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INTROSPECTION, EMPATHY, AND
PSYCHOANALYSIS

An Examination of the Relationship between Mode of
Observation and Theory¹

HEINZ KOHUT, M.D.

INTRODUCTION

Man and animals investigate their surroundings with the aid of the sensory organs; they listen, smell, watch, and touch; they form cohesive impressions of their surroundings, remember these impressions, compare them, and develop expectations on the basis of past impressions. Man's investigations become ever more consistent and systematic, the scope of the sensory organs is increased through instrumentation (telescope, microscope), the observed facts are integrated into larger units (theories) with the aid of conceptual thought bridges (which, themselves, cannot be observed), and thus evolves gradually, by imperceptible steps, the scientific investigation of the external world.

The inner world cannot be observed with the aid of our sensory organs. Our thoughts, wishes, feelings, and fantasies cannot be seen, smelled, heard, or touched. They have no existence in physical space, and yet they are real, and we can observe them as they occur in time: through introspection in ourselves, and through empathy (i.e., vicarious introspection) in others.

But is the preceding differentiation correct? Do thoughts, wishes, feelings, and fantasies really have no physical existence? Are there not underlying processes that could, on the one hand,

¹This paper was first presented in Chicago at the Twenty-Fifth Anniversary Meetings of the Chicago Institute for Psychoanalysis in November, 1957. A brief version had been presented earlier in Paris at the meeting of the International Psychoanalytic Association in July, 1957.

be recorded by highly refined physical means and still, on the other hand, be experienced as thoughts, feelings, fantasies or wishes? The problem is an old and familiar one and it cannot be solved as long as it is posed in the form of the alternative of mind-body duality or unity. The only fruitful definition is operational. We speak of physical phenomena when the essential ingredient of our observational methods includes our senses, we speak of psychological phenomena when the essential ingredient of our observation is introspection and empathy.

The preceding definitions must, of course, not be understood in the narrow sense of an actual operation that is taking place at any given time but in the widest sense of the total attitude of the observer toward the phenomena under investigation. As yet unseen planets influence the course of planets under direct observation and astronomers can thus ponder the course, the size, the magnitude (i.e., the brightness) of heavenly bodies that have not yet appeared in their telescopes; and they continue to think of the physical properties of comets that will not return to the field of observation for many years. Similar considerations apply also in the psychological field. In psychoanalysis, for example, we consider the Preconscious and the Unconscious as psychological structures not only because we approach them with *introspective intention*, and not only because we can eventually reach them through introspection, but also because we consider them within a framework of introspected or potentially introspected experience.

As our observational data become organized and our observations become scientifically systematic, we begin to deal with a variety of concepts that are at a greater distance from the observed facts. Some of these concepts constitute abstractions or generalizations and are thus still more or less directly related to the observable phenomena. The zoological concept "mammal" is, for example, derived from the concrete observation of a variety of different individual animals; a mammal per se, however, cannot be observed. Similar in psychology. The drive concept in psychoanalysis is thus, for example, as will be demonstrated later, derived from innumerable introspected experiences; a drive per se, however, cannot be observed. Other concepts, such as the con-

cept of acceleration in the physical sciences or the concept of repression in psychoanalysis do not directly refer to the observed phenomena. Such concepts belong, however, clearly into the total framework of their respective sciences because they designate relationships between the observed data. We observe physical bodies in space, note their physical positions along a time axis, and arrive thus at the concept of acceleration. We observe thoughts and fantasies introspectively, observe the conditions of their disappearance and emergence, and arrive thus at the concept of repression.

But is it yet always true that introspection and empathy are essential constituents of every psychological observation? Are there not psychological facts that we can ascertain by nonintrospective observation of the external world? Let us consider a simple example. We see a person who is unusually tall. It is not to be disputed that this person's unusual size is an important fact for our psychological assessment—without introspection and empathy, however, his size remains simply a physical attribute. Only when we think ourselves into his place, only when we, by vicarious introspection, begin to feel his unusual size as if it were our own and thus revive inner experiences in which we had been unusual or conspicuous, only then begins there for us an appreciation of the meaning that the unusual size may have for this person and only then have we observed a psychological fact. Similar considerations apply also with regard to the psychological concept of action. If we observe only the physical aspects without introspection and empathy, we observe not the psychological fact of an action but only the physical fact of movement. We can measure the upward deviation of the skin above the eye to the minutest fraction of an inch, yet it is only through introspection and empathy that we understand the shades of meaning of astonishment and disapproval that are contained in the raising of the eyebrow. But could not an action be understood, without recourse to empathy, simply by a consideration of its visible course and its visible results? Again the answer is negative. The mere fact that we see a pattern of movements leading to a specific end does not, by itself, define a psychological act. The event that a loose stone's fall from a roof kills a man is not an action in the psychological sense be-

cause of the absence of an intent or motive that we can empathize with. And, notwithstanding our recognition that there are unconscious determinants to many accidental happenings, we differentiate correctly between (a) accidental consequences of our activities and (b) purposeful actions. A man drops a stone, the stone falls and kills another man. If there is conscious or unconscious intent with which we can empathize, we speak of a psychological act; if no such intent is present, we think of a cause-and-effect chain of physical events. If, on the other hand, it should become possible to describe in the terms of physics and biochemistry how the sound waves of certain words uttered by A mobilized certain electrochemical patterns in the brain of B, this description would yet not contain the psychological fact that is given by the statement that B was made angry by A. Only a phenomenon that we can attempt to observe by introspection or by empathy with another's introspection may be called psychological. A phenomenon is "somatic," "behavioristic," or "social" if our methods of observation do not predominantly include introspection and empathy.

