

IN SEARCH OF A NEW PARADIGM OF PSYCHOANALYSIS

FERDINAND KNOBLOCH, M.D.*

JIRINA KNOBLOCH, M.D.†

*Department of Psychiatry
University of British Columbia
Vancouver, B.C., Canada V6T 1W5*

INTRODUCTION

Psychoanalysts are growing increasingly dissatisfied with Freud's theoretical framework. A particularly interesting new wave of criticisms is appearing in journals of classical psychoanalysis, for example, the *International Journal of Psycho-Analysis* (Schafer, 1975), *Psychoanalytic Quarterly* (Peterfreund, 1975; Holt, 1975), and *Psychoanalytic Study of the Child* (Schafer, 1972). These authors, who reject Freudian metapsychology, tend to follow in the footsteps of those progressive psychoanalysts of previous decades who discarded the libido theory and related concepts (Schultz-Hencke, 1931; Horney, 1939; Fromm, 1941; Masserman, 1946; Bieber, 1958, to name only a few) but who, in the concern for conceptual clarity, bring new elements to the scene. Since Peterfreund and other participants in the Symposium on the Ego and Id (Peterfreund, 1975; Arlow, 1975; R. Holt, 1975) refer to Kuhn's methodological work when defending or attacking Freud's structural paradigm, we shall first make a few comments on methodology. Their purpose is to alert us to the typical difficulties in seeking and establishing a new paradigm.

*Professor of Psychiatry, University of British Columbia, Vancouver, B.C., Canada.

†Former Associate Professor of Psychiatry, Charles University, Prague, Czechoslovakia.

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EMERGENCE OF PARADIGMS

According to Kuhn (1970), paradigms are models of reality that help experts in their scientific fields to view and understand reality. The models "supply the group with preferred or permissible analogies and metaphors." The transition from an old paradigm to a new one is "a transformation of vision." "Though the world does not change with a change of paradigm, the scientist afterwards works in a different world." No wonder the transition is difficult, for new paradigms violate the common sense of the specialist and man in the street alike. Thus in the time of Copernicus, everyone "knew" that the sun and stars revolved around the earth, whether physicist or farmer.

Kuhn's notion is relevant to our problem in that during the transition from one paradigm to a new one, some terms change their meaning. "Within the new paradigm old terms, concepts and experiments fall into new relationships one with the other. The inevitable result is what we must call, though the term is not quite right, a misunderstanding between the two competing schools." "... Did Einstein show that simultaneity was relative or did he alter the notion of simultaneity itself? Were those who heard paradox in the phrase 'relativity of simultaneity' simply wrong?" No doubt, before Einstein the concept of "the simultaneity of two events" seemed to be intuitively clear to everyone. Einstein showed that it was not clear at all, and his operational explication of the concept was an essential step in building the special theory of relativity. The clarification of concepts is of such importance in the development of new paradigms that Reichenbach (1951), was able to say, in an article discussed by Einstein (1951), that "The logical basis of the theory of relativity is the discovery that many statements, which were regarded as capable of demonstrable truth of falsity, are mere definitions. This formulation sounds like the statement of an insignificant technical discovery and does not reveal the far-reaching implications which make up the philosophical significance of the theory. Nonetheless it is a complete formulation of the *logical* part of the theory."

The history of science shows that criticisms do not destroy a paradigm, only the emergence of a new more valuable paradigm, valuable because it explains, predicts, is consistent, simple and parsimonious. This is obviously true of Freud's paradigm which survives tenaciously despite serious criticisms. Thus, the concept of narcissism ("narcissistic personalities") has become more popu-

lar, although narcissism comes from Freud's libido theory, a theory which more and more psychoanalysts have gradually rejected. Freud's system is powerfully suggestive even to unbelievers!

What can be reasonably expected from a new psychoanalytic paradigm? There are two special expectations which we shall describe under two headings: (1) an integration of the field of psychotherapy, and (2) a coherence with other psychological theories.

Integration of the Field of Psychotherapy

A new paradigm could be expected to be more parsimonious than Freud's structural paradigm: to allow discussion "in one language" about psychotherapeutic changes induced by various methods in different types of patients; and that its general statements would be confirmable or even testable. The list of demands could of course be extended, but we wanted to point out particularly what would distinguish it from Freud's structural model.

These demands seemed reasonable to us, so we were surprised when they were questioned at psychoanalytic meetings. Why should there be only one theory, we were asked; why not several theories for different occasions? Witenberg (1976) thought thus, and in his just criticism of Kernberg said,

I think that at the present state of our information, there have to be different theories for different types of patients . . . I am not recommending that the libido theory or metapsychology be erased from our minds . . . there still is some utility in discussing mild neurotics in libidinal terms. Character problems are best thought of in ego psychology terms. For that great grab-bag we call borderline conditions, and for narcissism, interpersonal theory or object-relationship theory is adequate. For the psychotic, I feel interpersonal theory or object-relationship theory plus a system approach (family members, plus institutional, plus community organization) are necessary.

This is a common attitude among psychotherapists, but although laudably liberal, hardly inspires further theoretical progress and dulls our sensitivity to the present crisis.

Of course, treating a renal disease requires a different theory from treating a thyroid disorder (though both theories are part of a theory of the functioning of the body). But are the disorders mentioned by Witenberg so completely different? Do the "theories" mentioned by him deal with different matters, and can dif-

ferent predictions be deduced from them? How much do such "theories" overlap, when their jargon is analyzed?

