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## Freudian or Neofreudian

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With a few notable exceptions—from which may be singled out the Collected Papers of Freud, the Contributions of Abraham, and Ferenczi's and Jones's Papers—volumes of collected and especially selected papers on psychoanalysis are exercises in scientific autobiography, embarked upon when the author is nearing the age of retirement and wishes to put on record the trend of his scientific thought from his professional nonage to the date of publication. Provided his thinking is of more than personal interest, something can be said for the custom; for when nearing the close of his professional career, and analyst should at least be able to indicate to future readers what he thought he was talking about most of the time. Whether his readers will accept his autobiographical valuations is naturally on the lap of the gods—in this case, candidates in the sophomore year of professional training.

Of course, the system has some drawbacks. The author may have already published in book form his most enterprising contributions in various areas of psychoanalysis, so that, however well selected the papers may be, it is impossible to avoid great lacunae in presentation. This is certainly true in the present instance. With a natural aptitude for exposition fostered by upbringing in the metaphysical atmosphere of an academic home in Budapest, Franz Alexander has set his name to a number of treatises which for some time to come will certainly engage the attention of psychoanalysts and often the devoted interest of 'neofreudians' in various branches of the International Association, to say nothing of psychiatrists at large, whose criterion for a good 'neofreudian' is that he should contradict Freud on some vital point or points of theory. Perhaps it would be a good idea if the authors of 'selected' papers interpolated between their various contributions a brief summary of their thinking in the intervening periods; but readers can always make this out for themselves. Candidates are, on the whole, lazy or at least cursory readers, and it would do them no harm to address themselves

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Comments on *The Scope of Psychoanalysis, 1921-1961: Selected Papers*, by Franz Alexander. New York: Basic Books, Inc., 1961.

to the task of filling up gaps in a potentially fruitful trend of thought.

But what, it may be asked, is a 'neofreudian'? It is sometimes assumed that a neofreudian is one who advances the established principles and practices of psychoanalysis, modifying, where he deems it necessary, some of the allegedly more outmoded concepts of its founder and removing what he considers irrelevant accretions to the central body of psychoanalytic doctrine. This is an apparently reasonable, if rather superfluous, definition based on the not so reasonable assumption that psychoanalysis, like other sciences, inevitably progresses. It may be held, however, that the answer to the conundrum, 'When is a freudian not a freudian?' runs, 'When he is a neofreudian'. In other words, some observers of psychoanalytic progress or regress, jaded by long years of browsing through the literature, may well be inclined to the view that neofreudianism is characterized by abandonment of some of the essential concepts of psychoanalysis and a retreat to the clichés of preconscious psychology, even if these are wrapped in allegedly modernistic terminology. Naturally, each generation cleaves to the view that its favored doctrines are 'advances' and looks back with indulgent antiquarian interest on the pioneer dogmatisms that held sway in the 1920's. It seems to them inconceivable that the science of unconscious psychology should not progress; whereas it is equally inconceivable to some of the older analytical scholiasts that the phenomena of resistance should pass undetected in the field of modern theory.

This at any rate seems to me to be the central issue that arises when working one's way through these selected papers. When I first met Alexander in the early 1920's, he was the blue-eyed boy of the Berlin society who had rapidly acquired a reputation for his theoretical and clinical gifts. His first theoretical effort, *Metapsychologische Betrachtungen*, was hailed as a masterpiece of virtuosity; equally so his clinical contributions on the castration complex and the neurotic character. He was in fact regarded as one of the pillars of classical psychoanalysis. Forty years later his name occurs with increasing frequency in lists of 'neofreudians'. As recently as 1962, Birnbach (2), whilst at first ready to admit that Alexander's membership of the neofreudian group is perhaps 'the least certain of all', ends by placing him squarely in the list. On the other hand, Alexander himself has several times been at pains to dissociate

himself from neofreudian thinkers; and it must be conceded that his review (1940) of the work of that archneofreudian, Karen Horney, is on the whole a model of classical polemic. It is inevitable therefore, and indeed highly necessary, that the psychoanalytic reader make up his mind on the matter, at the same time deciding whether Alexander's own contributions constitute an advance on or a retreat from established freudian principles.

