FREUD TEACHES PSYCHOTHERAPY

NARCISSISM

RICHARD CHESSICK, M.D., Ph.D.

Narcissism

Richard D. Chessick, M.D.

e-Book 2015 International Psychotherapy Institute

from *Freud Teaches Psychotherapy* by Richard D. Chessick, M.D.

Narcissism

As early as *The Interpretation of Dreams* Freud (1900A;4:157) discusses dreams based on the motivation of proving the psychotherapist or his theories to be wrong. He explains, "These dreams appear regularly in the course of my treatments when a patient is in a state of resistance to me; and I can count almost certainly on provoking one of them after I have explained to a patient for the first time my theory that dreams are fulfillments of wishes." Freud does not pursue this matter at length but it is the first hint that an explanation or an interpretation in psychotherapy—even though it is correct—may be experienced by the patient not as an elucidation or insight but as a narcissistic blow. In such cases the patient is not able to benefit from the explanation or interpretation, and rather responds to the feeling he or she gets of being "put down." This response may occur either overtly in cold and aloof withdrawal and silence, or covertly in dreams either pejorative to the psychotherapist or based on the wish that the psychotherapist will be proven wrong, shown to be incompetent or foolish, or even punished. The extreme example of this response is the well-known clinical phenomenon of a negative therapeutic reaction (Chessick 1992, 1993, 1996).

A frank discussion of types of fantasies is found in Freud as early as 1908 (1908E; 9:142-156 and 1908A;9:157-166). He maintains (p. 146) that a happy person never fantasies; only an unsatisfied one does so, and that the

motive forces of fantasies are unsatisfied wishes: each fantasy is a fulfillment of a wish and can be understood like a dream. Ignoring the comment that a happy person never fantasies—an extreme statement, in my opinion—let us continue by noting Freud's comment that fantasies are either ambitious wishes which serve to elevate the subject's personality or they are erotic ones. Thus Freud distinguishes primarily between narcissistic fantasies and sexual fantasies, but he quickly adds that these are often mixed together.

He insists that hysterical symptoms "are nothing other than unconscious fantasies brought into view through 'conversion'" (1908A,-9:162). Furthermore, the contents of the hysteric's unconscious fantasies correspond completely to the situations in which perverts consciously obtain satisfaction. At this point Freud brings up the famous performances of the Roman emperors, "…the wild excesses of which were, of course, determined only by the enormous and unrestrained power possessed by the authors of the phantasies" (p. 162). He goes on to mention that the delusions of paranoiacs are fantasies of the same nature, but he goes off the track by not stressing the primarily narcissistic aspects of such fantasies, which revolve around power and control.

Clinically speaking, erotic and narcissistic fantasies usually appear in some combination. All such fantasies and daydreams, including masturbation fantasies, should be collected during intensive psychotherapy and carefully

studied just like dream material. In each case an attempt must be made to determine whether the predominant aspects are erotic or narcissistic. The matter is really very complicated because deprivation in one area can be tranquilized by satiation in another. For example, a patient suffering from a narcissistic disorder may use intensive sexual activity, perverted or not, either through promiscuity or masturbation (a) as a way of tranquilizing narcissistic rage; (b) as a way of reassuring himself or herself that the patient is a self and not fragmented; and (c) as compensation in the sexual realm for the weakness he or she may feel in other realms of human functioning. Conversely, a patient suffering from an unresolved Oedipus complex may become immersed in highly competitive power struggles, behavior which appears on the surface to be part of a narcissistic disorder.

The year of 1913 was one of the low points in Freud's professional life. Coming just before World War I, this period marked the breakup, due to the defection of Jung and Adler, of the growing international psychoanalytic movement. The debates which led to this defection forced Freud's attention to the inexactitude of certain prior statements and definitions he had introduced, and motivated him to define them precisely and demarcate his psychoanalysis from that of Jung and Adler. Admittedly "fuming with rage," he wrote "On the History of the Psychoanalytic Movement" (1914D;14:3ff)—a frankly polemical paper—and "On Narcissism: An Introduction" (1914C;14:69ff). The latter work, which is condensed, very difficult, and one

of the most famous of Freud's writings, had a revolutionary impact on his followers not only because it revised old ideas and introduced some new concepts, but because by this procedure it introduced some serious new confusions and difficulties. Aside from its theoretical interest, this paper has important ramifications for the clinical practice of intensive psychotherapy.

Freud's main point in this paper was his attempt to restrict the meaning of the term libido to sexual energy; Adler attempted to regard it as a force or striving for power and Jung widened it to mean the energy behind all life processes. In order to stick to his original conception of the libido, Freud had to make important theoretical revisions, the most fundamental of which was a change in his theory of instincts. Thus in this paper he made the first fundamental change in his instinct theory; the second change was made eight years after (to be discussed later).

Freud's famous U-tube analogy of the flow of libido is presented, beginning with the concept that all libido is first collected in the ego. We define its outward flow as the situation of object love—love for other objects than the self. However, it can flow back again or be withdrawn into the ego (not differentiated from self here) under various situations such as disease, an accident, or old age where this tendency into self-preoccupation and self-love is especially obvious. When the libido is attached to the ego, we have the situation defined as narcissism. In the early phase of life this situation is

normal, according to Freud, and is called primary narcissism; in later stages of life when the libido is withdrawn again to the ego, the state is defined as secondary narcissism.

What Jones calls the "disagreeable" aspect of this theory is that Freud was hard-put to demonstrate non-narcissistic components of the ego. To say there is reason to suppose the ego is strongly invested with libido is not the same as saying it is composed of nothing else, writes Jones (1955, p. 303), but that "something else'' is difficult to pin down and opens the theory to criticism of being a monistic libidinal conception of the mind. This theoretical aspect of narcissism is still not adequately resolved; considerable controversy rages about the subject. Clearly, at this point Freud conceived of two kinds of ego drives, the libidinal and non-libidinal. This theory was meant to be the prelude to a complete restructuring of psychoanalytic theory which was originally intended to be a book consisting of twelve essays and entitled "Introduction to Metapsychology" that Freud proposed in 1915. Only five of these essays were published; Freud destroyed the rest.

I will now proceed to look carefully at the paper on narcissism because it is so rich in clinical material, such as discussion of narcissistic and anaclitic object choices, and its introduction of the concept of "ego ideal." Furthermore, this paper is the agreed starting point for all psychodynamic studies of narcissistic personality disorders and borderline patients; it demands and

repays prolonged study.

Freud begins by stating that narcissism is not a perversion, but rather "the libidinal complement to the egoism of the instinct of self-preservation, a measure of which may justifiably be attributed to every living creature" (pp. 73-74). The U-tube theory is then introduced. Another analogy offered by Freud is that of the body of an amoeba related to the pseudopodia which it puts out and withdraws. Thus as one observes the pseudopodia under the microscope, libido can either flow out to objects or flow back to the ego. This phenomenon of ego-libido spoils the neat dualistic early instinct theory that divides all drives into sexual or egoistic (self-preservative).

Freud immediately emphasizes the importance of the concept of narcissism in understanding schizophrenic phenomena; the megalomanic aspect of schizophrenic patients is explained as a consequence of secondary narcissism. Most of the libido is directed to the self, especially as seen in paranoid grandiosity. The converse phenomenon, where the most libido possible is directed to an object, is defined as the state of being in love.

A phase of auto-erotism is postulated as the very beginning phase of life, even before the nuclei of the ego have coalesced. Once the ego has begun to develop, the libido is invested in it; this is the phase of primary narcissism, according to Freud.

The second section of the paper begins with a discussion of hypochondria, in which the clinical phenomena of hypochondriasis are seen as the result of flooding of the ego with libido that has been withdrawn from objects. Thus the psychic mastery of the flooding of the ego with libido appears in megalomania and an overflooding (or damming up) is felt as the disagreeable sensations of hypochondriacal anxiety. No explanation is available as to why the libido-flooded ego should feel these disagreeable sensations, but an analogy is drawn to the so-called "actual neuroses" (see chapter 5), where dammed-up libido due to inadequate discharge leads to the disagreeable sensations of neurasthenia, and so on. In the case of hypochondriasis the libido flooding the ego comes from outside objects to which it has previously been cathected and is now being withdrawn; in the case of the actual neuroses the libido comes from inside the individual and has been inadequately discharged.

In concluding his subsequent discussion of schizophrenia, Freud distinguishes three groups of phenomena in the clinical picture of schizophrenia: (1) Those representing what remains of the normal or neurotic state of the individual; (2) those representing detachment of libido from its objects, leading to megalomania, hypochondriasis, and regression; and (3) restitutive symptoms in which an effort is made once again to attach the libido to objects or at least to their verbal representations. These distinctions form the foundation of Freud's psychodynamic theory of schizophrenia.

Another clinical application of the concept of narcissism—the distinction between anaclitic and narcissistic choices of love objects—concludes the second section of this paper. The anaclitic object choice attempts to bring back the lost mother and precedes developmentally the narcissistic object choice. The latter is a form of *secondary* narcissism in which the person chosen to love resembles one's own self. For example, in certain forms of homosexuality, the object chosen is the child-self who is then treated the way the homosexual wishes his mother to treat him. To avoid confusion it is important to understand that in early development *primary* narcissism comes first; then, due to inevitable frustration, anaclitic object-choice occurs with the mother as the first object. Therefore, narcissistic object choice, when it appears, represents a form of *secondary* narcissism in which the person loves what he himself is or was, what he would like to be, or someone thought of as a part of himself.

In the first instinct theory the instincts were divided into the sexual instincts—easily modified and changed, relatively speaking—and the ego instincts, such as hunger and thirst, which are more fixed. In the second instinct theory certain ego instincts are thought of as non-libidinal or "ego interest,'' but some are thought of as ego-libido: that is, narcissism. In this theory the ego's integrity depends on how much ego-libido is available, and ego-libido represents the glue holding the ego together. Thus an anaclitic object relationship may be viewed in two ways: (a) the libido is directed

toward the object that has been responsible for survival, the nutritive object, the mother; however (b) if all the libido goes toward this object, the ego becomes depleted and helpless and depends on the object. The concept of sexual energies flowing within the ego made it very difficult to separate sexual and ego instincts because the "alibidnous" part is not well defined—hunger and thirst do not quantitatively balance the libidinal instinct, and this theoretical revision is generally agreed to be unsatisfactory.

