

EGO PSYCHOLOGY AND INTERPRETATION IN PSYCHOANALYTIC THERAPY

BY ERNST KRIS, PH.D. (NEW YORK)

While during half a century of its history the development of psychoanalysis has been comparatively little influenced by simultaneous discoveries in other fields of science, the various applications of psychoanalysis have almost continuously influenced each other. It is in this sense that the history of psychoanalysis can be viewed as a progressive integration of hypotheses. The clearest interrelationship exists between clinical observations and the development of both psychoanalytic technique and theory (23, 24). The development of the structural point of view in psychoanalysis, i.e., the development of psychoanalytic ego psychology, can profitably be traced in terms of such an interdependence. Freud was at one point influenced by his collaborators in Zürich who impelled him to an intensified interest in the psychoses. This led him to formulate the concept of narcissism and thus to approach the ego not as a series of isolated functions but as a psychic organization. The second group of clinical impressions that favored the development of a structural psychology was the observation by Freud of individuals motivated by an unconscious sense of guilt, and of patients whose response to treatment was a negative therapeutic reaction. These types of behavior reinforced his conception of the unconscious nature of self-reproaches and autopunitive tendencies, and thus contributed to the recognition of important characteristics of the superego. There is little doubt that other clinical impressions to which Freud referred during these years were derived from what we would today describe as 'character neuroses'—cases in whose analyses the unconscious nature of resistance and defense became particularly clear and which, therefore, facilitated

Presented at the panel on Technical Implications of Ego Psychology at the midwinter meeting of the American Psychoanalytic Association, New York, December 1948.

From the Child Study Center, Yale University School of Medicine.

formulations of unconscious and preconscious functions of the ego.

However, these events were not fortuitous. Nobody can believe that the clinical impressions of which we speak reached Freud accidentally. Surely Freud did not turn to the study of psychoses merely to engage in polemics with Jung, or in response to suggestions of Abraham; nor can it be assumed that his interest in character neuroses was due only to an increase in the incidence of character neuroses among his patients during the early 1920's, and hence to a 'psychosocial' event (17)—though it is probable that such a change of frequency distribution occurred. It is obviously more sensible to assume that a readiness in the observer and a change in the objects observed were interacting.

Freud's readiness for new formulations is perhaps best attested by the fact that the principles of ego psychology had been anticipated in his *Papers On Technique*¹ (18). Most of these papers were written contemporaneously with his first and never completed attempt at a reformulation of theory, which was to be achieved in the *Papers On Metapsychology*.² The precedence of technical over theoretical formulations extended throughout Freud's development. It was evident during the 1890's when in the *Studies in Hysteria*³ Freud reserved for himself the section on therapy and not that on theory. Several years later, when his interest in dreams and neuroses was synthesized, and the importance of infantile sexuality gained ascendancy, he was first concerned with a modification of therapeutic procedure: the 'concentration technique' was replaced by the technique of free association (22). Similarly, Freud's papers on technique during the second decade of the century anticipate by implication what a few years later he was to formulate in terms of ego psychology. His advice that analysis should start from the surface, and that resistance be analyzed before interpreting content implies principles basic in ego psychology. This accounts for

¹ Freud: Coll. Papers, II.

² Freud: Coll. Papers, IV.

³ Freud (with Breuer): *Studies in Hysteria*. Translated by A. A. Brill. New York: Nervous and Mental Disease Monographs, 1936.

the status of Freud's papers on technique in psychoanalytic literature: they have retained a pivotal position and most treatises on technique have illustrated or confirmed rather than modified his rare fundamental precepts. If one rereads Freud's address to the Psychoanalytic Congress in Budapest in 1918 (11), one becomes aware of the fact that many current problems concerning the variation of technical precepts in certain types of cases, as well as the whole trend of the development that at present tries to link psychoanalytic therapy to psychotherapy in the broader sense, were accurately predicted by Freud. The development which he predicted became possible, however, through the new vistas that ego psychology opened to the earliest and probably best systematized modifications of psychoanalytic techniques, the development of child analysis by Anna Freud, the psychoanalysis of delinquents by Aichhorn, and later to some of the various modifications of technique in the psychoanalytic treatment of borderline cases and psychoses.