But what are the established principles of psychoanalysis? In a much neglected classic (5), T. W. Mitchell, one of the wisest and most fair-minded British psychologists, maintained that whoever accepts the concepts of the unconscious, of infantile sexuality, repression, conflict, and transference is entitled to the designation 'psychoanalyst'. Per contra, ask a British Kleinian what is the hallmark of a psychoanalyst nowadays, and you will no doubt be told that he must at least believe in, discover, and analyze in his patients a three-to-six-months-old 'depressive position', to say nothing of paranoid-schizoid phases: '... in a successful Kleinian analysis', says Money-Kyrle (6), 'the defenses against the depressive position are analyzed to make it again manifest'. Were he still alive, Brill would certainly have voted for Mitchell's criteria: did he not say in 1944 (3) that psychoanalysis was 'practically speaking a finished product when I became acquainted with it' (i.e., in 1907)? To be sure, one must distinguish between psychoanalysis as a dialectic and as a collection of therapeutic rules. Even so, pronouncements like that of Brill are calculated to raise a puzzled frown on the brows of our forty-year-old colleagues born about the time Freud first adumbrated the structural and dynamic aspects of the superego. Setting aside these emotional valuations, let us see how Alexander's selected papers fare when passed through Mitchell's grid.

At first sight they would appear to pass the test with flying colors, for Alexander certainly accepts the concepts of the unconscious, of infantile sexuality, repression, conflict, and transference. Was Mitchell then too easygoing? Alexander is at pains in this book to underscore what he asserts are advances and reorientations; in short, improvements in most quarters of the classical psychoanalytic field. To arrive at any reasonable conclusion in the matter, we must fall back on the dichotomy of theory and practice, dealing separately with the two sections, and in the case of the present collection of

papers, making due allowance for the chronological development of the author's ideas.

Of the five criteria suggested, two at least need not detain us. Alexander accepts freely the concepts of repression and the dynamic aspects of the unconscious. With regard to the closely related concept of unconscious conflict, he also maintains on the whole the classical analytic approach. To be sure he amplifies this with the notion, advanced quite early in his writings, of a 'corrupt bargain' between the id and the superego in which by accepting punishment the id purchases a certain freedom of gratification, an anthropomorphic conception which he later modifies (or amplifies, according to the reader's taste) in two respects: first, by the emphasis he lays on the instinctual aspects of conflict; second, by substitution of the concept of 'ego functions' in place of 'more statically conceived structural compartments of the personality'.<sup>1</sup> These later formulations are essentially metapsychological ventures and do not alter the fundamental concept of conflict. It has always been desirable to extend the clinical scope of conflict in terms of dynamics, structure, and economics and, so long as the formulations can be supported by or throw light on clinical data, the practice justifies itself. Needless to add, Alexander is very ready to support his ideas with illustrations gathered and hallowed in the analytic consulting room.

To a strictly limited extent the same comment might be made regarding his views on infantile sexuality; but while in the clinical sense he continues to support the multiphasic nature of pregenital sexuality, culminating in the Oedipus complex, this is overlaid by theories of instinct which go beyond metapsychological elaboration to enter the realm of psychobiological speculation. The result is clearly indicated in the introduction to this book when he says of himself, '... the author gradually moved away from the original libido theory. Instead of operating with two qualitatively different instincts—sexual and nonsexual—he found it more adequate to differentiate sexual from nonsexual impulses by the degree of their participation as organized components in the goals of the total personality.' And again later: 'Every gratification of an impulse has an erotic character if it is performed for its own sake and is not

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<sup>1</sup> Incidentally, the very term 'ego function' involves structural as well as economic concepts as also does the term 'personality'; and what after all is a 'stable personality' but a static concept?