We may thus repeat the earlier definition in the form of an explicit statement: we designate phenomena as mental, psychic or psychological if our mode of observation includes introspection and empathy as an essential constituent. The term "essential" in this context expresses (a) the fact that introspection or empathy can never be absent from psychological observation, and (b) that it may be present alone. Earlier considerations demonstrated the first half of the preceding statement. In order to demonstrate the second half (that introspection and empathy may be present alone in the observation of psychological material) we may turn to psychoanalysis. Here we must first consider the objection which may be raised by some that the major tool of psychoanalytic observation is not introspection but the scrutiny by the analyst of a certain kind of behavior of the patient: free association. A great body of clinical facts has, however, been discovered through self-analysis, and a system of theoretical abstractions was developed from these facts, for example, in Freud's *The Interpretation of Dreams*. In the usual analytic situation, too, it is the introspective self-observation of the analysand to which the analyst is a witness. It

is true that the psychological insights of the analyst are frequently ahead of the analysand's comprehension of himself. These psychological insights are, however, the result of the trained introspective skill which the analyst uses in the extension of introspection (vicarious introspection) that is called empathy.

The just preceding considerations do, of course, not imply that introspection and empathy are the only ingredients of psychoanalytic observation. In psychoanalysis, as in all other psychological observation, introspection and empathy, the essential constituents of observation, are often linked and amalgamated with other methods of observation. The final and decisive observational act, however, is introspective or empathic. And we can, in addition, demonstrate that in the case of self-analysis introspection is present alone.

It may be fruitful at this point to examine the use of empathy outside of scientific psychology. In everyday life our attitudes are not scientifically systematic and we are prone to consider phenomena as more or less psychological or mental, depending on our greater or lesser capability of empathizing with the object of our observation. Our psychological understanding is most easily achieved when we observe people of our own cultural background. Their movements, verbal behavior, desires, and sensitivities are similar to our own and we are enabled to empathize with them on the basis of clues that may seem insignificant to people from a different background. Yet even when we observe people from a different culture whose experience is unlike our own, we usually trust that we will be able to understand them psychologically through the discovery of some common experiences with which we can empathize. Similarly with animals: when a dog greets his master after a separation, we know that there is a common denominator between our experiences and what the dog experiences at the end of a separation from a beloved "you" and we can begin to think in psychological terms, even if we should be inclined to stress that the differences between human and animal experience must be great. Hardly anyone, however, would talk about a plant psychology. True, some enthusiastic observer of flowers may conceivably see in the turning of plants toward the sun and toward warmth something with which he can

empathize, an inner striving, yearning, or wish—but this will be more in the sense of allegory or poetry because we cannot concede to plants (as we do, for example, to some animals) the capacity for rudimentary self-awareness. There are, however, still further gradations. We observe water running down a hill, seeking the shortest route, avoiding obstacles, and still describe these facts in anthropomorphic terms (running, seeking, avoiding); yet no one will speak of a psychology of inanimate bodies—even less than we could speak of a psychology of plants.²

Introspection and empathy play thus a role in *all* psychological understanding; Breuer and Freud, however, were *par excellence* pioneers in the *scientific* use of introspection and empathy. The emphasis on the specific refinements of introspection (i.e., free association and analysis of resistances); the epoch-making discovery of a hitherto unknown kind of inner experience that emerges only with the aid of these specific techniques of introspection (i.e., the discovery of the unconscious); and the scope of new understanding of normal and abnormal psychological phenomena have tended to obscure the fact that the first step was the introduction of the consistent use of introspection and empathy as the observational tool of a new science. Free association and resistance analysis, the principal techniques of psychoanalysis, have freed introspective observation from previously unrecognized distortions (rationalizations). There is, thus, no question that the introduction of free association and resistance analysis (with the resulting acknowledgment of the distorting influences of an active unconscious) specifically determines the value of psychoanalytic observation. The recognition of this value does, however, not contradict the recognition that free association and resistance analysis are yet to be considered as auxiliary instruments, employed in the service of the introspective and empathic method of observation.

With the conclusion of the introductory observations we are now ready to turn to the main body of the present study. The following examination is neither primarily concerned with the manifold psychological experiences of analysts and analyst, nor

²Freud expressed comparable thoughts (9, p. 169).

is its goal the elucidation of introspection and empathy from the dynamic and genetic points of view. We will take for granted, from here on, that introspection and empathy are the essential constituents of psychoanalytic fact finding, and will attempt to demonstrate how this observational method defines the contents and the limits of the observed field. Contents and limits of the field, however, determine in turn the theories of an empirical science; and it will therefore also be the task of this study to demonstrate the connection between introspection and psychoanalytic theory, particularly in those areas where a disregard of this connection has led to inaccuracies, omissions, or errors.

