipline that each of its perspectives in theory and in practice should flourish in confrontation with and in side-by-side interaction with each of the others within each cultural and linguistic tradition.

All of this amounts to more than enough reason to happily introduce this book, which has already been published so successfully in the German-speaking psychoanalytic world, to its natural audience in the English-speaking psychoanalytic world. For it is indeed far more than a carrying of coals to Newcastle. A last note on a tour de force that pervades the book: The reference to the salient related literature is so very fresh and recent and so comprehensive in its

coverage — at least for the English and German languages — in *each* chapter that it seems as if each of them was the very last one completed and barely so just as the book was going to press. Every reader knows that this is not always so.

October 1986

Robert S. Wallerstein, M.D.

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*Updated version based on the German 3. Edition 2006*

# 1 Psychoanalysis: The Current State

## 1.1 Our Position

In the course of this book we will refer to Freud's writings frequently and at length. We would therefore like to begin by outlining our understanding of his work and our general position within psychoanalysis. Extensive quotation from Freud serves several purposes. The most important is that, despite some outstanding efforts at systematization, it remains true today that "the best way of understanding psycho-analysis is still by tracing its origin and development" (Freud 1923a, p.235). The assimilation of the classic texts is the prerequisite for understanding the present problems in psychoanalysis and finding modern solutions.

Our aim with this volume is to create a *historically oriented systematic description of psychoanalysis*. We seek the springs which have fed the psychoanalytic stream, employing quotations to demonstrate lines of development which have led to current views. The passages we cite therefore serve as a means to an end: we ground and defend our opinions in a process of discursive interaction with Freud's positions. The contradictions which appear in Freud's work and have been repeated in various forms over the decades bear witness to the openness of psychoanalysis: "it ... gropes its way forward by the help of experience, is always incomplete and always ready to correct or modify its theories" (Freud 1923a, p.253). Its firm foundation is laid in the following three passages:

In psychoanalysis there has existed from the very first an *inseparable bond between cure and research*. Knowledge brought therapeutic success. It was impossible to treat a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results. Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic *pastoral work* that we can deepen our dawning *comprehension* of the human mind. This prospect of scientific gain has been the proudest and happiest feature of analytic work. (1927a, p.256, emphasis added)

Analyses which lead to a favourable conclusion in a short time are of value in ministering to the therapist's self-esteem and substantiate the *medical importance* of psycho-analysis; but they remain for the most part insignificant as regards the *advancement of scientific knowledge*. Nothing new is learnt from them. In fact they only succeed so quickly because everything that was necessary for their accomplishment was already known. Something new can only be gained from analyses that present special difficulties, and to the overcoming of these a great deal of time

has to be devoted. Only in such cases do we succeed in descending into the deepest and most primitive strata of mental development and in gaining from there solutions for the problems of the later formations. And we feel afterwards that, strictly speaking, *only an analysis which has penetrated so far deserves the name*. (1918b, p. 10, emphasis added)

I have told you that psycho-analysis began as a method of treatment; but I did not want to commend it to your interest as a method of treatment but on account of the *truths it contains*, on account of the information it gives us about what concerns human beings most of all — their own nature — and on account of the connections it discloses between the most different of their activities. As a method of treatment it is one among many, though, to be sure, *primus inter pares*. If it was without therapeutic value it would not have been discovered, as it was, in connection with sick people and would not have gone on developing for more than thirty years. (1933a, pp. 156-157, emphasis added)

As these passages show, Freud drew up the blueprint for a classical building, which will, however, never reach completion — and not merely because every analyst finds building material in each analysis, even if it has been used before, but as a matter of principle.

## Therapy and Science

The three fundamental theses expressed in these passages contain the essential components of a causal understanding of therapy. Freud countenances no loosening of the inseparable bond. The analyst cannot be satisfied with therapeutic success alone. He wants to elucidate the genesis of psychic disorders and, above all, find out how they change in the course of therapy — or why they do not. The failures always represent the biggest challenges (Caspar & Kächele 2008). The assertion that there is an inseparable bond between cure and research requires that both the determinants of genesis and change and those of failure in therapy be made the object of scientific investigation. Granted that for Freud it was quite acceptable to content himself with the patient's assessment as well as the analyst's as to the beneficial effect of therapy, in the light of the structural crisis of psychoanalytic therapy we must now however call for this effect to be measured objectively. In our opinion this is not just a question of a current trend that could be discounted with the catchword "evidence-based medicine" (Sackett et al. 1996), but rather a fundamental problem of the interconnection between theory and practice. In contrast with the popular restriction to an intersubjective extreme, which without any further justification is often based on the narrative truth, the issue is the validity of claims about the psychoanalytical theory of the treatment. If this is not taken into account, then every analytical therapy could be said to be research in itself. Online-research – to use the term coined by U.Moser (1991) – has to take up the problem of appropriate presentation (Thomä & Kächele 1992, Volume 2, Chap.1).

Psychoanalysis has advanced beyond symptom-oriented suggestion therapy. Making no attempt at explanation and no effort to draw general conclusions from the specific material gained would be equivalent to a relapse into mere pragmatism or "a boundless course of experimentation" (Freud 1933 a, p. 153). Freud expressed the concern that "the therapy will...destroy the science" (1927 a, p.254). He believed that his strict (impartial) rules of investigation and treatment produced the best scientific conditions for the reconstruction of the patient's earliest memories, and that uncovering the amnesia created the optimal conditions for therapy (1919e, p. 183). We know today that realization of the inseparable bond demands more than the abandonment of crude suggestion and adherence to standardized rules of treatment. Even Freud insisted on the creation of the most favorable circumstances for change in each individual analytic situation, i.e., he recognized the need for patient-oriented flexibility (1910d, p. 145). This strained relationship between non-tendentious, scientific and therapeutic psychoanalysis has been there since the beginning. For nearly a century non-tendentiousness intimately associated with aimlessness has virtually been the litmus test, or the shibboleth, of orthodox thinking.

Freud uses the term "shibboleth" in other contexts (1914d, p.101; 1923b, p.239; 1933a, p.6). We want to remind you of the original biblical meaning. Judges 12, verse 5, describes how 42,000 Ephramites were drowned in the River Jordan because owing to their local dialect they were not able to pronounce the word "shibboleth" correctly, saying "sibboleth" instead, and in so doing gave themselves away as enemies of the besiegers when they tried to leave the territory.

This attitude was only recently debunked by Sandler and Dreher (1996) and shown to be a self-delusion. This did not only have a negative impact on the effectiveness of therapy. Psychoanalysts who do not yield to this self-delusion were regarded in the movement as mavericks and were not welcome in the IPA. Only in the 1970s when the then Mr. Psychoanalysis, Heinz Kohut, established the Psychology of the Self, which was a radical reformulation, as an alternative school of thought in the middle of North-American psychoanalysis, did the already long existing theoretical and therapeutic pluralism find acceptance. In 1981 at the IPA Congress in Montreal, Wallerstein opened the debate with his paper "One Psychoanalysis or Many?" and two years later in Rome expressed his belief in a "common ground" amidst much protest (Wallerstein 1988, 1990). Since then a yearning for some form of consensus can be sensed everywhere. Rather than examining the conspicuous frictions and divergences by means of empirical investigations, instead a virtual consensus of harmony is inferred by citing Freud, the founder father<sup>1</sup>.

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<sup>1</sup> On the matter of the integration of thousands of psychoanalysts who were not trained within the International

The creation of a therapeutic situation is a prerequisite for gaining insight into unconscious psychic connections. Freud underestimated the scientific value of demonstrating therapeutic change and clarifying the curative factors. At one point he wrote: "a psycho-analysis is not an impartial scientific investigation, but a therapeutic measure. Its essence is not to prove anything, but merely to alter something" (1909b, p. 104).

From the very beginning aetiologically oriented research and therapy oriented research have been inextricably linked. We hold the rather strong opinion that this venture has failed. Too many questions about the cause of disorders (aetiology) remain unanswered in therapeutic processes. This is not contradicted by the fact that clarifying the autobiographical background can have a beneficial therapeutic effect. By taking the past into account, temporality is taken seriously without which there can be no concept of the present or the future. This connection deepens the understanding of the debate between Fonagy (1999) and Blum (1999) about the role of memory recovery as a therapeutic factor. Fonagy's rather overstated remark that "the recovery of memory is incidental to the process of psychic change" has not been sufficiently resolved in our opinion (Fonagy et al. 2003, S. 842).

Since the congress in Marienbad in 1936 the research of therapy has been about the differentiation between the process and the result and the relationship between the two (Bibring 1937). A large number of factors that do have an effect in the therapeutic process have been identified by researchers and have been integrated into a generic model which also incorporates elements which are crucial for psychoanalytic therapy (Orlinsky et al. 2004, S. 316). Evidence of changes which take place between the beginning and the end of a psychoanalytic treatment and their relationship to the perpetuating factors should be considered individually. As already mentioned, Freud's priority was the proof of causality; however we have to criticize Freud for not adequately differentiating between short-run and long-run causality. By long-run causality we mean the principle which psychoanalysis is based upon and which sets it apart from the suggestive therapies.

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Psychoanalytic Association and who belong to other professional associations but are now seeking membership of the Association, it is invariably assumed without any further substantiation that there are discrepancies in the quality of their qualifications, which prior to their admission have to be compensated for by additional supervision or by repetition of the training analysis. Humiliating admission rituals do not exactly help in overcoming these empirically unproven qualitative differences. Such admission rituals are for example the applications for membership of the DPV (German Psychoanalytic Association) in which the applicants as well as the examiners proceed on the basis of assessment criteria that have not actually been specified but are only implicitly understood. The desire on the part of some members of the German Psychoanalytic Society (DGP) to return to the bosom of the International Psychoanalytic Association should also be examined psychoanalytically in our opinion. How is it that prominent members of the DPG are prepared to undergo further training instead of offering the International Psychoanalytic Association their expertise.

The main concern of modern research into therapy is to show that changes occur in the course of psychoanalytic treatment and to clarify the relationship between these changes and the theories adhered to by the analyst. Many problems have to be solved if this is to be achieved. For Freud the establishment of *causal* connections had priority; this is the principle on which classical psychoanalysis was founded and which distinguished it from suggestion therapy.

Freud discussed this principle in his commentary on the expert opinion prepared by the Innsbruck Faculty of Medicine in the Halsmann case (1931d). Philipp Halsmann was charged with the murder of his father, and the defense pleaded that he was not responsible, referring to the Oedipus complex as a mitigating factor. The issue to be clarified was thus the causal relationship between the Oedipus complex and the alleged patricide. Freud stated that "it is a far cry from [the Oedipus complex] to the causation of such a deed. Precisely because it is *always present*, the Oedipus complex is not suited to provide a decision on the question of guilt" (1931 d, p. 252, emphasis added). The place of patricide in this example could be taken by another action or a symptom. Moreover, there is only a minimal increase in the discriminatory (specific) power of explanation if the system of pathology based on such a unitary perspective is replaced by a two-class system (oedipal vs preoedipal). Freud illustrates his point with the following anecdote:

There was a burglary. A man who had a jemmy in his possession was found guilty of the crime. After the verdict had been given and he had been asked if he had anything to say, he begged to be sentenced for adultery at the same time — since he was carrying the tool for that on him as well. (1931d, p. 252)

Such distant-causalities say no more than does the myth of man's fall from grace in theology. Just as with all claims that the world's ills can be cured by making changes in one or two areas, a strong fascination is exerted by the idea that psychic disturbances have a standard oedipal or preoedipal etiology and that there is a corresponding two-class therapy with a polarization between relationship and interpretation (Cremerius 1979). This idea equates the deepest strata with the earliest and most powerful pathogenic factors, which appear to explain everything.

The factors which contribute to sustaining a disorder, what we call short-run causality, have not sufficiently been taken into consideration. The psychoanalytic meaning of the therapeutic relationship as a mutation from a long-run causality (subconscious conflicts based in the past) to a short-run causality of the here and now represents a psychoanalytic operationalization. That is why many different schools of modern psychoanalysis are right in focussing on the here and now. Only in psychoanalysis is the link between the past and the present addressed so intensively. In comparison, the talk about socialisation in behavioural therapy is

just paying lip-service (Margraf 2000a,b).

Various schools violate the central idea of the classical approach, in the name of their respective standardizations, when they fail to produce or even to attempt to produce the necessary evidence, or alternatively regard it as already provided.

Psychoanalysis is constantly under construction if the attempt is made to translate the principles contained in the three passages we cite above into practice. Previously gained knowledge must continually be tested. The descent to the deepest, pathogenic strata must be justified by the solution of those present problems which in turn depend on deep-rooted pathogenic factors.

### **The Relationship of Duration of Treatment and Success**

It can be inferred from Freud's theses that analyses which remain on familiar territory proceed more rapidly than those which break new ground. The analyst's mastery of his craft the meaningful communication of his knowledge, ability, and experience — must even lead to an acceleration of therapy. The self-esteem of both analyst and patient grows when success is forecast and achieved. Indeed, many short therapies whether in terms of duration or number of sessions — achieve lasting change, and thus cannot be dismissed as mere symptomatic cures or transference cures. Analyses which lead to a favorable conclusion in a short time do not, however, count for much today, and are hardly calculated to raise the analyst's professional prestige. [Considering the positive results of short-term psychodynamic psychotherapies \(up to approximately 50 sessions\) as documented by Leichsenring et al. \(2004\) and Shedler \(2010\) in prestigious professional journals, this is very unsatisfactory.](#) The tendency is rather to relate the quality of an analysis to its duration, although it is quite another matter whether the knowledge gained fulfills therapeutic and theoretical criteria.

### **Purist Interpretation**

Freud's work can be cited in support of different approaches. It cannot be overlooked that Freud was led, in his therapeutic and scientific thinking, by the idea of one day being able to eliminate all other influences and arrive at pure interpretation. The utopian vision of pure interpretation pleaded for by Eissler (1958), in his dispute with Loewenstein (1958), would solve enormous practical and theoretical problems, and it is hard to resist its fascination. We would also gladly go along with it, if experience had not taught us better. In this context, Freud (1919a, p. 162) asked whether it suffices to make the repressed material conscious and to uncover the resistances: "Are we to leave it to the patient to deal alone with the resistances we have pointed out to him? Can we give him no other help in this



besides the stimulus he gets from the transference?" We could easily add to these questions but we feel that the need to do so is eliminated by Freud's own next question: "Does it not seem natural that we should help him in another way as well, by putting him into the mental situation most favourable to the solution of the conflict which is our aim?"

According to the point of view of the standard technique, further consideration of the structuring of the analytic situation is unnecessary. It is claimed that following the rules which have been laid down creates the optimal conditions for the recognition of unconscious components of conflicts. In this case, with patients who are suitable for analysis in the first place, additional assistance by means of flexible structuring of the analytic situation would be superfluous, as the external framework — frequency of sessions, use of the couch, etc. — has already proved its worth so convincingly that critical reconsideration is superfluous. In fact, however, the art of psychoanalytic interpretation, the core of the technique, is dependent on many factors, the neglect of which would limit both the theoretical power and the therapeutic efficacy of the psychoanalytic method (Schachter & Kächele 2007). [These conditions, that had been neglected, and have now quickly become popular, came up for the first time recently in the Boston Change Process Study Group's "Something more than interpretation concept" under the influence of Daniel Stern, the prominent specialist in infant development \(Stern et al. 1998\). Practising analysts can obviously identify with this concept. For it is the therapeutic reality of the everyday "going along" and the rare "moments of meeting" which sustain our profession.](#)

## Modifications

The variations of the psychoanalytic method which Freud recommended have been implemented everywhere the effort is made to adapt the method to the circumstances of individual patients or typical patient groups. Whereas the indications for the standard technique became increasingly narrow, and patients were sought who were suitable for the method, a flexible application of the method led to modifications permitting widespread use of psychoanalytic therapy. The standard technique necessitates a *selective* approach to indications — the patient has to adjust himself to the method. The modified techniques permit an *adaptive* setting of indications (Baumann 1981) — the treatment is altered to suit the patient. This reestablishes a comprehensive understanding of therapy and should benefit patients of all ages and social backgrounds with a broad spectrum of psychic and psychosomatic illness. The increase in life expectancy has also led to a relaxation of the restriction of the indication for psychoanalysis to patients not above middle age; this restriction was recommended by Freud, but questioned as early as 1920 by Abraham. The application of an adaptive indication for the psychoanalytic method



in older people went hand in hand with an extension of the psychoanalytic theory: The typical crises and conflicts of each phase of life — adolescence, adulthood, middle age, old age — are accorded their due importance, alongside early childhood, in the understanding of the pathogenesis of psychic and psychosomatic illnesses (Erikson 1959; Greenspan and Pollock 1980, 1981; Lidz 1968; Brazelton & Cramer 1991). Especially in geriatric patients, the adaptive indication involves modification of the psychoanalytic technique (Radebold 1994, 1997, Pollock & Greenspan 1998). As we describe in more detail in Sect. 6.6, in some countries Freud's expectation has been fulfilled, and patients from all strata of society enjoy the benefits of psychoanalytic treatment (Kutter 1992, 1995).

### **The Notion of Classicism**

Classical scientific theories are not ancient monuments and should not be given the protection accorded monuments. Valenstein (1979) was unable to find a convincing definition of "classical" psychoanalysis, and demonstrated, with the aid of the meanings given for "classical" in *Webster's Dictionary*, why this is the case. According to one *Webster's* definition, a self-contained and recognized theory, method, or body of ideas can generally be described as "classical" when new developments or a fundamental change in viewpoint has narrowed its area of validity. A second definition is also instructive. In retrospect, every form or system is termed "classical" which, in comparison with subsequent modifications or more radical derivations, remains credible and valid over a period of time. This definition is interesting in light of the fact that Freud himself spoke of the *classical* method only in the context of dream interpretation — in retrospect and in fairly incidental fashion — and also mentioned modifications. Besides the classical method of having the dreamer give associations to the separate portions of the dream, various other possibilities are open. We can, for instance, "direct the dreamer to begin by looking out for the 'day's residues' in the dream; ... if we follow these constructions, we often arrive with one blow at the transition from the apparently far remote dream-world to the real life of the patient" (Freud 1933a, p. 11).

Moreover, the term "classical treatment technique" did not originate with Freud, but was first used when modifications were introduced. Ferenczi was instrumental in giving the classical technique its name. Disturbed by the reaction of renowned analysts, including Freud, to his innovations, which for therapeutic purposes ranked experiencing higher than remembering, he wrote in a letter that he was returning repentantly to "our classical technique" (Thomä 1983 a). Thus was born a term which in the early 1920s was used to refer to the therapeutically unsatisfactory preference for remembering and intellectual reconstruction (Ferenczi and Rank 1924). Whatever forms the classical technique may have assumed in the ensuing decades, it has stayed true to its origins: it thrives off the confrontation with deviations which is not supported by empirical investigations of different

procedures using well-defined criteria. The admiration generally accorded to anything termed "classical" is an obstacle to investigation of the roles that classical and new elements of style have played in the continuous development of treatment technique. The *neoclassical* style is characterized not by innovations, but rather by particularly orthodox adherence to externally defined rules (Stone 1981a).

There is considerable tension between Freud's classical work and any application. This tension is characterized by problems in the relationship between theory and practice, which we discuss in Chap. 10. The danger that practical applications of the technique will fail to express Freud's central ideas, or even run counter to their development, is especially great if rules are followed for their own sake and if their function is not continually tested. For these reasons we distinguish between the terms "classical," "neoclassical," "orthodox," etc. Since Freud found no justification for labeling one course of action the classical method of dream interpretation, we will forgo speaking of the classical technique and content ourselves with concentrating on standards in the application of rules (Will 2001).

### Rules of Treatment Standard Technique

Although Freud's classical work is always represented in some form in every analyst's ideas, it cannot be translated into therapy in a way that would justify speaking of *the* classical technique. It is absolutely necessary, however, to follow and to standardize rules. The rules of treatment go back to Freud's recommendations and advice concerning technique, and are integrated in the *standard technique*. Therapeutic and theoretical considerations necessarily lead to *variations* and *modifications* of the system of rules, be it in the interest of patients with particular conditions (hysteria, phobia, compulsive neurosis, certain psychosomatic conditions, etc.) or of an individual analysand. In the *orthodox* technique, on the other hand, the expediency of these rules is not questioned, and patients are selected as suitable for analysis on the basis of their ability to follow the rules strictly. At the other end of the spectrum is *wild psychoanalysis*, which begins with insufficiently grounded deviations from moderately reliable standards and ends with the wildest aberrations and confusions (Freud 1910k). Yet despite its antitherapeutic offshoots, "wild" analysis is now worthy of differentiated consideration (Schafer 1985).