<sup>2</sup> Borrowed from Thomas French, the term 'goal structure' indicates the inevitability of using structural images to extend some aspects of mental activity.

subservient to the needs of the organism as a whole... if this statement is correct we do not need two kinds of instincts of different quality'. In other words, 'sexuality in all its multiple manifestations [is] a special form of discharge of any impulse'. It is 'the expression of a surplus excitation within the organism which it is unable to relieve in other ways... *the erotic value of an action is inversely related to the degree to which it loses the freedom of choice and becomes coördinated* [italics added], subordinated to other functions, and becomes a part of an organized system of a goal structure'.<sup>2</sup>

All this leads back to a fundamental biological speculation traceable originally to Ferenczi (4). 'Energy which is not needed to maintain life', says Alexander, 'I call surplus energy. This is the source of all sexual activity... In spite of retention in the form of growth, there is still much surplus energy neither stored nor used to maintain existence. The residuum is released in erotic activities... The so-called pregenital manifestations are connected exclusively with the process of growth ...'.<sup>3</sup>

At this point those psychoanalysts who have taken the trouble to familiarize themselves with the theories of Jung (and in my opinion it is very necessary that some modern psychoanalytic 'advances' be checked by this means) may be led to entertain the horrid suspicion that Alexander's instinctual hypotheses bring him closer to Jung than to Freud. This would be manifestly unfair to Alexander. Although his 'surplus energy theory' resembles in many ways Jung's monistic theory of *élan vital* (Jungian libido), Alexander does not seriously recant, as did Jung, his clinical views of the importance of infantile sexuality and the clinical significance of aggressive impulses, whether reactive or sadistic. Admittedly he has his doubts about the universality of the Oedipus complex, believes that it is 'the biological expression of the possessiveness which the little child feels toward the main source of his security and pleasure', and states

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<sup>3</sup> It would take us too far afield without adequate psychological recompense to embark on a biological rating of these somewhat actuarial postulates. Anyway we would not get far without much more stringent definition of terms which in their present loose form would seem to beg the clinical question of instinctual differentiation, to say nothing of the relation between individual and phylic life. These and other issues are simply smothered in such phrases as 'the needs of the organism as a whole'.

that 'the significance of certain premature, genitally tinged, sexual interest of the little son in his mother is, according to my experience, overrated' (a view with which Jung, on those rare occasions when he took cognizance of the 'problems' of childhood, would have heartily agreed). But these views are not overemphasized; indeed they are sometimes self-contradictory. He then goes on to say, 'The jealousy aspect of the Oedipus complex is certainly *universal* [italics added] and is based on the prolonged dependence of the human infant on its mother's care'. Here is no whisper of the cultural selectivity of the Oedipus complex which elsewhere Alexander is at pains to emphasize.

Of course he could very well plead that he is as entitled to speculate outside the limits of metapsychological discipline as Freud was to postulate life and death instincts (eros and thanatos). This is undeniable. In the long run these matters must be measured by their clinical utility, in other words, how far they illuminate the antithesis of love and hate, sexuality and aggression. Indeed, from the clinical point of view, it might well be said that if the concepts of sexuality and aggression had not existed it would have been necessary to invent them, for it is inherently probable that the most important forms of instinctual drive are those which give rise to the most important forms of mental disorder. It will scarcely be disputed that the majority of mental disorders can be traced to crises in sexual and aggressive drives, acting either separately or in combination. In short, when assessing the importance of Alexander's instinctual theory, one might well quote his own comment on Freud's discernment of the repetition compulsion: '... such a concept is an abstraction and has but little to do with the understanding of the emotional problems of patients'.

At this point we are left an uneasy prey to lurking suspicions. Is Alexander a freudian, a neofreudian in the constructive sense, or a *ci-devant* freudian? Perhaps as in many similar ideological dilemmas the proof of the pudding is in the eating. Let us therefore consider what light can be thrown on the subject by an investigation of his technical devices and conceptions.

At first blush Alexander's views on transference and the transference neurosis are in the classical sense beyond reproach. Indeed, in the case of the transference neurosis, he is more royalist than the king,