RESISTANCES AGAINST INTROSPECTION

Resistances against free association are properly discussed as a consequence of the defense function of the mind. The patient opposes free association for fear of the unconscious contents and of their derivatives, and the process of analysis is resisted because it takes on the meaning of forbidden masturbation fantasies, aggressions and the like. There seems to be, however, a more general resistance against the psychoanalytic method which expresses itself in highly rationalized ways: a resistance against introspection. Perhaps we have neglected to examine the scientific use of introspection (and empathy), have failed to experiment with it or to refine it, because of our reluctance to acknowledge it wholeheartedly as our mode of observation. It seems that we are ashamed of it and do not want to mention it directly; and yet—with all its shortcomings—it has opened the way to great discoveries. Leaving aside the socioculturally determined causes of our hesitation concerning introspection (exemplified in catchwords such as “mystical,” “yoga,” “Oriental,” “non-Western”), there still remains for us to identify the underlying reason for the prejudice against acknowledging the observational method that has given us such results. Perhaps the dread that causes the defensive neglect of the fact that introspection is such an important factor in psychoanalytic fact finding is the fear of helplessness through tension increase. We are used to a continuous draining of tension through action, and are willing to accept thought only as an intermediary

to activity, as a delayed action or trial action or planning. Introspection seems to oppose the direction of the current by which we achieve tension relief and may thus add the general dread of passivity and tension increase to the more specific fears that are created when the uncovering of repressed content is in the offing. It is true that free association in psychoanalysis does not correspond in this sense to our usual thinking processes. Generally speaking, thinking is "an experimental kind of acting, accompanied by displacement of relatively small quantities of cathexis" (7). Psychoanalytic therapy *in toto* may be said to prepare for (freedom of) action; free association itself, however, is not preparatory for action but for structural rearrangements via increased tension tolerance.

Apprehensions about the length of analysis and the frequency of sessions are often voiced by patients in the early phases of therapy, justified by the sacrifice of time and money that the treatment demands. One gains, however, the impression that, in some instances at least, these complaints cover the deeper dread of inactivity in the face of increasing tension; a fear, in other words, of the prolonged reversal of the flow of energy through introspection. And it is perhaps a similar discomfort on the part of analysts that has prevented us in our experiments with the analytic method from investigating the results of extended periods of introspection, for example, the effectiveness of lengthened analytic hours.

Introspection can, of course, also constitute an escape from reality. In its most pathological forms, as in some autistic daydreams of schizophrenics, introspection succumbs to the pleasure principle and becomes a passive acceptance of fantasies. More under the control of the introspecting part of the ego, yet still under the sway of the pleasure principle, are the rationalized forms of introspection of mystical cults and pseudo-scientific mystical psychology. The fact that introspection can be abused, however, must not deceive us about its value as a scientific instrument. After all, the pursuit of the nonintrospective physical sciences may become equally involved in the service of an unmodified pleasure principle if a scientist uses scientific activity for pathological purposes. Introspection in psychoanalysis, however, is not a passive

escape from reality but, at its best, active, searching, and enterprising. It is animated as much by the desire to deepen and to expand the field of our knowledge as the best of the physical sciences.

EARLY MENTAL ORGANIZATIONS

We are, however, not only confronted by irrational resistances opposing introspection but also by realistic limitations. We hear, for example, the critical statement that some author's descriptions or theories are anthropomorphic, adultomorphic and the like. Stated in the language of the present considerations, these critical terms imply either that the empathic processes of the observer have not been handled with discretion; or that the author in question has wrongly empathized. There can be little doubt about the fact that the reliability of empathy declines the more dissimilar the observed is from the observer. Psychoanalysis is genetically oriented and looks upon human experience as a longitudinal continuum of mental organizations of varying complexity, varying maturity, and the like. The early stages of mental development are thus, in particular, a challenge to the ability of empathizing with ourselves, i.e., with our own past mental organizations. (These considerations apply, of course, not only to the longitudinal but also to the transverse-sectional approach, e.g., when we speak of psychological depth and of psychological regressions during sleep, neurosis, fatigue, stress, and the like.) What kind of concept must we use when we are describing primitive, early, or deep psychological processes? In the Freudian syndrome of the *actual neuroses*, for example, it was operationally decisive that persistent introspection (even in the form of free association and resistance analysis) could not uncover any psychological content beyond anxiety in *anxiety neurosis*; or beyond fatigue and aches in *neurasthenia* (4). Those variable fantasies that Freud occasionally encountered he must have considered to be built up secondary to (as rationalization of) these symptoms. The absence of psychological findings led Freud to the formulation that *actual neuroses* are a direct expression of organic disturbance, in other words, of a condition that promises more fruitful exploration by nonintrospective methods of investigation, for ex-

ample, examination by biochemical means. Analogous considerations apply also to such psychopathological entities as *neurotic disturbance*,³ *vegetative neurosis* (1), or *organ neurosis* (2), and to the device of differentiating a *primary functional phase* of mental development (15). Similarly, we should not pretend at a precise understanding of the psychological content of the earliest phases of mental development but should, when discussing these early phases, avoid terms that refer to the analogous phenomena of later experience. We must thus be satisfied with loose empathic approximations and should speak, for example, of tension instead of wish, of tension decrease instead of wish fulfillment, and of condensations and compromise formations instead of problem solving. Harder to detect than these terminological mistakes are operational shifts which are sometimes employed in the discussion of early psychological states. Instead of the attempt to extend a rudimentary form of empathic introspection into an early state of mind, the description of a social situation is offered, for example, the description of the relationship between mother and child. The investigation and description of the early interactions between mother and child are of course indispensable; but it should not be forgotten that we are then dealing with a form of social psychology and are, therefore, moving to a frame of reference that must be compared but not equated with the results of introspective psychology.

