FREUD TEACHES PSYCHOTHERAPY

THE CLINICAL CORNERSTONES OF FREUD'S APPROACH

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

The Clinical Cornerstones Of Freud's Approach

Richard D. Chessick, M.D.

e-Book 2015 International Psychotherapy Institute

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

The Clinical Cornerstones Of Freud's Approach

One is sometimes asked where to begin reading about Freud's theories. As one might expect, the best place to begin reading about Freud's theories is found in the writings of Freud himself. I suggest the *Five Lectures on Psychoanalysis* (1910A; 11:3ff). These lectures, which were delivered extempore, represent a marvelous preliminary introduction to Freud's approach and also display Freud as a talented teacher and lecturer.

In the third lecture there is no better review of objections to psychoanalysis than that presented on one page by Freud. Psychotherapy must be learned just as the techniques of histology or surgery, writes Freud. Innumerable judgments on the subject are made by people who know nothing about it and do not employ it. We still see again and again today, even in psychiatric meetings, manifestations of what Freud eloquently described:

> Psychoanalysis is seeking to bring to conscious recognition the things in mental life which are repressed; and everyone who forms a judgment on it is himself a human being, who possesses similar repressions and may perhaps be maintaining them with difficulty. They are therefore bound

> to call up the same resistance in him as in our patients; and that resistance finds it easy to disguise itself as an intellectual rejection and to bring up arguments like those which we ward off in our patients by means of the fundamental rule of psychoanalysis (p. 39).

Conviction about the validity of Freud's basic concepts rests primarily on following the same route that was followed by Freud, beginning with the study of one's own dreams in one's own treatment. The practicing psychotherapist must maintain a continual study of his own dreams for his entire professional lifetime (Chessick 1990). Freud recommends that the second step is to experience the transference in one's own intensive psychotherapy and then to carry out psychotherapeutic treatment and observe for oneself the workings of the transference in one's patients. Thus only personal experience of these phenomena can establish the deep sense of conviction in the psychoanalytic orientation to psychotherapy.

Another easy or fruitful place to begin the study of Freud is the twelfth chapter of the *Psychopathology of Everyday Life* (1901B; 6:239-279). This volume, which contains innumerable clinical examples and repeatedly illustrates Freud's approach, gives a glimpse of his meticulous attention to detail on a day-to-day basis, with the rich

reward that such attention brings. It also establishes the scientific and philosophical premises on which Freud's entire system is built.

Recently a patient of mine discovered that her husband had fifteen loaded rifles in a locked cabinet. This discovery occurred when he shot one of their pets because it soiled the carpet while she was away at a friend's house. She was under considerable pressure from me to deal with this problem and try to get these guns removed from the premises. She appeared at one of her regular sessions five minutes late and casually mentioned that she had misjudged the time because she was chatting with the babysitter before coming to her session. The patient, who had been in therapy for some time, anticipated the next question—as to whether she could think of any association to her coming late—by mentioning that she felt the pressure from me to deal with this extremely unpleasant situation with her husband. After a long pause her next thought was, "I wonder what will be the next problem or pressure I will have to deal with." She then noted that she tended to be late to her Thursday sessions, which occurred in the office at my home, but was rarely late in her Saturday session at my office in the professional building. After a long pause I asked her to associate to her last sentence about my home. The association was that

I live here. This finally led to a considerable discussion of her hidden wish to live here and her wish to be married to me instead of the husband with whom she is having so much trouble. In this absolutely typical clinical vignette one can see the rich reward of investigating the psychopathology of everyday life, especially if it can be done in noncondemnatory fashion with the patient.

The most common beginner's error is to confront and demand from the patient an explanation or series of associations for innumerable minute errors, an encounter experienced by the patient as an assault. It is the properly timed and tactful, continuing investigation of parapraxes and dreams that constitutes part of the day-to-day practice of intensive psychotherapy, and that repeatedly opens new vistas of investigation—often just at times when it seems that the current material of the patient's reality has become exhausted.

In 1901 Freud at the age of forty-five had reached maturity and had embarked upon an almost unbelievable flurry of intellectual productivity. In terms of publication, *The Interpretation of Dreams* marks the beginning of this period; but *The Psychopathology of Everyday Life, Jokes and their Relation to the Unconscious,* and *Three*

Essays on the Theory of Sexuality, were all written earlier, between 1897 and 1900. Furthermore, they seem to have been written more or less simultaneously. Freud kept the manuscripts of the book on jokes and the three essays side by side on separate tables and went from table to table while he worked on them.