The growing number of publications dealing with Freud's practice (Beigler 1975; Cremerius 1981b; Kanzer and Glenn 1980) facilitate the critical reappraisal of the history of the psychoanalytic treatment technique. The solutions to modern problems cannot, however, be found in naive identification with the natural and humane behavior of Freud, who when necessary provided patients with meals or loaned or gave them money. The extension of the theory of transference has led analysts to pay particular attention to the various aspects of the analytic relationship and its interpretation. In our view, today more than ever before we are duty bound

to comply with the demand which Freud raised in the afterword to *The Question of Lay Analysis* (1927 a, p. 257), where he stressed that all practical applications should avail themselves of psychological concepts and be oriented on scientific psychoanalysis. That appropriate consideration should be given to the findings of research in the same area, but using other methods, is self-evident. Especially in its nontherapeutic applications, scientific psychoanalysis is dependent on interdisciplinary cooperation (see Cavell 1993; Paul 2005; Schorske 1980).

Similarly, the treating analyst cannot ignore the contemporary methods of research on the process and outcome of psychotherapy (Lambert 2004). The crucial question is what distinguishes and characterizes *scientific* psychoanalysis. As authors of a book on psychoanalytic therapy, we can leave it to scholars in the respective fields to decide which of the practical applications of the psychoanalytic method to religious and cultural history, mythology, and literature satisfy the criteria of scientific psychoanalysis and of the respective discipline. In the therapeutic application of the psychoanalytic method, the question of what constitutes scientific psychoanalysis can be answered by referring to Freud's three fundamental theses contained in the passages quoted at the beginning of this chapter. The more strictly rules are laid down and the less their impact on therapy is investigated scientifically, the greater the danger of creating orthodoxy. It is obvious that orthodoxy cannot be reconciled with a scientific approach.

For these reasons, we speak simply of the "psychoanalytic technique," or "analytic technique" for short. However, we never forget the rules which have been standardized over the years. Pragmatic and scientific action is rule-directed. Since rules lay down "how something is produced" (Habermas 1985, vol. 2 p. 31), their influence on psychoanalytic phenomena and their occurrence in the psychoanalytic process must constantly be borne in mind. If there were no danger of the classical psychoanalytic method becoming equated with a few external rules, we would not be so hesitant to use the term "classical technique," for in our ears too "classical" sounds better than "standard." It should be clear enough from our somewhat labored comments that it is no easy matter to preserve the intellectual tradition in treatment technique and to continue it in self-critical fashion. Considering therapeutic action from the point of view of how something is produced, the responsibility lies with the person who applies rules in one way or another. [Freud's recommendations and advice are not to be regarded as rules that can never be changed. In particular there are no convincing definitions to be extrapolated from the external features.](#)

## 1.2 The Psychoanalyst's Contribution

Our leitmotif of these **three** volumes is the conviction that the *analysts contribution to the therapeutic process* should be made the focus of attention. We examine everything systematically from this point of view — acting out, regression, transference, resistance. The analyst influences every phenomenon felt or observed in the analytic situation.

### Interactional model

The course of therapy depends on the influence exerted by the analyst. Naturally there are other factors as well, such as those determining the course and indeed the type of disease, the circumstances which led to its genesis, and the events in the here-and-now which constantly precipitate and reinforce it. Illnesses which are psychic in origin deteriorate under such conditions, and it is precisely here that the analyst has the opportunity to exert therapeutic influence, in the sense of new experience effecting change. An analyst is both affected personally and involved professionally in the dyadic process, and it thus seems natural to speak of therapeutically effective interaction. An interactional model conceived on the basis of *three-person psychology* is needed in order to depict the therapeutic process comprehensively (Rickman 1957; Balint 1968)<sup>2</sup>.

Viewing oedipal conflicts on the basis of a general psychological theory of human relationships, the third party is always present, even if not physically. This latent presence of the third party distinguishes the analytic situation from all other two-person relationships. The consequences that the bracketing out of the third party has on the theory and practice of psychoanalysis have never been given anything approximating adequate consideration. The unaccustomed deprivation in the analytic situation may not only encourage fantasies, but also greatly affect their content; for this reason, the comparison of psychoanalytic theories must always take the respective treatment techniques into consideration. How the third party (father, mother, or partner) appears in the dyad, which can be more accurately called a "triad minus one," and how the dyad reorganizes itself as a triad (or not) depends essentially on the analyst. In addition to the inevitable partnership conflicts in the course of treatment, some conflicts are determined by the problems specific

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<sup>2</sup> It is worth noting that parallel to the publication of the first volume (German 1985; English 1987) there was a burgeoning of relational intersubjective psychoanalysis, at first mainly in the USA through members of the *William Alanson White Institute* outside the IPV (Mitchell 1988). In Germany it is quite likely that the relational interactive approach developed as a result of our textbook, the 'Ulmer Lehrbuch'.

to the triad minus one (Chap. 6).

### Creating the Therapeutic Situation

In order to arrive at a genuine understanding of what happens in the therapeutic process, we must examine the analyst's behavior and *his contribution to the creation and maintenance* of the therapeutic situation. This programmatic demand, made by Balint in 1950, has not yet been satisfied, and according to Modell (1984) has been forgotten. In most case reports, at least, the analyst's part — what he thought and did, what lay behind his choice of interpretations — is not described adequately. It is therefore not a sign of exaggerated therapeutic ambition on our part when, in agreement with Freud, we affirm that the analyst's task is to structure the therapeutic situation in such a way that the patient has the best possible conditions for solving his conflicts, recognizing their unconscious roots, and thus ridding himself of his symptoms. We thus acknowledge that the analyst must exercise a profound influence. The patient's freedom is not restricted, but rather enlarged, in that he is encouraged to take part in critical discussion.

Every rule must be considered from the point of view of whether it assists or hinders self-knowledge and *problem solving*, and the analyst should not be reluctant to make modifications accordingly. It thus becomes clear that we do not regard the theory and rules of psychoanalytic technique as holy writ. On the contrary, the impact of the rules on the therapy must be grounded in *every case*. We prefer a problem-oriented approach which is far removed from the prescriptive "cookbook" style. For example, the analyst can no longer prescribe the fundamental rule in the belief that *free associations* will then simply begin, uninfluenced by other factors. All efforts at standardization may have, in addition to the desired effects, unforeseen side effects of a positive or a negative nature which may assist or hinder the therapeutic process.

### Theoretical Orientation

In his diagnostic and therapeutic activity, the analyst orients himself on psychoanalytic theory as a *systematized psycho(patho)logy of conflict*. Kris (1975 [1947], p.6) characterized psychoanalysis as the study of "human behavior viewed as conflict." Binswanger (1955 [1920]) had already viewed this as the psychoanalytic paradigm in the history of science which is embodied in Freud's deceptively simple words: "We seek not merely to describe and to classify phenomena, but to understand them as signs of an interplay of forces in the mind" (1916/17, p.67). The comprehensive significance of psychoanalytic theory lies in the fact that it views human life from its first day onward under the aspect of the impact of conflict on the subject's personal well-being and interaction with others. If, however, conflicts and their role in the origin of psychic or psychosomatic illnesses are defined as wholly *intrapsychic* — and not also interpersonal the scope

of the theory and the associated treatment technique is restricted.

Despite Hartmann's (1950, 1955) warnings against reductionist theories, the history of the psychoanalytic technique is characterized by one-sidedness, and the different schools of psychoanalysis themselves are clear evidence of this. Hartmann speaks of a "genetic fallacy" if "the actual function is equated with its history, or rather reduced to its genetic precursors, as if genetic continuity were inconsistent with change of function" (1955, p.221). However, adherents of reductionist theories are not only "very fond of selecting one portion of the truth [and] putting it in the place of the whole," but also tend to see the whole truth in this portion and dispute the rest, "which is no less true" (Freud 1916/17, p.346).

In this passage Freud is discussing the causation of neuroses, and arrives at the hypothesis of "complemental series," with the psychic conflict at their core. Reductionist theories must be criticized not only on grounds of their incompleteness and one-sidedness, but also, and above all, because they pass off provisional hypotheses as already proven. The same criticism must be directed at the claim that the psychoanalytic theory represents the whole truth and has to be protected against one-sidedness. Freud's thesis of the inseparable bond makes it necessary to apply scientific criteria to the complexity which necessarily relativize the claim to truth and make one proposition more likely to be accurate than another, or even refute one of them altogether. The fact that the whole is more than the sum of its parts is also true of complemental series. They confront the student directly with the complexity of the genesis of conflicts. To name two examples, Balint criticized the one-sided intrapsychic model of conflict and the claim that interpretation is the only instrument of therapy, and Kohut's self psychology originated in his dissatisfaction with the neoclassical technique and its theoretical basis, the intrapsychic oedipal conflicts.

The formation of schools within psychoanalysis is always a result of numerous dissatisfactions and other factors, and new schools have great hopes reposed in them — until they rigidify into new one-sidedness. Our emphasis on the decisive importance of the analyst's contribution to the therapeutic process is intended to help eliminate the development of schools by encouraging a critical approach to theory and practice. Our starting point is Freud's comprehensive theory of conflict, not the components of *intrapsychic* conflicts in a particular group of patients, as described for example by Brenner (1979b). Such restrictions have led to countermovements, the most recent example being Kohut's self psychology. The curtailment of the comprehensive model of conflict in psychoanalytic theory corresponded to neglect of the two-person relationship in practice. If the comprehensive psychoanalytic theory of conflict is reestablished in its full scope, it can incorporate descriptions of ego defects or self defects without difficulty, as



shown by Wallerstein (1983), Modell (1984), and Treurniet (1983). Naturally we cannot stop at this general statement; if we were to do so, Goldberg's assertion that "if everything is conflict, conflict is nothing" (1981, p.632) would apply. However, the psychoanalytic theory of conflict has never stopped at commonplaces, regardless of its scope with respect to pathogenesis.

Smith's description of the range of psychoanalytic conflict theories (2005) shows the current perspectives:

„In focusing on the contemporary uses of the concept of conflict, we can begin to discern various layers in the clinical history of psychoanalysis, like sediment in the banks of a river. To be sure, some psychoanalysts no longer consider conflict to be the defining feature of analysis and rarely speak of it. Others are silent on the subject but more because, like the air we breathe, they consider it implicit in the work. Even those who consider themselves conflict theorists analyze different forms of conflict, in different locations—not only in the mind of the patient, but also in the material of the hour.

Thus, some analysts focus on conflict as reflected in the structural theory, others on topographic conceptions of conflict. Some attend to more conscious manifestations of conflict, others to the deeper reaches of unconscious conflict. Some stay firmly rooted in the intrapsychic; others include more of the interpersonal or intersubjective.“ (p.1)

For some years the pathogenic meaning of conflicts or of pathological conflict resolution has been compared with the deficit theory in relation to psychological illnesses especially so-called early-onset disorders (Reiche 1991). Early trauma-tisation has a negative effect on the the later ability to cope with conflicts (Häfner et al. 2001a,b); for this reason we do not see an irreconcilable difference between the deficit theory and the conflict theory (Hoffmann 1986).

### **Structural Theory: Conflicts and Identifications**

The structural theory of psychoanalysis highlighted oedipal conflicts and their role in the genesis of neuroses. This theory by no means leads inevitably to attention being restricted to intra- or interpsychic conflicts within and between superego, ego ideal, ego, and id. As we will show in more detail in the discussion of the relationship of various forms of resistance to defense mechanisms (Chap. 4), the formation of structure is embedded in object relationships. In his writings on structural theory and ego psychology, Freud described the consequences of the internalization of object relationships, i.e., the processes of identification with both parents during the oedipal phase, as a model for other identifications — both in the preoedipal phase and in adolescence. One need only think of Freud's fundamental statement that identification represents the earliest form of emotional bond (1921 c, p. 107).

In recent decades particularly clear descriptions of these identifications during ego and self development have been given within the framework of structural theory by Jacobson (1964) for the preoedipal phase and by Erikson (1959) for

adolescence. The adherents of the ego psychology school of psychoanalysis described identifications in the framework of oedipal and preoedipal object relationships; these descriptions, however, did not lead to the extension of psychoanalysis implicit in structural theory. On the contrary, the psychoanalytic technique became rather restricted by the intrapsychic conflict model and the one-person psychology of the standard technique. The reason is that both object relationships and the resulting identifications are, like all of structural theory, founded on the basis of the economic principle of instinct discharge. This "principle of constancy," which Freud adopted from Fechner, is the basis of psychoanalytic theory and influences everything else:

"The nervous system is an apparatus which has the function of getting rid of the stimuli which reach it, or of reducing them to the lowest possible level; or which, if it were feasible, would maintain itself in an altogether unstimulated condition" (Freud 1915c, p. 120).

In our opinion, however, Modell was accurate in making the following statement in the prefatory note to his essay "The Ego and the Id: Fifty Years Later":

Object relations are not discharge phenomena. Freud's concept of instinct as something arising from within the interior of the organism does not apply to the observation that the formation of object relations is a process of caring encompassing two people (a process that does not include climaxes or peaks of discharge). Further, the concept of instinct itself has not received its necessary backing from contemporary biology .... I believe, as does Bowlby, that object relations have their analog in the attachment behaviors of other species. (Modell 1984, pp. 199-200)

The departure from the structural theory's way of looking at conflict, which Brenner (1994, 2002) asked of the analytical community in his late work, shows just how much theory construction also has been set in motion also in this central area. Schafer (2005) too has long relinquished a narrow dichotomous concept of conflict:

Intrapyschical conflict as an organising concept can best be seen as a centre of distress, or as a hub, which attracts many tendencies of the patient or lets them happen. As such the concept of conflict can no longer be defined in such a way which clearly facilitates compromise. Since what constitutes a compromise on one occasion, can in another context be seen as a triumph, and a defeat in another (p.52).

### **Psychoanalysis: Hermeneutic Technology**

A comprehensive psychoanalytic psychopathology of conflict can nowadays proceed on the assumption that there are no disturbances of object relationships independent of disturbances in self-feeling.

It is advisable to supplement explanatory psychoanalytic theory, by means of



which the psychopathology of conflict has been systematized, with a *systematic approach to problem solving*, i.e., a theory of therapy. The object of therapy is to master conflicts, under conditions more favorable than those which acted as midwife at the birth of the conflicts concerned. (We choose this metaphor in order to highlight the interpersonal nature of the determinants of pathogenesis.) It is thus astonishing that the development of a systematic approach to problem solving, to which the analyst makes a considerable contribution on the basis of his "change knowledge" (Kaminski 1970), limped behind the explanatory theory of psychoanalysis. A plausible model of therapy, such as that of Weiss and Sampson (1986; Weiss 1993), which places emphasis on the her-and-now mastering of old traumas that have retained their psychodynamic effectiveness, was a long time coming. This was the case although Waelder had already created conditions favorable for such a model in his article on the principle of multiple function (1936), where he raised problem solving to the status of a comprehensive ego function: "The ego always faces problems and seeks to find their solution" (p. 46). Accordingly, the processes in the ego can be designated as the attempted solution of problems; the ego of an individual is characterized by a number of specific methods of solution (pp. 46-47). At the same time, Waelder drew attention to the problems associated with the art of psychoanalytic interpretation, and was perhaps the very first to speak of *psychoanalytic hermeneutics*.

### **Our Understanding of Therapy**

On the basis of what we have said so far, our understanding of therapy can be delineated as follows: The unfolding and structuring of transference are promoted by interpretations and take place within the special therapeutic *relationship*. The patient has an increased degree of sensitivity as a result of earlier experience, and, on the basis of his unconscious expectations, initially takes particular note of everything that serves to foster repetition and create a *perceptual identity* (Freud 1900a). The new experiences the patient has in the analytic situation enable him to achieve solutions to previously insoluble problems. The analyst assists the patient in gaining self-knowledge and overcoming unconscious resistance by providing interpretations; in the process the patient may spontaneously achieve surprising insights. Since psychoanalytic interpretations are ideas which originate in the analyst, they can also be described as ways of seeing things, as opinions. As insights, they may have a lasting therapeutic effect if they stand up to the patient's critical examination or correspond at all to his "expectations," to his inner reality. These insights then intervene in experiencing and change it in the course of the working through, which continues in the patient's daily life. The patient perceives the changes subjectively, but they can also be demonstrated by alterations in his behavior and by the disappearance of his symptoms.

This conception of therapy implies that the value of the psychoanalytic method

should be judged by the changes resulting from therapy. Yet although structural change may be the goal, it may be thwarted by unfavorable conditions of one kind or another. Under no circumstances can the psychoanalyst evade answering the following questions:

- a How does the analyst view the connection between the assumed structure (as a theoretical proposition) and the patient's symptoms?
- b Which internal changes (experienced by the patient) and which external changes indicate which structural changes?
- c In light of the answers to both of these questions, can the selected mode of therapy be justified?

We agree with Brenner (1976, p.58) that "symptomatic improvement is a necessary criterion, though not in itself a sufficient one, for validation of a line of interpretation and the conjecture(s) on which it is based."

Interpretation, the characteristic feature of the psychoanalytic technique, is part of a complex network of relationships. It has no value on its own, and neither do rules of treatment; the analyst's psychic reality, his countertransference, and his theory become part of the analytic situation. The ability to go from general knowledge to the individual case, and vice versa, is a feature of psychoanalysis as well as of other practical disciplines.

The need to cater properly for the uniqueness of every patient makes the practical application of psychoanalysis a skill, a *techne*, a craft which one must learn in order to be able to practice according to the rules, which, however, can serve only as general recommendations. Despite the modern connotations of the word "technology," we are not afraid to use the term "psychoanalytic technology," as employed by the psychoanalytically trained philosopher Wisdom (1956). Soulless technique and alienation are one thing; psychoanalytic skill is located on quite another level of *techne*. Psychoanalysts are neither "psychotechnicians" nor "analysts" in the sense that they take the psyche apart and leave the synthesis (healing) to take care of itself. We are not deterred by misunderstandings of our attitude to therapy which may be occasioned by our use of the word "technology," for analysts follow technological principles in making their interpretations — in their skillful searching, in their heuristics, and so on, right up to the patient's "aha" experience. As a *hermeneutic technology* the psychoanalytic method has a complicated relationship to theory (see Chap. 10).

Particularly relevant for the art of psychoanalytic interpretation is knowledge of teleological and dramaturgic actions:

*Teleological actions* can be judged under the aspect of effectiveness. The rules of action embody technically and strategically useful knowledge, which can be criticized in reference to truth claims and can be improved through a feedback relation with the growth of empirical-theoretical knowledge. This knowledge is stored in the form of technologies and strategies.

(Habermas 1985, vol. 1, p.333)

In adapting these ideas into a form useful for the psychoanalytic technique, it must obviously be borne in mind that goal-oriented actions, a consideration in philosophical theories of action since the time of Aristotle (Bubner 1976), are not to be restricted to purposive rationality as conceived by Max Weber. It would be a fundamental misunderstanding of our position to think that our emphasis on change as the aim of therapy implies fixed goals. True, communication in psychoanalytic interpretation cannot be aimless, but the goals are not fixed, and are shaped by the patient's spontaneity, by his free associations, and by his critical examination of the analyst's ideas and of their overt or latent goals. In this process new ways and goals emerge as if of themselves, but are actually determined by the conditions which bring about various forms of the psychoanalytic process.

### 1.3 Crisis of Theory

For quite some time, psychoanalysis has been in a phase of "revolution and almost anarchy" (A. Freud 1972a, p. 152). She writes that almost all of the concepts governing theory and technique are under attack from some direction. In particular she refers to the criticism of free association, of interpretation of dreams (which has had to cede its leading role to interpretation of transference), and of transference, which is no longer understood as a phenomenon arising spontaneously in the patient's behavior and thinking, but as one induced by the analyst's interpretations (1972a, p. 152). Meanwhile the controversies within psychoanalysis have become even more intense. Not even the cornerstones of psychoanalytic practice — transference and resistance — occupy their old positions ([s. also Holt 1992](#)).

