Week 4 – READ- Summers

Freud’s Relevance for Contemporary Psychoanalytic Technique

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**Acknowledgement:**

In today's pluralistic psychoanalytic universe in which virtually every theoretical and clinical principle of classical psychoanalysis is debated, the degree to which Freud is relevant to contemporary psychoanalytic technique is not clear. Some appear to believe that technical changes are sufficiently radical that Freud's influence is minimal, whereas other theorists maintain that Freud's clinical approach continues to be the essence of the analytic process. Adding to the confusion is the fact that Freud's voluminous writings do not represent a single, monolithic body of work, but an array of ideas that are subject to different, and even conflicting, interpretations. I hope to demonstrate that Freud's relevance for contemporary technique can be most easily grasped by distinguishing between 2 “Freuds,” each of which expresses an important strand of his thinking.

With a figure as seminal as Freud, his concepts can become imbricated in our language and thought in ways we frequently do not recognize, and therefore his influence can easily go unrecognized. Without a sense of what he brought to the understanding of his time, it is all too easy to overlook his influence on our thinking. For that reason, his impact on contemporary psychoanalytic technique can be most fully appreciated by gaining a firm grasp of what he brought to the treatment technique of his time.

[**In the Beginning**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)When Freud set up his neurology practice in 1886, hospitals were filled with hysterical patients for whom no cure was known or thought possible. In the famous case of Anna O., [Breuer (1895/1966](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c6)) came up with what was for the time a revolutionary idea: Talking to the patient as though her speech was meaningful. Seeing that Anna O, or Bertha Pappenheim, was in a dissociated state split from her ordinary consciousness, Breuer found that in a hypnotic trance she would talk about repulsive events that triggered the onset of her symptoms which would then disappear at the moment, but then eventually reappear until her next talking session with Breuer would dissolve them. It was this cathartic method, “the talking cure” as Pappenheim called it, that [Freud (1895/1955](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c11)) refined into the psychoanalytic method by giving up hypnosis in favor of free association.

[Freud (1895/1955](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c11)) found that if he allowed the patient to say whatever came to mind, the concatenation of thoughts and memories led toward painful, repressed memories or wishes which the patient resisted as she came closer to them. Thus, the revolutionary treatment stimulated by Breuer and created by Freud was directed to the experience of the patient not just on the surface, but at the deeper, unconscious level of meaning. Freud found that as the patient grew closer to the traumatic material, repression increased, and the analyst's intervention was required. As each resistance was overcome, a new zone was reached in which the patient could associate freely, but as that process approached painful material, the resistance intensified, and the analyst was needed to break through the new barrier. What is often unnoticed about this procedure is that as Freud devised this way of uncovering the unconscious layers of the psyche, he was simultaneously adumbrating a model of mental structure. The connection can be most easily seen from [Figure 1](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#fig1) which depicts Freud's model of the mind as stratified layers of consciousness.

*Figure 1. Freud's* ***early model of the mind***

As can be seen from the figure, Freud's clinical approach became a model of mental structure as a stratified layering from consciousness to the most deeply troubling unconscious thoughts and feelings. This model of psychic stratification became the guiding concept for the psychoanalytic process. The superficial layer of consciousness was “normal,” and the pathogenic core of the mental apparatus was equated with the pathogenic.

This model was revolutionary in its placement of deeply unconscious repressed desires at the core of the psyche while viewing consciousness as a superstructure grafted onto unconscious wishes ([Freud, 1915/1957a](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c12), [1915/1957b](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c13)). Because repressed wishes continually pushed for consciousness, psychic energy was continually exerted in the effort of consciousness to maintain the repression of unacceptable desires ([Freud, 1915/1957b](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c13)). Freud's topographic model was a simplified version of the more complicated mental layering described in the last chapter of *Studies on Hysteria.* In what he called a kind of Copernican revolution, Freud reconstructed the concept of motivation by making the unconscious the mind's primary motivating force.

[Two “Freuds”](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

In following the patient's concatenation of free associations, Freud was an interpreter. Patients told him their stories, and he interpreted their associations as possessing a deeper level of meaning than the patient had been aware. Freud's role was to facilitate free association and then interpret it to uncover repressed meaning. In pursuing and decoding meaning, we may say that Freud was a hermeneuticist.

