

THE CURRENT STATUS OF PSYCHOANALYSIS

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ABSTRACT. *In this paper we comment briefly on the contributions to this journal issue. We also make the following observations regarding the current status of psychoanalysis: (a) As in the past, for the most part, recent psychoanalytic formulations are essentially rich and interesting hypotheses, with little systematic validation; (b) the recent psychoanalytic literature is preoccupied with borderline and narcissistic conditions; (c) empathy and the therapeutic relationship are held to be the essential curative factors in psychoanalytic psychotherapy; (d) early mother–child interactions are heavily emphasized in etiological hypotheses; and (e) pre-oedipal factors and object relations play an increasing role in theories of psychopathology and of psychological development.*

The paper by Luborsky and his colleagues deals with the transference which they refer to as “Freud’s grandest clinical hypothesis.” The paper picks up on a challenge presented by Grunbaum (1980, 1982) who argues that data from the clinical psychoanalytic situation cannot be employed probatively for Freud’s grandest psychoanalytic hypotheses. Luborsky et al. then proceed to attempt to refute Grunbaum’s claims by demonstrating correspondence between Freud’s (1912, 1957) observations about the transference and data from their “core conflictual relationship theme” (CCRT) measure of transference patterns.

The data derived from the CCRT method support Freud’s observations: (a) that there is one main CCRT; (b) that each patient has a distinctive transference pattern; (c) that this pattern shows itself especially in close love relationships; (d) that some aspects of the pattern are in awareness and some out of awareness; (e) that the pattern is consistent throughout one’s life; (f) that the pattern is susceptible to change; (g) that there is considerable correspondence between the CCRT pattern observed with other people and the CCRT pattern observed with the therapist; (h) that there is a parallel between one’s current relationship pattern with the therapist and one’s relationship pattern with parental figures early in life; and (i) that transference is evident both within and outside the analytic situation.

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It seems to us that the data Luborsky et al. present are fascinating and important in themselves. Also, as the authors point out, the availability of a reliable measure of patients' relationship or transference patterns should be very useful in studying the therapeutic process and therapeutic outcome. A basic question that arises, however, is whether the results reported by Luborsky et al. bear on a key aspect of what is meant by transference. As Luborsky et al. suggest, the theoretical essence of the transference concept, as it has come to be understood, is that the patient repeats in the current relationship with the therapist early patterns with parental figures and that this entails the ever-present unconscious attempt, on the part of the patient, to gratify conflictual instinctual impulses and wishes. And it is, of course, this aspect of transference that is most difficult to study for at least two related reasons: One is the lack of independent evidence on early relationship patterns with early parental figures, and the other is the difficulty of obtaining reliable data having to do with unconscious attempts to gratify conflictual instinctual impulses toward parents and therapist. Luborsky et al. are aware of these difficulties and of the inherent limitations of clinical data in dealing adequately with these difficulties.

While recognizing these limitations, they do, however, attempt to address what can be addressed with the available data, namely, a systematic comparison between the current relationship with the therapist and remembered accounts of early relationships with parental figures. Obviously, these remembered accounts do not necessarily reveal either the actual early relationship patterns with parental figures or the conflictual instinctual wishes directed toward these figures. However, such comparisons are likely to be of interest in themselves and are generally not systematically pursued by other investigators. One awaits with interest further results from Luborsky et al. in this area.

It is also difficult to present data bearing directly on *current* unconscious instinctual wishes and it is noteworthy that the data of Luborsky provide little direct evidence regarding such phenomena. Consider the example of Mr. B. N. provided by the authors. His wish (W) is: "I wish to be assertive." The response of the other (RO) is: "They dominate and punish me." And Mr. B. N.'s own response (RS) to that is: "I acquiesce, withdraw, and feel angry and frightened." While Mr. B. N. may not be fully aware of the above pattern, it is likely, as Luborsky et al. point out, that he is quite aware of some aspects of it. That is, it is not clear that we are dealing with an unconscious wish.