In *The Psychopathology of Everyday Life*, the little daily failings, the inoffensive aberrations of the normal person, are carefully described and studied in a detailed manner so as to create a link between the psychology of the normal man and the so-called neurotic, revealing common roots and uncertain boundaries. The purpose is clearly stated by Freud himself in a footnote added in 1924 (1901B; 6:272): "This book is of an entirely popular character; it merely aims, by an accumulation of examples, at paving the way for the necessary assumption of *unconscious yet operative* mental processes, and it avoids all theoretical considerations on the nature of this unconscious." It is Freud's thesis that in all instances known as parapraxes, including the forgetting of names, words and intentions, slips of the tongue, slips of the pen, misreadings, bungles, and what are called "symptomatic" actions—where chance or accident or inattention are thought to reign— there is actually an unconscious

operative impulse or intention. He writes (1901B;6:239), *"Certainly seemingly unintentional performances prove, if psycho-analytic methods of investigation are applied to them, to have valid motives and to be determined by motives unknown to consciousness."*

In order to be included in the class of phenomena called parapraxes, certain conditions must be fulfilled: the phenomenon must not exceed certain dimensions which are judged to be in the limit of the normal; it must be in the nature of momentary and temporary disturbance, and we are tempted to explain it by chance or inattentiveness if we perceive it at all; we must not be aware in ourselves of any motive for it.

The unconscious or hidden motives that produce the parapraxes need not express a person's repressed and most secret wishes, although they may. These intentions may have expressed themselves to the person just before their expression in a parapraxis; they may be known to the person by a knowledge of which he has had no recent awareness; or they may be not known to the person and vigorously denied. The common factor is the intention having been to some degree forced back so that the parapraxes are explained as the

outcome of a *compromise* between a conscious intention and an unconscious contrary intention. The significance of the parapraxis lies with the disturbing intention and, as this disturbing intention draws closer to the truly repressed, we get a distinction between the manifest and the latent disturbing intention, as illustrated in the clinical vignette at the beginning of this chapter. In our clinical work we must be careful not to be satisfied with an easily recovered manifest disturbing intention, but if possible to try to pursue the material to find a link to a more significant and secret latent disturbing intention in important parapraxes.

It is necessary to point out that the study of parapraxes in clinical work can be badly abused. Freud remarks that a slip of the tongue "has a cheering effect" during the clinical work when it serves as a means of providing the therapist with a confirmation that may be very welcome to him "if he is engaged in a dispute with the patient." There are two constructive situations in which this observation is correct. The most ideal is when an interpretation is made and in the process of rejecting it the patient makes a slip of the tongue which the patient himself notices and interprets as a confirmation of the interpretation, often with a chuckle that indicates a high level of observing ego function and

a sense of humor. Second best, as Freud points out, is when the therapist calls the attention of the patient to the slip and this leads, without much dispute, to understanding and acceptance of interpretation by the patient.

The destructive situation is in the development of a dispute where the therapist attempts to use slips and errors as evidence in a debate to *force* a patient to accept an interpretation. I believe that Freud in the earlier days of his clinical work actually did this; he was not at all reluctant to demand and insist in a forceful and authoritative way that the patient accept his interpretation as correct. Kohut (1977) points out that Freud's early "cures" were largely a function of his narcissistic investment in the correctness of his theories, and that his earliest descriptions of therapy often point more to the problems in the practice of psychotherapy than to formal psychoanalysis.

I believe it is unwise to try to "ram home" interpretations to patients or to debate with patients over the meaning of parapraxes, and I agree with Menninger (1958) that this is an invariable mark of countertransference. It is perhaps useless to discuss Freud's countertransference problems, but this is certainly a

countertransference problem in the ordinary psychotherapist. Minor slips and errors may be interpreted during psychotherapy—but if the interpretations are rejected a mental note should be made of this and it is best to move on to other material. The kind of parapraxes most useful for interpretation in psychotherapy are repeated ones, such as always coming two minutes late, and so on, where it is impossible for the patient to insist that there is no meaning involved since the parapraxis occurs with such a consistent pattern. Although parapraxes may provide a source of humor in the therapy, another danger signal of countertransference occurs if the therapist feels victorious or jubilant when a patient has finally admitted to the validity of an interpretation on the basis of a parapraxis or anything else; this may be a clue to unresolved narcissistic problems in the therapist.