We must thus be careful not to confuse and not to intermingle theories based on observations carried out with the aid of the introspective method with theories based on the observational method of, for example, the social psychologist or of the biologist. The brook runs downhill and, avoiding rocks on its way, finds the shortest route to the river; and thus an adaptational problem between the water and its environment is solved. A married woman, in a conflict over the temptation toward unfaithfulness, develops hysterical blindness—and again a problem of adaptation may be said to have been solved. Another woman, under similar circumstances, decides that she wishes not to be tempted any more; she too does not want to see the tempting man and she

³ Freud contrasted neurotic disturbances with psychogenic disturbances, which means approximately with psychoneurotic symptoms (6).

hurriedly decides to return home—and again a problem of adaptation is solved. The social psychologist may attempt to differentiate these adaptational processes by comparing the varying complexities of the task, the biologist by comparing the varying complexities of the means employed in solving it—not an easy differentiation in view of the electronic “brains” (computing machines) of our era. Whatever the solution of the social psychologist or the biologist may be, it is clearly at variance with the one of the psychoanalyst who, by employing introspection and empathy, differentiates the mechanisms neither by their effectiveness or inefficacy nor by their complexity or simpleness, but by the relative distance from the introspective self-observer with whom he empathizes. Some psychological processes (tension, tension release of the newborn) are almost beyond empathy, and the adaptations that take place may be said to lie closer to the movement of the water as it interacts with rocks and gravity. Other processes, while somewhat nearer to the empathic observer than the foregoing, are still quite distant from the self-observing ego: the compromise formations, condensations, displacements, and overdetermination that we call primary processes (e.g., in psychoneurotic symptom formation); and, finally, we find those psychological processes that lie closest to our introspection and empathy: the secondary processes of logical thinking, problem solving, and deliberate action; the faculty of choice and of decision.

ENDOPSYCHIC AND INTERPERSONAL CONFLICT

We shall next examine the position of the concepts of endopsychic and of interpersonal conflict within the framework of psychoanalytic theory, especially in consideration of the frequently expressed conviction that psychoanalysis is not “interpersonal enough” or that it uses a one-body frame of reference instead of the social matrix. Such views fail to take into account that the essential constituent of psychoanalytic observation is introspection. We must, therefore, define the psychoanalytic meaning of the term interpersonal as connoting an interpersonal experience open to introspective self-observation; it differs thus from the meaning of the terms interpersonal relationship, interaction,

transaction, etc., which are used by social psychologists and others.

The early research of Freud was directed toward the introspective and empathic investigation of the psychoneuroses. His efforts were rewarded by two great discoveries: (1) the unconscious, and (2) the phenomenon of transference, i.e., the particular influence which the unconscious exerts upon the introspectively more accessible part of the psyche.⁴ Persistent introspection leads in the transference neuroses to the recognition of an inner struggle between infantile strivings and inner counterforces against these strivings: the structural conflict. The analyst, to the extent that he is a transference figure, is not experienced in the framework of an interpersonal relationship but as the carrier of unconscious endopsychic structures (unconscious memories)⁵ of the analysand. A patient, for example, reports lightheartedly that he evaded the payment of the bus fare on the way to his session. He "noticed" that the analyst's face was unusually stern when he greeted him. The analyst as transference figure is (as persistent introspection with analysis of resistance reveals) an expression of unconscious superego forces (the unconscious father imago) in the analysand.

Gradually, however, the range of psychoanalytic inquiry increased and soon began to include the psychoses. A new task was thus set for the analyst: he now had to empathize with the experiences of primitive mental organizations, with the experiences of the prestructural psyche. The two great early discoveries in the realm of the psychoses were Freud's comprehension of the meaning of psychotic hypochondria (8), and Tausk's empathic or introspective recognition that the schizophrenic's delusion of being influenced by a machine was the revival of an early form of self, a regression to painful and anxious body experiences after the contact with the "you"-experience is lost (21). Persistent introspection in the narcissistic disorders and in the borderline states leads thus to the recognition of an unstructured psyche struggling to maintain contact with an archaic object or to keep up the tenuous separation from it.⁶ Here the analyst is not the screen

⁴ The concept of transference will be discussed later.

⁵ For the acceptance of *memory trace* as a structural concept see Glover (14).