Not only did ego psychology extensively enlarge the scope of psychoanalytic therapy, but the technique of psychoanalysis of the neuroses underwent definite changes under its impact. These changes are part of the slow and at times almost imperceptible process of development of psychoanalytic technique. Isolated changes which constitute this development are difficult to study because what one may describe as *change* can also be viewed as *difference*, and differences in technique among analysts who share approximately the same fundamental views may be due to many factors; however, if we study the trends of changing attitudes, we are in a more favorable position.

Neither all nor most of the changes in psychoanalytic technique are consequences of the development of some aspect of psychoanalytic theory. If we reread Freud's older case histories, we find, for example, that the conspicuous intellectual indoctrination of the Rat Man was soon replaced by a greater emphasis on reliving in the transference, a shift which has no apparent direct relation to definite theoretical views. Similarly, better understanding and management of transference was probably not initially connected with any new theoretical insight. It was

a process of increasing skill, of improved ability, in which Freud and his early collaborators shared,⁴ not dissimilar to that process of a gradual acquisition of assurance in therapy which characterizes the formative decade in every analyst's development. But other changes in psychoanalytic therapy can, I believe, clearly be traced to the influence of theoretical insight.⁵ Every new discovery in psychoanalysis is bound to influence to some extent therapeutic procedure. The value of clinical presentations is that in listening to them we are stimulated to review our own clinical experiences, revise our methods, and to profit—in what we may have overlooked or underrated—from the experience of others. To assess this influence of ego psychology it is necessary to recall the ideas which developed synchronously with or subsequent to the new structural orientation: the psychoanalytic theory of instinctual drives was extended to include aggression, and the series of ontogenetic experiences studied included in ever greater detail preœdipal conflicts deriving from the uniqueness of the mother-child relation. A historical survey of the psychoanalytic literature would, I believe, confirm that these new insights were having reverberations in therapy, influencing, however, mainly the content of interpretation and not the technique of therapy in a narrower sense. A gradual transformation of technique came about largely through better understanding and improvement in the handling of resistances. In interpreting resistance we not only refer to its existence and determine its cause, but seek also its method of operation which is then reviewed in the context of other similar types of behavior as part of the defensive activities of the ego. Resistance is no longer simply an 'obstacle' to analysis, but part of the 'psychic

⁴ Such a view is not uncontested. In describing her own development as an analyst Ella Sharpe stresses the fact that only familiarity with the structural concept, particularly the superego, enabled her to handle transference problems adequately (31, p. 74). For a similar report of his early technical vicissitudes see also Abraham (1).

⁵ This naturally does not apply to all individuals. The relation of theoretical insight to therapeutic procedure varies from analyst to analyst, and there is no evidence upon which to base an opinion as to which type of relation is optimal.

surface' which has to be explored.⁶ The term resistance then loses the unpleasant connotation of a patient who 'resists' a physician who is angry at the patient's opposition. This was the manifestation of a change in what may be described as the 'climate' of analysis.

In one of his last papers Freud (12) defended analytic interpretations against the reproach of arbitrariness especially in dealing with resistance; he discussed in detail the criteria according to which, by the patient's subsequent reaction, correctness of the interpretations can be verified. In doing so he stresses an area of coöperation between analyst and patient and implicitly warns against dictatorially imposed interpretations.⁷ That does not mean that it is possible or desirable always to avoid opposition of the patient to any interpretation, but it means that through the development of ego psychology a number of changes in the technique of interpretation have come about—not 'random' changes, characteristic of the work of some analysts and not of others, but changes that constitute a set of adjustments of psychoanalytic technique to psychoanalytic theory.

ILLUSTRATIONS

To clarify issues, I cite first a simplified version of an incident in the analysis of a six-year-old boy reported by Anna Freud (6, p. 119). The visit to the dentist had been painful. During his analytic interview the little boy displayed a significant set of symptomatic actions related to this experience. He damaged or destroyed various objects belonging to the analyst, and finally repeatedly broke off the points and resharpened a set of pencils. How is this type of behavior to be interpreted?

⁶ These or similar formulations of the analysis of resistance were achieved in two steps, in the writings of Wilhelm Reich (27, 28), and of Anna Freud (6). The difference between them is significant. Reich regards the problem predominantly as one of technical 'skill'; formulations tend to be oversimplified or exaggerated. They lead to the rigorous 'resistance' or layer analysis, the shortcomings of which have been criticized by Hartmann (18). By Anna Freud, resistance is fully seen as part of the defensive function of the ego.