With regard to these essential components of psychoanalysis, Freud wrote:

It may thus be said that the theory of psycho-analysis is an attempt to account for two striking and unexpected facts of observation which emerge whenever an attempt is made to trace the symptoms of a neurotic back to their sources in his past life: the facts of transference and of resistance. Any line of investigation which recognizes these two facts and takes them as the starting-point of its work has a right to call itself psycho-analysis, even though it arrives at results other than my own. (1914d, p. 16)

Obviously there are significant repercussions on theory and technique if one of these cornerstones is shifted, or if the psychoanalytic method has to rest on many different cornerstones in order to meet the demands imposed by practical experience.

[At the start of the second century of its history, psychoanalysis is dominated by a vast array of pluralist and subjectivist attitudes. Basic principles such as transference, countertransference and resistance have more or less become recognized elements of many diverse psychotherapeutic approaches. This conceptional and clinical pluralism is a sign of upheaval on a scale as yet unknown in psychoanalysis. The capacity of the institutions to tolerate the disparity, the inconsistency and the incompatibility of the various theories and their practical application by a very mixed bunch of therapists has reached an astonishingly high level. The recognition of the complexity of the inner life even seems to accommodate contradictory theories about the same phenomena. In this respect there is something to be had out of Schafer's pluralism \(1990\). Although this diversity of psychoanalytic practice is desirable, it must not lead to an "anything goes" arbitrary philosophical openmindedness \(Feyerabend 1983\). A pluralistic approach regarding treatment necessitates criteria for competence to be drawn up,](#)

"first, do no harm" being the very least one (Tuckett 2005). The expansion has made it harder to differentiate between the various directions than it was during the spread of psychodynamic psychotherapy in the fifties. It is very new that it is officially acceptable to talk about the psychoanalyses, thus bringing the issue of co-existence and the "common ground" to the fore (Wallerstein 1988).

Sixty years after Freud's death the diversity inside and outside the IPA has been acknowledged. Differences of opinion are no longer solved by exclusion, which used to lead to the formation of many independent associations outside the IPA. The struggle of the founder and his closest pupils towards "unity" belongs to the past (Thomä 2005). This recognition of diversity forces the professional community to clarify the areas of agreement as well as the areas of difference. Although the issue is a different one, we are still confronted with the old problem of how theory influences therapeutic thought and deed.

It is our belief that the scale of pluralism, which in its entirety can be said to give psychoanalysis a chaotic image, is largely underestimated. Wallerstein, for example, seeks and finds binding similarities in clinical observations with the help of the following arguments:

- The general elucidative theories and those specific to certain schools have a metaphorical character which only questionably match the phenomena that are to be observed. Wallerstein says that these metaphors have a useful function in that they make sense of clinical data even though it is not presently possible to check these data in comparative studies. Somewhat contrarily, with reference to G. Klein (1976), he emphasises the independence of the clinical theory that is close to observation, the hypotheses of which can be tested and validated like those of any other science.
- Transference and resistance, conflict and compromise are identified as the principal elements of clinical theory. Wallerstein summarises his position to the effect that our interventions, apart from the differences in style and theory-guided vocabulary, mirror our analytical method and are based on a unifying theory about resistance, fear, conflict and compromise as well as transference and countertransference. He maintains that the method facilitated the comparability of observational data in spite of considerable theoretical differences.

Now Wallerstein goes one step further, and because most practising analysts have, in the course of their long careers, have difficulty tallying the

changes in their techniques with the changes in theory, he contends that method is markedly unencumbered by theory.

If the signs of far-reaching change are looked at from the viewpoint of the history of science set out by Kuhn (1962), good reasons can be given for the fact that psychoanalysis was late in entering its phase of normal science, and good arguments to support the view that a process of evolution is taking place or that a change of paradigm is imminent (Spruiell 1983; Rothstein 1983; Ferguson 1981; Thomä 1983c, 2005). Widely diverging views are held together by their common connection to Freud's work. Yet it is clear that analysts can acknowledge the facts of transference and resistance and also accept other basic assumptions of psychoanalysis, such as unconscious mental processes and the evaluation of sexuality and of the Oedipus complex (Freud 1923 a, p. 247), and nevertheless achieve varying results with the psychoanalytic method of investigation and treatment. This demonstrates once more the great complexity of the relationship between psychoanalytic technique and psychoanalytic theory. The innovative ferment which made its mark in the idea of "crisis of identity" (Gitelson 1964; Joseph and Wildlöcher 1983) has its counterpart in psychoanalytic orthodoxy. As a reaction to the sweeping criticism from within and without, and as an expression of concern for the essentials of psychoanalysis such orthodoxy is understandable, but for resolving conflicts it is no more suitable than some neurotic reaction would be. In fact, rigidity and anarchy determine and reinforce each other, which is why A. Freud (1972a) mentioned them both in the same breath.

### **Dwindling Value of Metapsychology**

The practice of psychoanalysis is not the only sphere characterized by change and innovation. The "speculative superstructure," as Freud (1925d, p.32) termed its metapsychology, has also become shaky in recent decades. Many writers view the abandonment of this superstructure, which Freud erected in the attempt to define psychoanalysis as a science, as heralding a new era. Some believe that psychoanalytic interpretation could in this way be freed from Freud's alleged "scientistic self-misunderstanding" (Habermas 1971) and return to its home among the hermeneutic disciplines. Others are of the opinion that the abandonment of metapsychology could at last lead to full recognition of the role of the clinical theory of psychoanalysis, which is less inferential and thus better suited to serve as a guide to practice that can be empirically tested. However, the various stories forming the building of psychoanalytic theory cannot be cleanly separated. The girders supporting metapsychology also run through the lower floors, some more visible in the walls than others. Metapsychological assumptions are also contained in the less inferential clinical theory, and influence the analyst even when he believes that he is listening without a trace of prejudice, i.e., that he has given

himself over to his evenly suspended attention. "Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from somewhere or other but certainly not from the new observations alone" (Freud 1915 c, p. 117).

In the secondary working through of the material he has gained in a single session or during the course of a therapy, the analyst will also concern himself with the relationship of his ideas to psychoanalytic theory. Freud believed that this task was not satisfactorily accomplished until a psychic process had been described dynamically, topographically, and economically:

We see how we have gradually been led into adopting a third point of view in our account of psychical phenomena. Besides the dynamic and the topographical points of view, we have adopted the *economic* one. This endeavours to follow out the vicissitudes of amounts of excitation and to arrive at least at some *relative* estimate of their magnitude.

It will not be unreasonable to give a special name to this whole way of regarding our subject-matter, for it is the consummation of psycho-analytic research. I propose that when we have succeeded in describing a psychical process in its dynamic, topographical and economic aspects, we should speak of it as a *metapsychological* presentation. We must say at once that in the present state of our knowledge there are only a few points at which we shall succeed in this. (Freud 1915e, p. 181)

In order to show the clinical significance of this approach, Freud gave a description of "the process of repression in the three transference neuroses which are familiar to us." Since repression is "the corner-stone on which the whole structure of psycho-analysis rests" (1914d, p.16), it becomes clear that for Freud the metapsychological explanations were of fundamental importance. His aim in preparing a metapsychology was "to clarify and carry deeper the theoretical assumptions on which a psycho-analytic system could be founded" (Freud 1917d, p.222). According to Laplanche and Pontalis:

Rather than treating as metapsychological works all the theoretical studies involving concepts and hypotheses intrinsic to these three points of view, it might be preferable to reserve this description for texts which are more basic in that they develop or expound the hypotheses which underpin psycho-analytic psychology ... (1973, p.250)

These authors regarded the following as "the *strictly* metapsychological texts" in Freud's work: "Project for a Scientific Psychology" (1950a; written in 1895), Chap. 7 of *The Interpretation of Dreams* (1900a), "Formulations on the Two Principles of Mental Functioning" (1911 b), *Beyond the Pleasure Principle* (1920g), *The Ego and the Id* (1923b), and *An Outline of Psycho-Analysis* (1940a). Thus, right up to his last period, Freud sought the foundations of psychoanalytic theory in the metapsychological points of view, in the "dynamic, topographical, and economic aspects" (1915e, p. 181). On the other hand, the psychoanalytic method remained in

the realm of depth psychology. Through systematic use of the new method, Freud made discoveries which made it possible to investigate the influence of unconscious psychic processes on an individual's fate and on pathogenesis.

The analytic method and the language of theory are on different levels. Freud still sought to explain the psychic apparatus in terms of drive economy in the posthumously published *An Outline of Psycho-Analysis*, although at the same time he stressed that what lies between "the two terminal points of our knowledge" — between the processes in the brain and nervous system and our acts of consciousness — is unknown to us. An increase in the knowledge on this relationship "would at the most afford an exact localization of the processes of consciousness and would give us *no help towards understanding them*" (1940a, p. 144, emphasis added). Freud had various ideas about psychic connections. In seeking physical, biological, cerebral, and neurophysiological explanations for human behavior in the concept of instinct and in instinct theory, he stayed faithful to his first love (Sulloway 1979); the explanatory model of depth psychology, however, is oriented on the context of meaning, the investigation of which leads to motivation analysis, which in turn leads to unconscious causes and reasons. If these causes and reasons are included, the understanding of the context of meaning is extended to such a degree that meaningful explanations can be given for phenomena which previously appeared senseless, even for delusional experiencing and action.

Jaspers (1963) used the term "as-if understanding" to describe this hybrid of explanation and understanding which also characterizes the everyday use of these words. This as-if understanding was introduced (as higher level clinical hypotheses) into the debate on theory in the U.S. by Rubinstein (1967). Thus, in the psychoanalytic method the doubly rooted explanation is linked in complex fashion with understanding. We regard the "as-if" as a mark of distinction.

Freud's various ideas on psychic connections are the source of the contradictions and the powerful tensions which pervade his work and give rise to the current crisis of theory. With the assistance of the psychoanalytic method he arrived at theoretical conceptions which he attempted to describe in metapsychological terms and ultimately trace back to biological processes, while simultaneously developing a theory of depth psychology that remained immanent to the method, i.e., rested on the experience gathered in the analytic situation and did not borrow its ideas from turn-of-the-century biology and physics. During the same period in which he gave a metapsychological explanation for repression with reference to energy cathexis, Freud wrote, in *The Unconscious*:

It is clear in any case that this question — whether the latent states of mental life, whose existence is undeniable, are to be conceived of as conscious mental states or as physical ones — threatens to resolve itself into a verbal dispute. We shall therefore be better advised to focus our



attention on what we know with certainty of the nature of these debatable states. As far as their *physical* characteristics are concerned, they are totally inaccessible to us: no *physiological* concept or *chemical* process can give us any notion of their nature. On the other hand, we know for certain that they have abundant points of contact with *conscious* mental processes; with the help of a certain amount of work they can be transformed into, or replaced by, conscious mental processes, and all the categories which we employ to describe conscious mental acts, such as ideas, purposes, resolutions and so on, can be applied to them. Indeed, we are obliged to say of some of these latent states that the only respect in which they differ from conscious ones is precisely in the absence of consciousness. Thus we shall not hesitate to treat them as objects of *psychological* research, and to deal with them in the most intimate connection with conscious mental acts.

The stubborn denial of a *psychical* character to latent mental acts is accounted for by the circumstance that most of the phenomena concerned have not been the subject of study outside psycho-analysis. Anyone who is ignorant of pathological facts, who regards the parapraxes of normal people as accidental, and who is content with the old saw that dreams are froth ( *Träume sind Schäume*) has only to ignore a few more problems of the psychology of consciousness in order to spare himself any need to assume an unconscious mental activity. Incidentally, even before the time of psycho-analysis, hypnotic experiments, and especially post-hypnotic suggestion, had tangibly demonstrated the existence and mode of operation of the mental unconscious. (1915e, pp. 168-169, italics by the authors)

According to Freud's *Introductory Lectures* ( 1916/17, p. 21), "psycho-analysis must keep itself free from any hypothesis that is alien to it, whether of an anatomical, chemical or physiological kind, and must operate entirely with purely psychological auxiliary ideas." It is in the context of this famous statement that Freud wrote that psychoanalysis "tries to give psychiatry its missing psychological foundation" and "hopes to discover the common ground on the basis of which the convergence of physical and mental disorder will become intelligible." Yet the actually dominant but hidden idea, important as early as in Freud's "Project for a Scientific Psychology" (1950a) from the year 1895, was Freud's intention to develop a scientific psychology, i.e., to describe psychic processes as quantitatively determined states of material components. It remained Freud's hope that the metapsychological structure of psychoanalysis, i.e., its superstructure, could one day "be set upon its organic foundation" (1916/17, p.389).

Depth psychological auxiliary concepts concern especially unconscious psychic processes. Together with the psychology and psychopathology of conflict that Freud founded, they form the basis on which the coincidence of somatic and psychic disturbances can be understood. In recent decades psychoanalysis has adopted other auxiliary ideas from developmental and cognitive psychology. Furthermore, one consequence of the discussion of theories of science has been that the psychoanalytic method and the detectable psychic phenomena associated with it have moved to the center of interest and become a focus for the testing of theory. These developments have led to a fundamental crisis of the entire theoretical structure of psychoanalysis. The task of our time is to renew the theory of

psychoanalysis, which has previously taken the form of metapsychology and has thus been based on a weak grounding which is substantively and methodologically alien to it.

### **Rapaport's Influence**

It is no accident that the crisis of metapsychology, pervading all of clinical theory, became manifest during the systematic preparation of research to test hypotheses. In the clinical or experimental testing of theories one cannot start from metapsychological speculations which consist of a jumble of ideological postulates derived from natural philosophy, profound metaphorical statements about mankind, and brilliant observations and theories on the origin of mental illness. One of the major contributors to the process of clarification was Rapaport, who systematized psychoanalytic theory and sought to establish a scientific foundation for its translation into practice. His encyclopedic knowledge is reflected in *The Structure of Psychoanalytic Theory* (1960), where he elaborated the existing system of metapsychological assumptions in such a way that its weaknesses became visible. He himself mentioned this almost in passing while discussing the (in his opinion low) chances for survival of some of the system's central concepts (1960, p. 124). Rapaport and Gill (1959) expanded metapsychology to include the genetic and adaptive points of view that were implied in Freud's writings and that had already been elaborated by Hartmann et al. (1949) and Erikson (1959). It is clear that genetic (developmental) approaches, as well as adaptation, contain psychosocial elements which are far removed from the biological assumptions of the economic principle.

When, after Rapaport's death, his colleagues and students looked back in retrospect and then continued with their original scientific work, it became obvious that far-reaching changes are necessary in order to transform metapsychological concepts into theories which can be tested. Thus Holt (1967a), editor of the volume in honor of Rapaport, proposed abandoning concepts of energy, such as cathexis and libido, and also the explanatory terms ego, superego, and id (Gill and Klein 1964). A number of Rapaport's colleagues, e.g., Gill, G. Klein, Schafer, and Spence, are among the most vociferous critics of metapsychology. It would be foolish to interpret their deviations from Rapaport psychoanalytically, as some of their critics have. Such ad hominem arguments hinder further clarification of the actual reasons why Rapaport's extensive work introduced a new epoch. The fruit of his attempt at systemization can be seen in the fact that clinical research has been encouraged, very largely due to the efforts of renowned analysts from his school. The metapsychological explanations were, as is now clear, beyond the range of the psychoanalytic method. The accuracy of metapsychology cannot be demonstrated with the help of this method, as the economic principle relates to processes in the central nervous system that are only accessible to physiological investigation. The

strength of the influence which metapsychological considerations have nonetheless exerted on therapeutic action over a period of decades is connected with the fact that many concepts are used metaphorically throughout the clinical theory of psychoanalysis. Attempts were then made to differentiate various levels of theory formation with regard to their clinical and experimental testability.

### **Waelder's Influence**

In response to criticism from philosophers, Waelder outlined various levels of the psychoanalytic theory, and the concepts associated with them, in his essay "Psychoanalysis, Scientific Method and Philosophy" (1962):

- a. *Individual clinical interpretation* (individual "historical" interpretation, Freud 1916/17, p.270). This is the level of observation, i.e., of the material which the analyst gathers from his patient and which is usually not accessible to others. The analyst then seeks to interpret the individual data with respect to their interconnections and their relationship to other behavior patterns or to conscious and unconscious contents.
- b. *Clinical generalization* (Freud's typical symptoms). On the basis of the individual data and the interpretations of them, the analyst makes generalizations which lead to specific statements relating to patient groups, symptom development, and age groups.
- c. *Clinical theory*. The clinical interpretations and the generalizations permit the formulation of theoretical concepts which may already be contained in or may result from the interpretations, e.g., repression, defense, recurrence of repressed material, and regression.
- d. Beyond the clinical theory of psychoanalysis, yet not clearly separated from it, lie abstract concepts such as cathexis, psychic energy, Eros, and Thanatos: psychoanalytic metapsychology. Freud's personal philosophy can be seen especially in metapsychology and in the ideas behind it (see Wisdom 1970).

This scheme demonstrates a hierarchy of psychoanalytic theories, varying in empirical content, which have to be taken into account in any scientific assessment.

Waelder believes that the higher the level of abstraction, the lower the relevance for psychoanalytic practice. If this were true, and if clinical theory could be separated from metapsychological assumptions and viewed as an independent system, the crisis of theory could be clearly defined. In reality it is not easy to discern which ideas belong to the speculative superstructure and which are indispensable in order to put observations into context, whether in the sense of understanding or of explanation. The psychoanalytic method is directed particularly toward the recognition of unconscious psychic processes. Observation of how unconscious and preconscious wishes and intentions are expressed in parapraxes and symptoms — the return of the repressed — belongs both to the lowest level of

the building and to a higher one. The analyst, however, does not look down from the higher story but rather takes one of the metapsychological points of view which Waelder located there and also uses it on the ground floor. The topographical and structural points of view, i.e., the division of the psychic apparatus into unconscious, preconscious and conscious or id, ego, and superego, illustrates the existence of stairs connecting the floors which can be used in both directions.

Waelder's description has been revised, in our opinion rightly, by Farrell (1981), who characterizes the relationship between the low and the high levels of theory by saying that psychoanalytic concepts are "Janus-faced in their functioning." He describes the necessarily twofold function of concepts on all stories as follows: In his daily work, the analyst does not use the concepts to spell out the details of the psychic apparatus, but rather to order the material produced by his patients. Here the concepts function on the lower level. But when he concerns himself with theory, he uses concepts such as regression and repression to clarify how a patient's psychic apparatus works. Farrell writes that simple statements about connections belong to the lower level: for example, saying that a person who suffers a frustration tends to regress to an earlier stage of development. As an example of repression, Farrell mentions the regular observation of a connection between the sexual anxieties of adult patients, their forgotten (repressed) experiences in childhood, and the revival of these experiences in therapy. The analyst uses such generalizations to help bring order into the patient's communication (material). The patterned ordering explains the material in the "weak sense":

But, if an analyst is concerned to explain why and how this sort of material is produced at all, then he will use regression and repression to help him to specify and describe the states of affairs in the system that these concepts are referring to. They then function in the High Level theory. (Farrell 1981, p.38)

Thus the concepts are already Janus-faced on the lower level and refer to the theory of the unconscious. However, when making descriptive statements on the *observable sequence* of events, the analyst can neglect the *idea of a connection* if he is concerned purely with registering data. Thus, although association studies are guided by the idea that there are connections between the different elements, in the collection of data it is initially important only to register the complete sequence of individual associations. Thus, observations in the psychoanalytic situation must first be registered descriptively.

### **The Way Out of the Therapy Crisis**

Since for many analysts metapsychology is connected both with the scientific status of psychoanalysis as an explanatory theory and with the claim that therapy has a causal approach, the crisis affects the analyst both as a scientist and as a

therapist. One way for him to escape this dilemma is to forgo explanatory theories entirely and content himself with psychoanalytic interpretation, which plays the leading role in practice. In the German-speaking countries the contrasting of the "understanding" (*verstehende*) humanities and social sciences with the explanatory sciences dates back to Dilthey and Rickert, and Hartmann (1927) believed he had clearly shown psychoanalysis to be a science. Later, however, the debate was rekindled in the English-speaking world. Klauber (1968) referred to the English historian Collingwood (1946) as one of the first proponents of the understanding approach. Home (1966) and Rycroft (1966) argued along the same line. North American analysts were quick to adopt the ideas of the French philosopher Ricoeur (1970), who described Freud as a hermeneuticist. The term "scientistic self-misunderstanding," coined by Habermas (1971) to describe a fallacy to which Freud had fallen victim, became a catchphrase. Habermas was referring to metapsychological explanations, although without contesting that psychoanalysts need an explanatory theory as well as generalizations in order to be able to treat patients in depth, i.e., to proffer interpretations.