If five different drugs would improve hyperthyroidism, would we calmly accept five theories of thyroid functioning? No! We would not rest until the goal would be reached, one theory from which the actions of all five drugs can be explained.

In the same way, we must seek a way out of the crisis reflected by Witenberg's words. We therefore agree with Fenichel (1945) when he said, "There are many ways to treat neuroses, but there is only one way to understand them." We would only replace the words, "there is only one way" with the words, "there *should* be only one way."

Coherence of the Paradigm with other Psychological Theories

Psychoanalysis should either be demonstrated to have a completely different field of study from the rest of psychology, or psychoanalysis should become an integral part of psychology.

In this discussion, the crucial question is: What is regarded as essential for psychoanalysis? If statements about the libido and death instincts are essential, then psychoanalysis cannot be reconciled with the rest of psychology. If, however, the essence of psychoanalysis is not in metapsychology, but in low-level (i.e., close to observation) generalizations, like the concept of transference, resistance, etc., then these can be incorporated into the general body of psychology. We shall expand and defend this point of view later. Psychoanalysts are in a particularly favorable, though not exclusive, position to study such phenomena. We believe these phenomena can be described in the language of social psychology, learning theory, and possibly human ethology.

TOWARDS A NEW PARADIGM

We believe that Sullivan (1953) pointed the way to a new paradigm. He wrote:

Psychiatry is the study of the phenomena that occur in interpersonal situations, in configurations made up of two or more people, all but one of whom may be more or less illusory.

As we are dealing with psychoanalysis, we shall replace the word "psychiatry" with "psychoanalysis" in Sullivan's quotation. We

maintain that psychoanalysis, as far as it is empirically based, is a part of the theory of social behavior, and that the social behavior of an individual can be successfully studied only as a subsystem of a supraindividual system. We suggest that the minimal social system necessary for psychoanalysis is a small social group.

Besides Sullivan, Adler, Horney, and Fromm paved the way for the understanding of psychoanalysis as a theory of social behavior. Guntrip developed the "object-relations orientations" further and abstracted from Freud's ideas two main themes: "A personal psychology of the influence people have on each other's lives," and "the id-plus-ego control apparatus," and saw the essence of psychoanalysis in the first.

One may feel disappointed and wonder if Sullivan's interpersonal conception can really help in the transformation of psychoanalysis? The interpersonal conception has been with us for decades, yet it has not led to a new paradigm with integrative power which would revolutionize psychoanalysis. Our answer is that neither Sullivan nor his followers made full use of the idea, which has been repeated, but developed no further. Without further development, Sullivan's idea, as we shall show, is a source of misunderstandings. Determining if Sullivan himself was consistent in his thinking is not our concern, for we are more interested in the development of a new paradigm than in history.

The kernel of the confusion about the interpersonal position is conceptual, namely, the false dichotomy "interpersonal-intrapersonal." Homans (1950) remarked about a similar false dichotomy, "psychological versus sociological," in Durkheim's work: "To the classic peril of being impaled on the horns of a dilemma, we moderns should add a new one: being split by a false dichotomy."

We shall attempt to show that once the false dichotomy "interpersonal-intrapersonal" has been eliminated, a way is open to construction of a new paradigm which, through accommodating psychoanalytic observations, makes Freud's structural model and its concepts obsolete. Further, it opens the way to a reconciliation with behavioral psychology.

THE INTERPERSONAL-INTRAPSYCHIC DICHOTOMY

As a convenient starting point, we will turn our attention to the controversy between Arieti (1967) and Mullahy (1968). In this discussion, the concepts "intrapersonal-interpersonal" were not



analyzed and therefore neither the result of the controversy nor its actual nature were clear.

Arieti (1967), commenting on Mullahy's article about Sullivan, wrote:

The fundamental weakness of Sullivan's theoretical position is in his basic premise that psychiatry is the science of interpersonal relations. Although adding the gigantic dimension of the interpersonal is an enormous contribution, it should not entail the neglect of other dimensions. To try and explain everything psychological from an exclusively interpersonal point of view is a reductionist approach . . . every interpersonal phenomenon is coupled with an intrapsychic one. The intrapsychic counterpart is at least as important as the interpersonal . . . the areas that Sullivan has clarified must be integrated with the study of the intrapsychic . . . we must now integrate the inner self with what originates from the interpersonal – the subjective with the objective

Mullahy responded (1968):

Like so many others, Arieti makes the mistake of thinking that intrapsychic processes can be divorced from overt interpersonal relations. Sullivan did include "intrapsychic" in his theory of interpersonal relations. He thought that the subjective and objective are closely intertwined in various subtle ways

There seem to be two contradictory views. Arieti represents a widespread opinion. We should like to know more about how "intrapsychic," "subjective," and "objective" are included and intertwined in the theory of interpersonal relations. Mullahy (1970) stated that,

. . . Freud was dealing (or thought he was) with intrapsychic processes while Sullivan concerned himself with or studied interpsychic or interpersonal phenomena. From an historical point of view, this distinction has merit. Freud held to the notion that, psychologically, the individual may be studied as if he were a self-contained and self-enclosed entity Insofar as such notions helped Freud in his researches, they served a purpose. But it is doubtful if they serve any useful purpose now. In any event, from a scientific point of view, the distinction between intrapsychic and interpersonal processes no longer seems useful Sullivan assimilated the notion of intrapsychic processes into a more inclusive framework that emphasized community rather than singularity and separateness This does not imply that there is no "psyche" with "laws" of its own Furthermore, if there were no

psyche, no personality, there could be no interpersonal relations There are both inner and outer determinants of psychological processes, which, so to speak, interact Because many of the organism-environment transactions are covert, it is easy to confine oneself to the "intra-organic" side while ignoring the environmental with which they are insolubly connected