⁶ The introspective experience of the struggles with the marginal object in the psychoses and borderline states is, however, not the same as the observation of interpersonal relations. It is instructive to study the consequences of a combination of

for the projection of internal structure (transference), but the direct continuation of an early reality that was too distant, too rejecting, or too unreliable to be transformed into solid psychological structures. The analyst is, therefore, introspectively experienced within the framework of an archaic interpersonal relationship. He is the old object with which the analysand tries to maintain contact, from which he tries to separate his own identity, or from which he attempts to derive a modicum of internal structure. A schizophrenic patient, for example, arrives at the analytic session in a cold and withdrawn state. In a dream of the preceding night he was in a snow-covered, barren field; a woman offers him her breast but he discovers that the breast is made of rubber. The patient's emotional coldness and his dream are found to be a reaction to an apparently minute, but in reality significant, rejection of the patient by the analyst. Reactions to realistic rejections by the analyst occur, of course, also in the analysis of the transference neuroses, and their recognition and acknowledgment are of tactical importance. In the analysis of the psychoses and borderline states, however, archaic interpersonal conflicts occupy a central position of strategic importance that corresponds to the place of the structural conflict in the psychoneuroses. The same considerations apply also *mutatis mutandis* to the structural conflicts encountered in the psychoses.

We cannot leave the topic of endopsychic and interpersonal conflict without some further brief remarks on transference. Freud's basic definition of transference (5) was the result of unambiguous concept formation: transference is the influence of the unconscious upon the preconscious across an existing (though often weakened) repression barrier. Dreams, symptoms, and aspects of the perception of analyst by analysand are the most important forms in which transference appears. The present confusing usage of the terms transference and countertransference (often denoting

these two theoretical approaches, achieved, for example, by the use of a bridging concept such as that of the "participant observer" (20). The fruitful differentiation between the structural concept of a transference object in the neuroses and the archaic interpersonal object in the narcissistic disorders disappears from this point of view. The result is the emergence of a logical and internally consistent conception of psychopathology in which, however, the most diverse clinical phenomena may be regarded as varieties or degrees of schizophrenia (20).

specific interpersonal relationships in the sense of social psychology) stems from an unwitting inconsistency concerning the operational mode on which the theoretical framework must be based. We can retain the great advantage of operational consistency without being hamstrung by the cruder model of mind with which Freud was working in 1900 if we fit the early concept of transference into the structural diagram of 1923 (12) and define it, in addition, with regard to ego autonomy (16). The transference experience of the object in the therapeutic situation would thus retain its original meaning as an amalgamation of repressed infantile object strivings with (in the present reality insignificant) aspects of the analyst. It would be clearly delimited from two other experiences: (1) from those strivings toward objects which, although emerging from the depth, do not cross a repression barrier (cf. Freud's diagram in *The Ego and the Id*: the repression barrier separates only a small part of the ego from the id); and (2) from those object strivings of the ego which, although originally transferences, have later severed the ties with the repressed and have thus become autonomous object choices of the ego. It is important to recognize that in both of these instances the object choice originates partly in the past, i.e., later object choice is patterned after childhood models. But while it is true that all transferences are repetitions, not all repetitions are transferences.

It is not possible by the nonintrospective historical approach to differentiate between (1) those influences from the past that have affected the growth of the mental apparatus from (2) the present influence of a remnant of the past that still is in actual existence, i.e., the repressed unconscious. Through persistent scientific introspection, however, we are enabled to differentiate between (1) nontransference object choices patterned after childhood models (e.g., a part of what is often erroneously called the positive "transference") and (2) true transferences. The latter can be dissolved by persistent introspection; the former, however, reside outside the sphere of structural conflict and are not directly affected by psychoanalytic introspection.

DEPENDENCE

Some concepts used by psychoanalysts are not abstractions founded on introspective observation or empathic introspection but are derived from data obtained through other methods of observation. Such concepts must be compared with the theoretical abstractions based on psychoanalytic observations; they are, however, not identical with them.

Let us, for example, consider the hypothesis that the importance of childhood sexuality in general and of the oedipus complex in particular is related to, or part of, the prolonged, biologically necessitated dependence of the human infant. Is this a psychoanalytic hypothesis? In a general sense the answer is, of course, affirmative because we know that the hypothesis in question could not even have been formulated prior to the introspective discovery of phallic, anal, and oral erotic experience and the recovery of the oedipal passions in the transference. More precise considerations, however, will demonstrate that not all of the concepts used in the hypothesis can, without modifications, be treated as if they had been derived from introspective and empathic observations. The problem of drives and sexuality will be considered later, the concept of dependence, however, shall be examined at this point.