Luborsky et al. note a sequence in Mr. B. N.'s relationship with the therapist in which he first feels "alive" and then closes up and feels "withdrawn." The authors infer that the withdrawn feeling is due to Mr. B. N.'s "potential for feeling put down by the therapist," but present no direct evidence for this inference. However, even were such evidence forthcoming, it would not necessarily relate to unconscious wishes. A potential for feeling put down by one's therapist is not, in itself, an unconscious wish. Luborsky et al. begin to deal more directly with unconscious wishes when they write: "Although he wants to oppose domination, he appears not to be aware at this point that the sequence partly satisfies his wish to give up his position of strength and instead to be passive in relation to the therapist." It is likely that the wish to give up his position of strength and to be passive in relation to the therapist is, in itself, unconscious and linked to other unconscious wishes and defenses (e.g., of an oedipal nature; homosexuality). However, no evidence is presented which supports this interpretation of Mr. B. N.'s sequence of reactions over other interpretations.

We do agree, however, that the CCRT method described by Luborsky et al. represents a valuable tool for research on the psychotherapy process, particularly psychodynamically oriented psychotherapy. Also important and intriguing is the potential use of this method in evaluating psychotherapy outcome. Luborsky et al. present some preliminary evidence that more improved patients show an increase in awareness of their CCRT pattern, including their relationship to the therapist. They also show changes in the CCRT pattern, in particular, more positive expectations from others as well as from oneself, and a greater sense of mastery of relationship problems in the CCRT. These changes occur despite an overall consistency over time in CCRT pattern. These findings are extremely important for psychotherapy research and suggest the possibility of a degree of integration of process and outcome issues that is rare in the field. Above all, the article of Luborsky et al. should make clear to the reader the richness of psychoanalytic theory in suggesting testable hypotheses and in providing a guide to a greater understanding of the psychotherapy process. There is little doubt that Luborsky et al.'s research constitutes an important methodological advance in the study of transference.

LEVINE ON SELF PSYCHOLOGY AND THE NEW NARCISSISM

The concept of narcissism and the nosological category of narcissistic personality disorders have taken on a special prominence within psychoanalytic circles and within the culture at large (e.g., Lasch's 1978 *The Culture of Narcissism* and the many popular articles on the "me generation"). As Levine points out in his contribution to this edition, much of this prominence is due to the work of Kohut and his followers, work which has led some to proclaim the establishment of a major new paradigm—that of psychoanalytic self-psychology.

Levine notes that although Kohut's psychology of the self began with the modest aims of better understanding specific normal and pathological narcissistic phenomena, it is seen by some of its followers as a virtual replacement for Freudian psychoanalytic theory. For those interested in becoming better informed regarding these new developments, Levine's paper provides a lucid summary of the self-psychology theory and treatment. It also seems to us that Levine's discussion of self-psychology illustrates both certain strengths and weaknesses of psychoanalytic theorizing and of much psychoanalytic literature.

As Levine makes so clear, according to Kohut the treatment of patients with disorders of the self, in contrast to treatment of neurotic patients, does not focus on exploration of unconscious wishes and conflicts and making them accessible to consciousness. Rather, the main role of the therapist is to function as an empathic and responsive self-object, a role purportedly not properly carried out by the patient's parents. Infantile mirroring and idealizing needs are reawakened in the relationship with the analyst and it is through that relationship that the coherence of the self is strengthened. Therapeutic cure essentially consists in picking up again in treatment developmental tasks interrupted in childhood.

A good deal of Levine's criticisms are directed toward the incompatibility between Kohut's formulations and treatment methods and traditional psychoanalytic theory and methods. For example, the former is held to overlook conflicts and unconscious fantasies, to abandon free association, to entail the gratification rather than the exploration of wishes, to focus on environmental trauma, to overlook conflicts around aggression, and to fail to distinguish between the pathological need to