Although we agree with the gist of Mullahy's treatise, it does not solve the problem raised by Arieti. A thorough conceptual analysis of "interpersonal-intrapsychic" is needed. First, what does "interpersonal relationship" mean? It means the interaction of two or more persons: they emit behavior in each other's presence; they create products for each other; or they communicate with each other (Thibault and Kelley, 1959). The interaction moves in a circuit between two people and through their nervous systems. Anyone can see part of this circuit, for the motor and autonomic reactions of each party, their words and activities are open and in public. However, some other parts of the circuit are concealed and private, accessible in part only to that person through whom the process runs. Thus, one person in the interaction might be angry, but hides it. However, it has often been stressed (Carnap, 1966; Skinner, 1953) that the boundary between the open and concealed is relative. That part which can become open or public can grow as science progresses (e.g., a sleeper can be asked about his dreams, but dreaming can also be ascertained from observing the sleeper's behavior and from his EEG and EMG). On the other hand, some psychologically relevant facts are inaccessible to the subject, but can become accessible to others, e.g., to the psychoanalyst. Sullivan extended his definition of "interpersonal" to include interactions in fantasy. This is reasonable: Person A may react to Person B, who may be his parent, for example, not only if Person B is present, but also if B is absent, even dead.

Second, what does "intrapsychic" mean? As "interpersonal" in our definition covers all interactions, "intrapsychic" could be best understood as synonymous with "private" (see also, Schafer, 1976). However, we shall present an argument why the concept "intrapsychic" should be discarded altogether, since it is misleading and confusing. To do this, we must first clarify the distinction between physical space and phenomenal (psychological, experiential) space. Our language leads us to confuse them. The failure to distinguish between them also underlies the misunderstandings between Arieti and Mullahy.

PHYSICAL AND PHENOMENAL SPACE

According to Descartes, human beings have a body and a mind. Human bodies exist in time and space (*res extensa*) and are subject to physical laws like other bodies in space. But minds and mental events exist in time alone and not in space (*res cogitans*). For many philosophers following Descartes, *extensio*, extension in space, became the differentiating sign between physical and mental "objects."

If there are doubts whether excursions to the philosophies of previous centuries are necessary, we can point out with Peterfreund (1975) that Descartes' position is implicit in psychoanalytic theory.

Schafer (1976), who is critical of many psychoanalytic assumptions, agrees with Descartes' dualism. He says:

Where is a thought? . . . We can locate neural structures, glands, muscles, and chemicals in space, but where is a dream, a self-reproach, an introject? . . . For mind itself is not anywhere; logically, it is like liberty, truth, justice and beauty in having no extension or habitation, requiring none and tolerating none . . . It is pure abstraction . . . [p. 159]

But mental actions themselves – the referents of our theoretical propositions – are not localizable in any kind of space, for they are classes of nonsubstantial and therefore nonspatial psychological events . . . [p. 178]

Schafer makes two mistakes. Firstly, "liberty," "truth," etc., are abstract concepts, but a certain person's mind or his dream are individual concepts. Feigl (1967) talks precisely about this error and says (p. 39):

We have here a category mistake of the crudest sort, a confusion between universals and individuals. It makes sense to ask about the location of individual things or events, but it is simply nonsense to ask about the location of a concept (properties or relations in abstracto).

Secondly, Schafer does not distinguish between physical and phenomenal space. When we ask where a thought, an image, a dream of a person is situated, we have to determine whether we are talking about physical or phenomenal space. If we are talking about physical space, the answer is simple: it is within the organism of that person (for more detailed reasoning, see Feigl, 1967).

However, when we talk about a person's phenomenal space, then the people he sees in his dream are outside of him, in his external phenomenal space, while the dreamer is inside himself. Sometimes, he may be inside himself (as an observer), and outside as a participant in his dream.

The distinction of phenomenal and physical space is not new. Brunswik (1952) describes how the Cartesian belief in nonspatiality of "mind" remained unchallenged for about two centuries, until the analysis of E. Hering, physiologist and successor of Purkynje in Prague, in the nineteenth century:

Ever since Hering, however, phenomenologists have insisted that there is a visual space in which experience is organized; they and the gestalt-psychologists have described the inhomogeneity and "anisotropy" of this perceptual, or "behavioral" space as compared with the physicist's space.

In the philosophy of science, the difference between physical and phenomenal (psychological, behavioral) space was clarified by Schlick (1938, 1974) and Feigl (1967). From the psychological point of view, the concepts of behavioral and phenomenal worlds were introduced by Nash (1959) in his important paper. (For a critical evaluation of that paper, see Knobloch and Knobloch, 1979.) In talking about a person's mental activity, e.g., when a tree is seen, we know that this perception or mental event is a process within the body, the causes of which are outside (presence of the tree) and inside the body. This is a description in terms of physical space. Psychology and physiology have accumulated more and more knowledge about the details of how such a process is localized in the body.