A tentative effort to improve this situation was made by postulating sexual instincts on the one hand, and aggressive instincts on the other—these latter would then represent the non-libidinal ego instincts. The notion of aggression as an ego instinct strengthened Freud's idea of dividing instincts between sexual instincts and non-libidinal ego instincts, and was determined through a discussion of sadism. The argument was that if self-preservative instincts include aggressive instincts along with hunger and thirst, they must become dominant over sexual instincts so that the reality principle could prevail. Since sadism permeates every level of living and can ally itself to all instincts as shown in the impulses to assert and control and aggress upon, the aggressive or sadistic instincts are seen as distinct from libidinal impulses. This is not a valid argument, since if sadism is found at every level of sexual development why should it not be considered a part of the sexual instincts? The attempt to find a place for the aggressive drives characterized all Freud's further attempts at instinct theory, including his

final theory of the life and death instincts, and, as we shall see, still remains an important aspect especially of any consideration of narcissism and the borderline personality disorders.

The final section of the essay begins with an extremely important sentence: "The disturbances to which a child's original narcissism is exposed, the reactions with which he seeks to protect himself from them and the paths into which he is forced in doing so—these are themes which I propose to leave on one side, as an important field of work which still awaits exploration" (p. 92). Kohut's work may be understood as emanating from this statement.

At this point, the aggressive instincts in Freud's formulation should not be considered purely or basically as sadism, since he conceived of them here primarily as the will to power, control, and dominance, which only in certain cases involve a secondary and often erotized need to inflict pain. Looking at it in this way we may say that when the ego instincts are flooded by a libidinal complement from the sexual instinct we have the clinical state of narcissism; when the sexual instincts are infused by an aggressive component from the ego instincts, we have the clinical situation of sexual sadism.

It is easy to see that what is missing in this third or temporary revision is the structural theory involving the id, ego, and superego; a step in this direction is present in the essay on narcissism, where in the third part Freud

introduces the notion of the ego ideal, which in the course of development becomes infused with the subject's primary narcissism. Thus "...what he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal" (p. 94). This substitution is differentiated from sublimation, in which the aim of the instinct is changed, with an accent upon deflection from sexuality.

It follows from these considerations that the ego becomes impoverished by either object love or ego-ideal formation, and enriched by the gratification of object love or fulfilling its ideal. Self-esteem arises out of either of these enrichments and contains three components: (1) the leftover residue of primary infantile narcissism; (2) the sense of omnipotence corroborated by experiencing the fulfillment of the ego ideal; and (3) satisfaction of object-libido by an input of love from the love object. Thus loving, insofar as it involves longing and deprivation, lowers self-regard; "...whereas being loved, having one's love returned, and possessing the loved object, raises it once more" (p. 99).

Besides explaining the variety of easily observable everyday phenomena, these conceptions have an important bearing on the practice of intensive psychotherapy. It follows from them that if an individual is unable to love, that is to say, if there is a repression of the libidinal drive, only one source of self-regard is left—that of idealization, or that of "fulfilling the ego

ideal." As Freud puts it, such persons tend to attach themselves to individuals who have achieved what the patient's ego ideal clamors for, who possess the excellences to which the patient cannot attain. This represents a cure by love and is the kind of expectation that often directs patients into psychotherapy. Thus an important unconscious motivation for seeking therapy is to develop an attachment to the allegedly successful person of the psychotherapist who has achieved the aims of the patient's ego ideal. This carries the temptation to form a crippling and permanent dependence upon the psychotherapist, and also contains the further danger that when some capacity to love is developed through the psychotherapy the patient will withdraw from the treatment and choose a love object still permeated by the patient's ego ideal, a phenomenon which Freud calls a cure by love. The disadvantage of this is that the crippling dependence is then transferred to this new love object, and we observe the clinical phenomena that Odier (1956) has called the neurosis of abandonment.

A final important hint leading to the work of Kohut is presented at the end of this essay, in which it is noted that an injury to self-esteem or self-regard—what today we would call a narcissistic wound—is often found as the precipitating cause of paranoia. The reason for this, from the above considerations, would be that any falling-short of the ego ideal, or any disappointment or depletion in the libidinal complement of the ego, would cause a withdrawal of libido from objects, with the subsequent clinical

phenomena of hypochondriasis and megalomania. Of course the paranoia can be a projection of the patient's murderous rage upon being narcissistically wounded onto other people. This can be very dangerous.

An approach to depression based on similar considerations has been presented by Davis (1976). He sees the core of depression as a feeling of uneasy helplessness due to psychic emptiness, coupled with a pressure to accomplish. He writes, "When we observe the sequence of depressive phenomena, we see that depressive emptiness is brought on by an acute diminution in self-esteem, what Freud called 'a narcissistic wound.'" Chronically depressed persons are depressed because they suffer repeated narcissistic wounds due to psychodynamic factors, not due to biological or constitutional factors. On the view, the implications for therapy of depression are the need for alteration and modification of the self-esteem system of the patient.

In *Moses and Monotheism* (1939A;23:3ff), Freud has some interesting comments for the student of narcissistic disorders. He reminds us that the basic difficulties in the neuroses occur as the result of experiences in early childhood up to about the fifth year. These experiences are usually totally forgotten and are not accessible to conscious memory except for occasional screen memories. He points out that these memories relate to impressions of a sexual and aggressive nature, "and no doubt also to early injuries to the ego

(narcissistic mortifications)'' (p. 74). He explains that the "traumas" are either experiences involving the subject's own body, or sense perceptions, and that the young child makes no sharp distinction between sexual and aggressive acts. He clearly claims that the experiences of the person's first five years of life exercise a strong influence which nothing else later can withstand. Thus what children have experienced even at the age of two or three and have not understood will break into their lives later, govern their actions, decide their sympathies and antipathies, and even determine their choice of a love object. Sooner or later "the return of the repressed" establishes itself in the life of the individual. Such a phenomenon may remind us of the great Goethe, who, while a genius, looked down upon his pedantic unbending father and yet in his old age developed traits that were typical of his father's character.

After the first few years of life there is period of latency; then, at puberty or later, what Freud calls positive or negative effects of trauma begin to occur. The positive effects refer to the effort to re-experience and repeat the trauma and to revive it in an analogous relationship with someone else. This leads to unalterable character traits, the origins of which are forgotten. The negative effects are the defensive reactions leading to symptom formation. The crucial issue is that both the positive and the negative effects—restrictions on the ego and stable character changes—have a compulsive quality:

> ...that is to say that they have a great psychical intensity and at the same time exhibit a far-reaching independence of the organization of the other

> mental processes, which are adjusted to the demands of the external world and obey the laws of logical thinking. They (the pathological phenomena) are insufficiently or not at all influenced by external reality, pay no attention to it or its psychical representatives, so that they may easily come into active opposition to both of them. They are, one might say, a State within a State, an inaccessible party, with which co-operation is impossible, but which may succeed in overcoming what is known as the normal party and forcing it into its service (p. 76).

The narcissistic and borderline disorders may be thought of as a way station on the path to a complete domination by an internal psychical reality over the reality of the external world, and represent some kind of compromise by the use of a variety of defense mechanisms, such as disavowal of archaic psychic configurations and their manifestations, to enable the personality to function in at least a limited manner (Chessick 1977).

Freud speaks of what today some would call transformations of narcissism, occurring, he explains, as a consequence of the victory of intellectuality over sensuality. The advance in intellectuality, according to Freud, has as a consequence an increase in the individual's self-esteem. It also helps to check the brutality and the tendency to violence which are apt to appear where the development of muscular rather than intellectual strength is the popular ideal.

Freud says that the renunciation of instinct provides the ego a yield of pleasure, a substitutive satisfaction. The ego feels elevated and is proud of the instinctual renunciation as though it were a valuable achievement that

deserves greater love from the superego, and the consciousness of deserving this love is felt by the ego as pride. The superego in this view is seen as bathing the ego with a sense of being lovable and worthwhile; the prototype of this is the preoedipal child who has lived up to parental expectations and receives their admiration and love.

Thus a pre-oedipal external regulating system has now become an internal regulating system and, depending on the harshness of the superego, can from within either bathe the ego in love or demand further and further renunciation. Here is an important differentiation between the psychoanalytic point of view and all others, a distinction that is extremely important for psychotherapists to understand. After the Oedipal phase of development the intrapsychic tensions between the ego on the one hand, and the id as well as the superego and the external world on the other, form the battleground out of which a compromise is hammered out, leading to the behavior of the individual. Thus the behavior output as a response to input from the external world is the vector result of an enormously complex internal process which can only be understood by examination of the whole life history of the individual, and an empathic identification with his or her internal processes.

Furthermore, because of the sharp connection between the id aggressions and the superego, the internal regulating system or the internalized parent is not simply a copy of the childhood parent but rather

often a highly distorted version, usually much distorted in the direction of greater cruelty, severity, and harshness. This distortion enormously intensifies the kinds of problems with which the ego has to deal, and cripples it out of proportion to what seems to be its deserved fate in the light of what realistic knowledge we may have about the actual personalities of the patient's parents. In the projections which borderline and narcissistic patients make during psychotherapy we are frequently astonished by the cruelty and harshness attributed in the transference to parental figures, whereas our anamnesis has not revealed any such measure of ferocity in the real parents. Kernberg (1975, 1976) has attempted to explain this distortion by his controversial theory of early "splitting," resulting in unintegrated, repressed, primitive "all good" and "all bad" self and object representations, which are then projected in the transference.

In *An Outline of Psychoanalysis* (l940A;23:14lff), Freud notes that neuroses are acquired up to the age of six, even though their symptoms may not make their appearance until much later. He insists that in every case the later neurotic illness links up with the childhood neurosis. Since the neuroses are disorders of the ego, the etiological preference for the first period of childhood is obvious: "It is not to be wondered at if the ego, so long as it is feeble, immature and incapable of resistance, fails to deal with tasks which it could cope with later on with the utmost ease. In these circumstances instinctual demands from within, no less than excitations from the external

world, operate as 'traumas', particularly if they are met half-way by certain innate dispositions" (pp. 184-5). We see that in this final work Freud had already clearly focused on neuroses (including what he calls severe neuroses) as disorders of the ego, opening the door along with Anna Freud to a whole new area of research and understanding in psychoanalytic psychology. A discussion of Anna Freud's extension of this is presented in *Great Ideas in Psychotherapy* (Chessick 1977a). A careful survey of numerous recent conflicting metapsychological viewpoints on the concept of narcissism is presented by Moore (1975), who is more inclined toward the views of Kernberg than those of Kohut.