⁷ Waelder (33) has further elaborated this point.

The interpretation may point to retaliatory castration, may stress the turning of a passive experience into an active one, or may demonstrate that the little boy was identifying himself with the dentist and his aggression. All three interpretations can naturally be related to the anxiety which he had experienced. The choice between these and other possible interpretations will clearly depend on the phase of the analysis. The first interpretation, an 'id interpretation', is directly aimed at the castration complex. The second and the third aim at mechanisms of defense. The second emphasizes that passivity is difficult to bear and that in assuming the active role danger is being mastered. The third interpretation implements the second by pointing out that identification can serve as a mechanism of defense. It might well prove to be a very general mechanism in the little boy's life. It may influence him not only to react aggressively,⁸ but to achieve many goals, and may be the motivation of many aspects of his behavior. The interpretation that stresses the mechanism of identification is, therefore, not only the broadest, but it may also open up the largest number of new avenues, and be the one interpretation which the little boy can most easily apply in his self-observation. He might learn to experience certain of his own reactions as 'not belonging' (i.e., as symptoms) and thus be led an important step on the way toward readiness for further psychoanalytic work.

We did not choose this example to demonstrate the potentialities of an interpretation aimed at making the use of a mechanism of defense conscious, but rather in order to demonstrate that the situation allows for and ultimately requires all three interpretations. A relevant problem in technique consists in establishing the best way of communicating the full set of meanings to the patient. The attempt to restrict the interpretation to the id aspect only represents the older procedure, the one which we believe has on the whole been modified by the change of which we speak. To restrict interpretation to the defense mechanism only may be justifiable by the assumption that the

⁸ This is probably what Anna Freud means when she says that the child was not identifying himself 'with the person of the aggressor but with his aggression'.

patient is not yet ready—a valuable piece of caution, though it seems that there is a tendency among some analysts to exaggerate such caution at times. It may also happen that though we carefully restrict the range of interpretation the patient reacts as if we had not done so. While our interpretation points to the mechanism by which he wards off danger (e.g., identification), the next set of associations causes the patient to react as if we had interpreted his femininity. A sequence of this kind indicates normal progress: the interpretation concerns the warding-off device, the reaction reveals the impulse warded off.⁹

No truly experimental conditions can be achieved in which the effects of alternative interpretations can be studied. Comparisons of 'similar cases' or comparisons of patients' reactions to 'similar situations' help us to reach some useful generalizations. The occasional situation under which somewhat more precise comparisons can be made is the study of patients who have a second period of analysis with a different analyst. The need for a second analysis is no disparagement of the first analyst, nor does it imply that the first course of treatment was unsuccessful. In several instances of reanalysis in which I functioned as second analyst, the first analysis had been undertaken at a time when the problems of ego psychology had not yet influenced analytic technique, or by a colleague who (at the time) did not appreciate its importance. The initial treatment had produced considerable improvements, but the very same problems appeared in a new light, or new relationships, when interpretations of a different kind, 'closer to the surface', were 'inserted'. In a few of the cases in which these conditions existed, a published record of the first analysis was available and furnished some reliable comparison.

At the time of his second analysis a patient, who was a young scientist in his early thirties, successfully filled a respected aca-

⁹ Another apparent discontinuity or 'jump' in reaction, no less frequent and no less important, is designated by what Hartmann calls 'the principle of multiple appeal' in interpretations (18). Examples of this kind make the idea of interpretation proceeding in layers, advocated by Wilhelm Reich, highly doubtful (27, 28); see also in this connection Nunberg (26) and Alexander (2).

demic position without being able to advance to higher rank because he was unable to publish any of his extensive researches. This, his chief complaint, led him to seek further analysis. He remembered with gratitude the previous treatment which had improved his potency, diminished social inhibitions, producing a marked change in his life, and he was anxious that his resumption of analysis should not come to the notice of his previous analyst (a woman) lest she feel in any way hurt by his not returning to her; but he was convinced that after a lapse of years he should now be analyzed by a man.

He had learned in his first analysis that fear and guilt prevented him from being productive, that he 'always wanted to take, to steal, as he had done in puberty'. He was under constant pressure of an impulse to use somebody else's ideas—frequently those of a distinguished young scholar, his intimate friend, whose office was adjacent to his own and with whom he engaged daily in long conversations.