or at any rate more positive than those weather-beaten analysts who, while recognizing characteristic transference neuroses during the treatment of the transference psychoneuroses, are more sceptical about their appearance during the treatment of the psychoses, of perversions, and of a large proportion of character disorders. Either Alexander has had a remarkable capacity for inducing transference neuroses in his patients, or he has rated as transference neuroses some of the manifestations of floating (spontaneous) positive and negative transference which might be manifested also in such other of the patients' contacts as endure for more than a few weeks or months at a time. When, however, one comes to assess Alexander's later theories of the processes of psychoanalytic 'cure', one reason for his insistence on the transference neurosis becomes clear, namely, his concept of the 'corrective emotional experience'. The essential point in psychoanalytic therapy is, according to Alexander, not or not so much the development of the transference neurosis as the fact that it is experienced emotionally in a therapeutic setting, which at least dilutes its infantile content and in successful cases enables the patient to correct it. There is of course nothing new in the concept that the expectant and receptive attitude of the analyst of both positive and negative transferences has a modifying effect on fixations to early experiences. Strachey, for example, would regard it as a mutative influence based on a new introjection permitting an ultimate effective interpretation and resolution of the patient's symptom-formations or constellations. What Alexander does is simply to embody his theory of cure in a special transference caption. In other words he begs the question of processes of cure by maintaining that when they occur they are corrective. When they cure they are curative! Therefore the term has no special virtue.

But the matter does not end here. Alexander, amplifying his concept of the corrective experience, maintains that the attitude of the analyst can be regulated and dosed in such a manner that correction is more immediate and effective. Here we have a vital issue which can be expressed in one or other of two questions, viz., can countertransference be exploited as a form of psychoanalytic technique; or is there any fundamental difference between deliberate technical maneuvers calculated to modify the reactions of the patient and the unconscious countertransferences of the analyst?

Alexander is himself aware of possible confusion arising from the

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<sup>4</sup> One is irresistibly reminded here of Klein's habit of early interpretation, as for example, the explanation of the 'primal scene' on the first day of analysis (*Cf.* Money-Kyrle, *Melanie Klein and Her Contribution to Psychoanalysis*. London: Association of Psychotherapists, Bull. No. 4, 1963.).

policy of quantitative and qualitative variations in the classical procedure and agrees that many experienced analysts will regard them as 'dilutions' of the classical technique. This he feels might apply with particular force to his attempts 'to put a brake *from the beginning of treatment* [italics added] on the regressive dependent component of the transference'.<sup>4</sup> This is effected by 'well-timed reduction of the frequency of the psychoanalytic interviews and well-timed shorter or longer interruptions'. The issue here is clear enough and again can be put in the form of a question: is there any fundamental difference between deliberately dosed countertransference and the forms of short psychotherapy beloved of general psychiatrists? Alexander leaves us in no doubt as to his own opinion. He says, 'As long as the psychological processes *in the patient* and the *changes* [italics added] achieved by these processes are of a similar nature, it is not possible to draw a sharp dividing line between psychoanalysis proper and psychoanalytically oriented psychotherapy. The only realistic distinction is the distinction between primarily supportive and primarily uncovering methods.'

He does not, however, stop here. 'Psychoanalysis and dynamic psychotherapy', he maintains, 'have the corrective emotional experience in common', and are presumably therefore of a similar nature. The effect of this pronunciamento is not hard to detect in the writings of latter-day practitioners. Saul (7), for instance, following in Alexander's footsteps or, as he says, following 'the principle of greatest economy', maintains that, given the necessary experience and appropriate selection of cases, analysis can be effected on the basis of three, two, or even one session a week. Szurek (8), apropos shortened psychoanalysis, tells us that '... if the analyst is generally or is becoming more and more of a psychoanalyst with the particular patient, then his work cannot be other than psychoanalytic'. Obviously there is no time to lose. We must hasten to re-examine the basic criteria of psychoanalytic therapy; else we may soon see a complete flattening of the distinction between analytic and nonanalytic 'uncovering' therapies, a contingency that would no doubt be welcomed by most general psychotherapists.

The hardy pioneers of psychoanalysis entertained no doubt

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<sup>5</sup> The countertransference nature of these suggestions became apparent when, toward the end of his professional life, Ferenczi rescinded his earlier position, recommending as a therapeutic device open manifestation of positive countertransference (in short, countertransference 'love').



regarding this matter. Ernest Jones was accustomed to say quite bluntly that the only two forms of psychotherapy were psychoanalysis (by which he meant the classical technique) and suggestion (in which countertransference is employed in one way or another to induce positive rapport). This is an old story. In the early twenties a battle royal raged round Ferenczi's suggestions for an 'active' technique, the essence of which was that the analyst at certain times, usually in the latter half of an analysis, abandoned his expectant and receptive role to issue fiats on various matters of conduct. Ferenczi thought these maneuvers would accelerate the emergence of repressed content and mobilize unconscious conflict. After a good deal of heated discussion, this practice was pretty generally tabooed on the grounds that, by overstepping the normal limits of analytic countertransference, it produced a refractory and insoluble rather than an ameliorative transference neurosis.<sup>5</sup> Freud said the last word on the subject when apropos termination he maintained that the best way to carry through an analysis was to practice the technique (by which he meant the classical technique) correctly.