The problem of narcissistic patients and borderline disorders has become a central one in our time. Freud's work on narcissism and the borderline disorders was very preliminary and sketchy, and this work has been considerably expanded by Kohut (1971, 1977). In previous books I (1974, 1992, 1996, 2000) have described at length the theoretical additions of Kernberg,[i] Kohut, and others to Freud, and I will just summarize some of Kohut's extraordinary and highly controversial contributions in the remainder of this chapter[ii](for details see Chessick 1993a).

Our self-assessment becomes closer to the assessment of others as our narcissism matures through a series of developmental pathways. In response to stimuli from the environment and due to an epigenetic preprogramming

involving our heredity, these developmental pathways lead from autoerotism, to primary narcissism—in which the infant blissfully experiences the world as being itself—and then, due to inevitable disappointment in such narcissistic omnipotence, the formation of the grandiose self and the idealized parent imago. The grandiose self implies the conviction of being very powerful, if not omnipotent, with a demand for mirroring confirmation by the selfobject; the idealized parent imago attributes all omnipotence to a magical figure which is then viewed as a selfobject to be controlled and fused with this imago. By a series of microinternalizations in an appropriate environment, the grandiose self becomes incorporated into the ego or self as ambition, a drive or push which can be realistically sublimated and is itself drive-channeling and drive-controlling, resulting in motivated enthusiastic activity. The idealized parent imago becomes infused into the ego ideal (or, in the later theory, the other pole of the self) which attracts the individual toward certain goals and performs a drive-curbing function. The proper microinternalization of these formations leads ultimately by further transformations to a sense of humor, empathy, wisdom, acceptance of the transience of life, and even to creativity within the limitations of the individual.

If the grandiose self is not gradually integrated into the realistic purposes of the ego, it is disavowed (horizontal split) or repressed (vertical split) and persists unaltered in archaic form; the individual then oscillates between irrational overestimation of himself and feelings of inferiority with

narcissistic mortification due to the thwarting of ambition. If the idealized parent imago is not integrated into the ego ideal, it is then repressed as an archaic structure, and the patient becomes unconsciously fixed on a yearning —out of the need to resume narcissistic peace—for an external idealized selfobject, forever searching for an omnipotent powerful person from whose support and approval he may gain strength and protection.

As a consequence of this developmental arrest and failure to properly integrate the archaic structures, characteristic "selfobject transferences" (Kohut 1977), previously called "narcissistic transferences" (Kohut 1971), occur. These "selfobject transferences" occur as the result of the amalgamation of the unconscious archaic narcissistic structures (grandiose self and idealized parent imago) with the psychic representation of the analyst, under the pressure of the need to relieve the unfulfilled narcissistic needs of childhood. It remains a matter of debate as to whether they are to be called transferences in the strict sense, because they are not motivated by the need to discharge instinctual tensions, nor are they produced by cathecting the analyst with object libido. One may wish to think of them as "transference-like" phenomena, but I will refer to them here as selfobject transferences, following Kohut's latest writing.

The goal of the idealizing selfobject transference is to share magically, via a merger, in the power and omnipotence of the therapist. Occurring as the

result of therapeutic mobilization of the idealized parent imago are two basic types of such transferences, with a variety of gradations in between. The most obvious type is a later formation, apparently based on a failure of idealization of the father, which stresses the search for an idealized parent which the patient must attach himself to in order to feel approved and protected. A more archaic type of selfobject transference may appear, or be hidden under the other type; this transference is related to a failure with the mother, in which the stress is on ecstatic merger and mystical union with the godlike idealized parent.

Once such a transference has been formed, clinical signs of its disturbance are a cold, aloof, angry, raging withdrawal which represents a swing to the grandiose self; feelings of fragmentation and hypochondria due to the separation; and the creation of erotized replacement by often frantic activities and fantasies, especially those involving voyeurism, but with many variations.

The typical countertransference to the idealizing selfobject transferences occurs through the mobilization of the archaic grandiose self, in whatever unanalyzed residue is present, in the therapist; this leads to an embarrassed and defensive "straight-arming" of the patient by denial of the patient's idealization, joking about it, or trying vigorously to interpret it away. Such countertransference produces in the patient the typical signs of

disturbance mentioned above.

Three forms of mirror selfobject transferences are seen as a result of the therapeutic mobilization of the repressed and unintegrated archaic grandiose self. The purpose of these transferences is to share with the therapist the patient's exhibitionistic grandiosity, either by participating with the therapist in his or her imagined greatness or by having the therapist reflect and confirm the greatness of the patient. In the archaic-merger type of mirror transference, the patient experiences the therapist as part of himself or herself, expects the therapist to know what is in the patient's mind and what the patient wants, and demands total control of the type one demands from one's own arm or leg. In the alter-ego or twinship type of mirror transference, the patient insists that the therapist is like or similar to him or her psychologically or that the therapist and the patient look alike. In the third type, mirror transference proper, the patient recognizes that the therapist looks different, but insists on assigning to him or her the sole task of praising, echoing, and mirroring the patient's performance and greatness. Kohut relates this to "the gleam in the mother's eye" as she watches her baby. It becomes very difficult at times to tell which type of selfobject transference has formed, especially in the less primitive transferences where it is hard to distinguish between the grandiose demand for mirroring and the demand for approval by the idealized parent.

Disturbance of mirror transferences leads to a sense of crumbling self, hypochondria, and hypercathexis of isolated parts of either the body, various mental functions, or activities. Compulsive sexuality, characterized by exhibitionism and other sexual varieties and perversions, often appears in order to combat the sense of deadness and an empty self; its purpose is to magically restitute the sense of self and of being psychologically "alive."

Typical countertransference reactions to mirror transferences are boredom, lack of involvement with the patient, inattention, annoyance, sarcasm, and a tendency to lecture the patient out of the therapist's counter-exhibitionism, or to obtain control by exhortation, persuasion, and so on.

It follows that in clinical work we can pick up certain early signs that selfobject transferences have formed. We note that the patient reacts to our empathic lapses, or to cancellations and vacations, or even to the gap of time between sessions, with (a) perverse or other sexual acting-out; (b) hypochondriasis; (c) irritable and arrogant behavior; (d) painfully depressive moods; and (e) a sense of emptiness and depletion. These signs may be understood as manifestations of partial fragmentation of the self due to the disruption of the selfobject transferences, and as attempts to restitute and discharge the painful tensions involved.

From this it is clear that the purpose of the selfobject transferences is to

relieve the unfulfilled narcissistic needs of childhood for the selfobject to joyfully accept and confirm the child's grandiosity, and for "an omnipotent surrounding," which Kohut and Wolf (1978) regard as "healthy needs that had not been responded to in early life." When these responses are forthcoming, a sense of narcissistic peace and equilibrium, results.

The therapist must decide whether the transference is object-related or narcissistic in any given patient at any given time. Narcissistic injury produces narcissistic rage, and narcissistic injury can be defined as occurring when the environment does not react in an expected way—thus it may occur even on a realistic basis, as for example when no rewards are forthcoming for good work.

The patient may be embarrassed in reaction to his or her unconscious fantasy, presenting a clinical picture of timidity, shyness, and easy blushing with no apparent explanation. The exhibitionism is mobilized in the process of therapy with a sense of self-admiration and feeling invulnerable. The patient often hates himself or herself and cuts off the patient's own ideas and creativity out of a feared sense of narcissistic mortification. We hope in the therapy that the patient will microinternalize a new attitude from the therapist in which he or she finds that it is all right to do the best one can to get admiration. The therapist's benign view replaces the harsh critical view and detoxifies the patient's attitude toward himself.

Phase-inappropriate disappointment in the idealized parent imago that occurs very early in experiences with the mother leads to a need for optimal soothing from the idealized parent and a search for drugs, with a malfunctioning stimulus barrier. Such patients tend to become addicted to psychotherapy for just this reason. In the late pre-oedipal period, phase inappropriate disappointment causes a resexualization of pregenital drives and derivatives, with a high incidence of perversions in fantasy or acts. In early latency the severe disappointment in the idealized Oedipal object undoes the recently established and thus precarious idealized superego. This leads to the search for an external object of perfection, an intense search for and dependency on idealized selfobjects, which are conceived as missing segments of the psychic structure. For such patients each success can give only transient good feelings but does not add to the patient's self-esteem because the patient is fixed on finding an idealized parent imago outside of himself or herself— the patient is at a developmental stage such that he or she must have an outside source of approval.

Idealizations can also appear in the transference neuroses. Idealization is the state of being in love in the transference. In the transference neurosis it does not lose touch entirely with the realistic features and limitations of the object. In other neurotic situations, idealization can represent a projection of the patient’s idealized superego onto the therapist and form a part of the positive transference, or defensive idealizations can form against

transference hostility.

In the narcissistic disorders, however, the unconscious is fixated on an idealized selfobject for which it continues to yearn, and such persons are forever searching for external omnipotent powers from whose support and approval they attempt to derive strength. In the narcissistic transferences there is a sense of an eerie vague idealization which becomes central to the material even to such an extreme delusion that the therapist is Jesus Himself. One does not get the feeling of relating as one human being to another, but rather of an eerie quality of unreasonable exultation to which the therapist reacts with embarrassment and negativism if he or she does not understand the material conceptually. The intensity of the distortion gives the therapist an idea of how desperate the patient is—and the greater the desperation, the greater the requirement for soothing from the therapist by presenting structure and explanations and focusing on the current reality.

The grandiose self and idealized parent imago are either split off or repressed if the development of narcissism is interfered with. If they are split off one gets Kohut's "vertical split" in which there is a barrier between two conscious parts of the self which are not integrated, and the patient acts as if one aspect of the self does "not know" about the other.

If these primitive narcissistic structures are repressed we get reaction

formations or the sudden emergence of shame and self-consciousness, with many vague symptoms. Some of these are:

(a) fear of the loss of the real self to ecstatic merger with the idealized parent, God, or the universe;

(b) fear of loss of contact with reality due to intense unrealistic grandiosity;

(c) shame and self-consciousness consequent to dealing with the intrusion of exhibitionistic libido; and

(d) hypochondriasis—which represents an elaboration by the ego of the intrusion of archaic images of a fragmented body-self.

In these disorders, acting out represents a partial breakthrough of the grandiose self and may be life-threatening.

In working with these developmental disorders, the therapist must participate by dealing especially with responses to separation and disappointments in the transferences, and staying nearer to everyday experiences rather than deep interpretations of the past. In fact, interpretations of the past may come as a narcissistic injury because the patient can't do much about it. The therapist takes a benign approach and fosters the development of the transference relationship by patient, craftsman-like work.