But Freud was not satisfied with a method of inquiry. He wanted to know the motive for repression, and in infantile sexuality, he found the solution to the universality of repression and the unconscious ([Freud, 1905/1953b](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10)). Sexual thoughts, because of their unacceptable content, had to be repressed, forcing the use psychic energy to maintain repression. The theory of infantile sexuality and the Oedipal complex filled in the content gap in Freud's theory of the mind. In this way, Freud attributed the existence of the unconscious to our biological nature. [Freud's (1915/1957a](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c12)) belief that sexual wishes lay at the center of psychic motivation evolved into a general theory of the psyche: We are biologically driven creatures, and the drives continually seek gratification, that is, tension discharge. From this viewpoint, delay in immediate drive gratification motivates the evolution of mental processes. The mind, according to Freud, was a secondary phenomenon, a derivative of frustrated biological impulses.

Freud's reasoning here is a product of his thinking as a biologist. He assumed that the purpose of the organism to is produce pleasure which he equated with abolishing stimuli. Mental life then originates with the drives or instincts. “If now we apply ourselves to considering mental life from a biological point of view, an ‘instinct’ appears to us as a concept on the frontier of the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of it connection with the body” (1915/1957a, p.121–122). Because drive is “on the frontier” of the biological and the psychological, it became the fundamental concept of Freud's model of mental functioning. The assumption is that mind is a derivative of the body, and thus “drives” in the biological sense are the foundation of the psyche. Because drives bridge the biological and the psychological, Freud viewed the basal concept of psychoanalysis to be drives, the psychological expression of which is a wish. Mind is formed, according to Freud, from the frustration of unsatisfied drives. Our mental apparatus is an epiphenomenon, a structure we erect to manage unmet tension reduction needs. His model of the mental apparatus begins with this unquestioned assumption. He equated “basal concept” with “biological origin.”

Freud believed that founding psychoanalysis on a biological underpinning was a necessity if the new discipline was to achieve scientific status. It was axiomatic to him that science means natural science, and so he looked at the mind from the biological viewpoint. He viewed psychoanalysis as a science that differed from other sciences only in its content, psychic depth ([Freud, 1933/1964](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c17)). The psychoanalytic method, according to Freud, like that of any other science, consisted of the compilation of observations in order to formulate concepts, such as drives, which, in turn, would be refined and sharpened as new observations were made.

True to his view of science, [Freud (1915/1957a](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c12)) insisted that his fundamental concept, “drive,” was not an arbitrary convention. Speaking in general of fundamental scientific concepts, he wrote.…”everything depends on their not being arbitrarily chosen but determined by their having significant relations to the empirical material.…” (1915/1957a, p.117) So, Freud justified the fundamental importance of the drive concept on the basis of his analytic observations. However, in that paper he did not indicate what those observations were. Nonetheless, the observational basis for the primacy of the drive concept is of utmost importance, and especially so because it seemed to conflict with the open-ended hermeneutic inquiry that he had equated with the psychoanalytic method since *Studies on Hysteria*. In the voyage of understanding he undertook with the patient, Freud was engaged in a mutual exploration. But if the result of the investigation must end at infantile sexuality, the conclusion is predetermined, leaving the purpose of such a mental excavation open to question. Assuming that the biological bedrock of the psyche is the source of all symptoms, the hermeneutic inquiry would seem to be obviated, and yet [Freud (1910/1957d](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c15)) insisted that patient and analyst must embark on just this type of journey because the analyst cannot assume the result of psychic exploration. In fact, he advocated listening like a “telephone receiver,” allowing the patient's material to work itself upon him ([Freud, 1912/1958](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c16)). One wonders how the analyst could adopt such a posture while assuming that infantile sexuality is the root of symptoms. Freud's biological theory of mental content directly conflicted with the importance he placed on an open-ended exploratory process.