### Exkursus on Hermeneutics

At this juncture, we would like to reiterate some remarks on hermeneutics from one of our previous publications (Thomä and Kächele 1975, pp. 51-52).

The term is derived from the Greek word *hermeneuo* (I explain my thoughts in words, expound, interpret, translate). It is often falsely assumed that there is an etymological link between hermeneutics and Hermes, the messenger (and thus interpreter) of the gods. However, the similarity between the words is coincidental; *hermeneuo* goes back to a root with the approximate meaning "speak." The term "hermeneutics" was coined in the early seventeenth century to describe the procedure of interpreting texts. The development of hermeneutics was strongly influenced by the exegesis of the Bible. The dispute between theologians and advocates of hermeneutics is shown, for example, in Schleiermacher's principle (1959 [1819], pp. 86-87) that misunderstanding generally precedes understanding. Understanding thus turns out to be an epistemological problem: we have to know a little about an item, i.e., have a preunderstanding, before we can study it.

The hermeneutic approach was expressed most clearly in the humanities and in the branches of philology concerned with the interpretation of texts where the fundamental question is that of the sense, i.e., the meaning, of the text concerned. There is a direct line from philological, theological, and historical hermeneutics to the understanding form of psychology. The demand that one feel and think oneself into the text, or into the situation of the other, links the understanding form of psychology to the humanities. The ability to reconstruct the experiences of the other is one of the preconditions which must be fulfilled if psychoanalytic treatment is to take its course. Introspection and empathy are essential features of

the complementary technical rules of free association and evenly suspended attention. The sentence "Every understanding is already an identification of the self and the object, a reconciliation of those separated outside this understanding; that which I do not understand remains foreign and different to me" could have been written by a psychoanalyst interested in empathy (e.g., Greenson 1960; Kohut 1959), but in fact comes from Hegel (Apel 1955, p. 170). Kohut (1959, p.464) stresses that Freud harnessed introspection and empathy as scientific instruments for systematic observation and exploration. Gadamer (1965) writes that interpretation begins

where the meaning of a text cannot be immediately understood. One must interpret in all cases where one does not trust the immediate manifestation of a phenomenon. Thus the psychologist does not accept a patient's statements about his life at face value, but inquires as to what is going on in the patient's unconscious. In the same way, the historian interprets the recorded facts in order to discover the true meaning which they express but also conceal. ( p.319)

Gadamer seems to have in mind a psychologist practicing psychoanalysis; his description characterizes the psychodynamic approach. It is precisely the incomprehensible, the apparently senseless element of psychopathological phenomena which the psychoanalytic method traces back to its origins and renders comprehensible. It is more than an incidental problem of detail that, according to Gadamer, distorted or cryptic texts create one of the most difficult hermeneutic problems. Philological hermeneutics probably encounters a barrier here similar to the one that cannot be crossed by a purely understanding form of psychology, i.e., one which lacks an explanatory theory.

### Metapsychology and Theory Crisis

Returning to our main line of argument, one's assessment of the crisis of theory and its spread through the various floors of psychoanalysis depends quite crucially on the role one attributes to metapsychology. Provocative article titles convey the impression of an explosive discussion. "Metapsychology Is Not Psychology" argues Gill (1976). "Two Theories or One?" asks G. Klein (1970), criticizing libido theory. "Metapsychology — Who Needs It?" asks Meissner (1981). Frank (1979) discusses the books by G. Klein (1976), Gill and Holzman (1976), and Schafer (1976), and seems from his title to come close to resignation: "Two Theories or One? Or None?" Modell (1981) answers the question "Does Metapsychology Still Exist?" with "yes and no": the characteristic metapsychological points of view are misleading and should thus be abandoned. All that Modell leaves of traditional metapsychology is the hollow idea. Finally, Brenner (1980) believes that the aberrations and confusions of his colleagues are clarified by his exegesis of Freud's relevant texts. He states that metapsychology is to be equated with Freud's theory



of unconscious processes and with the whole of depth psychology (p. 196).

Freud's metapsychological texts can be interpreted in various ways, and these different readings lie at the root of the current controversies (Schmid-Hellerau 1995; Thomä 2003). Every serious psychoanalytic discussion still begins with the exegesis of Freud's work, but matters cannot rest there. It should have become clear by this point that the reason why the crisis of theory affects the psychoanalytic method is that it influences what ideas the analyst brings to the material and how far they assist understanding, and possibly even explanation. In the context of discovery, the ideas Freud had formed on the basis of the observation of fits of hysteria and other psychopathological syndromes enabled him to arrive at unexpected, unique explanations of unconscious processes. He then developed a method in order to be able to test his ideas against further observation. No one can act without a theory. In an important paper, Wisdom (1956, p. 13) writes, "Hence, when confronted with a problem, a theory must come first." In the same passage, Wisdom makes it clear that the various techniques of psychoanalysis are attempts to solve practical and theoretical problems.

### **Hypotheses on Metapsychology**

How analysts answer the explosive questions which have been raised obviously depends on what they understand by metapsychology and how they interpret Freud's writings on the topic. Our own studies have convinced us that Rapaport and Gill's (1959) interpretation of metapsychology and its position in Freud's work is even-handed, giving equal weight to the various metapsychological points of view. Later, however, Gill (1976) in particular ascribed the central position to Freud's economic (biological) approach to explanation. There are various reasons for the differences in opinion on this point. For one thing the relevant passages can be interpreted in different ways; for another, in their application by analysts, all metapsychological points of view naturally also have some relationship to the patient's experiencing. In this respect metapsychology is also psychology. Finally, the dynamic and the topographical points of view seem closer to experiencing and to human conflicts than do the economic ideas about quantitative processes which the individual is not aware of. In our opinion, however, this description of metapsychology disguises the fact that Freud not only stayed true to the economic point of view, but also tried to base the theory on man's instinctual nature and on biology, and also expected that quantitative factors would later provide solutions to problems which were not yet resolved. This is the manner in which "the fallacious use of quantitative concepts in dynamic psychology" (Kubie 1947) came about.

No change is necessary, of course, if metapsychology is emptied of its specific contents, as proposed by Meissner (1981). He distances himself from metapsychology, seeing it as nothing more than a guiding idea, something that every scientist needs in addition to his method — an incontestable banality. Modell

(1981) also strips metapsychology of its physicalistic features, seeing Freud's "Witch Metapsychology" as a symbol for fruitful speculation and fantasizing. Like Mephisto in Goethe's *Faust* (Part 1, Witches' Kitchen) one has to ask, "Is this the way to deal with witches?" In what context did Freud seek assistance in the "witch's primer"? In *Analysis Terminable and Interminable* (1937c), he was trying to get closer to answering the question of whether it is possible "by means of analytic therapy to dispose of a conflict between an instinct and the ego, or of a pathogenic instinctual demand upon the ego, permanently and definitively" (p.224). He sought help from the witch: "We can only say: '*So muss denn doch die Hexe dran!*'" — the Witch Metapsychology. Without metapsychological speculation and theorizing — I had almost said 'phantasying' — we shall not get another step forward" (1937c, p.225). After consulting the witch, Freud believed he had found the answer in quantitative elements of the strength of the instinct, or in the "relation between the strength of the instinct and the strength of the ego" (1937c, pp. 225-226). Freud explained the experiencing of pleasure and unpleasure by means of the economic principle. He assumed that the psychic and somatic experiences of pleasure and unpleasure originate in the cathexis of affective ideas by psychic energy: pleasure consists in the discharge of this energy. Cathexis and discharge are the regulatory mechanisms whose existence Freud assumed. The Witch Metapsychology thus leads us not into the realm of imagination but to real quantities albeit ones that Freud localized where the psychoanalytic method can never reach: in the biological substrate, in cerebral neurophysiological processes — in short, in the body.

Brenner (1980) claims to have attained true exegesis, as a result of which metapsychology is equated with the psychology of the unconscious and with the whole of psychoanalytic psychology. It is undisputed that Freud stressed the quantitative, economic factors throughout his work not just in his late texts. This emphasis is attributed to the influence of Brücke and thus of the Helmholtz school — as if identifying the origin of the economic principle would do anything to change the fact that the decisive factors in psychoanalytic theory, and thus obviously also in the theory of the unconscious, are discharge and cathexis, i.e., the economic or energetic point of view. Even Brenner has to concede that Freud's claim was to explain psychic phenomena dynamically, topographically, and economically. Rapaport and Gill (1959, p. 153) described these assumptions as the foundation of psychoanalytic theory. This refers, in Freud's words, to "the dynamic relations between the agencies of the mental apparatus which have been recognized — or (if that is preferred) inferred or conjectured — by us" (1937 c, p. 226). If we add the genetic and adaptive points of view, the five metapsychological points of view together cover the entire spectrum of psychoanalytic theory.



## Relationship between Theory and Method

The problem is now not how many hypotheses are formulated, and on what level of abstraction, but which theoretical assumptions are capable of being tested by means of the psychoanalytic method or psychological experiments. In his discussion of the relationship between theory and method, Brenner fails to consider one important problem: the elements which Freud borrowed from biology restricted the understanding of depth psychology and of psychoanalytic explanations, or even deformed these explanations, as shown by Modell (1981). This problem has led to the criticism of the economic point of view of metapsychology and thus of all the theoretical assumptions which are in any way connected with it. The information gathered by means of the psychoanalytic method is influenced to a high degree by the ideas which the analyst conveys. Therefore, it is not a matter of indifference what we call the forces which are ascribed a role in psychic dynamics (Rosenblatt and Thickstun 1977). By contrast, Brenner (1980, p.211) believes it makes no difference whether one speaks of psychic energy or motivational impulse, or uses instead a symbol such as *abc*. However, since the unconscious is accessible to the psychoanalytic method only to the degree to which instinct is represented in the psyche, it is of crucial importance whether we use anonymous symbols or speak in terms of significant, purposive motives.

Modell (1981, p.392) stresses that clinical theory is not explained by metapsychology, but rather derived from it. To support his argument he cites the example of A. Freud's book *The Ego and the Mechanisms of Defence* (1937), which could not have been written if Freud had not revised metapsychology and provided a new model in which unconscious forces are regarded as part of the ego. Despite all the modifications he made, Freud adhered to the idea of *materialistic* monism; at the same time, in his exploration of human psychic life he was very conscious of the role played by method. In other words, he had a dualistic approach to the *psychological* exploration of unconscious processes and to the origin and consequences of repression. His genius overcame metapsychological pseudo-explanations and paved the way for the great discoveries he described in the 1920s in *The Ego and the Id* (1923b) and *Group Psychology and the Analysis of the Ego* (1921 c).

At the same time, his attempt to provide a metapsychological foundation for psychic life culminated in *Beyond the Pleasure Principle* (1920g). His pseudo-scientific (metapsychological) explanations retained a high degree of prestige, despite his declaration that the scientific form of psychoanalysis is that which rests on ideas borrowed from psychology (1927a, p.257), and his demand (expressed in a letter to V. von Weizsäcker in 1932) that analysts learn "to restrict themselves to psychological modes of thinking" (von Weizsäcker 1977 [1954], p. 125). This is the reason why Gill's title "Metapsychology Is Not Psychology" sent out such

shock waves.

### **The Economic Aspect under Fire**

The current crisis arises from the criticism expressed by psychoanalysts who have not allowed themselves to take the easy way out. One of these is Gill. After his extension of metapsychology together with Rapaport (Rapaport and Gill 1959), his reassessment with Pribram (Pribram and Gill 1976) of Freud's *Project for a Scientific Psychology* (1950a) marked a turning point in his thought. As can be seen from Weiner's (1979) review of Pribram and Gill's article and Holt's (1984) essay in honor of Gill's life and work, abandonment of the idea that the economic point of view is a fundamental principle of metapsychology became inescapable. The method of depth psychology is not capable of making statements on neurophysiological or other biological processes. Freud nevertheless repeatedly returned to the economic point of view and to speculative assumptions about the distribution of energy in the organism, for reasons which we will now describe.

The psychoanalyst is continually dealing with processes which relate to a person's bodily experiencing. The patient's subjective theories on his physical condition are anthropomorphic, i.e., they reflect infantile conceptions about the body. Not only does the language of metapsychology preserve obsolete biological ideas, its metaphors raise patient's fantasies about their bodies, i.e., about their conscious and unconscious images of themselves, to an abstract level. Gill (1977) pointed out that metapsychology is full of images which betray their origin in infantile notions concerning sexuality. By means of the metapsychological system, Freud wanted to explain projections that previously had led to the development of metaphysical ideas.

When we realize that infantile notions and obsolete biological beliefs are woven into the fabric of metapsychological metaphors, it becomes easier to understand why these concepts have retained such vitality even though they have become untenable as components of a scientific theory. If, like Gill, one adheres to Freud's definitions and their specific contents, metapsychology can no longer be accepted as a scientific theory. If, however, the definition is left to the individual analyst, each one can begin anew but still leave everything as it was. In this way, Modell (1981) includes all universal psychological phenomena — e.g., repetition, identification and internalization, origin and development of the Oedipus complex, development of superego and ego-ideal — in metapsychology. He believes that processes which are common to all people, i.e., allow the highest degree of generalization, are by definition biological.

We believe it is inappropriate to define universal phenomena, such as identifications, ego conflicts, incest wishes, and the incest taboo, as biological simply because they occur in all cultures, albeit with contents which vary widely from one culture to the next. These psychosocial processes presuppose a capacity

for symbolization, which is normally by no means ascribed to biology. However the incest taboo in the oedipal triangle may have come into being, we prefer the psychosocial and sociocultural approach employed by Parsons (1964, pp. 57ff.) to biological hypotheses which suggest that the early *Homo sapiens* had some kind of notion of the genetic advantages of exogamy and avoidance of incest.

It must be stressed that psychosocial and sociocultural phenomena have a measure of autonomy; neither their origin nor their modification can be reduced to biological processes. In this context, and in contrast to Rubinstein (1980), we regard Popper and Eccles' (1977) admittedly speculative argumentation in favor of an interactionist view of the body-soul problem as extraordinarily fruitful for psychoanalysis. Popper and Eccles ascribe powerful evolutionary influence to psychic processes when they assume that man, after learning to speak and developing an interest in language, set off down the path leading to development of his brain and his intellect.

We are interested here not in the effect of man's psychic inner life on his evolution, or in Popper and Eccles' speculations thereon, but in another implication of philosophical interactionism: the liberation of psychoanalysis, as a psychosocial science, from the restrictions imposed by materialistic monism in its role as the fundamental principle of metapsychology. The philosophical and neurophysiological arguments which Popper and Eccles use are heuristically productive, and also much less speculative than Rubinstein (1980) assumes. Kandel's (1979, 1983) neurophysiological — better, psychoneurophysiological — experiments on a species of snail (*Aplysia*) imply an interactionism, and thus provide substantiation for the view that the psyche has an independent role of its own. Systematic sensory stimulation of the organs of touch in these snails leads to structural changes in brain cells in the corresponding cerebral region (Kandel 1998, 1999). In short, these pioneering experiments can be interpreted as showing that cognitive (psychic) processes bring about structural (cellular) alterations.

### Summary of the Criticism of Metapsychology

We may summarize by saying that the criticism of metapsychology, as expressed by Gill, Holt, G. Klein, and Schafer, is convincing. Modell believes the problem can be defused simply by criticizing Freud's obsolete biological principles of explanation. He cites the example of the concretization of the concept of energy, saying that it led to an incorrect theory of the discharge of affects. We are of the opinion that the root of the crisis lies in the confusion of biology and psychology, arising from Freud's materialistic monism, which ultimately amounts to an isomorphism of the psychic and the somatic. We thus argue for a theory of psychoanalysis based primarily on ideas borrowed from psychology and psychodynamics (Thomä 2002). There are methodological reasons for this approach, as it is the only one which provides a foundation for the performance of studies on psychophysiological correlations. It must be said, however, that such investigations are often inspired by the utopian notion of being able to use neurophysiological experiments to test psychological theories. The fact is overlooked that the neurophysiological methods and the psychological theories refer to completely different objects. It is thus meaningless to ask whether psychological and neurophysiological theories are compatible or incompatible. As much as we are interested in the search for external coherence (Strenger 1991), we must also warn against overrating it. In psychoanalysis's dialogue with the neurosciences the main concern is to pose questions which can arouse the neuroscientist's attention (Leuzinger-Bohleber et al. et al. 2008). That is why purely molecular biological issues are not of much interest for psychoanalysts. Conversely, the constraints which arise from neuroscientifically based theories of emotion are highly relevant for psychoanalysts. Panksepp (1999) correspondingly advocates an exchange of ideas:

Psychoanalytical theory can now guide neuroscientific thinking with respect to manifold emotional dynamics which pervade the neural system. In return neuroscience can deliver the facts which allow psychoanalytic theory to link up firmly with objective approaches (p.15).

On that note Gabbard (2001) asks with interest the critical question, “What can neuroscience teach us about transference?” Whilst retaining their methodical autonomy and independence neurobiology and psychoanalysis, as a psychotherapy which has concerned itself with unconscious processes for a hundred years, can be mutually beneficial. This interdisciplinary cooperation seems to irritate a famous German neuroscientist Birbaumer (2004) so much, that he believes he has to protect brain researchers from “Psychoanalysis” altogether. At the same time he gives brain research an astute three-page warning about grandiosely fooling themselves that they are able to explain everything in this world. That the neuroscientists should take-over from the allegedly archaic profession of psychoanalysts is hardly likely to be successful, as attested by the establishment of the *International Neuropsychoanalysis Society* and its journal “Neuropsychoanalysis”.

### **Motivational Clarifications**

It has been clear for some time that psychoanalysis will emerge transformed from the crisis of theory, above all because analysts will no longer have to trouble themselves with pseudoscientific metapsychological explanations of energy transformations, etc. Increasingly, the analytic situation, which is the basis of the knowledge, practical scope, and empirical significance of the psychoanalytic method, is being subjected to scientific study [as the wrongly-forgotten Hungarian analyst I. Hermann emphasized a long time ago](#) (Hermann 1934).

This research has great practical relevance, because it relates to the most important area of application of the method — to therapy. It has only recently begun to become clear that the crisis has taken this turn. Initially, it appeared that abandoning metapsychology would necessarily involve giving up any claim to an explanatory theory. Many analysts equated causal explanations with science, and saw such explanations in psychoanalysis as being rooted in metapsychology, which, however, lacks all the characteristics of a verifiable scientific theory. Habermas' (1971) criticism of Freud's "scientistic self-misunderstanding," referring to the latter's metapsychological pseudoexplanations, has become a catchword and has led many to overlook the fact that Habermas attaches great importance both to interpretation and to the explanatory theory of unconscious processes. We have discussed these problems in detail in a previous publication on the methodological difficulties of clinical psychoanalytic research (Thomä and Kächele 1975), where we attempted to forge a link between the prominent role of interpretation in therapeutic work, which shows the psychoanalytic method to be a special form of hermeneutics, and Freud's claim to have systematized explanations of human

experiencing, action, and behavior in psychoanalytic theory. However, since the explanatory theory of psychoanalysis had been equated with metapsychology, and Rapaport's broadly based attempt at systematization had led to the realization that these ideas cannot be verified scientifically either in the analytic situation or in experiments, the turn to hermeneutics by analysts both inside and outside Rapaport's circle seemed to offer a way out.

We will now elucidate this turn to hermeneutics with reference to the work of G. Klein, the researcher who linked hermeneutics to clinical theory. In contrast to Waelder's (1962) multistory building, Klein distinguishes two theory systems which differ in regard to the kind of questions they raise. He at first elaborated this distinction in relation to sexuality (1969), and then generalized it (1970, 1973). Klein separates clinical theory and metapsychology, and differentiates them, with reference to the break in Freud's dream interpretation, by means of the why-and-how question. Clinical theory is centered on the question of meaning, purpose, and intent. Because the idea of the scientific foundation of psychoanalysis has become associated with metapsychological pseudoexplanations, Klein seems to have arrived at a dichotomy in which understanding is assigned to analytic practice, and the problem of explanation is avoided or bypassed. The issue here is whether motivational explanations have an epistemological status which differs in principle from that of causal explanations.