Soon, a concrete plan for work and publication was about to materialize, when one day the patient reported he had just discovered in the library a treatise published years ago in which the same basic idea was developed. It was a treatise with which he had been familiar, since he had glanced at it some time ago. His paradoxical tone of satisfaction and excitement led me to inquire in very great detail about the text he was afraid to plagiarize. In a process of extended scrutiny it turned out that the old publication contained useful support of his thesis but no hint of the thesis itself. The patient had made the author say what he wanted to say himself. Once this clue was secured the whole problem of plagiarism appeared in a new light. The eminent colleague, it transpired, had repeatedly taken the patient's ideas, embellished and repeated them without acknowledgment. The patient was under the impression he was hearing for the first time a productive idea without which he could not hope to master his own subject, an idea which he felt he could not use because it was his colleague's property.

Among the factors determining the patient's inhibitions in his work, identification with his father played an important part.

Unlike the grandfather, a distinguished scientist, the father had failed to leave his mark in his field of endeavor. The patient's striving to find sponsors, to borrow ideas, only to find that they were either unsuitable or could only be plagiarized, reproduced conflicts of his earlier relationship with his father. The projection of ideas to paternal figures was in part determined by the wish for a great and successful father (a *grandfather*). In a dream the œdipal conflict with the father was represented as a battle in which books were weapons and conquered books were swallowed during combat. This was interpreted as the wish to incorporate the father's penis. It could be related to a definite phase of infancy when, aged four and five, the little boy was first taken as father's companion on fishing trips. 'The wish for the bigger fish', the memory of exchanging and comparing fishes, was recalled with many details. The tendency to take, to bite, to steal was traced through many ramifications and disguises during latency and adolescence until it could be pointed out one day that the decisive displacement was to ideas. Only the ideas of others were truly interesting, only ideas one could take; hence the taking had to be engineered. At this point of the interpretation I was waiting for the patient's reaction. The patient was silent and the very length of the silence had a special significance. Then, as if reporting a sudden insight, he said: 'Every noon, when I leave here, before luncheon, and before returning to my office, I walk through X Street [a street well known for its small but attractive restaurants] and I look at the menus in the windows. In one of the restaurants I usually find my preferred dish—fresh brains.'

It is now possible to compare the two types of analytic approach. In his first analysis the connection between oral aggressiveness and the inhibition in his work had been recognized: 'A patient who during puberty had occasionally stolen, mainly sweets or books, retained later a certain inclination to plagiarism. Since to him activity was connected with stealing, scientific endeavor with plagiarism, he could escape from these reprehensible impulses through a far-reaching inhibition of his activity and his intellectual ventures' (30). The point which the

second analysis clarified concerned the mechanism used in inhibiting activity. The second set of interpretations, therefore, implemented the first by its greater concreteness, by the fact that it covered a large number of details of behavior and therefore opened the way to linking present and past, adult symptomatology and infantile fantasy. The crucial point, however, was the 'exploration of the surface'. The problem was to establish how the feeling, 'I am in danger of plagiarizing', comes about.

The procedure did not aim at direct or rapid access to the id through interpretation; there was rather an initial exploratory period, during which various aspects of behavior were carefully studied. This study started on a descriptive level and proceeded gradually to establish typical patterns of behavior, present and past.¹⁰ Noted first were his critical and admiring attitudes of other people's ideas; then the relation of these to the patient's own ideas and intuitions. At this point the comparison between the patient's own productivity and that of others had to be traced in great detail; then the part that such comparisons had played in his earlier development could be clarified. Finally, the distortion of imputing to others his own ideas could be analyzed and the mechanism of 'give and take' made conscious. The exploratory description is aimed, therefore, mainly at uncovering a defense mechanism and not at an id content. The most potent interpretative weapon is naturally the link between this defense and the patient's resistance in analysis, an aspect which in the present context will not be discussed in any detail.