regress and normal developmental needs. Levine's paper ends with an acknowledgement that "self-psychological treatment can give help and relief to many people." He then maintains that "much of this benefit appears to be based on what Freud (1914) called the "cure through love" and warns that methods of this type have serious drawbacks, which should be recognized by the therapist who elects to use them." Levine's criticisms of Kohut's clinical approach seem to be based on the tacit assumption that the more classical psychoanalytical treatment methods represent the standard against which other approaches are to be judged. In that sense, these criticisms are, so to speak, from the inside. What tends to be underemphasized are criticisms which would seem to apply equally to both traditional psychoanalysis and newer clinical approaches. These have to do with exclusive reliance on case histories and the virtual absence of reliable systematic outcome data. Kohut and his followers may claim greater therapeutic success with patients with so-called self disorders and Levine may gracefully acknowledge that "self-psychological treatment can give help and relief to many people." However, there is no solid evidence regarding outcome, that is, regarding the degree to which such help is actually given. There are only self-selected case reports and claims. Furthermore, there is also little information available on the therapeutic process characteristic of self-psychological treatment. What is it—precisely and specifically—that goes on in this kind of treatment that distinguishes it from other forms of treatment? Is "empathic responsiveness," for example, a sufficiently informative descriptive of the patient-therapist interaction? What kinds of specific things do therapists do in the course of being emphatically responsive? Do all therapists who say they are empathically responsive and who believe in its curative potential necessarily behave and interact in this manner? Is it possible that at least some non-Kohutian therapists, who have little to say regarding the role of empathic responsiveness, are, nonetheless as emphatic as Kohutian analysts? These are only some of the questions that one can direct to the claims of Kohut and his followers. But, of course, one can direct these and similar questions to any therapeutic claims, including those made by traditional psychoanalysis. What seems remarkable is that after all these years the psychoanalytic literature continues to consist almost entirely of case reports and theoretical debates and continues to be refractory to demands for more controlled and systematic process and outcome research. There are, of course, exceptions to this generalization (e.g., the work of Luborsky and his colleagues; Gill & Hoffman's research (e.g., 1982); the research of Weiss, Sampson, Gassner, & Caston (e.g., 1980); the work of Dahl (e.g., 1974). But, as the discussion of Kohut's work demonstrates, however interesting and challenging it may be, it consists mainly in speculations and hypotheses rather than well confirmed observations and formulations.

When he evaluates Kohut's self-psychology as a personality theory, Levine raises important general questions and presents cogent criticisms. For example, Levine notes Kohut's tendency to employ "hybrid concepts" which intermix experience-near with abstract concepts. Also, Levine raises serious doubts about whether "adults can regularly resume and carry to completion in analysis long-interrupted development tasks that usually take place in early childhood." We, too, seriously question this claim and see it as representative of a current tendency to offer unrealistic and hyperbolic therapeutic promises in which certain catch terms as "re-birth," "development growth," and so on, are frequently employed. Also, Levine notes

that Kohut does not adequately address the question of whether there are reliable diagnostic criteria for identifying disorders of the self in contrast to neurotic disorders. This question is particularly important in view of the possibility that clinical phenomena taken by a Kohutian analyst to constitute evidence of self disorders a more traditional analyst is likely to interpret as neurotic manifestations (Gedo, 1980).

LERNER ON CURRENT PSYCHOANALYTIC PERSPECTIVES ON THE BORDERLINE AND NARCISSISTIC CONCEPTS

In a certain sense, Lerner's paper on borderline conditions and narcissistic disorders continues with some of the same themes discussed by Levine. Particularly in his discussion of narcissism, Lerner also draws on Kohut's self-psychology. Basically, we are told by Lerner that psychoanalytic theory has undergone a paradigm shift—from a theory of drive impulses, defense and conflict to a formulation of psychopathology in terms of incomplete or arrested development. This newer conception of pathology invites models of treatment "that emphasize the psychological substrate and nutrients necessary for growth and development, with therapy being seen as a second chance for development with a special kind of parenting." (Michels, 1983, p. 5). It is through a consideration of borderline and narcissistic conditions that the shift in psychoanalytic theory is illustrated.

Lerner places a good deal of emphasis on the formulations of Kernberg and presents evidence that, in accord with these formulations, borderline patients differ from other groups of patients with regard to level of object representation and level of functioning of defense. He presents one of the few studies which offers reliable evidence for Kernberg's claim that borderline patients tend especially to employ devaluation, splitting, and projective identification as characteristic defenses.

In discussing narcissistic patients, Lerner covers some of the same ground discussed by Levine. As noted earlier, particularly in work with borderline and narcissistic patients, the traditional crucial psychoanalytic role of interpretation and insight has given way to an emphasis on "real" aspects of the therapeutic relationship, "a corrective parental experience" (shades of Alexander & French's 1946) "corrective emotional experience") and the "analytic holding environment."

Lerner believes that with this new approach, "analysts and therapists are now able to effectively treat a growing group of patients who, in the past, were considered essentially untreatable." However, as noted in the discussion of Levine's paper, no outcome evidence beyond clinical impressions and case reports are provided to support these claims regarding more effective treatment.