The philosophical arguments as to whether cause and reason are categorically different, and whether causal explanations differ from justifications of human thought and actions, are balanced. The logic of psychoanalytic explanations, and their position between description, motivational context, and functional context constitute a problem in itself and cannot be dealt with here (Rubinstein 1967; Sherwood 1969; Eagle 1973; Moore 1980). The discussion about reason and cause has not reached a conclusion (Beckerman 1977; Wollheim and Hopkins 1982; Grünbaum 1984, 1993; Davidson 2001; Stephan 1999, von Wright 1994. With regard to therapeutic practice, there is reference to both motivational explanations and contexts of meaning. We would like to illustrate this point with an excerpt from our earlier publication:

With regard to symptoms, constructions take the form of explanatory hypotheses .... they thus become theoretical statements from which singular prognoses can be derived. Generally speaking, these prognoses identify the conditions causally responsible for the neurotic state and claim that the therapeutic process must dissolve these conditions in order to induce change. (Thomä and Kächele 1975, p.86)

This thesis contains nothing other than Freud's theory of repression, which Habermas also accepts. In contrast to Habermas and (even more strongly) Lorenzer (1974), however, we adhere to the idea that the verification of change can and must

go beyond subjective intuition. If this were not so, hermeneutic understanding would remain exposed to the risk of *folié a deux*. Like Freud, we assume the existence of a causal connection between a particular determinant — the repression of an instinctual impulse — and the consequences the return of the repressed material in the form of a symptom. Freud framed this thesis in metapsychological terms:

But we have arrived at the term or concept of the unconscious along another path, by considering certain experiences in which mental dynamics play a part. We have found that is, we have been obliged to assume — that very powerful mental processes or ideas exist (and here a quantitative or *economic* factor comes into question for the first time) which can produce all the effects in mental life that ordinary ideas do (including effects that can in their turn become conscious as ideas), though they themselves do not become conscious. It is unnecessary to repeat in detail here what has been explained so often before. It is enough to say that at this point psycho-analytic theory steps in and asserts that the reason why such ideas cannot become conscious is that a certain force opposes them, that otherwise they could become conscious, and that it would then be apparent how little they differ from other elements which are admittedly physical. The fact that in the technique of psycho-analysis a means has been found by which the opposing force can be removed and the ideas in question made conscious renders this theory irrefutable. The state in which the ideas existed before being made conscious is called by us *repression*, and we assert that the force which instituted the repression and maintains it is perceived as *resistance* during the work of analysis. (1923b, p. 14)

The force of resistance described here in metapsychological terms can, we believe, be substantiated psychodynamically and investigated analytically without reference to the "economic factor." In the wake of the resolution resulting from the interpretative work, the conditions maintaining the repression (and thus the symptoms) are changed. Eventually, the specific unconscious causes of the repression may become ineffective. This change may resolve the processes determined by the causal nexus, but not the nexus itself; as emphasized by Grünbaum (1984), the resolution actually confirms the suspected role of the nexus. It is remarkable that later Grünbaum himself has affirmed that there is this connection. In so doing he has confirmed the possibility of clinically verifying psychoanalytical hypotheses (Zitat@@@).

Our concern here is to demonstrate that the *explanatory theory* of psychoanalysis refers to unconscious psychic processes which become accessible to *interpretation*. Any systematic research into the psychoanalytic situation must therefore embrace understanding as well as explanation. Particularly important is the determination of what ideas the analyst has in mind when he makes empathic interpretations. In our opinion, special attention must be paid to how the analyst's preliminary theoretical concept influences his actions. It is particularly unfortunate,



in this context, that the economic principle of metapsychology continues to survive in depth hermeneutics — in the work of Habermas (1971), Ricoeur (1969), and especially Lorenzer (1974) — as our current state of knowledge clearly shows it to be inappropriate, and thus unsuitable as a framework for interpretations (see Thomä et al. 1976).

### Metapsychology as a Metaphor

Many analysts nonetheless find it very difficult to give up metapsychology. Over the years, the metaphors of metapsychology have taken on *psychodynamic* meanings far removed from the original physical meanings. For example, Fechner's principle of constancy, which is contained in the economic point of view, turned into the Nirvana principle. Even the profound human truth expressed in Nietzsche's (1973 [1893]) verse "All pleasure seeks eternity....wants deep, deep eternity" can be understood as an anthropomorphic expression of the constancy principle and discharge theory.

Precisely these experiences, which G. Klein called "vital pleasures," are those which have a physical foundation like no other experiences. Hunger and sexuality have a quality which for good reason is termed "instinct" and is differentiated as a phenomenon from other experiences. The sexual climax is an exquisite bodily experience, and at the same time one is beside oneself with joy. The ecstasy seems to touch eternity and to lose it again at the peak, only to seek it anew and find it again in longing. At the same time prosaic processes of positive and negative feedback (i.e., motivational processes at conscious and unconscious levels) take place that are not contained in Freud's instinct theory, which he constructed on the model of the reflex arc. Thus Holt (1976), after a detailed positive appraisal of the clinical data provided by the libido theory, i.e., by human psychosexual development, comes to the conclusion that instinct is dead as a *metapsychological* concept and must be replaced by *wish*. His careful study presents convincing clinical and experimental findings in support of his position. We cannot go into detail here, but we would like to point out that Holt's use of Freud's wish theory adequately covers all elements of *psychosexuality*. The psychoanalytic theory of motivation and meaning that is currently being constructed can be regarded as a positive development with respect to the crisis of theory only if it is capable of linking observed and known phenomena to unconscious processes more convincingly, in terms of both understanding and explanation, than the previous and current theoretical hotchpotch.

And indeed, in philosophical and psychoanalytic studies with such provocative titles as "What Is Left of Psychoanalytic Theory?" (Wisdom 1984) and "The Death and Transfiguration of Metapsychology" (Holt 1981), some psychodynamic principles concerning the significance of the dynamic unconscious are stressed more clearly than in the opaque hotchpotch of metapsychology.



Finally one returns — transformed — to Freud's earliest findings about man's unconscious psychic life: In the beginning was the wish. Instinctual wishes are the motive forces in our lives. The search for pleasure and the avoidance of unpleasure are the most powerful motives of human action, especially if these principles are equipped with extensive contents of pleasurable and unpleasurable experience. The pleasure-unpleasure principle is a regulatory schema of the first order. Psychoanalysis would thus lose its depth if its motivation theory did not start with the dynamic unconscious. Here, however, we come up against a major difficulty of method, as pointed out by Wisdom:

For the unconscious [i.e., the dynamic unconscious which cannot be made conscious even by means of interpretations] is more like a root of a tree, and however much you develop the root into actual shoots, it can never be identified with the sum of the shoots that break through the soil. The unconscious always has more potential and is more than its manifestations. Its scientific status is like those high-level concepts in physics which are *never* open to checking by direct observation. (1984, p.315)

As early as *The Interpretation of Dreams* Freud had been led to infer the existence of unconscious wishes by his discovery of thoughts *transferred* into the preconscious. In this connection, it has always been a case of inferences based on a psychodynamic wish theory; these cannot be confirmed or refuted by assumptions about neurophysiological processes, whether it be those formulated by Freud or their modern equivalents. Instinct, in Freud's metapsychological sense, cannot be declared dead simply because hunger, thirst, and sexuality are regulated by mechanisms other than discharge. Holt's (1976, 1982) evidence is certainly relevant to psychoanalysis, but only provided Freud's metapsychology is assumed to be its basis for scientific explanation. It is precisely this belief which has prevented analysts from recognizing the inadequacy of the dualistic instinct theory pervading all levels of theory and practice.

The explanatory theory of psychoanalysis remained tied to nineteenth century biology, instead of being linked to the experience gathered in the analytic situation. Of course, in the psychoanalytic situation as well as in the metaphoric language of psychoanalytic practice, metapsychology has long since been transfigured, even though its proper burial, and consequently an orderly disposition of the estate, has only recently taken place. For methodological reasons we, in contrast to Rubinstein (1976) and Holt (1976), accept Popper and Eccles' (1977) view of psychophysical interactionism. [For current brain research attaches great importance to psychosocial influences on neurophysiological processes during early pre- and postnatal development \(Roth 2001\). But then the emphasis is inverted: these early experiences lead more and more to very specific changes in the neuronal network \(Spitzer 2004, S. 89\). On the psychological level this can be seen in the](#)

stabilisation of the affective schemata (z. B. Sterns RIGs). To put it neurobiologically, behaviour patterns which originally developed through interaction are then reduced to cerebral processes. For example, panic fears that correlate with the activation of the amygdalae now causally ascribed to the amygdalae. The whole functional circle of fear, to which situational conditions belong as well as autopoietic processes, i.e. self-regenerating and self-fortifying unconscious ones, is reduced to the activity of the amygdalae. Thomä (2002) gives a reassuring answer to the rhetorical question whether fear is seated in the amygdalae:

Fear is not located in the amygdalae. In so far as neurophysiological changes are to be found in the amygdalae in persons with fear syndrome, this is not what causes it, rather it is a matter of the consequence of a neurophysiological adjustment to the continuous subliminal sensation of danger (p. 118).

In spite of their stressing the independence of the emotional/mental and the physical level, the identity theories regularly end up in a monistic materialism, of which Freud was also an exponent. The ubiquitous leaning towards the identity theory seems to stem from unconscious roots. We are identical with our body, but at the same time it seems foreign to us because we ourselves cannot look into it – into this thing. The fascination of imaging processes may be due to the fact that we can now look into the brain. As long as fifty years ago the philosopher Feigl (1957) invented a fictitious cerebroscope with which human experience could be transformed into numerical values. By this means a unified language of science would emerge, a kind of Esperanto. However, in the meantime it seems to have become clear that these imaging processes cannot realise Feigl's dream either. The interior of the body, and especially of the brain, sets us more puzzles all in all than the outer objects which we can dissect and examine. After all, we can look on our body from the outside and mentally separate ourselves from it. That may be the reason for the unconscious yearning for oneness, which pervades all the sciences: on some very high level of abstraction the same concepts could well apply, that is the gist of a much-varied and often recurring argument.

Theories of identity regularly lead to a monistic materialism, to which Freud had also adhered, despite the emphasis they place on the independence of the psychic and physical levels within the whole. The ubiquitous tendency toward identity theory seems to have its roots in the unconscious. Each of us is identical with his body, but it is also foreign to him because he cannot look into it as an object. Our bodies cause us more puzzlement than external objects, which we can dissect and examine.

Finally, we can take up an external position by separating ourselves from the body intellectually. This may be connected with the unconscious yearning for unity which is said to pervade all branches of science; it is the eternal hope that the same

set of concepts might one day be valid on some very high level of abstraction. This is an often varied but ever-recurring argument which Adorno (1972 [1955]) criticized with respect to the relationship between sociology and psychology.

### Impact and its Evaluation

We believe that the criticism of instinct energetics has opened new dimensions for scientific depth psychology. One apparent objection to this view is that branches of psychoanalysis deviating from instinct theory often become shallow (Adorno 1952); however, this loss of depth is avoidable. It is probably connected with the fact that many analysts equate the unconscious with instinct or energy. The renunciation of the economic view which results from the rejection of instinct theory inhibits the analyst's fantasizing about his patients' unconscious. After all, the therapeutic process depends on many factors, and our ideas about the motive force have a stimulating effect on the unconscious. Psychoanalytic heuristics will always be oriented on the pleasure principle and on the dynamic of unconscious wishes, even when the economic point of view of instinct theory has been exhausted. The truths that are concealed and expressed metaphorically in Freud's instinct mythology seem to lie in the fact that the id can be understood as an inexhaustible source of human fantasy which points beyond the restricting realities, beyond time and space. In psychoanalysis, libido is considered the "genuine psychic reality," as Adorno (1952, p. 17) demonstrated. To generalize libido into intentionality is to deprive it of its elementary motive force, which one is tempted to describe as being anchored in physical existence. Thus, in criticizing the economic point of view of libido theory, there is good reason to take care not to throw the baby out with the bathwater. Adorno's diagnosis is accurate. Revised and sociologized psychoanalysis tends to fall back into Adlerian superficiality; it replaces Freud's dynamic theory based on the pleasure principle with simple ego psychology (Adorno 1952, p. 2).

The economic principle and the assumptions concerning the regulation of experiences of pleasure and unpleasure by psychic energy have become untenable, both on neurophysiological and clinical psychoanalytic grounds and in view of recent findings on mother-child interaction. The striking, graphic language of Freud's theory suggests similarities between physical and psychic processes which in fact do not exist. If the suggestive power of metaphors leads the analyst to apply them in areas where the comparison is no longer valid, his therapeutic action will also be inappropriate. The crisis of theory cuts deep into psychoanalytic practice.

The loss of importance of the drive theory does not necessarily mean abandoning a psychoanalytic motivation theory which takes into account various types of basic needs that have been passed on biologically. Lichtenberg (1983a,b) for example, described motivational systems which could take the place of the

drive theory. With untenable dualism out of the way (libido versus self-preservation; later life drive versus death drive) Lichtenberg devised a pluralist motivational theory with five systems:

1. The need for the psychological regulation of the physiological requirements.
2. The need for attachment.
3. The need for exploration and assertion.
4. The need to react aversively.
5. The need for sexual enjoyment and sexual excitement.

The “systemic” redefinition of these needs takes the fact of belonging to an environment more strongly into account.

## 1.4 Metaphors

### Freud's Usage of Metaphors

Freud's background was in late nineteenth century neuroanatomy and neurophysiology, and he employed references to these fields as aids to orientation in the new, unfamiliar territory he was exploring. We should still heed his warning to "resist the temptation to flirt with endocrinology and the autonomic nervous system, when what is needed is *an atmosphere of psychological facts with the help of a framework of psychological concepts*" (1927a, p. 257, emphasis added). This advice is found in *The Question of Lay Analysis*, at the same point where Freud draws "the true line of division...between *scientific* analysis and its *applications* alike in medical and in nonmedical fields" (p.257) and makes his famous statement concerning the inseparable bond. It is "not...logical" to distinguish "between medical [i.e., therapeutic] and applied analysis" (p. 257).

Inasmuch as *metaphorical* descriptions rest on *nonpsychological* concepts as is the case for much of metapsychology — they fail to meet Freud's demands (which, however, he himself disregarded in his pioneer days).

Freud's metaphors — sum of excitation, discharge, cathexis, bond, etc. — came from nineteenth century neurophysiology. There is, of course, nothing to criticize in the use of metaphors as such; they are an integral part of every scientific theory (Grossman and Simon 1969; Wurmser 1977). Viele Publikationen der jüngeren Zeit befassen sich mit der bilderreichen Sprache der psychoanalytischen Praxis (Arlow 1979; Buchholz 1993, 1996; Haesler 1991). Metaphors transfer meaning from a primary (familiar) object to a secondary (unfamiliar) object, as shown by Grassi (1979, pp. 51ff.) in his discussion of the historical development of the concept. The comparisons settle nothing by themselves, as Freud once wrote (1933a, p. 72), but they do help to make the analyst feel more at home in the new, unknown territory. Thus it was quite natural for Freud to employ references from neurology, for example in comparing the psychic apparatus to the reflex arc or describing the unconscious, the id, as "a chaos, a cauldron full of seething excitations" (1933a, p.73), among the many other economic and quantitative metaphors he coined (Rubinstein 1972).

For both practical and theoretical reasons, it is essential to clarify how far the similarity suggested by metaphors extends. It is important to distinguish the common features and differences of the phenomena referred to by metaphors, i.e., to determine the positive and (especially) the *negative* aspects of the analogy (Hesse 1966; Cheshire 1975). An apt comparison reveals the similarity better than an inapt one; however, striking metaphors may only simulate a high explanatory value, in that they lead one to forget to look closely at the dissimilarity — the area

of difference. Freud created many metaphors with which psychoanalysts still feel at home today (J. Edelson 1983). While inapt metaphors were abandoned as the theory underwent modification, the area of negative analogy, i.e., the difference, often remained unclarified. It is even probable that many of the metaphors coined by Freud were based on the belief in an isomorphism, i.e., in the equivalence of the items being compared. Otherwise he would not have discussed the possibility — indeed, expressed the hope — that psychoanalytic terminology might one day be replaced by a standardized physiological and chemical terminology following the principles of materialistic monism (1920g, p.60).

A further complication is that many psychoanalytic metaphors from nineteenth-century neurophysiology are still attributed a scientific validity which they in fact lost long ago in their primary field (Roth 2001) without ever having been adequately empirically grounded in their secondary field. This old terminology actually deforms psychoanalytic experience and the interpretation of it. The metaphors did once have a useful integrating function, in that they built a bridge from the known to the unknown. Later, the language based on these metaphors played a part in forming the identity of the psychoanalyst within the psychoanalytic movement. [New metaphors are conceivable. Cox and Theilgaard \(1987\) play with the surprising idea of describing the inner life with the help of musical terms – such as dissonance, counterpoint, harmony etc. Why not, if it helps?](#)

[“Good clinicians have long had a repertoire of such unspent metaphors on hand... For this we need the ability to recognise the value and the limits of the metaphors used by traditional theory, and we need the courage, to use fresh metaphors in their stead,” writes Buchholz \(2000, p. 64\), and we think he’s right.](#)

### **Creating Artificial Words**

We now come to another language problem. Brandt (1961, 1972, 1977), Bettelheim (1982), and Pines (1985) assert that most of the present problems in psychoanalysis can be traced back to Strachey's alleged substitution of an artificial mechanistic English for Freud's metaphorical and anthropomorphic terminology in order to give the whole a scientific aura. That Strachey's translation displays many weaknesses and downright errors has become apparent to many German-speaking analysts, and there is no doubt that he replaced much of Freud's lucid and vivid terminology with terms which at best mean something to classical scholars. But can this be blamed for the theoretical problems which have such a profound effect on analytic practice? Ornston (1982, 1985a) has also conjectured that one reason why Freud displayed what Jones (1959, p. 23) called a "cavalier attitude in this matter of translations" was that he positively wanted to retain the richness and variety of associations to everyday language.

Bettelheim's criticism can be illustrated by reference to the translation of *Besetzung* and *besetzen* as "cathexis" and "to cathect." The English words mean nothing to the layman, in contrast to Freud's original terms (*besetzen*: to occupy, fill). But what did Freud himself mean by *Besetzung*? In "Psychoanalysis: Freudian School," his article in the 13th edition of the *Encyclopaedia Britannica*, he wrote:

From the economic standpoint psycho-analysis supposes that the mental representatives of the instincts have a charge (cathexis) of definite quantities of energy, and that it is the purpose of the mental apparatus to hinder any damming-up of these energies and to keep as low as possible the total amount of the excitations with which it is loaded. The course of mental processes is automatically regulated by the "pleasure-unpleasure principle"; and unpleasure is thus in some way related to an increase of excitation and pleasure to a decrease. (1926f, pp. 265-266)

It is immaterial that Freud himself uses the word "cathexis" here. The important thing is that on the basis of Freud's economic hypothesis — whether expressed in German, English, or any other language — psychoanalysts strove to demonstrate cathexis, using grotesque formulas to depict it (e.g., Bernfeld and Feitelberg 1929, 1930) or describing intricate transformations of the libido (e.g. Hartmann et al. 1949). Even more decisively, analysts often carelessly ascribe an explanatory power to the term "cathexis" because of its seeming quantitative precision. This influences the whole gamut of psychoanalytic practice, for instance the quantitative conception of the mounting tension resulting from silence. Detailed study of the work of Ricoeur (1970) reveals that the quantitative discharge theory permeates even his hermeneutic approach. Disregarding errors in translation, it is precisely the neologisms which have the potential to expose the problems. Freud disliked unnecessarily technical terms, and was dissatisfied when in 1922, for the sake of clarity, Strachey invented the word "cathexis" (from the Greek) as a translation for *Besetzung*. Strachey (see Freud 1923b, p.63) notes in his introduction to *The Ego and the Id* that Freud may eventually have become reconciled to "cathexis," since he employed the term himself in the German version of the *Encyclopaedia Britannica* article (Freud 1926f, p.266). Ornston (1985b) has, independently of us, published useful information about the background to Strachey's adoption of this term. The average German reader can guess at the analytic meaning of *besetzen* because he transfers the word's various nonspecialized meanings to the new field, i.e., understands the term metaphorically. In contrast, the neologism "cathexis" can serve as a metaphor only for the classical scholar who knows the meaning of the Greek root.