¹⁰ The value of similar attempts at starting from careful descriptions has been repeatedly discussed by Edward Bibring. I quote his views from a brief report given by Waelder (32, p. 471). 'Bibring speaks of "singling out" a patient's present patterns of behavior and arriving, by way of a large number of intermediate patterns, at the original infantile pattern. The present pattern embodies the instinctual impulses and anxieties now operative, as well as the ego's present methods of elaboration (some of which are stereotyped responses to impulses and anxieties which have ceased to exist). Only by means of the most careful phenomenology and by taking into consideration all the ego mechanisms now operative can the present pattern of behavior be properly isolated out. If this is done imperfectly . . . or if all the earlier patterns are not equally clearly isolated, there is a danger that we shall never arrive at a correct knowledge of the infantile pattern and the result may well be an inexact interpretation of infantile material.'

The exploratory steps in this analysis resemble those which Helene Deutsch (3) describes in a strikingly similar case, in which the unconscious tendency to plagiarize ideas of an admired friend led to so severe a memory disturbance that the psychoanalytic method was used to eliminate fully the diagnosis of neurological disease. Had it been possible to obtain material from the childhood of Helene Deutsch's patient, we might have been able to link similarities and dissimilarities in the early history of both men to the later differences in the structure of their defenses and their symptomatology.¹¹ The mechanism described and made conscious in our patient's analysis, the id impulse, the impulse to devour, emerged into consciousness and further steps of interpretation led without constraint into the area which the first analysis had effectively analyzed. It is naturally not claimed that such procedures were altogether new at the time. There surely always have been analysts who approach a problem of interpretation approximately as outlined here. This type of approach has to some extent been systematized by the support and guidance of ego psychology. It seems that many more analysts now proceed similarly and that they have gained the impression that such a shift in emphasis is therapeutically rewarding.¹²

PLANNING AND INTUITION

One difference between older and newer methods of analyzing defense mechanisms and linking 'surface' and 'depth' of psychoanalytic findings to each other deserves a more detailed discussion. The advance in theory has made the interrelations of various steps in analytic work clearer and has thus facilitated communication about these problems. We can now teach more accurately both the 'hierarchy' and the 'timing' of interpreta-

¹¹ When analyzing the patient here discussed I was familiar with Deutsch's paper. Without being consciously aware of it, I followed her example when entering into the detailed examination of the patient's intellectual pursuits.

¹² In the case here discussed the analysis was interrupted by the Second World War. During its course the patient published at least one of the contributions he had for a long time planned to publish. He intended to resume analysis after the end of the war but contact with him could not be re-established at the time. I have since heard that he has found satisfaction in his home life and in his career.

tions, and the 'strategy' and 'tactics' of therapy (25). We are, however, gradually becoming aware of many uncertainties in this area. In speaking of hierarchy and timing of interpretations, and of strategy or tactics in technique, do we not refer to a plan of treatment, either to its general outline or to one adapted to the specific type of case and the specific prognosis? How general or specific are the plans of treatment which individual analysts form? At what point of the contact with the patient do the first elements of such plans suggest themselves, and at what point do they tend to merge? Under what conditions are we compelled to modify such impressions and plans; when do they have to be abandoned or reshaped? These are some of the questions on which a good deal of our teaching in psychoanalysis rests, and which are inadequately represented in the literature.¹³ The subject is of considerable importance because in using checks and controls on prediction we could satisfy ourselves as to the validity and reliability of tentative forecasts of those operations on which analytic technique *partly* depends.¹⁴

The tendency to discuss 'planning' and 'intuition' as alternatives in analytic technique permeates psychoanalytic writings though it has repeatedly been shown that such an antithesis is unwarranted.¹⁵ Theodor Reik's and Wilhelm Reich's unprofitable polemics against each other are liberally quoted in such discussions. In my opinion not only this controversy but the problem which it attempted to clarify is spurious. It is merely

¹³ See Fenichel (4), Glover (14, 15), Sharpe (31) and particularly Lorand (23) who discuss some of these problems. A group of colleagues has started a highly promising method of investigation. Long after graduation from supervised work, they continue regularly to consult with several others on some of their cases over periods of years in order to make comparisons of the analytic 'style' among the consultants. It is to be hoped that this comparison will include the problem of *prediction* in analytic discussions.

¹⁴ The idea of small teams working over a number of years (with or without institutional backing) seems rapidly to be gaining ground among analysts. The comparison of technique in general and specifically the study of planning and predicting might well be ideally suited to stimulate team work, which, if adequately recorded, might prove to be of considerable documentary value.