Narcissistic rage (Kohut 1972, 1977) is one of the most important and

common clinical problems, and is characterized by the need for revenge or even preventive attack through sarcasm. It is aimed at the "enemy" who is experienced as a flaw in the patient's narcissistically perceived reality. The patient expects total and full control, so the independence or balky behavior of the selfobject is a personal offense. When the selfobject fails to live up to absolute obedience expectations, narcissistic rage appears and there is no empathy whatever for the offender. Such rage enslaves the ego and allows it to function only as its tool and rationalizer. Chronic narcissistic rage is even more dangerous, as secondary process thinking gets pulled more and more into the archaic aggression and the ego attributes failure to the malevolence of the uncooperative selfobject. Such rage may also be directed at the self as an object, which leads to depression, or at the body-self, leading to psychosomatic disorders.

The psychotherapist working with narcissistic and borderline disorders must have a thorough grasp of the process of working-through, in which minor disappointments in the narcissistic transferences, followed by characteristic reactions in the patient, must be calmly explained to the patient. Without this conceptual understanding, the temptation occurs to launch all kinds of extratherapeutic activities toward the patient and to participate in destructive enactments. Some of these temptations are based directly on countertransference hostility and some are based on reaction formations to this hostility, but the principle remains that the therapist's temptation to step

outside the role of the calm, benign craftsman is based on a misunderstanding of what is going on in the therapy and is motivated by countertransference. There is no end to the rationalizations which the unanalyzed psychotherapist may present to himself or herself to justify one's exploitation of and retaliation toward one's patient.

In order to protect themselves against rejection and further narcissistic wounding, patients with an insufficient ego ideal tend to withdraw into grandiosity—which bothers and irritates people and produces further rejection leading to further withdrawal. In addition, the patient is much harsher on himself or herself as he or she can fall back only on the harsh critical superego, for internalization of the love for the idealized parent imago has not occurred, as I will discuss below.

Clinically, narcissistic peace can be established with concomitant improved function when the idealizing transference occurs, but such transferences may also lead to a fear of loss of ego boundaries and fusion if the wish to merge with the idealized parent imago is so strong, and so may result in a negative therapeutic reaction. The patient must resist the threatened merging out of fear that if he or she submits he or she will end up more you than himself or herself.

A gifted individual can actually realize some of the boundless expecta-

tions of his or her grandiose self but it is never enough, and the patient is plagued by an endless demand for superb performance. For example, we see the middle-age depression so common in successful people who have been on a treadmill and achieved money and power, for success brings no relief. Such patients always need acclaim and more success; they have the talent to make their wishes come true but they never get satisfaction since they are driven by a split-off grandiose self with its omnipotent bizarre demands. "Lying" and name-dropping in such patients can be understood as an attempt to live up to expectations of the grandiose self and thus must be removed from moral condemnation in the mind of the therapist.

For narcissistic patients, therefore, the handling of the transference becomes the essence of the treatment. These narcissistic "transferences" do not involve the investment of the therapist with object libido, as in the Oedipal neuroses, although they do involve a crossing of the repression barrier, of the mobilized grandiose self and idealized parent imago. It is therefore vital to have *a clear and precise understanding* of Kohut's notion of the development and vicissitudes of these concepts.

Between around eight months and three years of age Kohut postulates a normal intermediate phase of powerful narcissistic cathexis of "the grandiose self" (a grandiose exhibitionistic image of the self) and the idealized parent imago (the image of an omnipotent self-object with whom fusion is desired).

These psychic formations are gradually internalized and integrated within the psychic structure. The grandiosity, as a result of appropriate minor disappointments, is internalized at around two to four years of age; it forms the *nuclear ambitions pole* of the self, driving the individual forward. It derives most from the relationship with the mother, and in the narrow theory is thought of as forming a part of the ego; in the broad theory, the "self" and ego are separated and thus the internalized grandiose self is conceived of as forming the nuclear ambitions pole of the self.

At around four to six years of age, at the height of the Oedipal phase, the idealized parent imago, which derives from both parents, is also internalized. In the narrow theory it was thought of as an infusion of both the superego and the ego with the love and admiration originally aimed at the idealized parent imago, which then serves as a vital internal source of self-esteem and the basis of the ego-ideal aspect of the super-ego. This basic ego-ideal forms a system toward which the person aspires; thus the patient is *driven from below*, so to speak, by his or her nuclear ambitions, and *pulled from above* by his ego-ideal. In the psychology of the self in the broad sense, the internalization of the idealized parent imago forms the other pole of the self, *the nuclear ideals pole.* In the broad sense, this notion of the bipolar self is Kohut's crucial concept of the psychology of the self.

When these two major internalizations have occurred, a cohesive sense

of self is formed, and the person is ready to go on and resolve the Oedipus complex. The super-ego can form, and moral anxiety (from within) replaces castration anxiety. The repression barrier is established and eventually consolidated in latency and adolescence, and anxiety becomes confined to function as signal anxiety (essentially Kernberg's "5th stage"). But for Kohut, even after adolescence still further transformations of narcissism occur, resulting eventually in mature wisdom, a sense of humor, an acceptance of the transience of life, empathy, and creativity. These transformations involve an increased firming of the sense of self, making mature love possible.

Thus in the narrow sense theory, the idealized parent imago, when internalized, performs in the pre-oedipal ego and superego a drive control and drive-channeling function, and the Oedipal superego forms an idealized super-ego, which now leads the person. The infantile grandiose self forms the nuclear ambitions, and crude infantile exhibitionism is transformed into socially meaningful activities and accomplishments. Thus narcissism, when transformed, is both normal and absolutely vital to mature human personality functioning; it is no longer a pejorative term.

In the psychology of the self in the broad sense, these internalizations form into the sense of a cohesive self, and a complementary role in development is given to the Oedipal phase, besides that described by Freud. Here, it is the response of the parents to the child's libidinal and aggressive and

exhibitionistic strivings—their pride and mirroring confirmation of his development—that permits these internalizations to occur smoothly. To clarify, in Freud's theory, for example, it is the boy's fear of castration by the father that causes him to identify with the aggressor and internalize the values of the father. For Kohut, it is *also*, at the same time, the father's pride in the boy's emerging assertiveness as it shows itself in the boy's Oedipal strivings and imitative efforts, that softens the disappointment of not possessing the mother and enables an internalization of the idealized parent imago as a nuclear pole of the self.

If, for example, the father or mother withdraws from the child as a response to their horror of his or her Oedipal strivings, this internalization cannot occur, and the child remains fixed in development on finding some individual *outside of himself* or herself to which the child attaches the idealized parent imago— a familiar clinical picture. The patient's internal self-esteem in this case remains very low, and his or her self-esteem and sense of self require continual and unending bolstering from the external object that has been invested with the idealized parent imago. When such bolstering is not forthcoming, profound disappointment, narcissistic rage, and even a sense of impending fragmentation of the self occurs. Thus we have a complementary theory, in which new explanatory concepts *and* the structural theory of Freud are employed, in order to make sense of the common but puzzling aspects of the narcissistic personality.

Kohut stresses two key consequences of lack of integration of the grandiose self and idealized parent imago. These are adult functioning and personality are impoverished because the self is deprived of energy that is still invested in archaic structures, and adult activity is hampered by the breakthrough and intrusion of archaic structures with their archaic claims. These unintegrated structures are either repressed (Kohut's "horizontal split") or disavowed (Kohut's "vertical split"), and they quickly show themselves in the psychotherapy situation.

The patient wants us to respond as if we belong one hundred percent to him or her; a benign view of this desire, rather than an angry retort or harsh criticism, detoxifies the patient's attitude toward himself or herself and prevents a withdrawal into arrogant grandiosity. As explained, outside success for such patients gives only transient good feelings but does not add to the idealization of the superego, for the patient is arrested developmentally on finding an idealized parent imago outside of the patient’s self—a stage where he or she still needs outside sources of approval. Narcissistic injury produces great rage, which also appears if the transference object does not live up to the expected idealization. So narcissistic and borderline patients present a psychic apparatus ready to ignite at any time, and with their poor ego ideal they cannot neutralize the explosions and disintegrations when they occur.

Kernberg (1976) warns that in working with borderline patients "The therapist tends to experience, rather soon in the treatment, intensive emotional reactions having more to do with the patient's premature, intense and chaotic transference and with the therapist's capacity to withstand psychological stress and anxiety, than with any specific problem of the therapist's past" (p. 179). In fact, intense and premature emotional reactions on the part of the therapist indicate the presence of severe regression in the patient.

The repressed or split-off grandiose self with its bizarre demands may drive the patient relentlessly and, as previously mentioned, even force him or her into "lying," bragging, and name-dropping in order to live up to expectations of the grandiose self. Certain types of dangerous acting-out may also occur as part of the effort to feel alive and to establish a conviction of omnipotence and grandiosity; one female patient of mine often rides a motorcycle at high speed down the highway when visibility has been obscured by fog; another rather well to do patient engages in shop-lifting, to which she feels entirely entitled. In working with such patients the therapist must deal with responses to separation and disappointment and stay near current experiences and strivings for omnipotence and grandiosity. Benign acceptance, conceptual explanation, and education of the patient have a major role in the treatment of narcissistic and borderline patients.

The vicissitudes of the transferences and the appearance of the rage provide the opportunity for the calm, nonanxious therapist, working as a careful craftsman, to help the patient understand and transform the archaic narcissism so that the aggression can be employed for realistic ambitions, goals, and ideals. The signs of successful resumption of the developmental process and the appropriate transformations of narcissism can be found in two major areas of the patient's life. First, an increase and expansion of object love will take place, due primarily to an increased firming of the sense of self. Thus the patient becomes more secure as to who he or she is and how acceptable the patient is, and so becomes more able to offer love. The second area is in greater drive control and drive channeling and a better-idealized superego, as well as more realistic ambition and the change of crude infantile exhibitionism into socially meaningful activities. We hope for the patient to end up with a sense of empathy, creativity, humor, and perhaps ultimately, wisdom.

Kernberg (1975, 1976), working from modifications of the theories of Melanie Klein and other authors who utilize the so-called object relations theory, has presented quite a different metapsychological viewpoint of borderline and narcissistic personality disorders. It is important for the psychotherapist to be familiar with these theories (also summarized in Chessick 1977) and to make some choices. Detailed discussion is beyond the scope of this book, but in general my current view is that Kohut's work is

more useful in the understanding of narcissistic personality phenomena, while Kernberg's work has better application in clinical work with exceptionally difficult borderline personality disorders. I agree with Kohut's distinction between narcissistic and borderline personalities; but he does not address himself to the treatment of the latter since they are not amenable to formal psychoanalysis. Unfortunately, their theories conflict sharply at certain points, and are not reconcilable.