The term dependence can be used to convey two distinct meanings, which, confusingly, are often but not always related to each other. The first meaning refers either to a relationship between two organisms (biology) or between two social units (sociology). The biological observer may affirm that various mammalian neonates are dependent (for survival) on the care they receive from the mothering adults of the species. Similar judgments concerning dependence can also be made about the relationships between human adults. In our complex and highly specialized civilization every member of society develops only certain skills and he is, therefore, dependent upon the whole of society (the sum total of the skills of others) for his existence as he knows it, and most likely also for his mere biological survival. Apart from the biological or sociological meaning of the term dependence, however, we encounter a psychological concept going by the same

name which we have widely used in our psychodynamic formulations. We say that some patients either have dependence problems or that they develop them in the course of psychoanalysis. Or we speak of oral-dependent personalities and conclude that their oral dependence may contribute decisively to their wish to perpetuate the relationship to the analyst. As we are here dealing with a psychoanalytic concept of dependence, it must be assumed that we derive it through psychoanalytic observation of our patients and that the term constitutes some generalization or abstraction concerning the mental state of the analysand. And indeed, this is often clearly the case, for example, when we say that a patient is in conflict over his dependence strivings, or, in a structural formulation, that he has repressed them. Such a formulation seems unobjectionable because it appears that we are simply applying the proven concept of regression. In addition, however, we have tacitly made an assumption which we must first isolate before we can examine the plausibility of the preceding formulation. Regression, as a psychoanalytic term, denotes the return to an earlier psychological state. Our problem does, therefore, not concern the undisputed fact that an infant is dependent on his mother (in the biological or sociological sense) but rather the puzzling question whether his mental state corresponds roughly to what we find when we uncover repressed dependence strivings in an adult analysand. In order to demonstrate the unreliability of such efforts, we may entertain the opposite hypothesis and claim that rudimentary self-awareness of the healthy infant at the breast should rather be compared with the emotional state of an adult who is totally absorbed in an activity of the utmost importance to him as, for example, the sprinter at the last few yards of the 100-yard dash, the virtuoso at the height of the cadenza, or the lover at the peak of sexual union. The assumption, that dependence states in the adult are a reversion to a primal psychological gestalt that cannot be further reduced by analysis is, thus, opposed by our empathic understanding of healthy children.

It may, of course, sometimes be useful for the psychologist to take his clues from biological findings or principles in order to orient his expectations about what he might observe. The final

test, however, is psychological observation itself; and it is erroneous to extrapolate the interpretation of a specific mental state from biological principles, especially if they contradict our psychological findings. It would thus seem that the fearful or stubborn clinging, the holding on, the resistance against letting go, etc., that we encounter in some of our adult patients is not a repetition of a normal phase of psychological development, i.e., not a regression to the mental state of the reasonably normal child of reasonably normal parents. Reactions of clinging dependence in adults, if they are regressions to childhood situations, refer not to the return to a normal oral phase of development but to childhood pathology, often of later phases of childhood. They are, for example, reactions to specific experiences of rejection, i.e., intricate mixtures of rage and retaliation fear. Or they protect the patient (e.g., against the emergence of guilt or anxiety that is associated with hidden structural conflict) by his clinging to the therapist who has become the omnipotently benign carrier of projected narcissistic fantasies.

We must thus also object to the tendency toward ascribing psychological dependence almost exclusively to orality. Such an association does undoubtedly exist in some instances. Empathic observation that remains unfettered by biological expectations will, however, be open to the recognition that a great variety of drives, particularly if held in a state of near-unfulfillment (incomplete psychoanalytic abstinence—and when is it ever complete?) can contribute to the creation of a state of *Hörigkeit* (i.e., bondage) to the therapist. And it is, therefore, the insistent clinging and not the association with a particular drive that characterizes the psychological state in question.

Perhaps the most general psychological principle that one could evoke in explanation of some of these states is the resistance to change ("the adhesiveness of libido"), but one should probably turn to this most general explanation only after the other possibilities are exhausted or if there is direct psychological evidence for this factor in a special case. The following episode which was reported to me recently by a thirty-five-year-old man can perhaps be explained in these terms. He had been one of the thirty survivors in a concentration camp in which, in the course of the

years of his detention, about a hundred thousand people had been killed. When the Russian advance became threatening, the Nazi guards abandoned the camp and the thirty inmates were free. Despite the fact that they were in a passable physical condition they could not get themselves to leave the camp for almost four long days.

The phenomenon of dependence must be viewed still differently in analysands with insufficient psychological structure. Some addicts, for example, have not acquired the capacity to soothe themselves or to go to sleep; they have not been able to transform early experiences of being soothed or of being put to sleep into an endopsychic faculty (structure). These addicts, therefore, have to rely on drugs, not, however, as a substitute for object relations but as a substitute for psychological structure. If such patients are in psychotherapy, they may be said to become addicted to the psychotherapist or to the psychotherapeutic procedure. Their addiction must, however, not be confused with transference: the therapist is not a screen for the projection of existing psychological structure but a substitute for it. Now, inasmuch as psychological structure is necessary, the patient really needs the support, the soothing of the therapist. His dependence, however, cannot be analyzed or reduced by insight but must be recognized and acknowledged. In fact, it is a clinical experience that the major psychoanalytic task in such instances is the analysis of the denial of the real need; the patient must first learn to replace a set of unconscious grandiose fantasies that are kept up with the aid of social isolation by the for him painful acceptance of the reality of being dependent.