Freud's theory of parapraxes is really remarkable in many ways. For example, he even held that in cases of fatigue or sickness or alcoholic states there is still some psychologic meaning to be found in the particular mistakes that are made—he presents a completely thoroughgoing postulate of psychic determinism. Even though a circulatory disorder in the brain might distort a person's speech and actions, the nature of the distortion still reflects some unconscious

motivation. Mistakes can be interpreted just like dreams, and the same processes of repression, inhibition, displacement, condensation, and concealment can be expected to be at work beneath the mistake, just as they are in the dreams. Even the "arbitrary" selection of a number is explained in this fashion.

In solving the meaning of parapraxes and symptomatic acts Freud advises us that "It often happens that a dream which proves refractory during an attempt to solve it the next day will allow its secret to be wrested from it a week or a month later, after a real change has come about in the meantime and has reduced contending psychical values. The same applies to the solving of parapraxes and symptomatic acts." More ominously, Freud suggests that the readiness to believe in a different explanation of parapraxes "is obviously a manifestation of the same mental forces which produced the secret and which therefore also devote themselves to preserving it and resist its elucidation" (1901B;6:269-70).

This opinion leads to the dangerous possibility that Freud's system is circular, for anyone who disagrees with his interpretation of a phenomenon can be accused of suffering from resistance. As a

sample of the danger of this, one can take his discussion of *deja vu* and *deja raconte* in the same reference cited. Freud believes these phenomena to be similar, but this is quite debatable, for *deja vu* phenomena can be elicited by stimulating specific areas of the cerebral cortex. We are led into a thorny mind-brain problem if we try somehow to interpret the meaning of such phenomena in purely psychological terms, although there is always a psychological aspect to the specific mental content that calls for understanding. *Deja raconte,* as it occurs in psychotherapy, is very much pertinent to our work. This refers to the illusion of having already reported something of special interest when that something comes up, and the patient maintains that he has already recounted certain material to the therapist. How do we deal with this? Freud (1900B;6:268) states, "The physician is however sure of the contrary and is as a rule able to convince the patient of his error. The explanation of this interesting parapraxis is probably that the patient has felt an urge to communicate this information and intended to do so, but has failed to carry it into effect, and that he now takes the memory of the former as a substitute for the latter, the carrying out of his intention."

Other explanations of this parapraxis are possible without one's

being accused of manifesting resistance. Freud's explanation is important and sometimes it is correct; equally possible is that the therapist *forgot* the material—again an indication of countertransference. A dispute then may ensue in which the patient backs down and accepts the therapist's interpretation. This event can have an ominous effect on the therapeutic alliance, and can also be an acting-out in the transference where the patient has to accept passively any aggression from the authoritative parent. In situations where the patient insists that he has mentioned something to the therapist and the therapist is equally certain that no such material has been brought up before, the best approach in psychotherapy is to declare to the patient that an honest difference of opinion exists in the situation. The patient is urged to discuss the material and an effort is made to see if such material could have been defended against by the *deja raconte* phenomenon As before, if this happens many times, it will soon become clear in the psychotherapy who is doing the forgetting, and why.

The clinical cornerstone of Freud's approach lies in the postulate that in dreams, parapraxes, chance actions, and neurotic symptoms, "the phenomena can trace back to incompletely suppressed psychical

material, which, although pushed away by consciousness, has nevertheless not been robbed of all capacity for expressing itself" (p. 279). All these phenomena share common features—the repression of impulses, substitute formations, compromises, and the dividing of the conscious and unconscious into various psychical systems—leading to the implication that psychoanalysis provides a science of the mind equally indispensable for understanding normal as well as abnormal people, both as individuals and in groups. The philosophical premise at the basis of this approach is the insistence on the extent of determinism in mental life—an emphasis on the degree to which the principle of determinism operates in every psychic phenomenon. This premise can safely by called the most relentless and deep-seated philosophical conviction of Sigmund Freud.