To restate our point, it is erroneous to claim, as do Bettelheim and Brandt that Strachey's introduction of neologisms such as "cathexis" or his latinization of the German terms *Ich* and *Über-Ich* to "ego" and "superego" was responsible for



creating new problems. On the contrary, Strachey's translations exposed problems which already existed (Ornston 1982). The issue here is the relationship of explanatory psychoanalytic theory to the patient's subjective experience. Freud set out his policy for proceeding from the described phenomena to the psychoanalytic explanation in the *Introductory Lectures*:

We seek not merely to describe and to classify phenomena, but to understand them as signs of an interplay of forces in the mind, as a manifestation of purposeful intentions working concurrently or in mutual opposition. We are concerned with a *dynamic view* of mental phenomena. On our view the phenomena that are perceived must yield in importance to trends which are only hypothetical. (Freud 1916/17, p.67)

From this point of view the use of the Latinate form "ego" (and "superego") rather than an anglicized translation of *Ich* (and *Über-Ich*) is irrelevant, as neither ego nor the analytic use of *Ich* can be equated with the experiencing self (also *Ich* in German). In the introduction to *The Ego and the Id*, Strachey stated, correctly, that Freud's use of the word *Ich* was far from clear:

The term had of course been in familiar use before the days of Freud; but the precise sense which he himself attached to it in his earlier writings is not unambiguous. It seems possible to detect two main uses: one in which the term distinguishes a person's self as a whole (including, perhaps, his body) from other people, and the other in which it denotes a particular part of the mind characterized by special attributes and functions. (Strachey, in Freud 1923b, pp. 7-8)

Freud was trying to explain an individual's subjective experience by means of the theory of the mind. Therefore no possible improvement in the translation of the German original could help solve problems arising in the theory.

### Usage of Substantives: The "Id"

A definite role is played by our understanding of "id" and by whether Hayman's question, "What do we mean by 'Id'" (1969), can be answered in the context of English, French, Spanish, or German society and culture. Yet a substantive it is, and as Breuer stressed in his portion of the joint publication with Freud in 1895, the danger is equally great in all languages:

One falls only too easily into the mental habit of assuming substance behind a substantive, or of gradually conceiving an object by the term, consciousness. And if one has formed the habit of using such local relationships as "unconscious" metaphorically, he will in time actually build up an idea, in which the metaphor will be forgotten, and which he will manipulate as if it were real. Thus, mythology came into being. (Breuer and Freud 1936, p. 169)

The fact that Breuer's warnings against reification are so little heeded is due to the inadequate consideration of the philosophical aspects highlighted by Dilman (1984, p. 11).

### **The Impersonal Pronoun as a Homunculus**

When a German hears the word *Es* he thinks immediately of the impersonal pronoun *es* (it), which in German is used very extensively as the grammatical subject in sentences expressing feelings (e.g., *es tut mir leid*: I am sorry). Kerz (1985) writes that Nietzsche, despite all his criticism of thinking in substances, did not shrink from speaking of will, power, life, force, and so on when attempting to eliminate the constrictions of ego consciousness. In spite of all admonitions, substantives are constantly being reified, and thus the id is also credited with a whole range of human attributes.

Anthropomorphisms are an inevitable part of a use of metaphor in which man unconsciously uses himself as the standard by which all things are measured and accordingly looks for the ego, and in particular for wishes and intentions, in the hidden, still unconscious part of human nature, the id. Despite Freud's physicalistic terminology, he was kept from attributing material substance to the substantivized id by his extensive use of anthropomorphizing metaphors to explain unconscious processes and insofar as he adhered to the psychoanalytic method. Once this line is crossed, however, it is only one short step to diseases of the id and to equation of the id with pathological bodily processes. The understanding of the id in the romantic period and the philosophy of life — Nietzsche's id — becomes Groddeck's psychosomatic id, and the mystical universal science, the target of an insatiable longing, then seems to loom close.

### **Background Intellectual History**

What do we mean by "id"? This question can be answered more satisfactorily when one is familiar with the influence of intellectual history on Freud's decisions, including his following of Nietzsche's usage of the word *Es*. A German speaker familiar with intellectual history will have different associations with *Es* than the English-speaking reader of the Standard Edition will have with "id," but the English, French, and German versions of the psychoanalytic theory of the mind are all equally far removed from the patient attempting to free-associate. Bettelheim (1982) blames the latinization of some basic terms and the relatively low level of education of many of today's patients (who, unlike the educated bourgeoisie of Vienna, are unfamiliar with classical mythology, for instance the legend of Oedipus) for the fact that in his view psychoanalysis has lost Freud's humanity and become abstract.

We regard Bettelheim's arguments as misleading. Freud's theory, like any other, is distinct from subjective experience, and the application of the method in practice

has never depended on whether the patient has ever heard of Sophocles' drama. Indeed, the less he knows, the more convincing any therapeutic and scientific discoveries are. Bettelheim's criticism cannot apply to psychoanalytic theory or to the average modern patient, only to the manner in which analysts apply the theory of the id. Certainly theories can be more or less mechanistic, and Freud's theory that displacement, condensation, and plastic representation are the most important unconscious processes is perhaps more mechanistic than Lacan's (1968) thesis that the unconscious is structured in the same way as language. Theoretical propositions about unconscious processes involved in repression have nothing directly to do with the analyst's human responsiveness, but when it comes to the therapeutic application of the psychoanalytic method, human empathy immediately becomes relevant. Professional responsibility then demands that solutions be sought to the problems we summarize at the end of Chap. 10.

### **Connection between the Concrete and the Abstract**

Finally, it should be underlined that one reason for the prominence of metaphors in the psychoanalytic dialogue is the fact that they permit the linking of the concrete and the abstract (Wurmer 1977). In addition, the clarification of similarities and differences is a constant factor in therapy (Carveth 1984b). Arlow (1979) called psychoanalysis a metaphoric procedure on the grounds that transference, the typical phenomenon in psychoanalysis, goes back to a metaphoric process, i.e., the carrying over of meaning from one situation to another. We will outline the consequences of this approach for treatment technique in the discussion of transference interpretation in Sect. 8.4.

## 1.5 Training

### Practical Experience Displaces Fundamental Research

Psychoanalytic institutions have failed to maintain the inseparable bond between therapy and research. Freud's legacy is passed on principally via the training of therapists, without any appreciable degree of systematic research or treatment in outpatient clinics, as foreseen in Freud's model of how a psychoanalytic institute should function. Stagnation was thus built in, but was initially disguised by the unexpected expansion of psychoanalysis in the U.S.A. after World War II. The social acceptance of psychoanalysis motivated many young doctors to train as analysts. New training centers sprang up. Psychoanalytic concepts formed the basis of dynamic psychotherapy and dynamic psychiatry (see Sabshin 1985). But systematic research into the analytic situation, the home ground of psychoanalysis, had not been equally well established (Schlesinger 1974).

In the U.S.A., after some decades where a few nonphysicians were accepted as research candidates on the strength of their talent for interdisciplinary research, today not only psychiatrists may train and practice as psychoanalysts but also psychologists and increasingly also certified social workers. At first glance, therefore, it is no longer obvious that the oft-bemoaned stagnation is due to "medical orthodoxy" (Eissler 1965) or to "medicocentric" training (Parin and Parin-Matthey 1983a). On closer examination, however, it is more accurate to say that the goal of training has the same standardizing effect all over the world whatever the basic profession as it is evident in countries where training is open to laymen (including nonmedical academics). Everywhere the training institutions turn out psychoanalytic therapists. Specialization in the standard technique is regarded as suitable to treat a wide range of patients. [We recommend that today training should include a host of variations in setting and intensity. The decisive criteria reside in the patient's welfare by the convincing empirical demonstration that psychoanalytic treatments work \(Fonagy et al. 2002\). To overcome the dichotomy of the clinical application of psychoanalysis and its derivate forms of psychoanalytic psychotherapy the generic term <psychoanalytic therapy> would re-center the efforts of the psychoanalytic community \(Kächele 2010a\).](#)

[Such a position should encourage candidates to treat a diversity of patients in a diversity of settings, learning and studying the various specialized psychoanalytically informed techniques that have been developed for specific patients' needs \(f.e. Clarkin et al. 1999; Bateman & Fonagy 2004; Milrod et al. 1997\) and further their capacity to understand what is going on in the frame of the basic notions of a psychoanalytic theory of treatment. We would firmly reject the notion](#)

of basic, principal differences between analytic psychotherapy and psychoanalysis as not leading us where the battle really takes place. Training has to take into account disorder-oriented strategies and also moderating dimensions relevant for treatment (Luyten et al. 2006). If psychoanalysis still wants to maintain the claim to be *primus inter pares*, this claim has to be supported by demonstration of our versatility to match patients' need and preferences by applying a psychoanalytic therapy that is as "unabashedly therapeutic, flexible yet firm, supportive yet interpretive and deliberate yet spontaneous".

### Interdisciplinary

It is an incontestable fact that almost all nonmedical psychoanalysts give up their previous profession; very few remain active in, or conduct interdisciplinary research from, their original academic discipline (Thomä 1983b). One of the honorable exceptions is the small group of nonmedical psychoanalysts who were qualified scientists before being trained under the auspices of the American Psychoanalytic Association. Favorable external circumstances have assisted most of this group of analysts to work productively in the area of interdisciplinary research and to sustain their competence in their original fields, to the benefit of psychoanalysis. Thus it is the goal of training that imposes restriction and orthodoxy, which is unfairly tagged "medical." In all other areas of medicine, basic research is in fact encouraged, but the emphasis on practice in psychoanalytic training is labeled "medicocentrist."

General and specific scientific questioning, including that in psychoanalytic research, break the chains of every kind of orthodoxy. In psychoanalysis, this leads to cooperation with the *humanities and social sciences*. Freud underlined that

alone among the medical disciplines, [psychoanalysis] has the most extensive relations with the mental sciences, and...it is in a position to play a part of the same importance in the studies of religious and cultural history and in the sciences of mythology and literature as it is in psychiatry. This may seem strange when we reflect that originally its only object was the understanding and improvement of neurotic symptoms But it is easy to indicate the starting-point of the bridge that leads over to the mental sciences. The analysis of dreams gave us an insight into the unconscious processes of the mind and showed us that the mechanisms which produce pathological symptoms are also operative in the normal mind. Thus psycho-analysis became a *depth-psychology* and capable as such of being applied to the mental sciences .... (Freud 1923 a, pp. 252-253)

In the endeavor to treat the ill person adequately as a whole, medicine must draw on *all* sciences which could help to investigate, relieve, and cure human suffering. In this sense, the psychoanalytic method is one of many servants and its master is not a specialist discipline, but rather the patient. More than the established disciplines, psychoanalysis has had (and still has) to fight for its right to determine its scope of activity and research and to work accordingly for the good of patients and society.

Psychoanalysis long remained one of the lesser servants, and Freud had to struggle to prevent it from being subordinated to a master, namely psychiatry. This hampered its practical and scientific development. Eissler (1965) welcomed the separation of psychoanalytic institutions from faculties of medicine and from universities, but in fact this partition was one of the *causes* of the medical orthodoxy he bemoaned. Orthodox attitudes would have had no chance of surviving for long in scientific medicine. Of course, psychoanalysis has for good reason always been medicocentric, in the sense that therapeutic practice is its foundation — and the birthplace of its theory of culture. Scientific investigation, in particular, demonstrates the interdisciplinary position of psychoanalysis and its dependence on exchange with the neighboring sciences. Psychoanalytic approaches can be applied productively in the humanities. However, all interdisciplinary cooperation also leads to relativization of the global claims made on behalf of psychoanalysis, whether as psychology or as theory of culture. In every psychoanalytic institute or university where research groups have been formed in recent decades, ideologies of all sorts have been undermined (Cooper 1984b; Thomä 1983b). [At the Fiftieth Jubilee of the German Psychoanalytic Association, Cooper, as a staunch defender of the necessary collaboration between the training institutes and the universities, made the case for an appropriate place for psychoanalysis in university life:](#)

[The explosive growth of new and alternative theories represents a potential step forward. It is perfectly possible that we will end up divided into such disparate schools as in the early days of Adler, Jung und Freud, or like in the various schools today. That is not bad news, but as I have already said, psychoanalysis is not a branch of philosophy, and our future will depend on our ability to develop intellectual acuity that transcends our various schools of thought. This can only be done by the further development of scientific methodologies which are all as yet in the early stages \(Cooper 2001, p.76\).](#)

### **Consequences of Institutionalization**

It is not the establishment of separate psychoanalytic institutions as such which has led to rigidity, but rather their one-sided nature, which was bemoaned by no less distinguished an analyst than A. Freud (1971). Kernberg in a series of papers (1985, 1986, 1996, 2000) observed that in both structure and function, psychoanalytic institutions are closer to professional schools and theological seminaries than to universities and art schools. This unfavorable state of affairs is met everywhere, i.e., also in apparently liberal centers outside the control of the International Psychoanalytical Association (IPA) which train lay analysts as well as physicians. A. Freud's criticism applies to all places where research is neglected during training and practical experience is limited to a few supervised cases. The increase in the duration of treatment in recent decades and the related



intensification of supervision have not relaxed the rigidity to any significant extent.

We cannot go any further into the complex topic of training and supervisory analyses here, but it is revealing that the duration of therapies of patients grows in proportion to the length of training analyses. Training and supervisory analyses thus determine the school-specific features of undiluted, strict, and genuine psychoanalysis. Glover (1955, p. 382) drew attention long ago to the narcissistic components of this unusually high regard for a *quantity*, namely the number of sessions, the duration of analyses in years or decades, and the consequences of these two factors. This problem cannot be left unmentioned in a textbook on psychoanalytic therapy, for training and supervisory analyses influence practice and the profession more than all other aspects of training put together. The lengthening of training and supervisory analyses for half a century has created significant problems (A. Freud 1971, 1983; Arlow 1982; Laufer 1982; Kächele & Thomä 2000; Target 2003; Thomä 1993, 2005; Thomä & Kächele 1999).

### **Prospect of Change**

The impact on training of the already mentioned pluralism will instigate various changes. Many people believe that the current controversies concerning theory, practice as well as the admission requirements for training, reflect an end to authoritarianism (Eisold 2003; Kernberg 2000; Renik 2003; Richards 2003; Wallerstein 1993, 2003).

It is promising that inside as well as outside of the IPA there is a lot of concern for these problems. Hence the title of Kernberg's latest contribution to a panel at the Mid-winter Meeting of the American Psychoanalytic Association is "Coming Changes in Psychoanalytic Education" (Kernberg 2005b). It is perhaps not too optimistic to expect changes in the long term that would enable the triad that Freud envisaged, which would connect training, treatment and research. This university-based triad goes back to Humboldt and was the basis for the Berlin Institute's Eitingon-Freud Model. When the national-socialists closed the institute, the scientific objective as well as the social application of psychoanalysis were lost worldwide. Balint (1948, 1954) pointed out with far-sight the fatal consequences of this loss. It is obvious that evening classes at traditional institutes could not be an adequate substitute (A. Freud 1971; Holzman 1976; Redlich 1968). It cannot be a coincidence that a certain vitality and creativity are very much apparent in those places where psychoanalysis is backed up by the structure of a university. One example is the Columbia Psychoanalytic Institute at Columbia University, New York, the academic home of Kernberg, Michels, Cooper and others. In our own country A. Mitscherlich, by virtue of his academic position, became the second founder-father of German post-war analysis (Hermanns 2001). At present the special talents of psychoanalytic university teachers are no longer specially highly



regarded by the psychoanalytic associations. However, as soon as it comes to empirical research, collaboration with universities becomes imperative, as is shown by the DPV follow-up study (Leuzinger-Bohleber et al. 2003), the Heidelberg PAL study (Rudolf et al. 2002), the Munich psychotherapy study (Huber & Klug 2004), or the Göttingen study (Leichsenring et al. 2005).

### **Psychoanalytical Competence**

It is particularly gratifying in our eyes that at last the question of psychoanalytic competence and its appropriate assessment have achieved scientific status (Sandell 2006a,b; Sandell et al. 2007). If we did not have to mark our candidates throughout their training – and for the most part that means through the duration and frequency of their training analyses – but rather could assess them like musicians by means of verifiable, i.e. audible competence, as has long been devised by Spence (1981b) as well as recently by Kernberg (2005b), the outcome would be a certain level of individual freedom. The wholly positive experience that was enabled by a rapid development of psychoanalysis in Eastern Europe, and which was facilitated by the diverse and flexible organisation of the training situation including the training analyses proves that the functional modification of psychoanalytic training without a substantial loss of quality is possible. Tuckett's suggestion (2005), that a systematic evaluation of supervision and training reports should be developed, goes in the same direction. He advocates a frame of reference for the assessment of training programmes within a regulated organisation of psychoanalytic pluralism.

## 1.6 Directions and Currents

### Between Ego-psychology, Kleinians and Object Relations theorists

The further psychoanalysis expands, the more difficult it is for the various schools to reach a consensus regarding essential features. The changes heralded in the discussions between Viennese and London psychoanalysts in the 1930s (Riviere 1936; Waelder 1936) took place over the next 25 years. Pine (1990) names four different kinds of psychoanalytical psychological theories: Drive Theory, Ego-Psychology, Object Relations Theory and Self Psychology; further versions such as intersubjective and interpersonal (relational) have also emerged.

The result was polarization, which we will talk about using the relationship between the two main approaches as an example. However we should bear in mind what Gabbard (2005) declared on the occasion of the report about a panel: personal differences about the application of theoretical concepts were responsible for more disagreement than the fact of being members of different schools. On the one hand, according to Rapaport (1960), the psychosocial implications and relationships remained unclarified in the theory of psychoanalytic ego psychology. On the other, the same author described M. Klein's (1945, 1948) object relationship theory ironically as id mythology. The position of the id in theory and practice is the decisive factor. In Lacan's sphere of influence, ego psychology has been suspected of superficiality (Kernberg 2002, p. 16), although Freud (1923b) had described the ego as rooted deeply in the id. Thus Pontalis (1968, p. 150) raised the question of whether American ego psychology does not actually destroy fundamental concepts like the unconscious and lead to a psychology of learning.

Erikson expanded ego-psychology theory by linking it with American philosophers such as James, Cooley und Mead and their contributions to the formation of psychosocial identity and the feeling of the self (Cheshire and Thomä 1986). The further fate of Erikson's concept in its particular relevance for adolescence was recounted by Bohleber (1992). Helbing-Tietze (2004, p. 198) knowledgeably makes the case for reincorporating academic psychological concepts into the psychoanalytic discussion of this phase of life.

Klein's theories on early childhood development and her recommendation that deep interpretations be proffered without analyzing resistance led to considerable opposition to ego psychology, represented in A. Freud's *The Ego and the Mechanisms of Defence* (1937). In London, an intermediate group formed between the two poles. North American psychoanalysis followed the ego psychology

tradition (for a detailed critique see Kernberg 1972). The controversy between Kleinians and ego psychologists still continues, but has lost its polemical edge. The majority of psychoanalysts are near the middle of a broad spectrum of views on theory and treatment technique (Schafer 1990). In a critical discussion at a recent congress of the German psychoanalytic umbrella organisation DGPT Kernberg (2000b) pointed out that Gill's critique of the Kleinian position is only directed at the Kleinian technique as it was applied thirty years ago. According to Gill, contemporary Kleinian authors see the necessity of analysing the deep unconscious meaning in the here and now (p.314). On reviewing this Thomä (1999) pointed out that the Kleinians on the one hand and Gill on the other have a considerably different understanding of the here and now; however this is difficult to verify this since there are no tape recordings of Kleinian authors available.

A critical revision is to be expected, as we will later show, due to the growing influence of the attachment theory (Fonagy 2001). Early object relations are seen as crucial correcting variables in normal as well as in pathological development (Person et al. 2005a,b, p.XV). An unnoticed change in the implications is the result: authors who are not convinced of the depressive position, in the narrow sense of the term, as a normal transitory phase, accept that depressive reactions take place during the first year of life.

This change in meaning also applies to the role of aggression which Klein (1935) saw as deriving from the death drive and which she enthroned as the motor of emotional development in the early phase of life. The findings of Parens (1979) in developmental psychology made the frustration-aggression theory in the context of separation experiences decidedly more plausible than the Kleinian findings does, for which they cannot produce any empirical evidence. The therapeutic effectiveness of those analyses which are oriented towards the death drive has not been documented by comparative studies either. The Kleinian school can nevertheless take the credit for having drawn attention to aggressive phenomena during development and symptom formation. However, exactly this is also regarded critically (Scharff 2002). Taking the already mentioned change in meaning into account Kleinian reasoning has also achieved the recognition of those who reject particular ideas based on the death drive hypothesis. The time of the beginnings of the formation of the super-ego and the meaning of the early super-ego structures for later mental development are also given by Jacobson (1964), for example, as the second year of life. The age of oedipal conflicts has also been put forward to the second and third year, and the influence of pre-oedipal factors and conflicts on the psychosexual development and character formation are widely accepted as well.