[i] Kernberg's views on the chronology of developmental stages have changed since publication of my (1977) book (see Kernberg 1976).

[ii] What follows is based mainly on Kohut's (1971) "psychology of the self in the narrow sense," which represents an attempt to extend our understanding of narcissism within the framework of Freud's metapsychology. Discussion of Kohut's (1977) "psychology of the self in the broad sense" is beyond the scope of this book. Details of the clinical application of Kohut's theories to the treatment of patients are presented in a casebook edited by Goldberg (1978), of outstanding value to every psychotherapist.

Bibliography

All references to Freud in this bibliography follow the commonly accepted cross-reference list given in the Appendix to the Abstracts of the *Standard Edition* (Rothgeb 1973).

Abend, S. (2001), Expanding psychological possibilities. *Psychoanalytic Quarterly*. 70.3-14.

Abraham, K. 1954. *Selected Papers on Psychoanalysis.* New York: Basic Books.

Alexander, F. 1951. *Our Age of Unreason.* Philadelphia: Lippincott.

Alston, W. 1967. Logical Status of Psychoanalytic Theories. In *Encyclopedia of Philosophy,* edited by P. Edwards, vol. 6, pp. 512-516. New York: Macmillan.

Ardrey, R. 1966. *The Territorial Imperative.* New York: Atheneum.

Arlow, J., & Brenner, C. 1964. *Psychoanalytic Concepts and the Structural Theory.* New York: International Universities Press.

Bakan, D. 1965.*Sigmund Freud and the Jewish Mystical Tradition.*New York: Schocken Books.

Balogh, P. 1971. *Freud.* New York: Charles Scribner's Sons.

Barrett, W. 1958. *Irrational Man.* New York: Garden City.

Basch, M. 1973. Psychoanalysis and Theory Formation. *Annual of Psychoanalysis* 1:39-52.

_____, 1975. Perception, Consciousness and Freud's Project. *Annual of Psychoanalysis* 3:3-20.

_____, 1975a. Toward a Theory that Encompasses Depression. In *Depression and Human Existence,* edited by E. Anthony and T. Benedek. Boston: Little Brown.

_____, 1976. Psychoanalysis and Communication Science. *Annual of Psychoanalysis* 4:385-421.

_____, 1976a. Theory Formation. In Chapter VII: A Critique. *J. of Amer. Psychoanal. Assn.,* 246:61-263.

_____, 1977. Developmental Psychology and Explanatory Theory in Psychoanalysis. *Annual of Psychoanalysis* 5:229-263.

_____, 1978. Psychic Determinism and freedom of will. *Internat. Rev. Psycho-anal.* 5:257-264.

Baumeyer, F. 1956. The Schreber Case. *Internat. J. Psycho-Anal.* 37:61-74.

Bellow, S. 1964. *Herzog.* Greenwich, Conn.: Fawcett.

Berkowitz, L. 1969. Simple Views of Aggression. *Amer. Scientist* 57:372-383.

Bernstein, I. 1987. Analysis Terminable and Interminable, fifty years on. *International Journal of Psychoanalysis* 68:21-26.

Bibring, E. 1936. The Development and Problems of the Theory of Instincts. Originally published in *Imago.* Reprinted in *Internat. J. Psycho-Anal* 22:102-131,1941.

Blanshard, B. 1969. *The Nature of Thought.* New York: Humanities Press.

Blum, H. 1974. The Borderline Childhood of the Wolf-Man. *J. Amer. Psychoanal. Assn.* 22:721-742.

_____, 1987. Analysis Terminable and Interminable: half century retrospective. *International Journal of Psychoanalysis* 68:37-48.

Brenner, C. 1957. The Nature and Development of the Concept of Repression in Freud's Writings. *Psychoanalytic Study of the Child* 12:19-45.

_____, 1973. *An Elementary Textbook of Psychoanalysis,* second edition. New York: International Universities Press.

_____, 1977. Commentary from Psychoanalysis. *J. Nerv. and Mental Dis.* 165:427-441.

_____, Marcovitz, E.; and Ecker, P. 1970. Chapter VII of "The Interpretation of Dreams" and "The Unconscious." *Bull, of the Phila. Assn. of Psychoanal.* 20:37-42.

Broad, C. 1975. *Leibniz-An Introduction.* Cambridge: Cambridge University Press.

Brody, E. 1969. Psychiatry's Continuing Identity Crisis: Confusion or Growth? *Psychiatry Digest,* June.

Bychowski, G. 1969. *The Evil in Man.* New York: Grune & Stratton.

Chessick, R. 1961. Some Problems and Pseudo-Problems in Psychiatry. *Psychiatric Quart.* 35:711-719.

_____, 1968. The Crucial Dilemma of the Therapist in Psychotherapy of Borderline Patients. *Amer. J. Psychotherapy* 22:655-666.

_____, 1969. *How Psychotherapy Heals.* New York: Science House.

_____, 1969a. Was Machiavelli Right? *Amer. J. Psychotherapy* 23:633-644.

_____, 1971. *Why Psychotherapists Fail.* New York: Science House.

_____, 1971a. How the Resident and the Supervisor Disappoint Each Other. *Amer. J. Psychotherapy* 25:272-283

_____, 1972. Angiopastic Retinopathy. *Arch. Psychiatry* 27:241-244.

_____, 1974. *The Technique and Practice of Intensive Psychotherapy.* New York: Jason Aronson.

_____, 1976. *Agonie: Diary of a Twentieth Century Man.* Ghent, Belgium: European Press.

_____, 1977. *Intensive Psychotherapy of the Borderline Patient.* New York: Jason Aronson.

_____, 1977a. *Great Ideas in Psychotherapy.* New York: Jason Aronson.

_____, 1977b. Intensive Psychotherapy for the Psychiatrist's Family. *Amer. J. of Psychotherapy*

31:516-524.

_____, 1978. On the Sad Soul of the Psychiatrist. *Bull. Menninger Clinic* 42:1-9.

_____, 1978a. Medicine, Psychotherapy, and Religion. *Bull. Menninger Clinic* 42:505-514.

_____, 1983. *A Brief Introduction to the Genius of Nietzsche.* N.Y.: University Press of America.

_____, 1988. Thirty unresolved psychodynamic questions pertaining to feminine psychology. *American Journal of Psychotherapy* 42:86-95.

_____, 1989. The death instinct and the future of humans. *American Journal of Psychotherapy* 43:546-561.

_____, 1990. Self Analysis: Fool for a Patient? *Psychoanalytic Review* 77:311-340.

_____, 1992. *The Technique and Practice of Intensive Psychotherapy*. NY: Jason Aronson.

_____, 1992a. *What Constitutes the Patient in Psychotherapy: Alternative Approaches to Understanding.* Northvale, N.J.: Jason Aronson

_____, 1992b. The death instinct revisited. *Journal of the American Academy of Psychoanalysis* 20:3-28.

_____, 1992c. *What Constitutes the Patient in Psychotherapy: Alternative Approaches to Understanding.* Northvale, N.J.: Jason Aronson.

_____, 1993. *A Dictionary for Psychotherapists: Dynamic Concepts in Psychotherapy*. Northvale, N.J.: Jason Aronson.

_____, 1993a. *Psychology of the Self and the Treatment of Narcissism*. Northvale, N.J.: Jason Aronson

_____, 1996. *Dialogue Concerning Contemporary Psychodynamic Therapy*. NY: Jason Aronson.

_____, 1996a. Nothingness, meaninglessness, chaos, and the black hole revisited. *Journal of the American Academy of Psychoanalysis* 23:581-601.

_____, 1999. *Emotional Illness and Creativity.* Madison, CT: International Universities Press.

_____, 2000. *Psychoanalytic Clinical Practice*. London: Free Association Books.

_____, 2007. *The Future of Psychoanalysis*. Albany, NY: SUNY Press.

_____, 2009. Implications of the current insolubility of the mind-brain problem for the contemporary practice of psychodynamic psychiatry. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 37:315-351.

_____, 2009a. The interaction of existential concerns and psychoanalytic insights in the treatment of contemporary patients. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 37: 501-518.

_____, 2010. The rise and fall of the autochthonous self: From Italian renaissance art and Shakespeare to Heidegger, Lacan, and intersubjectivism. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 38:625-654.

_____, 2011. *Descent into Darkness: The Psychodynamics of Mental Illness.* XLibris ebook.

Clark, L. 1966. *History of the Primates.* Chicago: University of Chicago Press.

Cohen, R., and Balikov, H. 1974. On the Impact of Adolescence upon Parents. *Adolescent Psychiatry* 3:217-236.

Colby, K. 1951. A *Primer for Psychotherapists.* New York: Ronald Press.

Compton, A. 1972. A Study of the Psychoanalytic Theory of Anxiety. The Development of Freud's Theory of Anxiety. *J. Amer. Psychoanal. Assn.* 20:3-44.

_____, 1972a. A Study of the Psychoanalytic Theory of Anxiety. The Development of the Theory of Anxiety Since 1926. *J. Amer. Psychoanal. Assn.* 20:341-394.

Cooper, S. and Levit, D. 1998. Old and new objects in Fairbairnian and American relational theory. *Psychoanalytic Dialogues* 8:603-624.

Copleston, F. 1962. A *History of Philosophy,* vol. 1, part 2. Garden City, N. Y.: Image Books.

_____, 1964. A *History of Philosophy,* vol. 6, part 2. Garden City, N. Y.: Image Books.

Davis, G. 1976. Depression: Some Updated Thoughts. *J. of the Academy of Psychoanal.* 4:411-424.

Deutsch, F. 1957. Footnote To Freud's "Fragment of an Analysis of a Case of Hysteria." *Psychoanal. Quart.* 26:159-167.

_____, 1965. *Neuroses and Character Types.* New York: International Universities Press.

_____, 1973. *Confrontations with Myself.* New York: Norton.

Durkin, E., and Bowlby, J. 1968. Personal Aggressiveness and War. In *War,* edited by L. Bramson and G. Goethels. New York: Basic Books.

D'Zmura, T. 1964. The Function of Individual Supervision. *Internat. Psychiatry Clinics* 1:381-387.

Einstein, A. 1946. The Real Problem Is in the Hearts of Men. *New York Times Magazine,* June 23.

_____, 1967. Forward. In *Galileo-Dialogues Concerning the Two Chief World Systems*, translated by S. Drake. Berkeley: University of California Press.

Eissler, K. 1974. On Some Theoretical and Technical Problems Regarding the Payment of Fees for Psychoanalytic Treatment. *Internat. Review of Psychoanal.* 1:73-102.