SEXUALITY, AGGRESSION, DRIVES

The psychoanalytic concept of sexuality has led to much confusion and argument. The sexual quality of an experience is neither adequately defined by the content of the experience nor by the body zone (erotogenic zone). An adolescent's looking at medical illustrations may be a sexual experience; for the medical student it is not. Neither can we properly define the psychological concept of sexuality by a reference to specific biochemical sub-

stances (e.g., hormones). If the biochemist could demonstrate, for example, that the overproduction of certain sex hormones contributes to the growth of certain malignant tumors, it would not necessarily follow that these tumors are the result of preconscious or unconscious sexual wishes of the afflicted. The psychologist can, however, take his clues from such biochemical findings. If, for example, hormones that are usually involved in pregnancy should be discovered in the etiology of cancer, our psychological investigation may turn to the precancerous personality with the question whether such people have chronic unfulfilled pregnancy longings. The final psychological proof for the factual existence of such longings must, however, be their introspective and empathic discovery. Similar considerations apply, of course, also *mutatis mutandis* to clues that the biochemist can derive from depth psychology.

Analysts have not emphasized enough that the sexual quality of an experience is one that cannot be further defined. True, it is understood by analysts that we mean by sexual something much wider than genital sexuality and that pregenital sexual experience includes sexual thinking processes, sexual locomotion, and the like. Yet, it is instructive to ponder Freud's half-joking, half-serious remarks concerning the equation "sexual is the indecent" (10), and the, again, half-joking remark: "On the whole, we seem to be not entirely at a loss to know what people mean by the term sexual" (10). Pregenital sexual experience of childhood and adult sexual experience (whether in foreplay, in perversions, or in intercourse) have thus a not further definable quality in common that we know to be sexual, either by direct experience or after prolonged and persistent introspection and removal of internal obstacles to introspection (resistance analysis).

And we may, therefore, say that for the infant and child a large number of experiences have that quality that adults are most familiar with in their sex life; our sex life thus provides us with a remnant of an experience that was, early in our psychological development, much more widespread. The term, according to Freud, was chosen "*a potiori*" (11), i.e., from the best known of these experiences; a name, in other words, that will most indisputably call up the right kind of meaning in us. There would be

less reason to insist on the term sexual if its meaning were biological. Freud's refusal to relinquish it, however, was the only way to safeguard the essence of its psychological meaning. Such terms as "vital force" and "mental energy" do not lead to an equally poignant recognition of a rejected primary mode of experience.

Similarly much clarity is gained if we admit that the psychoanalytic term "drive" is derived from the introspective investigation of inner experience. Experiences may have the quality of drivenness (of wanting, wishing, or striving) to varying degrees. A drive, then, is an abstraction from innumerable inner experiences; it connotes a psychological quality that cannot be further analyzed by introspection; it is the common denominator of sexual and aggressive strivings.

Freud's hypothesis of primary narcissism and primary masochism lies also within the theoretical framework of introspective psychology. He observed the clinical facts of narcissism and masochism and postulated that they were the revival of an early (theoretical) form of sexual and aggressive (potential) experience to which the later forms (clinical narcissism, clinical masochism) had returned in response to environmental stress. The assumption, however, of life and death instincts, paralleling the theory of primary narcissism and primary masochism, constitutes an entirely different type of theory formation. The concepts of Eros and Thanatos do not belong to a psychological theory grounded on the observational methods of introspection and empathy but to a biological theory which must be based on different observational methods. The biologist is of course at liberty to take whatever useful clues he can find in psychology; his theories, however, must be based on biological observations and biological evidence (17). The application, on the other hand, of the methods of introspective psychology to all animate matter as, for example, in some forms of teleological biology,⁸ ceases to be science. Thus, while we may admire the audacity of Freud's biological speculation, we must recognize that the concepts of Eros and Thanatos lie outside the framework of psychoanalytic psychology.

⁷ Considerations parallel to those elaborated for sexuality apply also with regard to the other continuum of introspected experience, i.e., hostility-aggression.

⁸ Ferenczi's *Thalassa* (8) is the outstanding example of the overextension of the introspective and empathic method.

Freud usually resisted being led by biological speculation, be it ever so plausible, when he could not confirm it by the findings of psychoanalytic introspective observation. An example of this empiricism is contained in his papers on female sexuality. Much has been said about Freud's supposed antifeminine bias as evidenced by his stressing of the importance of the phallic strivings in the development of female sexuality. The obvious biological truth seems to be that the female must have primary female tendencies and that femaleness cannot possibly be explained as a retreat from disappointed maleness. It is yet improbable that Freud's opinion was due to a circumscribed blindspot that limited his powers of observation. His refusal to change his views on female sexuality was much more likely due to his reliance on clinical evidence—as it was then open to him—through psychoanalytic observation, and thus he refused to accept a plausible biological speculation as a psychological fact. Penetrating beyond the feminine attitudes and feelings of his patients he found regularly the struggle over phallic strivings and, *while he accepted biological bisexuality*, he rejected the postulate of a preceding psychological phase of femininity without psychological evidence for it.

Freud's attitude concerning the development of female sexuality is only one of many examples of his faithful adherence to the introspective and empathic method of observation. It is important to admit, however, that despite his usual loyalty to psychoanalytic observation, Freud preferred to remain noncommittal about some of his concepts and to keep them in a no man's land between biology and psychology. Such a borderland, however, ceases to exist once the operational position is taken. Seen from this angle, it is hardly more justifiable to consider the dynamic point of view with its concept of drive as hormonal or biochemical (i.e., biological in the operational sense) than it would be to think of the structural point of view with the concept of superego as anatomical.