Freud himself was ambivalent about his self-representation. Commonly referring to himself as a scientist who professed to believe in the objective nature of his findings, Freud often expressed the belief that his mission was to apply scientifice method to the mind. On the other hand, he acknowledged that in psychoanalysis biographical stories tend to replace objectivist methodology. On occasion, he likened psychoanalysis more to a novel than a biological discipline. There is a split, then, between Freud the natural scientist who believed he had objective knowledge of the mind and Freud the hermeneuticist who practiced a special method of mental investigation. Even more poignantly, Freud's 2 self-representations are not only different, but appear to conflict with each other. The significance of the conflicting nature of these 2 positions for clinical technique is most easily seen in the discovery Freud regarded as his greatest achievement: The method of dream interpretation.

[**The Interpretation of Dreams**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

This seminal volume is instructive because it illustrates so well not only the 2 Freuds I have in mind, but also the conflict between them ([Freud, 1900/1953a](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c9)). The first 6 chapters are an effort to understand dreams. Freud relentlessly pursued their meaning by a rigorous application of free association to each element of every dream he analyzed. In chapter 7, however, Freud's purpose is not to understand any particular dream, but to construct a model of the mental apparatus to explain the phenomenon of dreaming.

Moreover, the split appears even within the first 6 chapters. Although the main body of the work is focused on demonstrating Freud's method of deciphering the meaning of dreams interpretation via listening to the patient's free associations, he also proposed that certain fixed content is characteristic of all dreams. For example, Freud concluded that dreams are wish fulfillments, the origins of which are to be found in infancy. The dream itself is a disguised expression of an infantile wish which was stimulated by an event of the day.

In the first 6 chapters, Freud undertook to demonstrate that dreams have unconscious meaning. The manifest content, he argued, is a disguised expression of the latent content, the underlying wishes and conflicts that seek expression through the dream. The purpose of this main part of the book, however, was not only to show the content of dreams, but also to demonstrate a method for arriving at their meaning. The latent content is repressed psychological material that continues to press for discharge. To be represented in mental life, it must be disguised by various psychological maneuvers that allow their expression without being recognized. The process of dream interpretation consisted of penetrating the manifest content to find the disguised wish. Freud described several such mechanisms, the most common of which are condensation and displacement. The essence of Freud's theory of dream construction was that dreams contain the representation of repressed childhood wishes that achieve fulfillment by circumventing the censorship that caused their banishment from consciousness. His theory of interpreting dreams, therefore, was to use free associations to decode condensation, displacement, and other methods of disguise to reveal the latent content.

The “specimen dream,” which Freud used to demonstrate his method of dream interpretation, is the analysis of his own dream, the famous “dream of Irma's injection.” Although in this context we cannot discuss Freud's analysis of the dream in every detail, consideration of the main components is sufficient to serve our purpose. The stimulus to the dream was an encounter with Freud's well-respected colleague and friend”Otto,” the pediatrician Oskar Rie, who was staying with “Irma,” Anna Hammerschlag, a former patient of Freud's, and her family. Freud asked about Anna's condition, and when Otto replied that she was “better, but not quite well,” Freud detected a tone of reproof in Rie's voice that annoyed the older man. That night Freud wrote up the treatment with the intention of showing it to “Dr. M,” Joseph Breuer, his most respected older colleague, “in order to justify myself” ([1900/1953](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c9)a, p.106). During that night's sleep, Freud dreamed that he was in a large hall with numerous guests, one of whom was Anna. Freud took her aside, intending to reproach her for not having accepted his “solution,” but said, “If you still get pains, it's only your own fault.” Anna replied that her pain was not only broadened but also worse, and Freud decided he must be missing some organic trouble. He examined her despite her initial reluctance and found a white patch and scabs; he called over Breuer, who confirmed Freud's findings. Rie and another friend examined her, and Breuer said it was an infection, but “dysentery will supervene and the toxin will be eliminated.” All were aware that the origin of the infection was an injection given by Rie, and Freud concluded “Injections of that sort ought not to be made so thoughtlessly…And probably the syringe had not been clean.”

Freud associated to each component of the dream as follows: 1) his comment to Anna about her pains—he was anxious not to be responsible for Anna's continued pain; 2) his suspicions of an organic illness—such an illness would absolve him of responsibility; 3) the examination—another woman whom Anna stood like in the dream—Freud wished to replace Anna with her friend because Anna “had been foolish” to not accept his solution; 4) Calling in Breuer—an incident in which he had unwittingly poisoned a patient with a substance then thought to be harmless; Freud commented that he seemed to be collecting evidence of his lack of medical conscientiousness; 5) Breuer's ridiculous “reassurance”—expression of derision toward Breuer and other physicians whom he felt were ignorant of hysteria. Breuer was a target because he did not accept Freud's “solution” any more than did Anna; and 6) the cause of Anna's pains being due to Rie's injection—revenge upon Rie for expressing what Freud felt to be a criticism of his treatment. So, in the dream Freud revenged himself on Anna, Breuer, and Rie.