_____, 1977. Comments on Penis Envy and Orgasm in Women. *Psychoanalytic Study of the Child* 32:29-84.

Ellenberger, H. 1970. *The Discovery of the Unconscious.* New York: Basic Books.

Engelman, E. 1976. *Bergasse 19.* New York: Basic Books.

Erikson, E. 1959. *Identity and the Life Cycle.* New York: International Universities Press.

Evans, R. 1967. *Dialogue with Erik Erikson.* New York: Harper & Row.

Evans, L. 1970. *Chess Catechism.* New York: Simon & Schuster.

Ferenczi, S. 1950. Stages in the Development of the Sense of Reality. Chapter 8 in *Sex and Psychoanalysis*, vol. 1. New York: Basic Books.

Fischer, C. 1965. Psychoanalytic Implications of Recent Research on Sleep and Dreams. *J. Amer. Psychoanal. Assn.* 13:197-303.

Fischer, R. 1966. *Bobby Fischer Teaches Chess.* New York: Basic Systems.

Fischer, S., and Greenberg, R. 1977. *The Scientific Credibility of Freud's Theories in Therapy.* New York: Basic Books.

Fonagy,P., Gergely,G., Jurist,E., and Target,M. 2005. *Mentalization and the Development of Self.* N.Y.: Other Press.

Forstrom, L. 1977. The Scientific Autonomy of Clinical Medicine*. Journal of Medicine and Philosophy.* 2:8-19.

Foucault, M. 1973. *The Order of Things.* New York: Vintage

Freedman, A.; Kaplan, H.; and Sadock, B. 1976. *Modern Synopsis of Comprehensive Textbook of Psychiatry II.* Baltimore: Williams & Wilkins.

Freud, A. 1946. *The Ego and the Mechanisms of Defense.* New York: International Universities Press.

Freud, E., ed. 1960. *The Letters of Sigmund Freud.* New York: Basic Books.

Freud, E.; Freud, L; and Grubrich-Simitis, I. 1978. *Sigmund Freud.* New York: Harcourt Brace Jovanovich.

Freud, S. 1891. *On Aphasia.* London: Imago Pub. Co., 1953.

_____, 1893H. On the Psychical Mechanism of Hysterical Phenomena. *Standard Edition* 3:26ff.

_____, 1894A. The Neuro-Psychoses of Defence. *Standard Edition* 3:43ff.

_____, 1895B. On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description Anxiety Neurosis. *Standard Edition* 3:87ff.

_____, 1895D. Studies on Hysteria, by J. Breuer and S. Freud. *Standard Edition* 2:21ff.

_____, 1896B. Further Remarks on the Neuro-Psychoses of Defence. *Standard Edition* 3:159ff.

_____, 1896C. The Aetiology of Hysteria. *Standard Edition* 3:189ff.

_____, 1899A. Screen Memories. *Standard Edition* 3:301ff.

_____, 1900A. The Interpretation of Dreams. *Standard Edition* 4 and 5:1ff.

_____, 1901A. On Dreams. *Standard Edition* 5:631ff.

_____, 1910B. The Psychopathology of Everyday life. *Standard Edition* 6:1ff.

_____, 1905A. On Psychotherapy. *Standard Edition* 7:256ff.

_____, 1905B. Psychical Treatment. *Standard Edition* 7:282ff.

_____, 1905C. Jokes and Their Relation to the Unconscious. *Standard Edition* 8:3ff.

_____, 1905D. Three Essays on the Theory of Sexuality. *Standard Edition* 7:125ff.

_____, 1905E. Fragment of an Analysis of a Case of Hysteria. *Standard Edition* 7:3ff.

_____, 1907A. Delusions and Dreams in Jensen's *Gradiva. Standard Edition* 9:3ff.

_____, 1907B. Obsessive Acts and Religious Practices. *Standard Edition* 9:116ff.

_____, 1907C. The Sexual Enlightenment of Children. *Standard Edition* 9:130ff.

_____, 1908A. Hysterical Phantasies and Their Relation to Bisexuality. *Standard Edition* 9:157ff.

_____, 1908B. Character and Anal Erotism. *Standard Edition* 9:168ff.

_____, 1908C. On the Sexual Theories of Children. *Standard Edition* 9:207ff.

_____, 1908D. Civilized Sexual Ethics and Modern Nervous Illness. *Standard Edition* 9:179ff.

_____, 1908E. Creative Writers and Day-Dreaming. *Standard Edition* 9:142ff.

_____, 1909B. Analysis of a Phobia in a Five-Year-Old Boy. *Standard Edition* 10:3ff.

_____, 1909D. Notes Upon a Cast of Obsessional Neurosis. *Standard Edition* 10:153ff.

_____, 1910A. Five Lectures on Psychoanalysis. *Standard Edition* 11:3ff.

_____, 1910C. Leonardo da Vinci and a Memory of His Childhood. *Standard Edition* 11:59ff.

_____, 1910H. A Special Type of Object Choice Made by Men. *Standard Edition* 11:164-176.

_____, 1910I. The Psycho-Analytic View of Psychogenic Disturbance of Vision. *Standard Edition* 11:210ff.

_____, 1910J. Two Instances of Pathogenic Phantasies Revealed by the Patients Themselves. *Standard Edition* 11:236-237.

_____, 1910K. Wild Psycho-Analysis. *Standard Edition* 11:220ff.

_____, 1911B. Formulations on the Two Principles of Mental Functioning. *Standard Edition* 12:215ff.

_____, 1911C. Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides). *Standard Edition* 12:3ff.

_____, 1911E. The Handling of Dream Interpretation in Psycho-Analysis. *Standard Edition* 12:85ff.

_____, 1912B. The Dynamics of Transference. *Standard Edition* 12:98ff.

_____, 1912C. Types of Onset of Neurosis. *Standard Edition* 12:229ff.

_____, 1912D. On the Universal Tendency to Debasement in the Sphere of Love. *Standard Edition* 11:178-190.

_____, 1912E. Recommendations to Physicians Practicing Psycho-Analysis. *Standard Edition* 12:110ff.

_____, 1912X. Totem and Taboo. *Standard Edition* 13:1ff.

_____, 1913B. Introduction to Pfister ("The Psycho-Analytic Method.") *Standard Edition* 12:327-331.

_____, 1913C. On Beginning the Treatment. *Standard Edition* 12:122ff.

_____, 1913I. The Predisposition to Obsessional Neurosis. *Standard Edition* 12:313ff.

_____, 1913J. The Claims of Psycho-Analysis to Scientific Interest. *Standard Edition* 13:164ff.

_____, 1914B. The Moses of Michaelangelo. *Standard Edition* 13:210ff.

_____, 1914C. On Narcissism: An Introduction. *Standard Edition* 14:69ff.

_____, 1914D. On the History of the Psycho-Analytic Movement. *Standard Edition* 14:3ff.

_____, 1914G. Recollecting, Repeating and Working Through. *Standard Edition* 12:146ff.

_____, 1915A. Observations on Transference-Love. *Standard Edition* 12:158ff.

_____, 1915B. Thoughts for the Times on War and Death. *Standard Edition* 14:274ff.

_____, 1915C. Instincts and Their Vicissitudes. *Standard Edition* 14:105ff.

_____, 1915D. Repression. *Standard Edition* 14:143ff.

_____, 1915E. The Unconscious. *Standard Edition* 14:161ff.

_____, 1915F. A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease. *Standard Edition* 14:262ff.

_____, 1916A. On Transience. *Standard Edition* 14:304ff.

_____, 1916D. Some Character-Types Met with in Psycho-Analytic Work. *Standard Edition* 14:310ff.

_____, 1916X. Introductory Lectures on Psycho-Analysis. *Standard Edition* 15 and 16:3ff.

_____, 1917B. A Childhood Recollection from Dichtung and Wahrheit. *Standard Edition* 17:146ff.

_____, 1917C. On Transformation of Instinct as Exemplified in Anal Erotism. *Standard Edition* 17:126ff.

_____, 1917D. Metapsychological Supplement to the Theory of Dreams. *Standard Edition* 14:219ff.

_____, 1917E. Mourning and Melancholia. *Standard Edition* 14:239ff.

_____, 1918A. The Taboo of Virginity. *Standard Edition* 11:192-208.

_____, 1918B. From the History of an Infantile Neurosis. *Standard Edition* 17:3ff.

_____, 1919E. A Child is Being Beaten. *Standard Edition* 17:179ff.

_____, 1919H. The Uncanny. *Standard Edition* 17:218ff.

_____, 1920A. The Psychogenesis of a Case of Female Homosexuality. *Standard Edition* 18:146ff.

_____, 1920G. Beyond the Pleasure Principle. *Standard Edition* 18:3ff.

_____, 1921C. Group Psychology and the Analysis of the Ego. *Standard Edition* 18:67ff.

_____, 1922B. Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality. *Standard Edition* 18:222ff.

_____, 1923B. The Ego and the Id. *Standard Edition* 19:3ff.

_____, 1923C. Remarks on the Theory and Practice of Dream-Interpretation. *Standard Edition* 19:108ff.

_____, 1923D. A Seventeenth Century Demonological Neurosis. *Standard Edition* 19:69ff.

_____, 1923E. The Infantile Genital Organization of the Libido. *Standard Edition* 19:140ff.

_____, 1924B. Neurosis and Psychosis. *Standard Edition* 19:148ff.

_____, 1924C. The Economic Problem of Masochism. *Standard Edition* 19:157ff.

_____, 1924E. The Loss of Reality in Neurosis and Psychosis. *Standard Edition* 19:182ff.

_____, 1925A. A Note upon the Mystic-Writing-Pad. *Standard Edition* 19:226ff.

_____, 1925D. An Autobiographical Study. *Standard Edition* 20:3ff.

_____, 1925E. The Resistance to Psycho-Analysis. *Standard Edition* 19:212ff.

_____, 1925H. Negation. *Standard Edition* 19:234ff.

_____, 1925I. Some Additional Notes on Dream-Interpretation as a Whole. *Standard Edition* 19:125ff.

_____, 1925J. Some Psychological Consequences of the Anatomical Distinction between the Sexes. *Standard Edition* 19:243ff.