It seems to be in the nature of things that school-specific one-sidednesses are toned down when they are absorbed into general psychoanalytic theory. Amal-

gamation of theories inevitably involves mutual influence and permeation. Klein's assumptions on early defense processes have had a productive impact on treatment technique. According to Kernberg, the most important factor here is the interpretation of splitting processes, which clarify the genesis of negative therapeutic reactions as a consequence of unconscious envy, supplementing Freud's understanding of this phenomenon.

### Is there an English school?

Semantic mix-ups sometimes instigate commonalities, which can then mutate to influential expressions, as has happened with the term “the English school”. Klein and the English School also influenced the adherents of object relationship psychology, such as Balint, Fairbairn, Guntrip, and Winnicott. Sutherland (1980), however, stressed the independence of these four analysts from Klein and the English School by calling them the British object relationship theorists. Balint deserves the credit for enabling analysts to employ two- and three-person psychology in treatment technique, having emphasized the importance of the relationship for infantile development as early as 1935. In contrast to Klein, who conceived the object — the maternal person — as being constituted principally by infantile fantasies and their projection, Balint assumed that reciprocity is the basis of object formation.

We prefer Balint's two- and three-person psychology to other theories of interaction for a number of reasons, which we would like to explain by contrasting Balint's understanding with some other approaches which at first glance seem similar. Balint (1935) leaves open what happens between the two people in a relationship. He assumes that some transference and countertransference are personality specific, and that the analyst's own theory influences the analytic situation. Balint's view that adult intrapsychic conflicts are reflected in the relationship distinguishes his two-person psychology from Sullivan's (1953) interpersonal theory, which neglects the patient's subjective experience and instinctual needs. One of the essential differences between Balint's approach and Langs' (1976) bipersonal field is that for Langs it seems to be a given fact that the very existence and the structure of this field are determined especially by the processes of projective and introjective identification. Balint leaves a lot open, whereas Langs and others appear to believe they already know everything that happens in the analytic situation, and, above all, why it happens in the way it does. Naturally, no analyst is free of theoretical conceptions; Balint, however, always stressed that his statements were provisional and emphasised the relevance of the observer's standpoint. This relativization is one of the reasons that Balint opposed dogma and did not found a school. His two-person psychology corresponded to general and specific scientific developments.

## Changes in Psychoanalytic Technique

We come now to another important theme with implications for change in psychoanalytic practice. The advent of object relationship psychology can in part be seen as a sign that patients, because of their growing fundamental insecurity, seek support from the analyst. This should not be regarded solely as repetition of infantile expectations and frustrations. Possibilities are thus opened for expanding the interpretive technique of psychoanalysis to areas which have not been properly explored because insufficient attention has been paid to the here-and-now. In the course of our attempts at integration we have gained a lot from knowing how polarizations have developed, and we would now like to use a few striking examples to show how psychoanalytic technique has ended up in its current position.

The two major international conferences on the theory of treatment, Marienbad in 1936 and Edinburgh in 1961, embrace a period in which much more changed than just treatment technique. Friedman (1978) drew some very revealing comparisons between the two conferences. In Marienbad there was still a great degree of openness, but by 1961 the climate in Edinburgh resembled that of a state of siege:

The siege atmosphere that hung over this conference distinguished it radically from Freud's writings and from the Marienbad Conference .... The participants at Marienbad gave no sign of struggling to *avoid* a forbidden path; they even felt comfortable referring to unknown influences between patient and therapist. What, then, had happened to make the participants at Edinburgh tread so carefully? Why had interpretation become a battle cry? (Friedman 1978, P. 536)

We believe that interpretation became a battle cry because the widening scope of psychoanalysis appeared to make it necessary to define the identity of psychoanalysis. Psychoanalysis spread beyond the mainstream. Behavioral therapy and Rogers' client-centered therapy had emerged as rival procedures. The psychotherapy boom started.

The twofold unease led to the establishment of internal and external boundaries, which culminated above all in Eissler's (1953) presentation of the *basic model technique* as the genuine psychoanalytic method. It is interesting that in the Festschrift for Aichhorn, Eissler (1949) had still considered therapy of delinquents to be authentic psychoanalysis. Even in his criticism of Alexander's Chicago School (1950), he declared that psychoanalytic therapy included every technique in which structural change was sought or achieved by psychotherapeutic means, regardless of whether it necessitated daily or irregular sessions and regardless of the use of the couch.

It is plain that the goal was not merely change of any sort, perhaps resulting from suggestion or some other factor. No, Eissler's demand implied that demonstration of the therapeutic efficacy of the method would also show psychoanalytic theory to be accurate, since the theory is oriented on the development of intrapsychic structures. Conclusions about the origin of psychic and psychosomatic illnesses can be drawn from the course of causal psychoanalytic therapy and through the demonstration of change. Thus, despite vehement criticism of Alexander's manipulative use of corrective emotional experience, Eissler was initially in favor of openness, in the spirit of Marienbad. Not until 1953 did he present the basic model technique, whose only tool is interpretation (Eissler 1953, p. 110). The classical psychoanalytic technique is thus "one in which interpretation remains the exclusive or leading or prevailing tool" (Eissler 1958, p. 223). This technique exists nowhere in a pure form. [Freud did not keep to Eissler's stipulations and worked in quite a different way \(Cremerius 1981\).](#)

### **Limitations due to Normative Ideal Technique**

Boundaries were then drawn which seemed to enable analysts to clearly distinguish the classical technique from the rest of the psychoanalytic and psychotherapeutic world. All the variables in psychoanalytic practice were disregarded: the patient's symptoms and personality structure, the analyst's personal equation, etc. Incidentally, even Eissler believed that such variables could justify variations of technique (1958, p.222). The basic model technique did more than eliminate all variables except for interpretation; it created a fiction, as Eissler himself admitted in his discussion with Loewenstein: "No patient has ever been analysed with a technique in which interpretations alone have been used" (1958, p.223). Von Blarer and Brogle (1983) even compared Eissler's theses with the commandments that Moses brought down from the mountain. From the scientific viewpoint, at least, there could be no objection to a purist method such as that demanded in Eissler's basic model technique. However, by and large things went no further than codification, with no thorough investigation of how the commandments work in practice, to what extent they are obeyed, and where they are broken. The only function which the basic model technique fulfilled excellently was that of distinguishing the classical technique from the others, and not even that was supported by empirical studies.

### **The Present Situation**

["Where is psychoanalysis going?" asked Altmeyer \(2004, S. 1111\).](#) The prevailing mood today is that of a new departure. Sandler, with an unerring sense for the direction the journey is taking, said that "psychoanalysis is what is practiced by psychoanalysts" (1982, p.44). This pragmatic definition, though strikingly



simple, does justice to the diversity of psychoanalytic practice, enjoys wide currency among the general public, and is broadly valid for the individual treatment as usual. We are now talking about practice as it is and also as it is seen from outside, no longer about formal criteria or about ideal demands concerning how practice should be. Sandler supported his thesis by saying that a good analyst modifies his technique from case to case anyway, because what is appropriate varies with the patient. If a patient can only come once or twice a week, the analyst modifies the treatment technique accordingly. The psychoanalytic attitude then becomes the decisive factor, and the perpetually dissatisfying discussions on formal features such as frequency of sessions, duration of therapy, and use of the couch could be discontinued.

### **Acquiring the Psychoanalytic Attitude**

Inevitably, we come to the question of what an analyst is and how the psychoanalytic attitude is developed (Schafer 1983). The problem shifts to training. Sandler believes that instruction in the classical technique creates the best conditions for the development of the analytic attitude, saying that the analyst will not internalize psychoanalysis and find his personal style until he has had many years experience in his own practice. There is certainly no substitute for personal experience, but if flexibility is the criterion of the good analyst, the preparations for practice must be organized accordingly. It can hardly be claimed that the basic model technique — which, for example, forbids the analyst to ask or answer questions — implies a psychoanalytic attitude compatible with Sandler's definition of the good practitioner. It goes without saying that Sandler's emphasis on qualitative aspects does not mean that quantitative aspects are fully immaterial. The time, regularity, duration, and frequency of sessions are important factors on which much depends. Nevertheless, they cannot determine what happens *qualitatively*, and therefore cannot be used as a measure of the difference between psychotherapy and psychoanalysis.

Wyatt (1984) does not regard the psychoanalytic standard technique and analytic psychotherapy as alternatives. If one shares this view, the point which Wyatt raises, at the end of his long study, becomes important: if it is often not possible until late in the course of treatment to judge "whether one is dealing with a *genuine* analysis or a *real* psychotherapy" (p.96), one would like to know what the difference is between "genuine" and "real." We believe that further clarification of this question will be complicated by the mingling of professional politics and scientific interests. Institutional psychoanalysis tends toward the kind of orthodoxy that thrives on demarcations at the conference table. Empirical studies to improve our knowledge of what constitutes genuine psychoanalysis then seem superfluous.

In practice, the analyst moves along a continuum: no clear demarcations can be



drawn. It has never been possible to treat patients with the basic model technique; it is a fiction created for a patient who does not exist. The specific means, led by interpretation of transference and resistance, are embedded in a network of supportive and expressive (i.e., conflict-revealing) techniques, even though particular means are emphasized, as shown by the Menninger study. Kernberg (1984, p. 151) suggested differentiating psychoanalysis, conflict-revealing (expressive) psychotherapy, and supportive psychotherapy on the basis of the degree to which the following dimensions are expressed: (1) the principal technical tools such as clarification, interpretation, suggestion, and intervention in the social environment; (2) the intensity of the interpretation of transference; (3) the degree of technical neutrality maintained. [Whether we think of the various psychoanalytic therapies as “close family or mere neighbours?” \(Grant & Sandell 2004\) will have to be resolved by empirical data on the differences between psychoanalysis and psychotherapy in technique as well as in terms of outcome \(Kächele 2010a\).](#)

After an analyst has freed himself from drawing sharp boundaries, there is still a wide area in which it is necessary to make *distinctions*. It is a challenge to compare analyses or school-specific techniques with one another and with analytic psychotherapies. We regard such comparative studies as indispensable (Thomä & Kächele 2007). If one regards lasting change as the justification for therapeutic action, all methods and techniques lose their self-righteousness; rather, their scientific value becomes relativized by the practical advantage which the patient gains from the therapy. We therefore plead for qualified distinctions, which can but benefit the patient. With the exception of candidates having their training analysis, analysands are not primarily interested in whether they are undergoing analysis or psychotherapy. Patients simply seek the best possible help. The distinctions exist initially in the mind of the analyst. We surmise that frequent good sessions, as defined by Kris (1956a), or frequent mutative interpretations (Sect. 8.4) give the analyst the feeling that he has achieved authentic psychoanalysis. Other features are linked to the intensity of focussing and to the goals which have been set (Chap. 9). The analyst's subjective experience must be checked by means of studies comparing the process and outcome of analysis with the long-term effects. For the time being, we agree with Kernberg (1982, p.8) that "the strict *separation* of psychoanalysis as a theory and technique from theoretical and technical exploration of psychotherapeutic practice may, for various reasons, damage psychoanalytic work itself." Therefore [we prefer a technical model which is informed by a dimensional way of thinking \(Section 8.9\): in each session it is regulated interactively - whether consciously or unconsciously - which elements of treatment \(dimensions\) are helpful for the integration of the patient's unconscious conflict \(Kächele 1994\).](#)

We localize the damage to two levels: Strict separation, as required most explicitly in the basic model technique, encouraged an orthodox, neoclassical attitude which increasingly restricted the spectrum of indications, and with it the basis for gaining new knowledge. Since the effectiveness of therapy depends by no means only on the analyst's armory of interpretations, limitations also resulted in this area. On the other level, that of analytic psychotherapy, there was much experimentation, variation, and modification, but the relationships of therapeutic variables to psychoanalysis were never made an object of study. However the IPA has also recognised the signs of the times and signalized this by setting up a research committee more than ten years ago. A publically accessible position paper – the "Open Door Review of the Outcome of Psychoanalysis" – gives information about the current status of the evaluative research on broadly defined „psychoanalytic therapy“, which has considerably gained in quality over the last ten years (Fonagy et al. 2002). A statement commissioned by the DGPT is certainly of far-reaching importance for psychanalysis in Germany (Brandl et al. 2004).

## 1.7 Sociocultural Change

### Breaking Up of Traditional Structures

The solutions to the current problems of treatment technique cannot be found in imitation of Freud's generous, natural psychoanalytic attitude to his patients, even though such an attitude is a welcome antidote to stereotypes. Freud's solutions to problems of theory and practice can serve as models for the present only insofar as similarities exist between the situation then and now.

The profound changes in the world since the Second World War and the geopolitical shift due to the downfall of the Soviet system as well as the global destabilization of the Atomic Age impact on the individual through the disintegration of social and familiar structures. This results in great deferrals in time. It can take generations until historical and psychosocial processes take their effect on family life and cause mental or psychosomatic illnesses in the individual (Cierpka 2002). The transgenerational transfer of pathological family structures has been studied over the last decades particularly in the context of the working-through of the Holocaust. The transmission of Holocaust experiences from the first generation of victims to the next ones was given a name by Kestenberg (1989): transposition. Laub (2002) describes the specific processes of transmission of Holocaust trauma using the example of Israeli soldiers in the Yom Kippur War who were children of survivors of the Holocaust. He especially emphasises that the collaboration between analysts and scientists of other disciplines, particularly historians, is not a one-way street (Laub 2003, S. 940). However the findings of careful follow-up studies show that transmission does not always occur (Kellermann 2001). Using the Adult Attachment Interview, Sagi-Schwartz et al. (2003) found that the direct victims, who are now grandparents, still show signs of post-traumatic stress, but nevertheless these people have managed to adapt relatively well. But they were able to pass on protective experiences to their daughters. It is probably significant that the psychoanalytic discussion does not sufficiently pay regard to available epidemiological studies (Schepank 1987) or biological aspects of developmental psychology. Kagan (1998) emphasises the importance of children's ability to cope with traumatic experience, their „resilience“, as we say in German, too.

The far-reaching changes in our world since the 1930s, including the global insecurity of the nuclear age, affect the individual through the disintegration of social and familial structures. There may be a considerable delay before historical changes influence family life. Generations may pass before historical and

psychosocial processes affect family life to such an extent that individuals develop psychic or psychosomatic illnesses. The traditional unconscious attitudes passed on in each individual family may also persist for very long periods, following the rules of a family romance and largely independent of historical and sociocultural change.

The sexual revolution has reduced the repression of sexuality in general, and the contraceptive pill has boosted female emancipation and granted women more sexual self-determination. As predicted by psychoanalytic theory, the incidence of hysterical illnesses has decreased. Conflicts seem nowadays to persist on the oedipal level rather than developing into superego structures (i.e., into the typical Oedipus complex of the fin de siècle).

There is growing consensus that mental as well as physical health and/or illness can be durably effected by protective factors such as the biological constitution, parent-child relationship and socio-economic conditions. To these can be added stress, unhealthy living, emotional conflicts and various kinds of personal crisis.

If we look at what we know about protective biographical factors for the development of psychic and psychosomatic illnesses, then - in accordance with Hoffmann and Egle (1996) - we must also mention the following factors:

- An enduring good relationship to at least one attachment figure
- Extended family/compensatory relationship with the parents/exoneration of the mother
- Good substitute setting after early death of mother
- A robust, active and out-going temperament
- Communal support (e.g. Youth groups, School, church)

Furthermore the protective importance of reliable and supportive attachment figures even when adult age has been reached is also not to be underestimated (Buchheim and Kächele, 2006).

Unconscious attitudes which are passed on within families, with their own typical content matter, follow the patterns of the domestic novel. This results in downright asynchronies between the speed of change in family traditions on the one hand and historical and socio-cultural processes on the other. The sexual revolution has by and large reduced the repression of sexuality, and the pill has played a large part in the emancipation of women and has given them more self-determination in their gender role. Hysterical disorders have become less common, just as psychoanalytic theory predicted. Oedipal conflicts nowadays seem to persist rather than restructuring complicatedly to the super-ego.

## Consequences

Since the psychoanalytic method concerns itself principally with the typical familial origin of psychic illnesses, with particular attention paid to childhood, psychosocial influences on adolescents, which offer them a "second chance" (Blos 1985, p.138), were underestimated until Erikson focussed on them (e.g., Erikson 1959). For many years, the factors through which symptoms are maintained also received insufficient consideration in decisions on treatment technique. This twofold neglect at first had only a few side effects, as the early id analysis and the later ego psychology-oriented analysis of resistance could assume the existence of stable — even rigid — structures acquired at an early stage. The analyst helped the patient to gain greater inner freedom: the strict superego commandments resulting from identification with oppressive patriarchs were exchanged for more human values. Strachey (1934) gave an exemplary account of this therapeutic process.

At about the same time, a theme began to be discussed which has recently moved to the center of attention, namely, the theme of security, which can be seen as a counterpoint to the disintegration of historical and psychosocial structures. It is no coincidence that in the age of narcissism and ideology (Lasch 1979; Bracher 1982), the theme of security has finally come to occupy such an important place in the discussion of psychoanalytic treatment technique, although its origins can easily be traced back to the 1930s and to Freud and Adler. Kohut's innovation probably owes its impact to the fact that patients and analysts are equally dissatisfied with the dissecting nature of conflict psychology and are seeking totality and confirmation — narcissistic security.

## Present Aspects

Since epidemiologic studies of the incidence of neuroses have only been carried out in recent times (Schepank 1987), no exact comparisons can be made with the past. We have to rely on personal impressions, which are doubly unreliable because of the strong element of fashion in diagnostic classification. This having been said, there can be no doubt that today's psychoanalyst is confronted with problems which were not at the focus of attention in Freud's practice (Thomä and Kächele 1976).

Most people in western democracies live in a social system which shields them against strokes of fate, not least against the financial risks of illness. The modern clientele of West German psychoanalysts includes almost no purely self-financing patients. Patients from all strata of society, rich or poor, can now have psychoanalytic treatment at the expense of the insurance system, which in turn is funded by the regular contributions of the insured population. Freud's prediction (1919a) has thus been fulfilled. The therapeutic efficacy of psychoanalysis is today more important than ever. Eissler has also been confirmed in his belief that "socialized medicine will play a great role in [the] future development [of

psychoanalysis]. We cannot expect the community to pay the large amounts of money necessary for the analysis of an individual, since symptomatic recoveries are possible in a large number of patients" (Eissler, cited by Miller 1975, p. 151 ).

We take the view that there is a much closer association than is generally assumed between the scientific grounding of psychoanalysis and its therapeutic efficacy. Social pressure and increasing competition have intensified analysts' efforts to provide a scientific foundation for the effectiveness of what they do.

## 1.8 Convergences and Divergences

When writing the first edition of the textbook more than 20 years ago, we spoke of convergences between the various psychoanalytic schools. The critical comments from outside and within had led to considerable changes. Distinct trends towards merging and integrating the various persuasions were to be identified. (M. Shane and E. Shane 1980). We believed it was possible to speak of a convergence which was unfolding not just between the psychoanalytic schools, but also in the relationship between psychoanalysis and its neighbouring disciplines. An American reviewer of our (English) edition, R.D. Chessik, was right in reproaching us in his review (1988, p.884) because of the wishful character of that assessment, so that today we do not want to ignore the divergences. Back then we already pointed out the existing revolutionary-anarchic situation. As we mentioned in the preface, Wallerstein finally acknowledged pluralism within the IPA in his lecture „One psychoanalysis or many“. But Fonagy (2003c) speaks of fragmentation and says that „Pluralism“ is a euphemism. Williams (2005) softens this by writing: „We live, psychoanalytically, in an age of multiple conceptual systems that have emerged from interpretations and developments of the classic paradigm“ (p.189). It is probably a question of standpoint whether one allows everyone just to get on with it, or whether one is prepared to take up the challenge of the scientific problem which a multitude of conceptual innovations entails (Hanly 1990).

### Extended Object Relationship Theories

Just as the object relationship theories are indispensable for two-person and three-person psychology, so too would ego-psychology be restricted to itself without the “dialogical-life”, without the “thou” (Buber 1923) (see also Bohleber 2004, p.100ff.). In the ego-psychological approach the method of treatment was initially systematised in accordance with the interpersonal conflict theory. A. Freud’s (1936) emphasis of the importance of defence mechanisms set an example. Here she presented "Aspects of psychoanalytic therapy" which defined their outreach in intrapsychic conflict (p.74f.). At the same time Hartmann’s (1939) path-breaking contribution "Ego-Psychology and the Problem of Adjustment" gave rise to more discussion with the social sciences, whereby social psychology was to play a mediating role. Fürstenau (1964) and Carveth’s (1984a) critical studies do however make the lack of true interdisciplinary collaboration plain to see.