This conviction led Freud to immersion in some murky problems in the age- old philosophic dispute between free will and determinism[i]. For instance, as Freud points out, many people contest the assumption of complete psychical determinism by appealing to a special feeling of conviction that there is a free will. His answer is that such a feeling manifests itself not in the great and important decisions of the individual—"On these occasions the feeling that we have is

rather one of psychical compulsion, and we are glad to invoke it in our behalf"—and on these major decisions he quotes Martin Luther's famous declaration "Here I stand: I can do no other." It is only with regard to the unimportant and indifferent decisions that we claim we could just as well have acted otherwise, and that we have acted of our free will. Freud dodges the problem by claiming it is not necessary to dispute the right to the feeling of conviction or having a free will. Having our minor decisions made for us from the unconscious is still consistent with such a feeling.

It is a curious fact that Freud held two related beliefs with apparently equal enthusiasm. On the one hand, he believed that every psychic phenomenon was strictly and rigidly determined—in fact overdetermined—by unconscious motivational forces. On the other hand, he believed completely in external chance, and that when apparently accidental events occurred in reality—anything from an earthquake to a minor chance happening—no divine plan or divine force motivated these events. Indeed, he regarded such a belief as superstition based on an outward projection of the feeling which belongs within, in the philosophical tradition of Feuerbach. Even as early as 1901, in *The Psychopathology of Everyday Life*, Freud

maintains that the religious view of the world is "nothing but psychology projected into the external world." As I will elaborate in later chapters, his method was to explain all religion as myths which should be transformed from metaphysics into metapsychology [the first published appearance of the word metapsychology, not used again for fourteen years until the essay "The Unconscious" (1915E;14:181ff.)]. We can see from this how Freud's conviction of psychic determinism led to the cornerstone of his entire approach, and how his equally fervid conviction in chance external reality led to his relentless denial of all kinds of religion and theology. To avoid a common error, the student should keep in mind that Freud clearly distinguished between a determined causality stemming from the past, and a fatalism—in which he did not believe— which pre-established the future (Slochowor 1975).

In *The Psychopathology of Everyday Life* an important contribution is made to the understanding of paranoia. The paranoid patient holds the opposite from the normal viewpoint about parapraxes and so-called accidental behavior, in that he insists that everything he observes in other people is of vital significance and can be interpreted. In that sense he recognizes something that escapes the

normal person, and Freud realized even this early that there is a core of truth in paranoid delusions. Unfortunately, because of his psychopathology, the paranoid patient selectively perceives these truths and weaves them into an interpretative pattern that presents a projection to meet his own psychic needs; for this reason the superior perception of the paranoid patient is rendered useless.[ii]

Jokes and Their Relation to the Unconscious (Freud 1905C;8:3ff) not only constitutes Freud's major contribution to the subject of aesthetics—a contribution which is peripheral for our purposes—but also extends his application of his theories to the phenomena of everyday life. This is probably the least read of Freud's works. One reason for this is the confusing mixture of theory and clinical examples —a mixture which makes for difficult reading; in addition, the writing is closely reasoned and needs considerable concentration to appreciate. The book on jokes could be considered a transitional work because Freud moves away from the relatively mechanical model of the mind which he has been using and into more highly theoretical discussions; at times here he still treats concepts like psychic energy and the release of psychic energy as though they were descriptions of observable phenomena.

For a variety of reasons, however, the subject of jokes is worth our clinical attention. Freud notes that the characteristics and the effects of jokes are linked with certain forms of expression involving condensation, displacement, and indirect representation—processes similar to the dream work. Thus in his theory there is a relationship of the formation of jokes to the formation of dreams, and the unconscious is involved in both. Jokes are formed as a preconscious thought is given over for a moment to unconscious revision, and the outcome of this is at once grasped by conscious perception. According to Freud, dreams serve—predominantly for the avoidance of unpleasure and jokes for the attainment of pleasure—and all our mental activities converge in these two aims.

Especially important for psychotherapists is the fact, as Freud recognized, that jokes are social process. For example, the motive force for the production of innocent jokes may be an ambitious urge to show one's cleverness or to display one's self. This is very important, and the division of jokes into innocent jokes representing the need to show one's cleverness and what Freud calls tendentious jokes that have primarily a hostile or aggressive purpose is extremely important in the everyday practice of psychotherapy. Freud further divides tendentious

jokes into the hostile joke (serving the purpose of aggressiveness, satire, or defense) or the obscene joke (serving the purpose of exposure)—but the basic motivation in both cases is aggressive.