Whether Alexander is fully aware of it or not, he has reawakened this old issue for it can be argued that his quantitative and qualitative manipulations of the transference situation are simply milder forms of Ferenczi's active therapy and exceed the limits of pure analytic practice. Granted that the old concept of presenting a 'blank screen' to the patient may have been reduced to absurdity by many psychoanalysts, the fact remains that *deliberately adopting special attitudes and time restrictions for special cases changes the character of therapy in these cases, converting it into a form of rapport therapy*. This may indeed have excellent results. What form of psychotherapy cannot produce its quota of excellent results or, for that matter, condign failures? It may indeed be the only alternative in cases which are inaccessible to the customary technique. The important issue cannot be burked. Do such practices constitute psychoanalytic therapy or are they simply forms of rapport therapy?

Alexander, it must be said, is in no way abashed by this theoretical and practical dilemma. In his view the blank screen policies of

classical analysis are 'highly studied attitudes'. Why not, he argues, expand the principle of selected attitudes? It may be countered that blank screen policies are intended to reduce as far as possible the complications and risks arising from more personal manipulation of the analytic situation. No doubt it is impossible to eliminate factors of countertransference by even the most careful observance of 'neutrality'. It can be argued that, in spite of the utmost care to avoid inducing transference reactions, the outcome of an analysis may be determined in the first few interviews by the activation of early and barely accessible transferences. The issue however still remains: shall we purposely seek by manipulating the countertransference to *manipulate* rather than to *analyze* the transference? If we do, are we entitled to regard the proceeding as coming within the scope of psychoanalysis? Alexander thinks that we are so entitled; for although he concedes that 'only time will decide the *practical* [italics added] usefulness of these variations', nevertheless, '... one thing is certain: the mere repetition of routine—and the rejection of new suggestions as a threat to the purity of psychoanalysis—can lead only to stagnation'.

This is a point of view which he applies not only to technical variations but to most of his amplifications or emendations of classical theory. Here we cannot do better than quote his own comments on the validity of the view that he is a neofreudian, in the more pejorative sense of the term. 'That sometimes I also seem to be included in this group comes from the fact that I, too, recognize the need for re-evaluation of cultural factors in personality development and share the views of this group concerning certain gaps in traditional psychoanalytic formulations.' Here I think Alexander does himself less than justice. Whereas he frequently refers to this tendency in his psychoanalytic thinking and in certain cases specifies the situations in which cultural factors seem to him to be decisive (e.g., in the development of the Oedipus complex and, in the case of certain types of crime, the social consequences of blocked opportunities for pioneering adventure caused by the closing of frontiers in America), and whereas he sets his signature to the generalization that 'parental attitudes themselves are strictly determined by cultural factors', he castigates the neofreudian in general and Horney in particular for neglecting the importance of emotional factors in the familial development of the child. The truth seems to be that when Alexander speaks as a clinician interested in etiology, he is as

thoroughpaced in his assessment of the endopsychic factor as any classical freudian, but when he is seduced by the attractions either of psychobiological thinking or of social science, he tends to abandon his clinical allegiances in favor of loose psychosocial (preconscious) generalizations. Alexander clearly enjoys his incursions into psychobiological speculation. He enjoys equally, as indeed do many classical analysts, venturing on the uncharted seas of social speculation, where he feels free to underline those more sophisticated (complex preconscious) derivatives of fundamental conflicts which are not so obvious in the consulting room except as a form of resistance. No doubt it is true that psychoanalysts have in the past neglected the detailed study of preconscious factors, leaving these to the untender mercies of the descriptive psychologist and his laboratory techniques. No doubt they have not pursued their sociological studies to the point where the precipitating factors in group events can be isolated, leaving these to the myopic (preconscious) vision of the sociologist. This may be due to a prior interest in primary processes or to a conviction that between biological tendencies and precipitating factors lies an endopsychic territory which no rational sociology of motive can penetrate. But to omit or minimize these fundamental patterns is no answer to the problems of group psychology. In point of fact Alexander gives his own case away, when in the very paper (1) in which he deprecates the wholesale application of individual factors to group manifestations, he ends by underlining precisely these factors.