The *object relationship theories* have recognized that the analyst becomes



effective as a "new object" (Loewald 1960) and are thus on the way to acknowledging the subject and the intersubjectivity in the analytic situation. Characteristic of this tendency is the discussion on extension of the concept of transference (Sect. 2.5). Today we see more clearly that the psychoanalytic method has always been based on the bi-personality. It is precisely the unconscious components of the object relationships that are revealed when looked at from an interactional perspective. Everything speaks in favour of the feasibility of the great therapeutic and scientific problems of intersubjectivity, of transfer and countertransfer being resolved. Following a social scientific understanding of the psychoanalytic method as the only form of an intersubjective practice borrowed from Merton M. Gill and with the „Bifokalität der Übertragung {bi-focality of transference}“ (Thomä 1999) in mind and the herewith established reciprocal influence between analyst and patient we can position the prevalent theories with regard to the concepts of transference and countertransference. In so doing we distance ourselves from a totalitarian view of transference (Joseph 1985) and also from the exaggerated subjectivism of an absolutist concept of countertransference (Thomä 2000, 2001a). At the same time it cannot be overlooked that the modernisation of psychoanalysis also gives rise to fundamentalist opposition (Altmeyer and Thomä 2006). Its representatives mainly back their arguments on Green und Bion's idiosyncratic understanding of science. For example Weiß (1999), with reference to Bion (1962, 1963), stresses that psychoanalytic research in the narrow sense is to be understood as the contemplation of emotional experiences as they come up in the analytic situation. Its task is to generate a model of what is happening between the analyst and the analysand (Weiß 1999, p.895).

For the purpose of treatment it is crucial for the patient to identify himself with the functions of the analyst (Thomä 1981b). These functions are not perceived as abstract processes. The patient experiences them in the personal therapeutic context. This identification with the functions of the analyst is, as Loewald sees it, linked with exemplary interactions and it would be artificial to separate them. The other human-being with whom one identifies is not introjected as an object and is not projected isolatedly in the mind. Loewald emphasises that it does not come to an introjection of objects but of interactions (Loewald 1980, p.48). These are attached to new experiences which therefore give release from transference. Therapeutic changes take place in the area of tension between transference (repetition) and encounter (emergence). In truth the psychoanalytical descriptions of the unconscious elements of object relationships are about aspects of actions and their representation in the (unconscious) world of fantasy. What becomes lodged as an inner object is not an isolated item but a picture of a memory that is framed by the context of an action. It is logical that Schafer (1976) used the vocabulary of action after Kris (1947) had already identified action research as the scientific way

of approach in accordance with psychoanalysis. From birth onwards projections of objects take place within a qualitatively diverse context of action which is enriched by family and non-family contexts (Akhtar 2005). Unconscious schemata, which can become very stable, develop through repeated communicative acts. Such enduring structures are closely associated with a readiness for transference, which can be triggered quite easily and quickly .

These processes are the heart of the classic concept of transference, for which there is also plenty of empirical evidence (Luborsky u. Crits-Christoph 1998). Of course, this successful operationalization does not cover the whole wealth of clinical practice, as Dreher (1999) is right in saying; but it is good enough to fulfill one of the therapy researchers' wishes concerning the precision of interpretations (Crits-Christoph et al. 1998). Whether it is already time to give up the concept of transference in order to speak more modestly about a „habitual relationship pattern“ as suggested by Schachter (2002) is a question we do not want to answer here. As early as in babyhood, experience is construed in an active manner. Strong emotions play a major part in these interactional processes (Emde 1999).

The psychoanalytic method always had its foundation in the dyadic relationship. Precisely the unconscious elements of object relationships are accessible to the analyst only if he employs an interactional approach. All the indications are that it has now become possible to solve the great therapeutic and theoretical problems of intersubjectivity — of transference and countertransference.

One of the relevant issues in treatment technique is the patient's identification with the analyst's functions (Hoffer 1950). These functions are not perceived as abstract processes; rather, the patient experiences them in the personal context of his therapy. The patient's identifications with the analyst's functions are thus, in the sense described by Loewald, tied to exemplary interactions with the analyst, from which they can be isolated only artificially. The person with whom one identifies is not introjected as an object and stored in intrapsychic isolation. Loewald (1980, p.48) emphasized that interactions, not objects, are introjected.

In fact, the important issue in psychoanalytic descriptions of unconscious elements of object relationships is constituted by aspects of action and their reflection in the (unconscious) world of fantasy. That which is stored as an "internal object" is no isolated item, but a memory image framed in a context of action. It was logical that Schafer (1976) arrived at his action language after Kris (1975) had described action research as the scientific approach appropriate to psychoanalysis. The storage of objects occurs from birth onward within a qualitatively variable context of action. Repeated acts of communication give rise to unconscious schemata which may attain a great degree of stability. Such enduring structures go hand in hand with transference readiness which can be

precipitated with varying degrees of speed and ease.

### **The Mother-Child Relationship**

Interactional contexts were implied in psychoanalytic object relationship theories from the very outset. Prominent among the reasons for the great attention paid to them in recent years are the findings on mother-child behavior. The object relationship theories have been enriched by Bowlby's (1969) studies on attachment. Emde (1981) stressed the significance of social reciprocity, summarizing research findings as follows:

The human infant is organized for social interaction from the outset and participates in mutual exchanges with caregivers. We cannot regard individuals in the social surround as static 'targets of the drives' and, from this angle, terms like "object relations" are unfortunate in their connotations. (p. 218)

Even the infant constructs his experience in an active way. Affects play a prominent role in these interactional processes (Emde 1999).

Libido theory does not cover this process of affective reciprocity. Spitz (1976) demonstrated that Freud viewed the libidinous object principally from the standpoint of the child (and his unconscious wishes), and not against the background of the reciprocal relationship between mother and child. This tradition became so entrenched that Kohut derived self objects from the hypothetical narcissistic way in which the infant sees and experiences things.

Harlow's (1958, 1962) pioneering experiments are instructive in this regard. He raised rhesus monkeys with surrogate mothers made out of wire and terry cloth, i.e., with inanimate objects. These monkeys were unable to play or to develop social relationships. They suffered uncontrollable anxiety and outbursts of rage, hostility, and destructiveness. The adult animals displayed no sexual behavior. Spitz attributed these severe developmental defects to the lack of *mutuality* between surrogate mother and infant monkey. He believes mutuality to be the foundation of the mother-child dialogue. Although he still adheres to the concept of the object relationship (Spitz 1965, pp. 173, 182), it is clear that his descriptions are based on an intersubjective, interactional system. [Emde \(1981\) as Spitz's successor in Denver was early to criticize the widespread misconception that a baby is a passive and unsophisticated being, and that its behaviour is regulated by drive-induced tensions and their reduction. The myth of the baby as a passive organism that reacts to stimuli and is primarily concerned with satisfying its needs has become untenable.](#)

In the long term, the newer theories of infant development, along with the integration of interdisciplinary theories of communication and action, will probably

have considerable consequences on psychoanalysis (Lichtenberg 1983). In all areas, psychoanalysis contributes to the knowledge of the unconscious dimensions of human behavior.

Just as object relationship theories are indispensable for two- and three-person psychology, *ego psychology* would be limited to its very immediate sphere of relevance without "dialogic life" or "you" (Buber 1974). It is of course true that the treatment technique in ego psychology was initially systematized according to the model of intrapsychic conflict, following the example of A. Freud's descriptions in *The Ego and the Mechanisms of Defence* (1937). She presents "considerations bearing upon psycho-analytic therapy" which define the scope of psychoanalytic therapy in terms of *psychic conflict* (pp. 68ff.). At the same time, Hartmann's pioneering study entitled "Ego Psychology and the Problem of Adaption" (1958 [1939]) led to greater exchange with the social sciences, with social psychology playing a mediating role. It has to be said, however, that Carveth's (1984a) critical study highlights the lack of genuine interdisciplinary cooperation.

The criticism of metapsychology and libido theory smoothed the way for the linking of intrapsychic and interpersonal theories of conflict. The interpersonal approach cannot, however, be confined to the concept of "participant observation" (Sullivan 1953). This term, though felicitous, does not make it sufficiently clear that the analyst's participation means intervention from the very beginning of the encounter. (Sect. 2.3). Both his silence and the interpretations he proffers influence his field of observation. He cannot escape the fact that his very participation entails change, even if he deceives himself into thinking he has no specific goals in mind.

The members of an American Psychoanalytic Association discussion group, which met several times between 1977 and 1980 with Lichtenberg as chairman, agreed that "the more we keep values away from being the direct object of our scrutiny, the more they are likely to unwittingly and unconsciously influence our technique and theory" (Lytton 1983, p.576). For practical and scientific reasons, as pointed out by Devereux (1967), nowadays more than ever before the analyst has to accept that he is not just the observer but that he is also observed, i.e., that other psychoanalysts and scientists from neighboring disciplines are investigating what the therapist feels, thinks, and does, and how his thought and action affect the patient. This research into the psychoanalytic situation by third parties has been made possible by the tape recording of analyses. The essential issue is the analyst's contribution to the therapeutic process. In addition, in countries like West Germany, where the costs of treatment are borne by health insurance, society (represented by the scientific community) and the insurers have a right to learn how analysts justify their therapeutic action, with the obvious proviso that the private sphere must be respected.

The dyadic approach to the analytic situation, which is gaining acceptance everywhere, is anything but a *carte blanche* for subjectivity. On the contrary,

precisely because the analyst's competence is such a personal matter, he must accept responsibility for the way in which the theory he prefers affects his countertransference, just as he does for the success of the therapy, or for the lack of it. A growing number of psychoanalysts are therefore calling for practice to be made an object of study (Sandler 1983). It speaks for itself that the congress of the International Psychoanalytical Association in Madrid in 1983 was devoted to "The Psychoanalyst at Work."

The dyadic approach corresponds with the findings of *neonatological research* and the observation of *mother-infant interaction*. Trevarthen (1977) speaks of "primary intersubjectivity." Emde and Robinson (1979), students of Spitz, looked critically at over 300 studies, concluding that they disclosed old prejudices, namely the widespread misconception that the infant is passive and undifferentiated and that his behavior is regulated by instinctual tensions and discharge. The myth of the infant as a passive organism which reacts to stimulation and is attuned primarily to reducing stimulation has become untenable.

### **The End of the Myths**

The trends which Emde and Robinson detected in research findings have continued. According to Sander (1980) and Peterfreund (1980), the implications of the more recent findings are so great that three myths will have to be laid to rest: the adultomorph (the infant is as I am), the theoreticomorph (the infant is as my theory constructs him), and the pathomorph (the infant feels and thinks like my psychotic patient). Since Freud once called instinct theory "our mythology" (1933 a, p. 95), and since myths contain profound truths about man, the process of demythologization is a cause of serious concern among analysts. The psychoanalytic theory of instincts has retained elements of mythology not least because of the connotations of some metaphors for instance the principle of constancy — which link the human longing for eternity and the mystique of love and death with physical assumptions, thus masquerading as a comprehensive psychobiological explanation.

We are not trying to demonstrate that the intersubjectivity of the therapeutic situation is derived from mother-infant interaction. Our primary concern is the convergence of principles, which shows that the dyadic view of the analytic situation corresponds to human nature as it can be observed from the first moment of life onward. We agree with Wolff (1971), a particularly careful analyst and researcher, when he reminds his colleagues that their most important practical and scientific problems cannot be solved either by observing infants or with the aid of ethology, neurophysiology, or molecular biology. On the other hand, analysts cannot disregard the underlying theories of development when investigating the interpretation rules which they follow when ascribing unconscious meanings to

their patients' utterances.

A great role is played by whether or not the treating analyst takes Piaget's work on the development of object constancy into consideration, and by which conceptions of the early mother-child relationship form the basis of his interpretations. Inconsistencies between different theories can be expected because of the complexity of the subject matter and the differences in method. It is thus all the more important for similar results to be acquired by different means or for the implausibility of assumptions such as that of infantile autism to be demonstrated. On the other hand, there are a wealth of studies starting from the factual separateness of mother and child which stress the reciprocity of the interaction (Stern et al. 1977). On the basis of empirical observations, Papousek and Papousek (1983) and Papousek et al. (1984) assume that the infant is *autonomous and has integrative competence*.

Separateness and primary intersubjectivity are the largest and most important common denominators in the results of neonatological research and the recent findings on the therapeutic dyad. We agree with Milton Klein (1981) in regarding birth as the moment of individuation, which implies that each individual newborn begins to *construct* his world actively, creatively, and hungry for stimuli. Brazelton and Als (1979) claim to discern indications of affective and cognitive responses immediately after birth.

However, the precise chronology is not the crucial point. Obviously, the conception that the child actively *constructs* his world does not help us to know how he *experiences* it. Piaget's (1954) theory also assumes that mother-child intersubjectivity is determined by the child's egocentricity, and thus supports the psychoanalytic assumption that the crying child experiences his mother's behavior, whether it be accommodating or rejecting, as though he has caused it. It is of course quite another question whether this egocentricity has the quality of narcissistic omnipotence found in adults.

Emde's (1981) thesis that innate biological schemata regulate the interaction between mother and child is of great importance. On the other hand, the particular features of the schemata constitute individuality: every infant and every mother is as unique alone as they are together in the dyad. Both realize species-specific (general human) mechanisms, i.e., basic biological patterns, in their unmistakable personal way. Mahler's concept of "coenaesthetic empathy" (1971, p.404), which she uses in reference to common feelings and to shared and deep sensations and perceptions, arose from the observation of mothers and infants. Correspondingly, in therapy it is important to strike a balance between similarity and separateness, between the formation of a we-bond and of the ego.

In the course of the past decade, research into the affective exchange between mother and child has confirmed Winnicott's view: "The infant and the maternal care together form a unit .... I once said: 'There is no such thing as infant'" (1965,

p.39). Winnicott added that he naturally meant that the maternal care is an essential component without which no child could exist, thus distancing himself from Freud's assumptions about primary narcissism and about the transition of the pleasure principle to the reality principle. He also pointed out that Freud himself raised objections to his own thesis:

It will rightly be objected that an organization which was a slave to the pleasure principle and neglected the reality of the external world could not maintain itself alive for the shortest time so that it could not have come into existence at all. The employment of a *fiction* like this is however, justified when one considers that the infant — provided one includes with it *the care it receives from its mother* does almost realize a psychical system of this kind. (1911 b, p. 220, emphasis added)

If maternal care is included, the fiction collapses and Winnicott's conception of the mother-child unit becomes the point of reference. Of course, there is no doubt that mother and child are different, even though the infant is not yet in a position to delineate himself as an independent person. Hartmann's (1958 [1939]) ego autonomy is biologically rooted, and within the mother-child unit this means that self-perception occurs selectively via the sense organs in exchange with specific other-perceptions. Thus the maternal person is perceived differently by every infant, for two reasons: first, no mother behaves in exactly the same way with each of her children, and second, every child has individual response readinesses which develop within the unit. Otherwise, it would not be possible for Winnicott (1965) to speak of the true and the false self, in addition to emphasizing the mother-child unit. The *true* self refers to the basic feeling of being able to realize one's own potential and free oneself from the restrictions which originated in influence from outside and have found expression in the *false* self.

The empirical findings of research into mother-child interaction can be used to span a divide which has opened up in recent decades in the theory of treatment technique, namely the polarization between the conservative structural theorists and the object relationship theorists. Even an adherent of Balint's (1952) two-person psychology cannot overlook the fact that every patient is unique. The task of the therapeutic dyad, that unit composed of two mutually dependent but independent persons, consists in allowing the patient to establish the greatest possible degree of autonomy.

Our position on two-person psychology must therefore be amended. One-person psychology was constructed according to the model of the natural sciences, and is not appropriate for either the theory or the therapy of psychoanalysis. We agree with Balint's criticism of the theory of psychoanalytic technique and the psychoanalytic theory of development because of their excessive emphasis on intrapsychic processes. Nevertheless, the analyst has the duty to create the optimal conditions for the patient to change on his own, and not to have change forced on



him from without. Stress must be laid on one aspect of one-person psychology which represents an obligation for psychoanalysts despite this criticism: The ideal of enlightenment is oriented on the individual, even though self-knowledge, including recognition of unconscious parts of the personality, is tied to two-person psychology.

Remodelling of the psychoanalytic baby along the lines suggested by the results of neonatological research has important consequences for treatment technique (Lebovici and Soule 1970). Every analyst's interpretations, especially his reconstructions of the patient's early childhood, are based on his theory of development. It is for this reason that we speak of the theoretical conception the model — of the *psychoanalytic baby* or *psychoanalytic infant*, which exists in numerous descriptions of varying precision. [This remodeling has been underway for quite awhile.](#)

These descriptions are constructions created by fathers and mothers such as Freud, Abraham, Klein, Ferenczi, A. and M. Balint, Winnicott, Mahler, and Kohut. Everyone is aware that the various psychoanalytic babies differ greatly. The designers of the models must put up with the fact that their creations are compared.

Kohut's tragic man lies as an infant in the cradle surrounded by an environment (the so-called selfobjects) which only partially reflects his innate narcissism. The fact that Freud's theory of narcissism was the godfather makes the tragedy almost inevitable, but it is nevertheless bathed in a relatively mild light: evil is not a primary force, and oedipal guilt feelings are avoidable, according to Kohut, if the early tragedy is limited and the narcissistic self discovers itself in the mirror of love (Kohut 1984, p. 13). In Kohut's theory, Freud's guilty, oedipal individual and his intrapsychic conflicts are the product of a narcissistic disturbance in early childhood. Without this disturbance, the oedipal conflicts of 3- to 5-year-old children would be principally pleasurable transitional phases, leaving no appreciable guilt feelings as long as a healthy self had already developed. Kohut's theory gives the individual the prospect of a future free of oedipal conflicts. It can be inferred from Kohut's late works that, provided the empathy of the selfobjects is good, the human tragedy also stays within reasonable bounds.

Klein's (1948, 1957) psychoanalytic infant is quite different. This time the godfather was Freud's death instinct, ensuring a malevolence whose early manifestations are unrivalled and which can only be endured by dividing the world into a good breast and a bad breast. The tragedy of the infant's later life is then profound, in contrast to Kohut's mild form, which may find expression in selfironic humor. Klein's adult was born as Sisyphus, condemned to eternal failure in his attempts to atone for the imaginary wrongs inflicted by hate and envy. Throughout life the processes of projective and introjective identification, and their contents, remain the basic vehicles of interpersonal processes, within families and between groups and whole peoples.

In restricting ourselves to the description of the essential features of two

influential models of the psychoanalytic infant, we have highlighted dissimilarities and contradictions. This was our intention. Our current concern is not to advocate pragmatic eclecticism and recommend that the most plausible components be extracted from all the psychoanalytic theories of early childhood and amalgamated with elements of general developmental psychology or parts of Piaget's theory. Rather, we believe that productive eclecticism within psychoanalysis, and within neonatological research into interaction, is only possible if we also examine the aspects which are neglected in the different constructions. It is, after all, disturbing that similar empathic introspective methods — Kohut emphasized his closeness to Klein in this respect — should result in entirely different reconstructions of early childhood.

One possibility, of course, is that contradictory reconstructions originate in the treatment of different illnesses. However, the available literature does not support this hypothesis, which, incidentally, is seldom considered by the fathers and mothers of typical psychoanalytic infants. Sooner or later, the theoreticomorph creation is made the uniform model for explaining the deepest levels of all psychic disturbances: self defects, based on unsuccessful mirroring, and the schizoid-paranoid and depressive positions, founded in innate destructiveness, seem to be the root of all evil.

Instinct mythology is the factor which gives the infants and babies of the different psychoanalytic families their specific narcissistic (Kohut) or destructive (Klein) features. This is why we mentioned the theory of narcissism and the hypothesis of the death instinct, respectively. However, the psychoanalytic babies by no means lose their vitality and their *vis a tergo* if this drive mythology foundation is removed. In common with Freud (1923a, p.255), we would like to refer to Schiller's lines from *Die Weltweisen* (The World Wise): "For the time being, until philosophy holds the structure of the world together, it [nature] will sustain the gears with hunger and love."

## References to chap 1 volume 1

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