SILVERMAN ON RESEARCH USING SUBLIMINAL STIMULI

The functional significance of unconscious motives in the formation and vicissitudes of symptomatic and other psychopathological behavior has been a conceptual cornerstone in psychoanalytic thinking. Freud, of course, reported numerous and varied clinical demonstrations of the influence of unconscious motives (e.g., parapraxes, post-hypnotic suggestion, conversion reactions, etc.). However, Freud's reports and those of other clinicians were based on uncontrolled clinical observa-

tions which are subject to alternate interpretations. In the period from 1950–1970, efforts were made by analytically-oriented researchers to validate experimentally the general proposition that unconscious ideas can influence conscious behavior (e.g., Fisher, 1954, 1957, 1960, 1965; Klein & Holt, 1960; Shevrin & Luborsky, 1958; Spence, 1961, 1964) and others (cf., Wolitzky & Wachtel, 1973). These investigators, influenced by Potzl's (1917) early demonstration that nonreported aspects of briefly exposed stimuli showed up in dreams, used a variety of verbal and pictorial stimuli and tasks and different methods of subliminal stimulation. By presenting the stimuli outside of focal awareness, they demonstrated influences on the form and content of subsequent cognitive behavior which often were different, in degree and kind, from those produced by clearly supraliminal stimuli (see Wolitzky and Wachtel, 1973, for a review of this body of work).

By and large these studies did not attempt to test clinical, psychoanalytic propositions concerning specific dynamic themes or conflicts and the effects of their activation by relevant stimuli presented subliminally. Silverman's systematic research program built on this earlier work but focused on usually transient increases and decreases in symptoms or in adaptive behaviors, in normals and in psychiatric groups, as a function of the particular content of subliminal stimuli. A basic assumption in this work is that a subliminal stimulus which is congruent with an existing unconscious conflict or fantasy raises the activation level of that conflict or fantasy. In Silverman's experiments, the results obtained following subliminal stimuli are assumed to be the same as would occur as a result of a "spontaneous" internally generated increase in the intensity of unconscious motives.

Among the main findings reported by Silverman and his associates are: (a) subliminal stimuli with oral-aggressive content lead to increased depressive feelings in depressives and increased pathological thinking in schizophrenics; (b) subliminal exposure of an "incest" stimulus leads to a stronger homosexual orientation in male homosexuals; (c) an "anal" subliminal stimulus intensifies stuttering in stutterers; and (d) the subliminal stimulus *MOMMY AND I ARE ONE* helped smokers continue abstaining, reduced pathological thinking in relatively differentiated schizophrenics, and improved grades.

As a group, these studies are impressive in taking us beyond unresolved clinical controversies to experimental verifications that specific unconscious fantasies, apparently activated only by particular subliminal stimuli, have a demonstrable impact on certain targeted behaviors. However, the underlying processes and mechanisms responsible for these provocative findings have not yet been specified. It is remarkable, and implausible to many readers of Silverman's work, that a 4-millisecond exposure of as complex a message as *MOMMY AND I ARE ONE* or *BEATING DAD IS WRONG* could register on the nervous system and influence behavior. How readily his findings can be accommodated within current perceptual or information processing models is unclear. For example, Cheesman and Merikle (in press) presented convincing evidence that when verbal stimuli are presented at or below subjects' forced choice discrimination thresholds, there is no indication of priming effects (i.e., facilitating or inhibiting color naming reaction time in a Stroop color work task). And yet, as Silverman notes in his paper, quite a number of studies report behavioral effects far more dramatic than priming (i.e., effects that range from scores on dart throwing to weight loss to changes in pathological symptoms) when stimuli were presented at subthreshold levels. Obviously, these radically different results need to be reconciled through future research. It may be that the

nature of the response measure used to assess subliminal effects is an important variable. It should be noted that Silverman's research is unique in its systematic attempt to test experimentally the behavioral effects of unconscious ideas.

ELLMAN ON SLEEP AND DREAM RESEARCH

The concept of instinctual drives is central to traditional psychoanalytic theory. While the concept is not stated by Freud or his followers in clearly testable terms, it has been nonetheless heuristically useful both in clinical work and in stimulating research. At the same time, the concept of drive and its associated metapsychology has generated intense criticism and controversy.