_____, 1926D. Inhibitions, Symptoms, and Anxiety. *Standard Edition* 20:77ff.

_____, 1926E. The Question of Lay Analysis. *Standard Edition* 20:179ff.

_____, 1927C. The Future of an Illusion. *Standard Edition* 21:3ff.

_____, 1927E. Fetishism. *Standard Edition* 21:149ff.

_____, 1928A. A Religious Experience. *Standard Edition* 21:168ff.

_____, 1928B. Dostoevsky and Parricide. *Standard Edition* 21:175ff.

_____, 1930A. Civilization and Its Discontents. *Standard Edition* 21:59ff.

_____, 1931B. Female Sexuality. *Standard Edition* 21:233ff.

_____, 1933A. New Introductory Lectures on Psycho-Analysis. *Standard Edition* 22:3ff.

_____, 1933B. Why War? *Standard Edition* 22:197ff.

_____, 1936A. A Disturbance of Memory on the Acropolis. *Standard Edition* 22:238ff.

_____, 1937a. Constructions in analysis. *Standard Edition* 23:256-269.

_____, 1937C. Analysis Terminable and Interminable. *Standard Edition* 23:211ff.

_____, 1937D. Construction in Analysis. *Standard Edition* 23:256ff.

_____, 1939A. Moses and Monotheism. *Standard Edition* 23:3ff.

_____, 1940A. An Outline of Psycho-Analysis. *Standard Edition* 23:141ff.

_____, 1940B. Some Elementary Lessons in Psycho-Analysis. *Standard Edition* 23:280ff.

_____, 1940E. Splitting of the Ego in the Process of Defence. *Standard Edition* 23:273ff.

_____, 1941D. Psycho-Analysis and Telepathy. *Standard Edition* 18:175ff.

_____, 1941F. Findings, Ideas, Problems. *Standard Edition* 23:299ff.

_____, 1950A. The Origins of Psycho-Analysis. *Standard Edition* 1:175ff.

_____, 1950A. Project for a Scientific Psychology. In The Origins of Psycho-Analysis. *Standard Edition* 1:283-387.

_____, 1956A. Report on My Studies in Paris and Berlin. *Standard Edition* 1:3ff.

Friedman, L. 1972. Difficulties of a Computer Model of the Mind. *Internat. J. Psycho-Anal.* 53:547-554.

_____, 1976. Cognitive and Therapeutic Tasks of a Theory of the Mind. *Internat. Review of Psycho-Anal*. 3:259-276.

_____, 1978. Trends in the Psychoanalytic Theory of Treatment. *Psychoanalyt. Quart.* 47:524-567.

Frosch, J. 1967. Severe Regressive States During Analysis. *J. Amer. Psycho-anal. Assn.* 15:491-507.

Galatzer-Levy, R. 1976. Psychic Energy: A Historical Perspective. *Annual of Psychoanalysis* 4:41-64.

Gabbard, G., Litowitz, B., and Williams, P. (ed) 2012. *Textbook of Psychoanalysis*. Washington, D.C.: American Psychiatric Publishing.

Galbraith, J. 1967. *The New Industrial State.* Boston: Houghton-Mifflin.

Gardiner, M. 1971. *The Wolf-Man.* New York: Basic Books.

Gaskill, H,, and Norton, J. 1968. Observations on Psychiatric Residency Training. *Arch. Psychiat.* 18:7-15.

Gay, P. 1978. *Freud, Jews, and Other Germans.* New York: Oxford University Press.

Gedo, H., and Goldberg, A. 1973. *Models of the Mind.* Chicago: University of Chicago Press.

Gedo, J. 1973. Kant's Way: The Psychoanalytic Contribution of David Rapaport. *Psychoanal. Quart.* 62:409-433.

_____, 1977. Notes on the Psychoanalytic Management of Archaic Transferences. *J. of the Amer. Psychoanal. Assn.* 25:787-804.

_____, 1979. *Beyond Interpretation.* New York: International Universities Press.

_____, and Pollock, G., ed. 1976. *Freud: The Fusion of Science and Humanism.* New York: International Universities Press.

Gill, M., and Muslin, H. 1976. Early Interpretation of Transference. *J. Amer. Psychoanal. Assn.* 24:779-794.

Goble, F. 1970. *The Third Force.* New York: Grossman.

Goldberg, A. 1975. The Evolution of Psychoanalytic Concepts of Depression. Chapter 6 in *Depression and Human Existence,* edited by E. Anthony and T. Benedek. Boston: Little, Brown.

Goldstein, K. 1971. *Human Nature in the Light of Psychopathology.* New York: Schocken Books.

Graves, J. 1971. *The Conceptual Foundations of Contemporary Relativity Theory.* Cambridge, Mass.: MIT Press.

Green, R.; Carroll, G.; and Buxton, W. 1976. Drug Addiction Among Physicians. *J.A.M.A.* 236:1372-1375.

Greenson, R. 1967. *The Technique and Practice of Psychoanalysis,* Vol. 1. New York: International Universities Press.

_____, 1974. The Decline and Fall of the Fifty-Minute Hour. *J. Amer. Psychoanal. Assn.* 22:785-791.

Grene, M. 1974. *The Knower & the Known.* Berkeley: University of California Press.

Groddeck, G. 1961. *The Book of the It.* New York: Mentor Books.

Grossman, C., and Grossman, S. 1965. *The Wild Analyst.* New York: Braziller.

Halleck, S., and Woods, S. 1962. Emotional Problems of Psychiatric Residents. *Psychiatry* 25:339-346.

Hartmann, H. 1958. *Ego Psychology and the Problem of Adaptation.* New York: International Universities Press.

_____; Kris, E.; and Loewenstein, R. 1946. Comments on the Formation of Psychic Structure. In *Papers on Psychoanalytic Psychology,* Psychological Issues Monograph 14. New York: International Universities Press, pp. 27-55.

_____; Kris, E.; and Loewenstein, B. 1949. Notes on the Theory of Aggression. *Psychoanal. Study of the Child* 3-4:9-36.

Heidegger, M. 1975. *Early Greek Thinking.* New York: Harper & Row.

Highet, G. 1976. *The Immortal Profession.* New York: Weybright & Talley.

Hollender, M. 1970. The Need or Wish to be Held. *Arch. Psychiat.* 22:445-453.

_____; Luborsky, L.; and Harvey, R. 1970. Correlates of the Desire to be Held in Women. *Psychosom. Research* 14:387-390.

_____; Luborsky, L.; and Scaramella, T. 1969. Body Contact and Sexual Enticement. *Arch. Psychiat.* 20:188-191.

Holt, R. 1975. *Abstracts of the Standard Edition of the Complete Psychological Works of Sigmund Freud.* New York: Jason Aronson.

Jahoda, M. 1977. *Freud and the Dilemma of Psychology.* New York: Basic Books.

James, W. 1967. The Moral Equivalent of War. In *Essays on Faith and Morals.* New York: Meridian Books.

Jaspers, K. 1957. *Man in the Modern Age.* Garden City, N.Y.: Anchor Books.

Jones, E. 1953. *The Life and Work of Sigmund Freud*, Vol. 1. New York: Basic Books.

_____, 1955. *The Life and Work of Sigmund Freud,* Vol. 2. New York: Basic Books.

_____, 1957. *The Life and Work of Sigmund Freud,* Vol. 3. New York: Basic Books.

Jones, W. 1969. A *History of Western Philosophy.* 2d ed., Vol. 4. New York: Harcourt, Brace &

World.

Jung, C. 1933. *Modern Man in Search of a Soul.* New York: Harcourt, Brace & World.

Kant, I. 1965. *Critique of Pure Reason.* Translated by Norman Kemp Smith. New York: St. Martin's Press.

_____, 1987. *Critique of Judgment.* Translated by Werner Pluhar. Indianapolis: Hackett.

Kanzer, M. 1952. The Transference Neurosis of the Rat-Man. *Psychoanal. Quart.* 21:181-189.

_____, 1973. Two Prevalent Misconceptions about Freud's "Project." *Annual of Psychoanal.* 1:88-103.

Kaufmann, W. 1957. *Existentialism from Dostoyevsky to Sartre.* New York: Meridian Books.

Kelly, W. 1973. Suicide and Psychiatric Education. *Amer. J. Psychiat.* 130:463-468.

Kermode, F. 1976. Fighting Freud. *New York Review of Books,* Apr. 29, p. 39ff.

Kernberg, O. 1975. *Borderline Conditions and Pathological Narcissism.* New York: Jason Aronson.

_____, 1976. *Object Relations Theory and Clinical Psychoanalysis,* Ch. 6. New York: Jason Aronson.

Kierkegaard, S. 1946. *The Concept of Dread.* Princeton: Princeton University Press.

_____, 1954. *Fear and Trembling and Sickness Unto Death.* New York: Anchor Books.

Klein, G. 1959. Consciousness in Psychoanalytic Theory. *J. Amer. Psychoanal. Assn.* 7:5-34.

_____, 1976. *Psychoanalytic Theory.* New York: International Universities Press.

Klein, H., and Horowitz, W. 1949. Psychosexual Factors in the Paranoid Phenomena. *Amer. J. Psychiat.* 105:697-701.

Koestler, A. 1969. Man—One of Evolution's Mistakes? *New York Times Magazine,* Oct. 19.

Kohut, H. 1966. Forms and Transformations of Narcissism. *J. Amer. Psychoanal. Assn.* 14:243-272.

_____, 1968. Psychoanalytic Treatment of Narcissistic Personality Disorders. *Psychoanalytic Study of the Child* 13:86-113.

_____, 1971. *The Analysis of the Self.* New York: International Universities Press.

_____, 1972. Thoughts on Narcissism and Narcissistic Rage. *Psychoanalytic Study of the Child* 27:360-400.

_____, 1977. *The Restoration of the Self.* New York: International Universities Press.

_____, 1978. *The Search for the Self.* New York: International Universities Press.

_____, and Seitz, P. 1963. Concepts and Theories of Psychoanalysis. In *Concepts of Personality,* edited by J. Wepman and R. Heine. Chicago: Aldine.

_____, and Wolf, E. 1978. The disorders of the self and their treatment: an outline. *Internat. J. Psycho-Anal.* 59:413-425.

Kris, E. 1943. Some Problems of War Propaganda. *Psychoanal. Quart.* 12:394.

_____, 1954. Introduction. In *Sigmund Freud's Letters,* edited by M. Bonaparte, A. Freud, and E. Kris. New York: Basic Books.

Lacan, J. 1977. *Ecrits.* New York: W. W. Norton & Co.

_____, 1978. *The Four Fundamental Concepts of Psychoanalysis.* New York: W. W. Norton & Co.

Langer, S. 1942. *Philosophy in a New Key.* New York: Mentor Books.