¹⁵ See Fenichel (4), and particularly Herold (19) and Grotjahn (16), who make similar points.

to be determined at what point preconscious thought processes in the analyst 'take over' and determine his reaction, a question which touches upon every analyst's personal experience. There are some who are inhibited if they attempt consciously to formulate the steps to be taken, with whom full awareness acts as inhibition or distraction. There are those who at least from time to time wish to think over what they are doing or have done in a particular case, and others who almost incessantly wish to know 'where they are'. No optimal standard can be established. The idea, however, that the preconscious reactions of the analyst are necessarily opposed to 'planning' seems, in the present stage of our knowledge about preconscious thought processes, to say the least, outdated (21).

Once we assume that the optimal distance from full awareness is part of the 'personal equation' of the analyst, the contribution of preconscious processes gains considerable importance.¹⁶ For one thing, it guarantees the spontaneity that prompts an analyst to say to a patient who showed considerable apprehension on the eve of a holiday interruption of analysis: 'Don't trouble, I shall be all right'. Many may at first feel that Ella Sharpe (31, p. 65), who reported this instance, had taken a daring step, and that her unpremeditated short cut went too far. But on second thought we may conclude that, provided the patient had been suitably prepared for the appearance of aggressive impulses within the transference, the wit of the interpretation may have struck home and created insight. Whether or not one approves of such surprise effects—and I confess my own hesitation—it is obvious that conscious premeditation could hardly bring them about. But even those of us who do not share the ebullient mastery of Ella Sharpe have reason to believe in the constructive contribution of intuition. Let me briefly refer to a patient who had been analyzed as a child, and whom I saw fifteen years after his first analytic experience had been interrupted through the influence of a truly seductive mother who could no longer bear to share the child with the child analyst. I was familiar with

¹⁶ See Freud's description of these relationships in various passages of his early papers (13, p. 334).

some of the aspects of the earlier analysis. Some of the symptoms had remained unchanged, some had returned, particularly prolonged states of sexual excitement, interrupted but hardly alleviated by compulsive masturbation or its equivalents, which in some cases led to disguised impulses toward exhibitionism. Long stretches of the analysis were at first devoted to the details of these states of excitement. It became clear that they regularly were initiated and concluded by certain eating and drinking habits. The total condition was designated by the patient and myself as 'greed'. In a subsequent phase phallic fantasies about the seductive mother were gradually translated into oral terms; the violent demand for love became a key that opened up many repressed memories which had not been revealed during the child's analysis. At one point, however, the process began to stagnate, the analysis became sluggish, when suddenly a change occurred. During one interview the patient manifested vivid emotions; he left the interview considerably moved and reported the next day that 'this time it had hit home'. He now understood. And as evidence he quoted that when his wife had jokingly and mildly criticized him he had started to cry and, greatly relieved, had continued to cry for many hours. What had happened? In repeating the interpretation I had without conscious premeditation used different terms. I did not speak of his *demand for love*, but of his *need for love* or expressions with a connotation which stressed not the aggressive but the passive craving in his oral wishes. Intuition had appropriately modified what conscious understanding had failed to grasp or, to be kinder to myself, had not yet grasped. This instance may serve to illustrate the necessary and regular interaction of planning and intuition, of conscious and preconscious stages of understanding psychoanalytic material. It is my impression that all advances in psychoanalysis have come about by such interactions, which have later become more or less codified in rules of technique.

Whenever we speak of the intuition of the analyst, we are touching upon a problem which tends to be treated in the psychoanalytic literature under various headings. We refer to

the psychic equilibrium or the state of mind of the analyst. One part of this problem, however, is directly linked to the process of interpretation. Many times a brief glance in the direction of self-analysis is part and parcel of the analyst's intervention. The interconnection between attention, intuition, and self-analysis in the process of interpretation has been masterfully described by Ferenczi (5):

'One allows oneself to be influenced by the free associations of the patient; simultaneously one permits one's own imagination to play on these associations; intermittently one compares new connections that appear with previous products of the analysis without, for a moment, losing sight of, regard for, and criticism of one's own biases.

'Essentially, one might speak of an endless process of oscillation between empathy, self-observation, and judgment. This last, wholly spontaneously, declares itself intermittently as a signal that one naturally immediately evaluates for what it is; only on the basis of further evidence may one ultimately decide to make an interpretation.'