We can also talk, however, about the localization in phenomenal space. A tree is seen outside the person. If he closes his eyes he can bring the tree to life in imagination. The tree is still "seen" outside the person, although much less vividly. In this case, we usually talk about "inner" experiences, which only means that our image is solely caused by processes within the organism, not by the actual presence of the tree outside the body. However, in a person's phenomenal space the imagined tree is outside, not inside. When the eyes are closed, the tree does not move and is not seen "inside" the head.

Thus, Descartes was wrong. Mental events do have a spatiality in physical and phenomenal space. The visual images are localized

outside the body in a subject's phenomenal space, whereas the memory of a stomach pain is localized in the stomach region. Feelings also have their localization, and are sometimes focused, such as fear with a "contraction" of the heart and a cold feeling in the center of the spine, or feelings may have a diffuse localization. Feigl (1967) said

In the phenomenal field of the subject, specific feelings may be located at least vaguely or diffusely in some not very sharply delineated part of the organism. My feelings or sentiments of elation, depression, delight, disgust, enthusiasm, indignation, admiration, contempt, etc., seem to me to be spread roughly through the upper half or two-thirds of my body.

During psychoanalysis or other psychotherapy, it is fascinating to observe how changes in patients' inner and outer phenomenal space correlate with changes in a patient's behavior. Unfortunately the study of phenomenal space has been neglected in psychoanalysis. This is mainly because physical, phenomenal, and Freud's model space have been confused.

We have to explain that the space of models must be distinguished from the physical and phenomenal space. Models are useful, of course, only insofar as they are analogical to the objects they are supposed to model. Thus, Euclidian geometry (as purely mathematical theory, see Carnap, 1966) is a good model of physical space for everyday life but is, in the light of Einstein's discoveries, inappropriate for astronomical proportions. Before this was discovered, physicists and philosophers alike confused the *model* (Euclidian geometry as purely mathematical theory) with the *object* to be modeled (that is, physical space).

Freud introduced a structural model which is a spatial one (1940): "We assume that mental life is the function of an apparatus to which we ascribe the characteristics of being extended in space and of being made up of several portions . . ." The choice of models is limitless, provided they work; therefore, there are no objections to Freud making his model a spatial one, provided we do not forget that we are dealing with *model* spatiality. Unfortunately, this is often forgotten, with disastrous results for psychoanalytic reasoning. Psychoanalysts often confuse the spatiality of Freud's model with physical and phenomenal space. Because of this confusion, the exploration of our patients' phenomenal space has been badly neglected. For example, Freud's model leads us to

visualize guilt feelings as a tension between "inner" instances. However, we have observed that a patient often described a tension existing between himself and an imagined person in external space, as in the following example from Shorr (1974). Shorr said to his group, "Imagine, above and behind you, there is a force. As I went around, one woman began to cry and seemed to be badly frightened . . . She then described a very panicky awareness of her mother's being 'above' her. Her mother died when she was four years old and the imagery had reactivated a terrible sense of guilt and conflict over her imagined responsibility for her mother's death." In these cases we often see, after an experience of this sort, that such patients change their posture, straighten up, and feel no longer oppressed by an imaginary authority. Thus, the exploration of phenomenal space is not only of theoretical interest. We shall say no more about this fascinating subject, so we can concentrate upon our main thesis, except to mention in passing the important work of Schilder (1950) concerning the phenomenology of body image.

As an example of how the physical, phenomenal and model space can be confused, we refer to the work of Kernberg (1975). He visualizes a hierarchy of systems in the following way: internalized object relations, overall psychic structures (superego, ego, id), personality, group, and social organization. Constructs (such as the superego) are placed in hierarchy with structures in physical space (such as a group)!

Now we are better equipped to deal with the controversy between Arieti and Mullahy. It seems that neither Mullahy (1968, 1970) nor Arieti (1967) distinguish between physical and phenomenal space. This becomes apparent when Arieti criticizes Sullivan's interpersonal framework (1968): "This framework deals with what goes on between A and B, but not with what goes on inside A and inside B. Yet every psychological phenomenon starts and ends intrapsychically; every interpersonal phenomenon is coupled with an intrapsychic one. The intrapsychic counterpart is at least as important as the interpersonal, especially in such phenomena as cognition, symbolism and emotion."

The meaning of "interpersonal" as delineated by Arieti is somewhat unusual. We prefer the usual explication, e.g., that formulated by Thibaut and Kelley and quoted earlier: "interpersonal" designates a total circuit of interaction, including what goes on inside A and B. However, definitions are not right or wrong, and their choice involves pragmatic considerations (Morris, 1964),

giving considerable freedom of choice. Therefore, we shall accept Arieti's explication for a moment. Since Arieti calls "interpersonal" the external part of the circuit only (such as sound waves in the space between A and B), what is left are the processes in the organisms of A and B, which we will call for a moment "intrapersonal." Note that Arieti started to talk in terms of physical space, what goes on between A and B, and we should expect him to talk about the rest of the circuit in physical space, the intrapersonal processes, or processes within organisms of A and B. However, he talks instead about "intrapsychic," which is certainly not a designation of all processes within A and B, that is, in physical space. What does, then, "intra" in "intrapsychic" mean? Since it does not mean "inside" in physical space, that is, inside A or B, is it used in terms of phenomenal space of A or B? Obviously not, since the phenomenal space of A's or B's private experiences is both inside and outside.