We need not, however, take too seriously these re-creative exercises in the psychosocial sphere. Sufficient for our immediate purpose is the fact that Alexander has never, or practically never, allowed himself to disown the *clinical* findings on which psychoanalytic theory has been based from first to last. As a matter of opinion I think it would be unfair to determine Alexander's professional status on the strength of his theoretical predilections. On the whole they are either excursions into psychobiological metaphysics or paraphrases of already accepted analytical generalizations in the idiom of psychobiology. Admittedly they are more readable than many recent attempts by classical analysts to expound metapsychology. For in this genre Alexander is an undisputed master.

What Alexander, nevertheless, does in his ambitious attempt to merge psychoanalysis with 'dynamic psychology' is to throw the whole problem of psychoanalytic technique into the melting pot. Some

confirmation of this assessment can be obtained by studying the final section of these selected papers where he deals with the teaching of psychoanalysis. In these more recent papers (1947-1961) what he has most at heart is the *Gleichschaltung* of what he considers to be simply specialized aspects of psychotherapy which, in his opinion, have existed too long in arbitrary opposition. To be sure, nothing could be more praiseworthy than a crusade in favor of flexibility as opposed to petrification of method, or for that matter, petrification of the theories on which method is supported. His plea for teaching theory by the technique of the clinical seminar has a lot to be said on its behalf; however, it can be argued that flexibility in both psychoanalytic theory and practice has in the past been a frequent preamble to abandonment of basic principles. As a matter of fact, Jung used to advance the criticism of petrification (or obsession) to support his abandonment of everything fundamentally valuable in psychoanalysis. No doubt this view was shared by other spectacular schismatics—Stekel, Adler, Rank—not to mention the modern deviants many of whom retain their membership in psychoanalytic societies. Under these circumstances it seems essential that students be thoroughly grounded not only in the basic principles of psychoanalysis but in the basic *differences* rather than *identities* in various psychological systems. If one confines oneself to the (pre)conscious aspects of mental activity, it is easy enough to establish identities between methods. The acid test of an analytic approach lies, however, in the correlation of these factors with primary processes. In short, in this concluding section of his selected papers, Alexander is careful to defend himself against the imputation that he is a dynamic psychologist rather than a freudian. Indeed, were it not for the fact that defendants have a prescriptive right to defend themselves, Alexander's diatribes on the subject of fixed teaching might well be considered as a valid illustration of the slogan of reaction-formation: *qui s'excuse, s'accuse*.

All in all, it is no easy task to assess Alexander's existing status. I think he is, theoretically speaking, on balance a neofreudian but whether in the constructive or the pejorative sense must be left to the predilections of the reader. From the clinical point of view, the situation can best be described by saying that as a diagnostician, an etiologist, and a prognostician he is a classical freudian; but that as a therapist he is a neofreudian to the extent that it is his deliberate

policy to merge the techniques of general psychotherapy with those of psychoanalysis or vice versa. He is in short the *doyen* of those psychoanalytically oriented psychotherapists who seek to combine psychobiological and cultural forces and to harness them within the framework of consulting room techniques.

It remains only to pay a thoroughly deserved tribute to the services Alexander has rendered psychoanalysis, abundant evidence of which is to be found here as well as in his other publications. A skilled dialectician with a nose for metapsychological problems, a careful clinician with an unusual aptitude for developing research techniques, and a fluent writer with a strong didactic bent, he boxes both theoretical and clinical compasses in this survey of the scope of psychoanalysis. It is indeed an intriguing thought that in his polemic against the standardization of teaching and in his plea for flexibility in approach and receptivity to new ideas. Alexander displays a didactic yearning which, if fulfilled, would simply add to the standardized teaching of psychoanalysis. In short, whether he is a neofreudian or not must be left to the critical judgment of analytic societies or their research committees whose manifest duty it is to survey and evaluate from time to time the accretions to psychoanalytic theory and practice.

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