Freud's conclusion was that the dream was stimulated by what he felt was a criticism of his treatment of Anna by his esteemed colleague Rie, and in the dream Freud fulfilled his wish to exculpate himself in a variety of ways: Anna's illness was organic; it was her own fault for not accepting Freud's “solution,” and Rie caused the problem with his foolish injection. Moreover, in the dream Freud avenged himself on both Rie and Breuer by putting into the latter's mouth an absurd idea and having Riegive a poisonous injection. All the events made sense from the viewpoint of Freud's feeling injured by Rie's remark and his wish for revenge on those he felt to be critical of his ideas. In this way, Freud made intelligible what seemed like a nonsensical conglomeration of scenes. A seemingly random group of dream elements told a coherent story, but finding the story required deciphering the manifest content of the dream. Only in the underlying, or latent, content could the seemingly nonsensical dream story be made understandable.

In Freud's interpretation of this specimen dream, we can see his reliance on the free associational method. From his associations to each element of the dream, Freud concluded that the dream was about his injury, guilt over not helping the patient enough, the need to exonerate himself, and his desire to exact revenge on Rie for the critical comment. The fitting together of the various dream thoughts made sensible a typically absurd sounding dream. It should be noted that Freud's interpretation did not include a childhood wish. This situation is not atypical; it is difficult to find a single dream discussed in the volume that was rooted in a childhood wish. Moreover, the wish fulfillment (Freud's wish to exact revenge on Rie) is only one element of the latent content, and not the most disturbing nor the most deeply repressed. The key to the dream interpretation is the depth of injury Freud felt in response to Rie's brief comment. So, although Freud's interpretation of the dream seems to make sense of the manifest content, it does not include the universal elements Freud proposed as components of all dreams. In interpreting this “specimen dream,” Freud demonstrated that dreams have meaning and that the meaning can be uncovered by following associations, but he did not provide support for his contention that dreams are motivated by the fulfillment of infantile wishes.

Not satisfied with understanding the meaning of dreams, in chapter 7 Freud undertook to explain the mental apparatus. Enter Freud the natural scientist. He begins with the inherent organismic connection between desire and action: A wish impels the motor apparatus to action. When the body cannot respond, the motoric outlet is blocked, and another means of discharge must be found. The alternative is a visual representation of the wish, resulting in a dream. Thus, Freud's metapsychological explanation of dream formation assumes that a dream is a product of frustration. According to this view, the dream is produced by the visual apparatus after deflection by motoric blocking.

This idea presumes the dream is a poor visual perception, a blurred or inadequate perception of the world. This concept of the dream is phenomenologically inaccurate. An object of visual perception is perspectival: It can be looked at from different angles; one can walk around it to gain different looks. A poor perception can be corrected by shifting perspective, as by getting to closer to the object of perception. A dream lacks this essential quality of perception. Once this is seen, it becomes clear that the dream cannot be a secondary outlet for a frustrated motoric discharge. It tells a story and exists in a mental space different from the physical world that is the object of sensual perception. The dream has no characteristics of a poor visual image; it has it own unique, nonspatial mental activity. I make this point to emphasize the problems inherent in Freud's biological prejudice. He began his explanation of dreaming with the assumption that dreams are an epiphenomenon of a blocked motoric outlet, rather than beginning with the phenomenon itself, the dream as it is given to us in dreaming. Had he taken the latter approach, he would have immediately recognized that a dream is not a perception at all, but a story that, although given in pictorial form, exists in its own unique mental space that cannot be reduced to any other mental act, such as perception or even imagination. [Robbins (2004)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c27) has recently elucidated a theory of dreaming that retains Freud's model of interpretation while recognizing the uniqueness of the dream space. In this view, a dream is a qualitatively distinct way of expressing mind and, therefore, cannot be reduced to wishes or other daytime phenomenon. This concept of dreaming provides us with a hermeneutic of dreaming free from Freud's metapsychological reductionism.