We conclude that it is misleading to contrast "intrapsychic" with "interpersonal." The spatial indication "intra" is neither indicative of physical nor phenomenal space. The term "intrapsychic" is a misnomer. It is based on a vague model of a human being who has his "external world" and his "inner world." The "inner world," like Alice's Wonderland, tends to become a distorted duplication of the real world and invites the immigration of peculiar beings into it, such as the soul, demons, the id, the ego, the super-ego, or introjects. Unfortunately, even if we do not consciously accept this model of double worlds, our language imposes it and we are misled into accepting the false dichotomy "internal-external," "intrapsychic-interpersonal" (as opposed to the legitimate dichotomies "external-internal" in either physical or phenomenal spaces). This false dichotomy is conserved by models of mental life such as Freud's structural model. It gives a vivid impression that an interaction between id-ego-superego goes on inside a person. Here, we fully agree with Schafer (1976) who regarded the pseudospacial metaphors of internalization, introjection, etc., as misleading, and rejected them. Schafer, who wrote about internalization (1968), changed his views a few years later and wrote (1976): "But, while writing that book I did not yet realize the extent to which the very idea of internalization was part of a major problem is psychoanalytic theorizing. Schafer retains only the term "incorporation," and rightly so. "Incorporation" designates, in our terms, that a person localizes an outside object (outside in physical space, and previously also in phenomenal space) now in *inner* phenomenal space, that is, inside his body.

Sullivan was one of the very few people who in his spatial model of mental processes avoided the pitfall of the false dichotomy "interpersonal-intrapsychic." His formulation quoted about interpersonal situations, "configurations made up of two or more people, all but one of whom may be more or less illusory," would be peculiar indeed if his intention were not to picture the illusory persons — "fantastic personifications" outside, that is, in the person's *outside* phenomenal space. This is a correct phenomenal description. As the image of the tree is *outside* in one's phenomenal space, so is the image of one's friends, father, or a dead grandfather. There is nothing peculiar about it. Human beings more perfectly than animals, form models of the world, *cognitive maps* (Tolman). When a child learns that an object hidden behind a chair does not disappear, it forms an image of the object behind that chair, which becomes a perception again when the object reappears. The localization of imagined objects in outside space is part of the adaptation which is required to form a picture of the world as a coherent causal network. Cantril (1950) and Frank (1961) talk about "assumptive world," and Brunswik (1952) and Nash (1959) about "behavioral world" and "phenomenal world."

That people, and apparently animals also, locate imagined objects in the same space as real objects is not surprising, since it has a high adaptive value. If a prehistoric ancestor was chased by a tiger and located it in a different space whenever the tiger was out of sight, he would have scarcely survived. Instead, he would form a coherent picture of the tiger, whether looking at it, running away from it, or hiding from it, always constructing the tiger's picture in external space from perceptual cues and memories with similar animals, and locating it in the causal structure of the world.

Our explanation would be easier, if present-day psychology could offer us a developed theory of imagination. This it does not. There was "a half-century of nonbenign negligence" of imagery (Haber, 1978) which has only recently ended. As part of the "cognitive revolution" (Dember, 1974) in psychology, imagination and spatial cognition have been studied intensively (for a review, see Haber, 1978; Stokols, 1978). In psychiatry, the cognitive aspect has been stressed by Arieti (1970) for years. From an ethological point of view, Lorenz (1973) stressed the role of spatial orientation in the phylogeny of cognitive processes. Pointing to the selection pressure for exact spatial orientation for our arboreal anthropoid ancestors, and paraphrasing Freud, he conceived of thinking as experimental acting (*probeweises Handeln*, Freud's term) in imaginary space. Even abstract thinking, he points out,

uses spatial metaphors, which form a substantial part of all languages (e.g., all prepositions were originally spatial expressions, time relations are described in spatial metaphors, etc.).

THE ESSENCE OF PSYCHOANALYSIS

The essence of psychoanalysis seems to be Freud's discovery that a human being is a social being to a much larger degree than anybody suspected before. In other words, Freud discovered that human behavior is, to an unexpected degree, a goal-directed social behavior. Even when alone or in private fantasies, dreams, or experiencing strange neurotic symptoms, a person pursues social goals, though sometimes only imaginary ones. Furthermore, the way these goals are pursued is heavily influenced by social experiences, strivings, and unsolved problems from childhood, connected with such themes as seeking approval and love from parents, rebelling against them, being jealous of their mutual relationship, and their relationship to other children. Psychoanalytic treatment is designed to change maladaptive social behavior persisting from childhood, through the new social experience of a therapeutic relationship which recapitulates previous relationships (transference) and corrects them. Freud was aware that the relationships of an individual to others "can only rarely be disregarded" and added (1921): "In the individual's mental life someone else is invariably involved as an object, as a helper, as an opponent, and so from the very first, individual psychology is at the same time social psychology – in this extended but entirely justifiable sense of the word."

Our thesis that psychoanalysis is part of the theory of social behavior may raise doubts that it is one-sided. If we take as an example Freud's last summary of the tenets of psychoanalysis, "An Outline of Psychoanalysis" (1940), it may seem that psychoanalysis is a theory of psychical apparatus, of ego-id-superego, of instincts, cathexis, of the relationship between the external and the internal world, etc. However, if we seek the empirical basis of psychoanalysis, we find empirical generalizations about social behavior, such as conflicts with real or imagined persons; repression of socially unacceptable needs so that they become unconscious; transference; defense and resistance as social operations; and regression as a choice of a less mature level of behaving. Though psychoanalysis talks, it is true, about other topics also,

they are not specific for psychoanalysis, and can sometimes be deduced from common sense, speculation, etc. Certainly, psychoanalysis can add nothing to the study of conditioned fears produced by nonliving objects, unless such fears are related to people, nor can it explain the effects of intermittent conditioning, etc.