Thus in psychotherapy we are likely to be confronted with three kinds of jokes; those which are motivated to display the cleverness of the joker; the obscene joke; and the directly hostile joke—with both of the latter based on aggressive motives. In each case the patient's joke may be accompanied by more or less of a demand that the therapist laugh along with the patient, and with the rationalization that the joke is being presented as a gift to the therapist to offer a little pleasure to break up the tedious work of intensive psychotherapy.

In my experience the most common presentation of a joke in psychotherapy occurs when patients have been reading the *New Yorker* or other cartoon or joke-carrying magazines in my waiting room; as I open the door to the waiting room to begin the session they show me this or that cartoon with a chuckle. Although it is perfectly reasonable to respond with the expected polite chuckle, the therapist should treat the matter as the initial communication of the hour, often signaling the red thread behind the material of the hour, as described

by Saul (1958). During the presidential campaign of 1976, for example, several patients began the session by showing me with a chuckle a *New Yorker* cartoon in which a family is engaged in a bitter fist fight in their living room. A political discussion had apparently degenerated into such a battle. The aggressive ramifications of displaying such a joke at the beginning of the session were obvious, often to the point of being interpreted by the patients a moment or two after they began their session.

A common side-motivation to the telling of jokes is the wish to be liked by the therapist through a process of providing him with pleasure. Such a wish, which may be conscious, often hides a variety of feelings of hostility and insecurity. Equally common is the wish for a mirroring appreciation from the therapist of the patient's exhibit of cleverness and entertaining performance.

The subject of jokes also tells us a great deal about the psychotherapist. For example, the therapist who responds to a pleasant joke with stony- faced silence is giving one kind of message about himself to a patient; the therapist who responds with obvious laughter and pleasure at a joke which involves degradation of ethnic

groups or pornographic exposure of women, as Freud describes it, is giving another kind of message about himself or herself. Thus, just as the therapist learns about the patient through jokes which appear in the psychotherapy, the patient learns a great deal about the therapist. The best approach to a patient's jokes is a natural one—chuckling at those which seem funny and not chuckling at those that do not or at those which seem offensive. The joke material should be treated like any other material in the session; if the patient protests that the joke has no meaning it is not necessary to enter a dispute with the patient since further material will invariably be on the same theme as the joke, if the therapist is patient and does not contaminate the material by narcissistic efforts to prove something to the patient.

Perhaps most important clinically is the issue of therapists who need to tell jokes to their patients, or who need to make puns or be sarcastic. A similar division of motivations can be made in understanding the countertransference of psychotherapists who tell jokes to their patients. The so- called innocent jokes represent a need on the part of the therapist to appear clever and to exhibit himself or herself. Hostile or pornographic jokes, or engaging in sarcasm toward the patient, clearly represent a very aggressive countertransference

reaction to the patient.

In my clinical experience the most common cause of the tendency to become sarcastic with a patient is as a reaction to the patient's narcissism. Narcissistic patients treat the therapist as a selfobject who has no independent existence of his or her own (Kohut 1971). The two typical reactions to being used as a selfobject in this fashion are boredom and retaliatory sarcasm. It is thus diagnostically useful for the therapist—if one finds oneself becoming bored or sleepy by the material or if one notices sarcasm in one's comments to the patient or in one's thoughts about the patient—to conclude that one is probably dealing with an intensely narcissistic relationship in which the patient is perceiving the therapist only as an extension of the patient's self. Needless to say, sarcastic retaliation for such a relationship is never therapeutic since the patient is in his or her own way communicating to the therapist the very difficulty for which he or she hopes to be helped, and retaliation easily destroys the psychotherapy.

A second common situation, in which the therapist tells jokes to the patient, occurs when there is insufficient gratification in the therapist's personal life and the patient is exploited either as a friend

with whom to share pleasure or as a punching bag to discharge the therapist's private aggressions.

It does not follow from this that the therapist should never tell the patient a joke or engage in a humorous interchange. This would be a stiffly wooden and unnatural relationship in a situation where two human beings are together for a long period of time. Sometimes, telling a joke or an anecdote illuminates an interpretation in a way that the patient can understand; and the art of therapy, just as the art of any effective communication, is in knowing how to present material that can be grasped clearly by the other person. However, I cannot imagine any situation in which tendentious jokes are necessary to effective psychotherapeutic work; thus, the therapist who finds himself or herself sarcastic to a patient or sharing hostile or degrading jokes should carefully analyze his or her countertransference to find the motivations.