_____, 1967. *Mind: An Essay on Human Feeling,* Vol. 1. Baltimore: John Hopkins University Press.

_____, 1972. *Mind: An Essay on Human Feeling,* Vol. 2. Baltimore: John Hopkins University Press.

Langs, R. 1974. *The Technique of Psychoanalytic Psychotherapy,* 2 vols. New York: Jason Aronson.

_____, 1975. Therapeutic Misalliances. *Internat. J. of Psychoanal. Psychotherapy* 4:77-105.

Lasch, C. 1978. *The Culture of Narcissism.* New York: W. W. Norton and Co.

Lazare, A. 1971. The Hysterical Character in Psychoanalytic Theory. *Arch. Psychiat*. 25:131-137.

Leakey, R. 1978. *People of the Lake* (with R. Lewin). Garden City, N.Y.: Doubleday.

Lipton, S. 1977. The Advantages of Freud's Technique As Shown in His Analysis of the Rat Man. *Internat. J. Psychoanal.* 58:255-274.

Lowenberg, P. 1988. Freud's Analysis Terminable and Interminable, fiftieth birthday. *International Journal of Psychoanalysis* 69:273-282.

Loewenstein, R. 1964. Symptom Formation and Character Formation. *Internat. J. Psychoanal.* 44:155-157.

_____, 1972. Ego Autonomy and Psychoanalytic Technique. *Psychoanal. Quart.* 41:1-23.

Lorenz, K. 1952. *King Solomon's Ring.* New York: Crowell.

_____, 1966. *On Aggression.* New York: Harcourt, Brace & World.

_____, 1977. *Behind the Mirror.* New York: Harcourt, Brace, Jovanovich.

Macalpine, I., and Hunter, R. 1955. *Daniel Paul Schreber: Memoirs of My Nervous Illness.* London: Dawson.

May, R. 1958. *Existence.* New York: Basic Books.

McGuire, W., ed. 1974. *The Freud-Jung Letters.* Princeton, N.J.: Princeton University Press.

McNeill, W. 1963. *The Rise of the West*. Chicago: University of Chicago Press.

_____, 1964. *Past and Future.* Chicago: University of Chicago Press.

Meissner, W. 1977. The Wolf Man and the Paranoid Process. *Annual of Psychoanal.* 5:23-74.

Meng, H., and Freud, E., eds. 1963. *Psychoanalysis and Faith.* New York: Basic Books.

Menninger, K. 1958. *Theory of Psychoanalytic Technique.* New York: Basic Books.

Modell, A. 1975. The Nature of Psychoanalytic Knowledge. *J. Amer. Psychoanal. Assn.* 26:641-658.

Montague, A. 1968. *Man and Aggression.* New York: Oxford University Press.

Moore, B. 1975. Toward a Classification of Narcissism. *Psychoanalytic Study of the Child* 30:243-276.

Mujeeb-ur-Ralman, M. 1977. *The Freudian Paradigm.* Chicago: Nelson Hall.

Nash, R. 1969. *The Light of the Mind: St. Augustine's Theory of Knowledge.* _____, Lexington, Ky.: University Press of Kentucky

Newman, K. 1992. Abstinence, neutrality, gratification: New trends, new climates, new implications. *Annual of Psychoanalysis* 20:131-144.

Niederland, W. 1974. *The Schreber Case.* New York: Quadrangle Press.

Ng, L., ed. 1968. *Alternatives to Violence.* New York: Time-Life Books.

Nisbett, A. 1976. *Konrad Lorenz.* New York: Harcourt, Brace, Jovanovich.

Nunberg, H., and Federn, E., eds. 1962. *Minutes of the Vienna Psychoanalytic Society,* Vol. 1. New York: International Universities Press.

_____, 1967. *Minutes of the Vienna Psychoanalytic Society,* Vol. 2. New York: International Universities Press.

Odier, C. 1956. *Anxiety and Magic Thinking.* New York: International Universities Press.

Ornstein, P. 1968. Sorcerer's Apprentice: The Initial Phase of Training and Education in

Education in Psychiatry. *Comprehensive Psychiatry* 9:293-315.

Ovesey, L. 1969. *Homosexuality and Pseudohomosexuality.* New York: Science House.

Pasnau, R., and Russell, A. 1975. Psychiatric Resident Suicide. *Amer. J. Psychiat.* 132:402-406.

Peterfreund, E., and Schwartz, J. 1971. *Information, Systems, and Psychoanalysis.* New York: International Universities Press.

Piaget, J. 1971. *Insights and Illusions of Philosophy.* New York: World.

Popper, K. 1965. *Conjectures and Refutations.* New York: Basic Books.

Pribram, K., and Gill, M. 1976. *Freud's "Project" reassessed.* >New York: Basic Books.

Rangell, L. 1959. The Nature of Conversion. *J. Amer. Psychoanal. Assn.* 7:285-298.

_____, 2007. *The Road to Unity in Psychoanalytic Theory.* N.Y.: Jason Aronson.

Rapaport, D. 1951. *Organization and Pathology of Thought.* New York: Columbia University Press.

_____, 1960. *The Structure of Psychoanalytic Theory.* New York: International Universities Press.

_____, 1961. *Emotions and Memory.* New York: Science Editions.

_____, 1967. *Collected Papers.* New York: Basic Books.

Reichard, S. 1956. A Re-examination of "Studies in Hysteria." *Psychoanal. Quart.* 25:155-177.

Ricoeur, P. 1970. *Freud and Philosophy.* New Haven, Conn.: Yale University Press.

Roazen, P. 1968. *Freud: Political and Social Thought.* New York: A. Knopf.

_____, 1975. *Freud and His Followers.* New York: Knopf.

Robert, M. 1966. *The Psychoanalytic Revolution*. New York: Harcourt, Brace & World.

_____, 1976. *From Oedipus to Moses.* New York: Doubleday.

Rosen D. 1973. Suicide Rates Among Psychiatrists. *J.A.M.A.* 224:246-247.

_____, 1976. The Pursuit of One's Own Healing. *Scientific Proceedings.* Washington, D.C.: American Psychiat. Assn.

Ross, M. 1975. Physician Suicide Risk. *Southern Med. J.* 68:699-702.

Rothgeb, C. 1973. *Abstracts of the Standard Edition of the Complete Psychological Works of Sigmund Freud.* New York: International Universities Press.

Russell, A.; Pasnau, R.; and Taintor, Z. 1975. Emotional Problems of Residents in Psychiatry. *Amer. J. Psychiat.* 132:263-267.

Russell, B. 1948. *Human Knowledge: Its Scope and Limits.* New York: Simon & Schuster.

_____, 1951. *The Conquest of Happiness.* New York: Signet.

_____, 1962. *Human Society in Ethics and Politics.* New York: Mentor Books.

Ryle, G. 1949. *The Concept of Mind.* New York: Barnes & Noble.

Sadow, L.; Gedo, J.; Miller, J:, Pollock, G; Sabshin, M.; and Schlessinger, N. 1968. The Process of Hypothesis Change in Three Early Psychoanalytic Concepts. *J. Amer. Psychoanal. Assn.* 16:245-278.

Saul, L. 1958. *Technic and Practice of Psychoanalysis.* Philadelphia: B. Lippincott.

Sawyier, F. 1973. Commentary on Freud and Philosophy. *Annual of Psychoanalysis* 1:216-228.

Schafer, R. 1968. *Aspects of Internalization.* New York: International Universities Press.

Schilpp, P. 1974. *The Philosophy of Karl Popper,* 2 vols. LaSalle, 111.: Open Court.

Schur, M. 1966. *The Id and the Regulatory Principles of Mental Functioning.* New York:

International Universities Press.

_____, 1972. *Freud: Living and Dying.* New York: International Universities Press.

Semrad, E. 1969. *Teaching Psychotherapy of Psychotic Patients.* New York: Grune & Stratton.

Shaw, J. 1978. Man and the Problem of Aggression. *J.Phila. Assn. Psychoanal.* 5:41-58.

Skinner, B. 1971. *Beyond Freedom and Dignity.* New York: Knopf.

Snow, C. P. 1978. *The Realists.* New York: Charles Scribner's Sons.

Steppacher, R., and Mausner, J. 1974. Suicide in Male and Female Physicians. *J.A.M.A.* 228:323-328.

Stone, L. 1961. *The Psychoanalytic Situation.* New York: International Universities Press.

Storr, A. 1968. *Human Aggression.* New York: Atheneum.

Strupp, H. 1969. Towards a Specification of Teaching and Learning in Psychotherapy. *Arch. Psychiat.* 21:203-212.

_____, 1972: On the Technique of Psychotherapy. *Arch. Psychiat.* 26:270-278.

_____, 1973. *Psychotherapy: Clinical, Research & Theoretical Issues.* New York: Jason Aronson.

Sullivan, H. 1956. *Clinical Studies in Psychiatry*. New York: Norton.

Szasz, T. 1957. On the Theory of Psychoanalytic Treatment. *Internat. J. Psychoanal*. 38:166-182.

Tarachow, S. 1963. *An Introduction to Psychotherapy*. New York: International Universities Press.

Tarrasch, S. 1959. *The Game of Chess*. New York: McKay.

Thoma, H,, and Kachle, H. 1975. Problems of Metascience and Methodology in Clinical Psychoanalytic Research. *Annual of Psychoanal*. 3:49-122.

Toulmin, S. 1953. *The Philosophy of Science*. New York: Harper & Row.

Toynbee, A. 1969. *Experiences*. New York: Oxford University Press.

Tuchman, B. 1978. A *Distant Mirror: The Calamitous 14th Century*. New York: Knopf.

Turkle, H. 1978. *Psychoanalytic Politics*. New York: Basic Books.

Vaughan, V. 1966. New Insights in Social Behavior *.J.A.M.A.* 198:163.

Waelder, R. 1967. Inhibitions, Symptoms, and Anxiety: Forty Years Later. *Psychoanal. Quart.* 36:1-36.

Wilkerson, T. 1976. *Kant's Critique of Pure Reason*. Oxford: Clarendon Press.

Wittgenstein, L. 1967. *Lectures and Conversations.* Berkeley: University of California Press.

Wollheim, R. 1971. Sigmund Freud. New York: Viking Press.

_____, 1974. *Freud: A Collection of Critical Essays.* _____, New York: Anchor Books.

Wolpert, E. 1975. Manic Depressive Illness as an Actual Neurosis. In *Depression in Human Existence,* edited by E. Anthony and T. Benedek. Boston: Little, Brown.

Zetzel, E. 1970. *The Capacity for Emotional Growth.* New York: International Universities Press.

Zweig, S. 1962. *The Mental Healers.* New York: Ungar.