SOCIAL VERSUS BIOLOGICAL APPROACH

It may be objected that in regarding psychoanalysis as a theory of social behavior, we are neglecting the biological part of Freud's theory. We may be accused of ignoring Freud's theory of instincts: you "have no feeling for the instinctual nature of neurotic phenomena," as Fenichel (1945) said, when criticizing Karen Horney.

Such criticism would be unjust. It would be based on the false premise that a social and biological approach are mutually exclusive. However, humans and animals are not divided into social and biological parts, and the same behavior, studied by social sciences, can be studied and clarified by physiology.

Freud's thoughts about biology and instincts were largely speculative and are obsolete in the light of ethological and other researches in the biology of behavior. For example, Freud (1930) believed in an irremediable antagonism between the demands of instincts and the restrictions of society. However, ethologists show that even in animals there is an instinctive, that is, genetically programmed, basis of social relations, and this is probably also true of human beings (reviewed in Eibl-Eibesfeldt, 1975). Ethologists expanded Darwin's idea that social coordination and group cohesion enhance survival in certain species and are, therefore, favored by evolution. Whereas Freud believed the attachment of an infant to its mother derived from her nourishing capacities, ethological and other studies suggest that such social bonding is genetically programmed (see the review in Eibl-Eibesfeldt). These remarks may suffice to show that characterizing psychoanalysis as a theory of social behavior does not decrease the importance of biology and leaves the door open for new studies of instincts.

For example, it is conceivable that what we later call "role schemas" (a readiness to perceive other people and reciprocate behavior in certain ways, e.g., as between mother and child, between sexual partners, among peers, etc.) may have an innate basis, which is what ethologists believe occurs in animals (e.g., Lorenz). It can be speculated that the universality of some

Freudian symbols and of some Jungian archetypes is based on such innate schemas.

A NEW CONCEPTUAL FRAMEWORK OF PSYCHOANALYSIS: THE SMALL SOCIAL GROUP

Freud, attempting to understand people, turned his attention to the causes of behavior inside an organism, such as drives and defenses. Freud would observe one person alone, and behaviorists have rightly criticized psychoanalysis for neglecting environmental stimuli which also control behavior. Some behaviorists went to the opposite extreme, and one-sidedly overstressed the influences of the environment. For example, Skinner (1953) said: "The objection to inner states is not that they do not exist, but that they are not relevant in a functional analysis. Our 'independent variables' — the causes of behavior — are the external conditions of which behavior is a function." Modern behaviorists, such as Bandura (1971), criticize both these extremes.

Our task is to find a system larger than that of an individual alone, in which the reciprocal influences of a person with his environment can be observed as uninterrupted causal chains.

Let us consider for a moment a psychologist from another planet who tries to understand what a tennis player is doing. If the psychologist is only allowed to observe one player, he would never be able to understand the player's odd, unpredictable behavior. If, however, he was allowed to see the other player, the ball and the court, he might be able to understand the first player's goal-directed behavior and even work out the rules of the game.

For similar reasons, we propose that a small group is the minimum system in which to make psychoanalytic observations. This may seem neither new nor surprising, since many psychotherapists today stress the importance of seeing the individual in the context of a group, particularly family therapists. However, we propose a further step in which "psychodynamics" and "sociodynamics" are unified. No psychoanalyst who is still chained to the pseudodichotomy "intrapsychic-interpersonal," would be willing to take that step. He would need two models for "intrapsychic" and "interpersonal" processes — unless he squeezes them into one, in the way Kernberg (1975) did, and which we have already criticized.

We are suggesting that the small social group should become a unit of observation for psychoanalysis and argue that all useful psy-

choanalytic concepts can be interpreted within the framework of a small social group. This means that even if we are interested in an individual, we can always refer to the group, or groups, in which he operates. In other words, we can always regard an individual as a subsystem, and his group as a system. We have not forgotten that a group is a subsystem of still larger social systems, but psychoanalysis can contribute mainly to the study of an individual and a small social group.

All groups have something in common. Social psychology (i.e., Thibaut and Kelley, 1959) provides us with terms describing some general features. Thus group members have certain common goals; they receive rewards; they incur costs; there is a distribution of power; there are some established norms; and different roles are expected, accepted and performed. The members are in permanent social exchange (exchanging rewards and costs), and depending upon how satisfying their group is and what opportunities exist for joining another; the members are attracted to, and dependent upon, their group. A group's equilibrium is precarious, for example, divorce is common in marriages that are usually intended to last a lifetime. There are many concepts available for describing groups, and much written about them, but we have abstracted only those concepts which we shall need later. Further, it is important to stress how similar roles are in different groups, the so-called role models. As Thibaut and Kelley (1959) said:

Similar roles occur in quite different groups. For example, the role of disciplinarian associated with the father in the family is also related to the company commander in the army, or the foreman in a factory. Indeed, there may be a finite list of different roles by which we could characterize most or all roles in all groups

Although social psychologists are less interested than we are in the details of an individual's behavior, even they have found it impossible to account for an individual's behavior by merely observing his direct interaction in the group (Hollander, 1971). A concept of a "reference group" has been introduced. A reference group is a group of which the individual may not be a member, but which influences his standards and judgment. We have independently introduced the concept of a "group schema." This is related to, although not identical with, the "reference group."