Returning to the dream of Irma's injection, we saw that the secret to the dream is Freud's feeling criticized for his treatment of Anna, the wish was that it had been more successful and that his critics would look like fools for their medical mistakes. Where is the drive? Where is the wish that seeks motoric outlet? Where is the infantile wish that is supposed to lie at the root of all dreaming? None of this is to be found, and to search for the answers to these questions would only derail the investigation. It is for that reason that Freud's belief in a defined content in all dreams is antithetical to his hermeneutic method. In fact, Freud's failure to relate the dream to either a childhood wish or any drive-based wish is typical of every dream interpreted in the book. All that he required to interpret dreams successfully was the free associational process and the concepts of manifest and latent content. Freud the hermeneuticist interpreted dreams; Freud as a natural scientist added little to dream interpretation and in fact, proposed a theory of dream formation that misrepresented the phenomenology of the dream and its latent content.

[The Hermeneutic of Contemporary Technique](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

The interpretation of the dream of Irma's injection is a paradigmatic illustration of what I have called Freud the hermeneuticist: A manifestly unintelligible psychic phenomenon was rendered understandable by using interpretations to grasp unconscious meaning. Freud employed this same hermeneutic method with his patients to attack symptoms, as we saw in our discussion of his earliest analytic technique. Although analytic technique has undergone dramatic modifications by various psychoanalytic schools and theorists, Freud's hermeneutic of the mind has remained a cornerstone of clinical strategy. Conversely, Freud the natural scientist has gradually diminished in influence on analytic technique.

This split in Freud's impact on contemporary technique is not confined to schools of thought that depart radically from his thinking. Even among theorists who regard themselves as heir to Freud's theory, the hermeneutic is palpable, but the natural science Freud is difficult to detect. Contemporary ego psychology is built on the principle of interpreting the defenses and resistances as they manifest themselves in the analytic relationship and working down from the analytic surface to depth material (e.g., [Busch, 1995](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c8a); [Gray, 1973](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c20), [1982](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c21), [1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c22)). Indications of avoidance or other resistances are addressed immediately in the here-and-now transference in order to uncover the anxiety-evoking material. That aspect of the psyche is then interpreted to reach the next level. In this way, the defenses are confronted in a systematic stepwise fashion to reach the most deeply repressed layers of the mind. Although the advocates of this technique regard it as an application of ego psychological theory, one can see in their use of associations, resistance, and interpretation to move from surface to depth, a clear similarity to Freud's technique in *Studies on Hysteria*. Using anxiety manifested on the “analytic surface” to reach psychic depth is a more alert form of detecting resistance than was apparent in Freud's description of the analytic method in the last chapter of that work. Freud's original technique, like the method of contemporary ego psychology, involved a process of gradual interpretation of defenses from surface to depth via resistance interpretation.

A somewhat different approach, sometimes called “contemporary structural theory,” minimizes the importance of drives in favor of making the patient aware of all components of the conflict that form the compromise formation of the psyche ([Brenner, 1976](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c5); [Sugarman, 1995](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c31); [Bachant, Lynch, & Richards, 1995](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c4)). These theorists believe the essence of psychoanalysis lies in making the conscious affect, defense, anxiety, and superego prohibition. This branch of ego psychology is less focused on working from surface to depth in the stepwise fashion of the Gray group, but like the latter, sees analysis as a gradual process of interpreting resistances in order to peel away layers of defense to arrive at psychic depth.

One might consider the Kleinian emphasis on drives as an example of the importance of Freud's natural science approach. However, despite the Kleinian theoretical adherence to the drive concept, the contemporary clinical approach is heavily weighted in favor of using the transference-countertransference affective exchanges to broaden the patient's awareness of her internalized object relations (e.g., [Racker, 1960](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c26); [Segal, 1981](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c28)). The change from Freud is the use of countertransference awareness to inform the interpretive process, but that process continues to be the principal analytic intervention.