In *The Psychopathology of Everyday Life* (1901B;6:43-52) Freud returns to the subject of childhood memories and screen memories. He points out that in the so-called earliest childhood memories, we possess not the genuine memory but a later revision of it. This revision

is subjected to influences of a variety of later psychic forces, and thus memories presented by patients as early childhood memories acquire the same significance as screen memories. This explains why a person's earliest childhood memories frequently seem to have preserved what is indifferent and unimportant, and why some seem even odd and unintelligible. The usual processes of condensation and displacement with respect to both time and place are at work here just as in the formation of dreams. Freud explains, "The indifferent memories of childhood owe their existence to a process of displacement: they are substitutes, in (mnemic) reproduction, for other impressions which are really significant" (p. 43).

The indifferent memories reported owe their preservation to an associative relation between their content and another memory which is repressed—in this sense they are screen memories. Similarly, mistakes in recollection cannot be attributed to simply a treacherous memory, for motives are present which make the distortion and the displacement of the experience necessary: "Strong forces from later life have been at work on the capacity of childhood experiences for being remembered—probably the same forces which are responsible for our having become so far removed in general from understanding

our years of childhood" (p. 47).

Even in the early paper "Screen Memories" (1899A;3:301ff) Freud distinguished between the simpler type of screen memory in which the preserved memory is but a part of a more significant whole which has been repressed, and a more complex type in which the memory is a construction in which a certain event of early childhood has been combined with a repressed event of adolescence. The earlier memory is not necessarily untrue but is a harmless substitute for the later, unacceptable memory.

Ellenberger (1970) summarizes the basic working model that Freud used in his explanation of dreams, screen memories, parapraxes, jokes, and neurotic symptoms. Both a simple and a more complex model are employed, and it is necessary for the clinician to keep these models in mind as a guide to day-to-day work. In the simple model an unconscious, unacceptable tendency receives its expression, in the conscious mind or in conscious behavior, through a process of compromise formation; through this compromise formation it escapes the process of repression. The weaker the repression, the more directly the unacceptable tendency expresses itself in conscious

thought or behavior, and the less deciphering is necessary.

In the more complex model, there are, so to speak, two floors in the unconscious mind. The lower floor constitutes the basic childhood infantile sexual wishes and memories. Unconscious tendencies of all sorts that express themselves in dreams, parapraxes, symptoms, jokes, and screen memories are connected by association to such childhood and infantile wishes and memories. Therefore, the process of analyzing conscious material and behavior leads first to the understanding of unconscious interfering tendencies and thence to the deeply buried associated infantile sexual wishes and childhood memories.

One of the most crucial questions that arises from Freud's attempt to extend his investigations to the psychopathology of everyday life and thus to provide an investigation of normal human phenomena, is whether or not Freud has overrated the notion of an unconscious mind. The whole premise of so-called third-force psychology (Goble 1970) stands on this issue. For example, Goldstein (1971) insists that overrating the unconscious mind was Freud's fundamental error. In Goldstein's view, and in the view of third- force

psychologists, the jump from the mentally disturbed to the relatively normal individual is a qualitative and not simply a quantitative jump. In the mentally disturbed, conflicting forces arising out of the unconscious send the patient on a detour in life which can only be understood by an investigation of the unconscious. On the other hand, in the normal individual it is important to take into account the whole drive toward actualization of the organism, a drive in which conscious phenomena and goals must be more accepted as fundamental motivating forces.

The obvious danger of this view lies in its attractiveness as a way of avoiding facing the power of the unconscious in everybody, sick or well. Furthermore, such a view involves one in serious terminological and conceptual confusion, and is far more complex than it appears on the surface. The reader must decide whether or not the third-force psychology represents a step forward or an escape from facing the truth about man; the decision will profoundly affect one's therapeutic practices.

[i] See Basch (1978) for a recent attempt to resolve this problem in Freud's thought by the use of "semantics, cybernetics, and general systems theory."

[ii] Freud's first major statement on paranoia occurred in "Further Remarks on the Neuropsychoses of

Defense" (1896B;3:174) in which the' concept of projection is presented for the first time. This reference, and the comments in *The Psychopathology of Everyday Life*, are the first of a series of Freud's writings on paranoia. A complete list may be easily found in the subject index at the back of the abstracts of the *Standard Edition* (Rothgeb 1973).

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. Psychoanal.* 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. Psy-*

choanal. 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.