FREE WILL AND THE LIMITS OF INTROSPECTION

Psychology, and especially psychoanalysis (18, 19), has lately been confronted with the new edition of a paradox that has, in various

forms, long plagued theology, philosophy, and jurisprudence: how is our faculty of making a choice or of coming to a decision compatible with the law of psychic determinism? Psychoanalysis seems, on first sight, to lend weight to the argument against the existence of free choice. First, by showing how we are driven by irrational forces that we are only capable of rationalizing; and second, that we tend toward narcissistic overvaluation of our psychic functions and thus harbor a megalomaniacally deluded feeling of freedom concerning our cherished higher mental activities. Closer scrutiny, however, shows that the psychoanalytic attitude concerning the existence of choice and decision is neither uncomplicated nor without discrepancies. Freud's own contradictory position is perhaps best described by stating that he always, between the lines and as a personal opinion, subscribed to the conviction of an area of freedom, choice, and decision in human psychology, but that, on the other hand, he was for a long time extremely reluctant to incorporate this conviction wholeheartedly into the theoretical framework of his science. It is characteristic for this irresolution that his famous, frequently quoted statement regarding the goal of psychoanalytic psychotherapy is relegated to a footnote. He says in *The Ego and the Id* (12) that psychoanalysis sets out "to give the patient's ego freedom to choose one way or the other." (The italics are Freud's.) Freud's earlier theoretical formulations were oriented toward absolute psychic determinism and there seems little room in his earlier theoretical system for an ego's "freedom to . . . decide." The concept of *Ichtriebe* (ego drives, ego instincts); the statements that the ego develops out of the id; or that the reality principle is but a modified pleasure principle will serve as illustrations for this view. Freud's later theoretical formulations, however, began to incorporate, admittedly only implicitly for the most, more of the spirit of his earlier convictions concerning some freedom or independence of the ego. The emphasis upon the ego as a psychic structure, and, in addition to the statement in *The Ego and the Id*, some remarks about the independent genesis of the ego in "Analysis Terminable and Interminable" (13) are examples of this slight change in his theoretical outlook, anticipating perhaps what we now, with Hartmann (16), usually designate as the ego's autonomy.

Some of the confusion may perhaps be reduced if we again approach the problem by cleanly defining the observational method by which we obtain the raw material for our theoretical abstractions. For a science that obtains its observational material through introspection and empathy, the question may be formulated as follows: we can observe in ourselves the ability to choose and to decide—can further introspection (resistance analysis) resolve this ability into underlying components? The opposite psychological configurations, namely the experience of being compelled and the experience of (for example, obsessional) indecision and doubt, can usually be broken down by means of introspection. As we succeed, however, to reduce these phenomena psychoanalytically by establishing their motives, we move simultaneously toward the re-establishment of free choice and decision. Can we do the same with the introspectively observed capability of choice? Can we, by introspection, resolve the experience of making a choice into the components of compulsion and narcissism? The answer to this question is no, despite the emphasis that psychoanalysis puts on unconscious motivation and rationalization; for all that the persistent recovery of unconscious motivations and of rationalizations leads to is, under favorable circumstances, a wider and more vivid experience of freedom.

Each branch of science has its natural limits, determined approximately by the limits of its basic tool of observation. The physical scientist admits that all theory has to begin with certain unexplainable facts that lie beyond the law of causality, for example, the existence of energy in the universe. These unexplainable variables (the elements, heat, electricity, and the like) may be replaced or their number may be reduced as the physical sciences change or advance. No reduction to zero of the number of such primary elements is, however, thinkable, nor does a reduction to a single element seem useful for a science that has to account for the variety of natural phenomena. Each science thus arrives at a small optimal number of basic concepts. The limits of psychoanalysis are given by the limits of potential introspection and empathy. Within the observed field reigns the law of psychic determinism which comprehends the assumption that introspection, in the form of free association and resistance analysis, is

potentially capable of revealing motivations for our wishes, decisions, choices, and acts. Introspective science must, however, acknowledge the limits beyond which the observational tool does not reach and must accept the fact that certain experiences cannot at present be further resolved by the method at its disposal. We can recognize wishes or other compelling inner forces and may express this introspectively irreducible fact of observation by the term drive or as the sexual and aggressive drives. And we can observe, on the other hand, the experience of an active "I": either dissociated from the drive in self-observation; or merged with the undischarged drive as the experience of a wish; or fused with motoric discharge patterns as action. What we experience as freedom of choice, as decision, and the like, is an expression of the fact that the I-experience and a core of activities emanating from it cannot at present be divided into further components by the introspective method. They are, therefore, beyond the law of motivation, i.e., beyond the law of psychic determinism.

SUMMARY

The preceding examination attempted to demonstrate that introspection and empathy are essential ingredients of psychoanalytic observation and that the limits of psychoanalysis are, therefore, defined by the potential limits of introspection and empathy. Several specific inaccuracies, omissions, and errors in the use of psychoanalytic concepts were discussed. It was shown that these defects were due to the neglect of the fact that psychoanalytic theory—the theory of an empirical science—is derived from the field of inner experiences observed through introspection and empathy.

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