Ellman's research program is guided in a general way by the psychoanalytic view of instinctual drives, particularly its implications for REM sleep and dreams. This line of inquiry, influenced by Fisher's (1957, 1960, 1965) early studies, first led Ellman to animal studies which sought to determine which brain loci might be sources of endogenous stimulation analogous to drive stimulation. Ellman followed the implications of the animal studies for sleep and dreams in humans. His paper describes work, for example, on mentation in REM and NREM sleep as a function of REM deprivation. He is attempting to construct a psychoanalytic model that would link individual differences in REM phenomena to the development of reality-testing, self-object differentiation, and the cohesiveness of the self. His work is a good example of how psychoanalytically-oriented researchers can use aspects of Freudian theory to guide experimental investigation of phenomena relevant to the theory.

HERZOG ON PSYCHOANALYSIS AS A DEVELOPMENTAL PSYCHOLOGY

A main point in Herzog's paper is to remind us to be cautious in making inferences about etiology based on analytic reconstructions from work with adult patients. This issue has been problematic since the inception of psychoanalysis. Currently, it is, as noted above, a significant issue in Kohut's formulations regarding the etiology of narcissistic disturbances.

Herzog also notes the burgeoning of psychoanalytically-inspired research on infancy. This work already aided theoretical clarification by informing us of the status and nature of the cognitive and affective capacities of the infant. As an example, the interested reader should study Klein's (1981) paper on the implications of infant research for Mahler's notion of separation-individuation. Even child observations, let alone adult analyses, can lead to erroneous inferences if they are not coordinated with what is known about early infant development.

Finally, Herzog rightly emphasized the distinction between "videotaped reality" and the personal meanings of the growing infant's experiences. As he suggests, and as many clinicians have noted as well, one needs to know both what actually transpired in the life of a patient *and* its meaning in order to understand its impact.

GENERAL COMMENTS AND COMMON THEMES

A number of common themes and characteristics emerge from the papers presented here which should provide the reader with a reasonably good idea of issues that are especially prominent in the current psychoanalytic literature.

THE GENERATION RATHER THAN THE TESTING OF HYPOTHESES

Psychoanalysis and psychoanalytic theory have always addressed vital life issues (e.g., sexual and aggressive impulses, intimate relationships, sense of self) that have tended to be ignored by a more academically and experimentally oriented psychology. In large part, this fact accounts for much of its general cultural appeal. And the concern with core issues continues to characterize recent developments. In presenting object relations theory and self-psychology to graduate seminars made up of students of varying theoretical backgrounds, we have been struck by the degree to which the material grips the students emotionally. They often react with a shock of recognition, with a feeling of identification with certain clinical descriptions, and with a sense that core issues in life—issues around which people's lives are, so to speak, made or broken—are being discussed.

One way of describing this state of affairs is to say that, as has always been the case with psychoanalytic theory, recent psychoanalytic formulations are rich in evocative and descriptive power and in generating complex and significant hypotheses. However, as has also always been the case with psychoanalytic theory, recent clinical developments are characteristically weak in providing rigorous and systematic data for the testing of these hypotheses. In no area is this weakness more apparent than in outcome research. As noted in discussing the Levine and Lerner papers, recent formulations (e.g., Kohut's self-psychology) are characterized by claims for greater therapeutic effectiveness, particularly with certain classes of patients (e.g., narcissistic disorders). These claims are then repeated in the literature, as if they had been demonstrated and clearly supported. But the fact is that they are based on the usual clinical impressions and case reports. This refractoriness to carrying out controlled and rigorous outcome studies has always characterized psychoanalytic history and continues to do so.

If one examines the Fisher and Greenberg (1977) compilation of experimental tests of psychoanalytic hypotheses, one will find that tests for psychoanalytic psychotherapy constitute the weakest area of research (see Eagle, 1983). And that area continues to be an especially weak one. It is interesting that the best and most systematic current research on psychoanalytic psychotherapy (e.g., the work of Weiss, Sampson, Gassner, & Caston, 1980; of Gill & Hoffman, 1982; and of Dahl, 1974) deals with various aspects of the psychotherapy *process* and does not concern itself with therapeutic *outcome*. Luborsky's recent work represents an outstanding exception to this generalization.

Another area in which the usefulness of psychoanalysis in generating hypotheses rather than testing them is especially apparent is in the formulation of *etiological* explanations and accounts. In many current psychoanalytic formulations etiological hypotheses play a central role. For example, early lack of empathic responsiveness and opportunities for idealization are held by Kohut to be decisive etiological factors in the development of narcissistic personality disorders. However, these speculations are based entirely on adult patients' clinical productions and reports. There is not even a hint in much of this literature that such reports do not begin to constitute adequate evidence for strong etiological speculations. It will also be recalled, from the discussion of the Luborsky et al. paper, that it is in regard to the etiological aspects of psychoanalytic formulations that even reliable clinical data are least relevant. There seems to be little recognition in the recent psychoanalytic

literature of the limitations of the clinical data for etiological formulations and of the need for controlled longitudinal studies.