REFERENCES

1. ABRAHAM, KARL: (1919) A Particular Form of Neurotic Resistance Against the Psychoanalytic Method. In: *Selected Papers on Psychoanalysis*. London: Hogarth Press, 1942. Second Edition.
2. ALEXANDER, FRANZ: *The Problem of Psychoanalytic Technique*. This QUARTERLY, IV, 1935.
3. DEUTSCH, HELENE: *Über bestimmte Widerstandsformen*. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939.
4. FENICHEL, OTTO: *Problems of Psychoanalytic Technique*. Albany: The Psychoanalytic Quarterly, Inc., 1941.
5. FERENCZI, SANDOR: (1927) Die Elastizität der psychoanalytischen Technik. In: *Bausteine zur Psychoanalyse*, III. Bern: Hans Huber Verlag, 1939.
6. FREUD, ANNA: (1936) *The Ego and the Mechanisms of Defense*. New York: International Universities Press, 1946.
7. FREUD: (1910) *The Future Prospects of Psychoanalytic Therapy*. Coll. Papers, II.
8. ———: (1912) *The Dynamics of the Transference*. Coll. Papers, II.
9. ———: (1912) *Recommendations for Physicians on the Psychoanalytic Method of Treatment*. Coll. Papers, II.
10. ———: (1913) *Further Recommendations on the Technique of Psychoanalysis*. Coll. Papers, II.

11. ———: (1918) *Turnings in the Ways of Psychoanalytic Therapy*. Coll. Papers, II.
12. ———: (1937) *Constructions in Analysis*. Coll. Papers, V.
13. ———: *Aus den Anfängen der Psychoanalyse*. London: Imago Publishing Co., Ltd., 1950.
14. GLOVER, EDWARD: *Lectures on Technique in Psychoanalysis*. Int. J. Psa., VIII and IX, 1927 and 1928.
15. ———: *An Investigation of the Technique of Psychoanalysis*. Research Supplement No. 4 to the Int. J. Psa., 1940.
16. GROTJAHN, MARTIN: *About the Third Ear in Psychoanalysis*. Psa. Rev., XXXVII, 1950.
17. HALLIDAY, JAMES L.: *Psychosocial Medicine*. New York: W. W. Norton & Co., Inc., 1948.
18. HARTMANN, HEINZ: *Technical Implications of Ego Psychology*. This QUARTERLY, XX, 1951.
19. HEROLD, CARL M.: *A Controversy About Technique*. This QUARTERLY, VIII, 1939.
20. KRIS, ERNST: *On Inspiration*. Int. J. Psa., XX, 1939.
21. ———: *On Preconscious Mental Processes*. This QUARTERLY, XIX, 1950.
22. ———: Introduction to Freud: *Aus den Anfängen der Psychoanalyse*.
23. LORAND, SANDOR: *Technique of Psychoanalytic Therapy*. New York: International Universities Press, 1946.
24. ———: *Comments on Correlation of Theory and Technique*. This QUARTERLY, XVII, 1948.
25. LOEWENSTEIN, RUDOLPH M.: *The Problem of Interpretation*. This QUARTERLY, XX, 1951.
26. NUNBERG, HERMAN: *On the Theory of Therapeutic Results of Psychoanalysis*. Int. J. Psa., XVIII, 1937.
27. REICH, WILHELM: (1928) *On Character Analysis*. In: *The Psychoanalytic Reader*. Edited by Robert Fliess. New York: International Universities Press, 1948.
28. ———: (1933) *Character Analysis*. New York: Orgone Institute Press, 1945.
29. REIK, THEODOR: *Surprise and the Psychoanalyst*. New York: E. P. Dutton & Co., 1937.
30. SCHMIDBERG, MELITTA: *Intellektuelle Hemmung und Ess-störung*. Ztschr. f. psa. Päd., VIII, 1934.
31. SHARPE, ELLA F.: (1930) *The Technique of Psychoanalysis*. In: *Collected Papers on Psychoanalysis*. London: Hogarth Press, 1950.
32. WAELDER, ROBERT: *The Problem of the Genesis of Psychological Conflict in Earliest Infancy*. Int. J. Psa., XVIII, 1937.
33. ———: *Kriterien der Deutung*. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939.