When we turn our attention to technical principles derived from theoretical postulates decisively different from those held by Freud, the split between the 2 Freuds is even more clear. Self psychology, for example, has eliminated drive theory from its view of psychic motivation. The most fundamental human motive from this viewpoint is the completion of the “nuclear program of the self” ([Kohut, 1984](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c23)). Nonetheless, to mobilize this split off part of the psyche requires interpretation. Kohut divided the interpretive process into understanding and explanation. Typically, in the treatment of patients with weak selves, understanding consumes a prolonged period in which the analyst must be content with noting the patient's reactions to the analyst's responsiveness or lack thereof. Even at this level, the analyst is an interpreter, but his work is marked by sensitivity to the patent's efforts to mobilize split off parts of the psyche and the possibility of doing potential injury to the patient by premature interpretation. Only after this approach has “laid down new self structures” does the process move to the “explanatory phase” in which the genetic-dynamic roots of the patient's vulnerability is grasped. So, despite the decisive difference in theory and technique represented by self psychology, Kohut's technical recommendations included gradual interpretation from surface to depth. The difference between Kohut and Freud in technical strategy was the former's more cautious, patient approach to resistance and willingness to assume responsibility for the patient's disturbed reactions to analytic ministrations. Despite this difference, Kohut gave a central role to interpretation and in his approach to defense and resistance proceeded from consciousness to deeper levels of the unconscious.

It is true that some contemporary proponents of self psychology seem to have removed the central role of interpretation in favor of “optimal responsiveness” ([Bacal,1985](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c2), [1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c3)). This technical strategy includes the meeting of selfobject needs in addition to affective attunement, such as affective regulation and organization. Nonetheless, even in these modifications of analytic technique, a necessary role is given to empathic attunement, a process of understanding the patient's affects. This clinical approach is based on the concept that the patient cannot respond to a deep interpretation early in the relationship and, sometimes, for a prolonged period. The patient needs resonance with her affective states as she experiences them before deeper levels of experience can be reached, according to this school of thought. Furthermore, at any given moment other selfobject needs might be more urgent. Again, one can see that the decisive difference lies in the abandonment of the concept of resistance in this technical strategy. When the treatment appeared to be stuck, Freud would point out resistances and encourage associations to move beyond conscious experience, whereas these contemporary self psychologists tend to accept and appreciate the patient's actual experience. Nonetheless, the goal is to reach deeper affects and meaning from both viewpoints. Although these clinical postures are clearly different, self psychologists who believe the therapeutic action of psychoanalysis lies in meeting a variety of selfobject needs employ interpretation to reach depths of psychic experience. Unlike Freud, self psychologists of this persuasion do not believe that interpretation is the sole technical intervention, but their use of it to contact deeper levels of affective experience bears the stamp of Freud's model of interpreting meaning.

Furthermore, there is another group of self psychologists who do not share the view that noninterpretive interventions have a significant role in therapeutic action (e.g., [Goldberg,1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c18), [2004](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c19); Basch, 1985). Unlike the former group, these self psychologists have never wavered from their belief that interpretation is the mutative factor in psychoanalysis. Their departure from the classical model is based on their contention that psychopathology is rooted in problems of the self rather than the repression of drives. As much as [Goldberg (1988)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c18) advocates departure from the technique of ego psychology by questioning the rules and assumptions taken for granted in that school, he does not dispute the primacy of interpretation in therapeutic action ([Goldberg, 2004](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c19)). In this view, self psychology departs from the classical model in its emphasis on understanding and resolving the selfobject transferences, but there is no suggestion that the patient's need for selfobject experience should be met by the analyst. Such transferences must be interpreted to uncover their roots and resolve their influence on the patient's life. This technical strategy is a hermeneutic of the mind but with an emphasis on the striving to meet unresolved selfobject needs rather than drive-based wishes. Here again Freud's heremeneutic of the mind is greatly influential, but his drive metapsychology is not.

Even the relational emphasis on the analyst's involvement includes interpretation as the primary activity of the analyst (e.g., [Aron, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c1); [Mitchell, 1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c24), [1997](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c25)). In opposition to the classical model, they believe the mind consists not of intrapsychic wishes, but of relational configurations. But, in Mitchell's view, these relational patterns have meaning that can best be grasped in the analytic relationship. So, although the relational approach to therapeutic action accents the analyst's involvement in the patient's relational patterns, the process consists of a voyage of discovery into the way the patient constructs relational configurations. This technical strategy is a hermeneutic of the mind, its difference from the classical model consisting of the nature of the psychic units investigated. It is true, of course, that relationalists tend to stress the importance of the analytic relationship in therapeutic change, but they also recognize that this relationship achieves depth through understanding.