PARADIGM SHIFT: NEW TYPES OF PATENTS AND NEW CONCEPTION OF CURATIVE FACTORS

As was particularly evident in the discussion of the Levine and Lerner articles, two clear new themes one finds in the recent psychoanalytic literature are (a) a preoccupation with purportedly new types of patients, in particular, borderline and narcissistic patients, and (b) a shift in the conceptualization of therapeutic factors that are held to be curative.

Accompanying the new emphasis on borderline and narcissistic conditions is a reformulation of the nature of psychopathology. While neurotic conditions were presumably characterized by intrapsychic conflict among relatively intact structures, these more serious conditions are held to be mainly the result of arrested development and defective structures (e.g., self defects). While often explicitly eschewing a sharp dichotomization between conflict and defects, one often finds in the literature such an implicit division. Perhaps the clearest example of this conflict-defect dichotomy is seen in discussions of its therapeutic implications. While interpretation is held to be the main tool and insight the main consequence of classical psychoanalysis with neurotic patients, other techniques (empathic responsiveness, the provision of a "holding environment," the "real" relationship) are held to be the main instrumentalities, and repair of developmental- and self-defects the main goals of therapeutic work with self disorders and with other more disturbed patients. While there is no universal agreement on these points, they are commonly sounded themes in the current literature (see Eagle & Wolitzky, 1981, for a further discussion of these issues).

It should be clear that while there is a good deal of discussion of the above distinctions, there is relatively little work on the reliability of diagnoses (e.g., neurotic versus self disorders) and, as noted all along, virtually no research on whether the various therapeutic techniques and approaches authoritatively advised in the literature really do make a difference in therapeutic outcome. One of the problems in this area is that even if there were more psychoanalytic investigators available and willing to carry out this sort of research, a major technical difficulty has to do with the need to make more operational such general concepts as empathic responsiveness and "holding environment." What is it that therapists specifically and distinctively do when they are being empathically responsive or providing a "holding environment"? After all, being empathically responsive (or, for that matter, providing a "holding environment") is not, in itself, a specific activity, but a way of doing something.

EARLY MOTHER-CHILD INTERACTION

In both object relations theory and psychoanalytic self-psychology, much emphasis is placed on early mother-child interactions (e.g., Fairbairn, 1952; Guntrip, 1968; Kohut, 1971, 1977; Winnicott, 1958, 1965). A central assumption in both these approaches is that particularly in the case of more disturbed patients (e.g., borderline and narcissistic conditions), early failures in mother-child interactions have

a definitive influence on development. And, in general, recent psychoanalytic formulations reflect a marked shift from the Freudian emphasis on oedipal factors to a current emphasis on early pre-oedipal factors. This shift has led to greater psychoanalytic interest in early development which, fortunately, coincided with a burst of research in this area during the last 20 or so years. Herzog has addressed some of the implications of this trend (for a review of infant research, see Greenspan & Pollock, 1980).

In conclusions, we hope that these papers and our comments have acquainted the reader with some of the trends and issues in current psychoanalytic thinking. We would note, in closing, that while many are construing psychoanalysis essentially as a hermeneutic activity (e.g., Ricoeur, 1970, 1977; Schafer, 1976; Spence, 1982), others, fortunately in our view, recognize (a) that psychoanalytic hypotheses are as subject to empirical testing as are other hypotheses, and (b) that psychoanalysis is a theory of personality and behavior as well as a therapy and is accountable to the same degree that other theories are. Both these recognitions entail the openness of psychoanalysis to methods of investigation outside the clinical situation and to findings from other fields. The papers by Silverman and Ellman serve as examples of programs of research employing nonclinical methods, but that are nevertheless inspired by and relevant to psychoanalytic formulations and hypotheses. Within the clinical context, work by Luborsky (and others, e.g., Weiss & Sampson, 1980) is also aimed at finding lawful regularities in behavior that take us beyond an exclusive reliance on the clinical case study method in an effort to refine and test psychoanalytic concepts.

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