A group schema is a general model of the groups a person has developed through his experience with different groups during his

lifetime. The group schema is heavily biased by early experiences in the family, as Freud discovered, and as the everyday observation of patients confirms. The group schema is composed of various role schemas (akin to the role models of social psychologists) which we tentatively classify as role schemas of male and female authority (usually heavily weighted by experiences with the father and mother), male-female peers (often biased by experiences with siblings), male-female subordinates (here, experiences with younger siblings would be influential), sexual partners (again, multiple influences from persons in other roles from the past affect the individual) and a self-schema (which includes Schilder's schema of the body, or the so-called body image).

The group schema has three functions: it is a cognitive map; it is a playground for social training and problem-solving; and it is a source of substitute rewards. As a cognitive map, it influences social perception when entering a new group, a person having expectations according to his or her group schema. The categorization of people into role schemas is especially apparent in dreams and hallucinations. In our dreams, we often substitute one person for another. For example, the therapist is represented according to what stage the analysis is at by persons belonging to corresponding role-schemas. When interacting with our role schemas, we receive imaginary feedback from them. Our reactions to ourselves as social beings are, to a large degree, reactions to our role schemas, which surround us in our external phenomenal space. This holds also for our patients' unrealistic guilt feelings: their self-criticism is criticism from some of their schemas. The so-called "neurotics of destiny," affected by their group schemas, shape the behavior of others again and again, with disastrous results for themselves. They do what bad experimenters do — conduct experiments and influence people in such a way that they find their hypotheses confirmed.

The second function of the group schema is in social training and problem-solving. As a child plays and talks with its dolls, so we interact with our group schema.

The third function of the group schema is to provide individuals with rewards and costs. Imagined and anticipated rewards are also rewards, and the group schema is a mechanism which stabilizes social behavior. As he becomes more socialized, a child learns how to be satisfied with substitute rewards from his role schemas, instead of receiving all rewards from his parents. [This process is usually called the "internalization of norms," but we regard such a designation misleading, in common with Bandura (1969).]

We suggest that the way we conceptualize the individual's behavior as part of the group is also appropriate in conceptualizing his behavior as part of his group schema. The real group and the group schema, as we have argued, are interconnected in regard to the three functions of the group schema mentioned. First, the person's perception of his group is co-determined by his group schema and, the other way round, confirmation of expectations by a real group helps to preserve the group schema unchanged. Second, using the group schema for problem-solving and training, is "experimental acting" (Freud), closely related to the experience in a particular group and leading to an action in that group. The third function, the group schema as a source of substitute rewards and costs, is obviously related to the rewards and costs in real groups. Sometimes small rewards in real life are supplemented with large rewards from interaction with figures from the group schema — that is why studying a person's interaction only in real groups must leave much of his behavior unexplained. For example, no psychoanalyst would be surprised to hear that the shoplifting wife of a prosecuting attorney was stealing, not because the goods were valuable, but to rebel against her husband, although she did not expect to be found out. (She was also rebelling against her dead father.) However, social psychologists seem to find this hard to understand.

Let us consider, in parentheses, the work of Blau (1964) and Zalesnik (1965), social psychologists who are adherents of the very promising social exchange theory. Social exchange theory (Homans, 1961; Thibaut and Kelley, 1959; Blau, 1964) uses an economic model for understanding human relations, which is an exchange of rewards and costs. Despite its deficiencies (justly pointed out by such critics as Bales, 1970), social exchange theory is, in our opinion, not only a good starting point as a theoretical first approximation, but is also useful practically in family and group therapy (Knobloch-Knobloch, 1970). Zalesnik (1965) gives examples to show that "psychodynamics is out of the realm of social exchange theory." Blau (1964) expresses the same point of view. For all this, as we have discussed elsewhere (1974, 1978), their examples fit into the extended framework in which we sum up rewards and costs, both from the real group and group schema. But that is not all. We maintain that the social exchange theory makes sense only if imagined rewards and costs are also taken into consideration. If we followed the ideas of the social psychologists mentioned above, we should not have considered in our example (the wife of the prosecuting attorney) the interaction with her

husband and father in fantasy. It is obvious that in these instances social psychologists, like many psychoanalysts, are misled by the erroneous dichotomy "interpersonal-intrapsychic." Social exchange, according to them, applies to the "interpersonal" dimension, but not the "intrapsychic" one.

We shall give some examples of how psychoanalytic ideas are conceptualized in the group model. Guilt feelings are conceived as a tension in the group schema, in relationship to one or more role schemas. For example, the model allows us to differentiate between a father or a mother conscience. Defensive mechanisms are understood as interpersonal strategies in the group schema. As the lying of an hysterical patient is an attempt to avoid the disapproval of others and to preserve self-esteem, so the function of amnesia in the same patient, achieved through a massive repression, is to avoid a reaction from the role schemas and preserve self-esteem. An obsessive-compulsive, after symbolically performing a socially forbidden act, feels pressure from his role schemas and establishes a balance by receiving imagined punishment from them.

In transference, the subject misinterprets a person in terms of his role schema. This is similar to Schafer's (1968) view that "the presence is serving as a net to catch suitable current objects." He goes on: "This aspect of transference is not a reexperience of the past in the present but an internalizing or actualizing of current experience with presences which have originated in the past." (Schafer talks about "introjects and other presences," since he is aware that they are not necessarily in internal phenomenal or, as he calls it, subjective space.) The terms which are necessary for describing self-other relations are *complementing relationship*, *identification* (role-taking) and *projective identification* (ascribing one's characteristics to others).