In a similar vein, the object relations theories so highlighted by the British middle school also tend to regard the analytic relationship as important in therapeutic movement. Like some self psychologists and relational theorists, object relations theorists view interpretation as one among a variety of helpful interventions. These theorists emphasize the resumption of arrested development as the key to therapeutic action. However, central to this clinical strategy is the principle that mobilization of infantile and childhood needs is facilitated by the interpretive process.

All of the theoretical modifications in analytic technique mentioned suggest significant changes in the interpretive process. Some theoretical shifts alter the content of what is interpreted; others modify its use. Furthermore the role of interpretation can no longer be assumed to be the only analytic intervention, as it was in Freud's day. Beyond those theoretical orientations, there is a growing consensus that “something more” than interpretation is necessary ([Stern, Sander, Nahum, Harrison, Lyons-Ruth, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c29)). A variety of nontheoretical proposals have been suggested as additions to interpretation, such as behavioral and action-oriented techniques (e.g., [Burland, 1997](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c7); [Frank, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c8); [Wachtel, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c34)). While Burland and Wachtel have proposed behavioral interventions to supplement interpretation, the Stern group has recommended “implicit relational knowing” as an adjunct to understanding. These approaches assume the primacy of interpretation, but believe other types of analytic ministrations must supplement the interpretive process to help the patient make the sought for analytic changes.

If interpretation has not been found to achieve analytic goals as frequently as we desire, one wonders why interpretation continues to be part of analytic technique. The answer is simply this: It is the only way we have to access deeper layers of meaning. If other techniques are employed without interpretation, the process remains on the psychic surface, and the analytic process is lost. Although the contemporary analyst tends more and more to use a model of self rather than drives, for the journey into the depths of the self she continues to use the logic of self-discovery that has uniquely characterized psychoanalysis since *Studies in Hysteria*. In any contemporary version of psychoanalysis, the analytic procedure is an inquiry designed to achieve a depth understanding of the psyche, and for this dialogic journey, Freud's hermeneutic investigation is not only relevant, but the only method we have. Despite innovations in analytic interventions, Freud's early technique remains the uniquely psychoanalytic method because it is designed to uncover the unconscious layers of the psyche. Additional techniques have been inspired by the limitations of what interpretation alone can achieve, but they do not obviate the need to penetrate to unconscious meaning by a systematic investigative procedure. The break from the past lies in the recognition of the need for interventions in addition to interpretation, not in its replacement.

One can see that the trend in much contemporary analytic theory is to view the development and strengthening of the self as the goal of the analytic process. A variety of noninterpretive techniques have been suggested to facilitate the construction of a new, more invigorated, authentic self. Although Freud the natural scientist has had little influence on the technical strategy to achieve this end, the road to a new beginning is paved by an in-depth interpretive investigation that penetrates beneath consciousness to find the buried potential on which a new self can be created ([Summers, 1999](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c32), [2005](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c33)). The broad thrust, then, of much contemporary technique is to supplement the interpretive process with other interventions, rather than abandon the investigative procedure. It is in this interpretive component necessary to prepare the ground for the creation of a new self that Freud's influence on contemporary technique is most palpable. These newer strategies have abandoned some of Freud's technical suggestions, but by employing a model of free associations and transference interpretation to make possible the creation of a new self, they retain his hermeneutic of the mind. Whereas for Freud and many classical theorists interpretation was equated with psychoanalysis, contemporary technique views understanding as a necessary, but insufficient condition for the achievement of analytic goals (e.g., [Strenger, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c30); [Summers, 2005](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=b5bdf674-683c-450e-8c8f-dfc1b8a83ca1%40sessionmgr4007&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c33)). It is this depth understanding that makes psychic change uniquely psychoanalytic. In the end, psychoanalysis is defined not by esoteric knowledge, but by its specialized method of for plumbing the depths of the psyche. And that is where Freud's legacy remains and will remain as long as any therapeutic approach deserves to be called psychoanalytic.

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