What are the advantages of the small-group model over Freud's structural model? The small group-model is parsimonious, since it uses *one* conceptual framework for describing real and fantasy groups. It replaces Freud's structural model which creates erroneous beliefs because it describes processes in the "inner" world. It recognizes explicitly an individual's interaction with people, both real and imagined, as the empirical basis of psychoanalysis. As Brunswik (1937) postulated, the psychology of an individual has to be "psychology in terms of objects." The fictitious idea of processes going on in the intrapsychic world has had not only disastrous consequences for psychoanalytic theory, but also for practice. Under the influence of the dualistic model of "external"

and "intrapsychic" world, many psychoanalysts have dealt with mental processes as if they ran independently from the events in the patient's environment. Behavior therapists' criticism, such as Bandura's (1971) is valid, in that psychodynamic schools have neglected the study of environmental stimuli in controlling behavior (he also criticizes Skinner's bias *for* the environment). The group model suggested has the advantages of visualizing the role schemas in the same place where real people are. There is always a two-way relationship between a perception of a real person and the corresponding role-schema. For example, a male authority schema (which is an hypothesis about males in authority) would be unlikely to exist indefinitely, if it was not believed to be confirmed by experience from time to time. Freud's or Klein's model, suggesting visualizing "inner representations" or "inner objects" inside, obscures the close relationship between perception of people and role schemas. This has misled many psychoanalysts to neglect the patient's interaction with other people in his present life.

We have tried to show that a group model of mental life is superior to Freud's structural model, but a word of caution is necessary. True enough, we believe that our group model reflects the basic phenomenal spatial relationship, the role schemas being in the external phenomenal space of the individual. However, we do not want to prejudice phenomenological research, which has been badly neglected in psychoanalysis (particularly because of the confusion of phenomenal, model and physical space), although psychoanalytic treatment gives a unique opportunity for this. It may turn out that interactions in phenomenal space are complicated, e.g., that there is more than one focus of conscience in phenomenal space, one or more outside and one inside a person. But these facts, although important for theory and treatment, will not, in our opinion, change the usefulness of the group model.

One essential advantage of the group schema model of mental life is that it makes it possible to test hypotheses about an individual. For example, a patient's description of his relationship to male authority in general can be tested in a psychodramatic reconstruction. In role-playing (which can be used both in group and individual therapy), his nonverbal behavior may be congruent or incongruent with his verbal report. (There is a difference between role-playing and real life, but the difference is smaller than those inexperienced with psychodrama usually expect.)

Our conception of a group schema as a model was developed in

1963 (Knobloch, 1963, 1968a) and there have been parallel trends in psychoanalysis. Bowlby (1969, 1973), led by similar considerations to ourselves, introduced the concept of a "working model":

Also much influenced by the special role given to feeding and orality in psychoanalytic theorizing is the concept of "internal object," that is in many ways ambiguous In its place can be put the concept, derived from cognitive psychology and control theory, of an individual developing within himself one or more working models representing principal features of the world about him and of himself as an agent in it

Peterfreund (1976) accepts Bowlby's concept and notes that the following terms have a similar meaning: inner references, representations, standards, models, and maps. We agree with both Bowlby and Peterfreund, but regard the further step – the distinction between physical and phenomenal space – as essential. Otherwise, it may happen that words are changed ("working model" replacing "inner object") without a change of the model.

CONCLUSION

The conceptual framework proposed in this article offers a meeting ground for psychoanalysis and behavior therapies. Its clinical implications, the system of "integrated psychotherapy" realized by the authors in Czechoslovakia and Canada, are described in other publications (Knobloch, 1968b; Knobloch and Knobloch, 1977, 1979; Knobloch and Knobloch, 1965, 1970, etc.). It coordinates the treatment of individuals, groups, families and therapeutic communities, uses verbal and nonverbal techniques, and seems to be efficient and economic.

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JUNG'S APPROACH TO THERAPY WITH MID-LIFE PATIENTS

LADSON HINTON, M.D.

945 Middlefield Road
Palo Alto, California 94301

Jung's approach to therapy with mid-life patients is an appropriate topic, since the majority of his writings revolve around the psychology of the second half of life. This fact no doubt stems from his own psychological crisis lasting from his late thirties into his early forties. He gave up his formal academic career and withdrew from all but a few significant relationships, while continuing to work with his patients. His later work – and the greater bulk of his work – stems from his inner journey during that period. At age 83, looking back on his life, Jung wrote (Jung, 1961):

All my works, all my creative activity, has come from those initial fantasies and dreams which began in 1912, almost fifty years ago. Everything that I accomplished in later life was already contained in them, although at first only in the form of emotions and images. My science was the only way I had of extricating myself from that chaos. I took great care to try to understand every single image, every item of my psychic inventory, and to classify them scientifically – so far as this was possible – and, above all, to realize them in actual life

Thus, as is clear to anyone who reads his autobiography, Jung made a laboratory of his own psyche. As he entered mid-life, he had experiences which determined the whole future direction of his thinking, as well as his approach to patients. So, much of Jungian psychology is marked by this profound concern with mid-life and older patients, growing out of Jung's own experiences of turmoil and self-cure and the attitudes and activities which enabled him to bring about self-healing.

It is no surprise, therefore, to find that he began to explicitly

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