Anxiety, Consciousness, and Self-Acceptance: Placing the Idea of Making the Unconscious Conscious in an Integrative Framework

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This article examines critically the role of insight and of making the unconscious conscious in the light of contemporary understandings in psychoanalysis, in the broader discipline of psychotherapy, and in research on cognition and consciousness. Developments that led to reconceptualizations based on appreciation of the crucial role of anxiety and defenses are reviewed. Consciousness is seen to be better viewed as a matter of degree of accessibility and articulation than as a sharp division between conscious and unconscious. The implications of these considerations for a broader, more comprehensive, and more integrative therapeutic approach are examined.

The very first patient I ever saw as a young graduate student was a woman with difficulty swallowing. Any time she tried to swallow food, she gagged. Meat was especially difficult, but virtually any solid food was a problem. She lived largely on a liquid diet. About the only food she could swallow easily was M&Ms, which were serving, in a fashion not exactly in accordance with the recommended food pyramid, as the central item in her diet. A careful medical workup revealed no physical basis for her difficulties, so she was referred to the Yale clinic for psychotherapy and had the ill fortune to be assigned to a very raw graduate student.

Quite a few months into the treatment, it came out—for the first time—that a central feature of her childhood was continual struggles with her mother over eating. Her mother was an obese woman, weighing over 300 pounds, and she was utterly obsessed with her daughter's eating habits. She was particularly vigilant with regard to candy, which she absolutely

An earlier version of this article was presented as part of the "Unconscious Processes: A Perspective From the 21st Century" symposium at the 18th annual meeting of the Society for the Exploration of Psychotherapy Integration, May 2002, San Francisco.

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Journal of Psychotherapy Integration
2005, Vol. 15, No. 3, 243–253

1053-0479/05/$12.00 DOI: 10.1037/1053-0479.15.3.243

forbade. It will probably not surprise the reader that the food that my patient smuggled into her bedroom as a young girl, hiding it under her pillow and surreptitiously gaining forbidden pleasure when all the lights were out, was M&Ms.

When I heard the whole story, I was flabbergasted. I was also thrilled. There before my eyes, in my very first case, seemed to be dramatic proof of Freud's (1915/1958) theories about repression. That this patient had forgotten about such a central event—so strikingly relevant to her difficulties—seemed almost like a gift from heaven (or at least from Vienna) to this young acolyte. But when I followed up on what felt to me like a startling revelation, the wind was taken out of my sails.

I responded to her account with a comment reflecting my immersion in the clinical approach of psychoanalytic ego psychology, the dominant framework at the time. Following Otto Fenichel's (1941) venerable recommendation that one interpret the defense first, I called attention, in the stilted manner I had been taught—in the stilted manner that only a beginning graduate student could follow so faithfully—to the fact that these remarkable recollections had taken months to bubble up to consciousness. "Isn't it interesting," I said, "that something so absolutely crucial to understanding your difficulties in swallowing should take so long to emerge in your consciousness!" My aim was to initiate in the client a process of recognition that she had been actively keeping certain thoughts and memories out of her awareness. My patient's response to this was quite matter of fact: "I could have told you all along. I hadn't forgotten it; it just didn't occur to me as relevant when we were talking earlier."

I do not think she was lying. But I do not think she was telling the full truth, either. She was telling as much of the truth as she had access to. Had I asked her, "Did you and your mother struggle over food when you were a child, and were M&Ms a central part of that struggle?" I have no doubt she would have answered yes and could have told me about at least the general outlines of what transpired. Thus, it was *not* something that she "could not remember." Rather, what she could not do was have that memory occur to her spontaneously. What was repressed, one might say, was not the content per se but the associational network.

KNOWING AND "REALLY KNOWING": FROM "MAKING THE UNCONSCIOUS CONSCIOUS" TO "WHERE ID WAS, THERE EGO SHALL BE"

Some years later, in reflecting on the implications of this experience, I noticed a passage in Freud (1914/1959) that I had overlooked the first time I had read it. In "Remembering, Repeating, and Working Through," Freud wrote,

> Forgetting impressions, scenes or experiences nearly always reduces itself to shutting them off [translated in the *Collected Papers*, where I first read the passage, as "dissociation" of them]. When the patient talks about these "forgotten" things he seldom fails to add: "As a matter of fact I've always known it; only I've never thought of it." He often expresses disappointment at the fact that not enough things come into his head that he can call "forgotten"—that he has never thought of since they happened. (p. 148)

Perhaps the reason I overlooked this passage the first time is that, in a certain sense, Freud (1914/1957), too, overlooked it. That is, he obviously knew quite well the experience he was describing, but the main thrust of his writing and thought seems to carry a different message. The very first observations Freud reported, which seem to have shaped fatefully the entire later course of psychoanalysis, *were* of matters that his patients had seemed to cast completely out of their memory and that required struggling against great resistance to recover. Moreover, these memories were often quite dramatic (which makes it all the more striking that the patients had apparently forgotten them), and, to further heighten their impact, their recovery seemed to be associated with a quite rapid and even spectacular disappearance of often severe symptoms that had appeared to be intractable. It is little wonder that these compelling observations had a powerful shaping effect on Freud's thought.

Of course, Freud (1914/1957) also soon discovered that many of these cures were quite temporary and that he had to go back and dig for still more memories (and, in his view, earlier memories) to maintain the progress of the work. Moreover, just a few years later, he concluded that these memories were often not real memories at all but the residue of early wishes and fantasies that, in the course of time and as a result of the young child's still fragile hold on the difference between reality and fantasy, had been stored in the psyche as actual events.

Despite these various challenges to Freud's (1915/1958) original understanding, the idea that "making the unconscious conscious" was the key to therapeutic change remained central to psychoanalytic conceptions of therapeutic process and technique. Even though, over time, other conceptions of therapeutic change processes appeared in the psychoanalytic literature (as I discuss shortly), the original aim of making the unconscious conscious has really remained at the heart of the psychoanalytic enterprise to this day.

The problem is not that this emphasis on clarifying and expanding the patient's awareness is wrong or bad—who would wish to argue for ignorance, self-deception, or being out of touch with oneself? Rather, the problem is that this emphasis is *incomplete* and that, as a consequence, it does not guide us in understanding how to negotiate the sometimes conflicting implications of the different therapeutic processes that must be brought into play in any given case. Making the unconscious conscious is but one of the processes relevant to bringing about significant therapeutic

change. Moreover (as the example with which I began this article illustrates), consciousness in fact is not an all-or-nothing phenomenon in which we make "conscious" what was previously "unconscious." Consciousness is a quality best discussed in terms of degrees of access or articulation. (In this regard, see Schachtel, 1959; Shapiro, 1989; Stern, 1997.)

Consciousness is also a phenomenon best understood as contextual: That is, the same thought or experience may be accessible to focal consciousness in one context and not another. As early as 1915, Freud (1915/1958) observed that repression is not something that takes place once and for all but rather is variable and "mobile" (p. 151). Freud's own emphasis in accounting for this variability was primarily on the quantitative factor—when the energy associated with the forbidden thought or wish intensifies, which makes it more likely to be expressed, it becomes more important to render it unconscious to avert mental pain and dangerous consequences.

From a contemporary vantage point, however, one may add that the degree to which a particular inclination feels safe enough to experience consciously or dangerous enough to need to be repressed or misrepresented in consciousness depends as well on the social mores of the situation and the degree to which others are likely to be accepting of one's feeling or of one's acting on the inclination. From, on the one hand, the rituals of instinctual abandonment permitted in a wide range of cultures only on certain feast days and forbidden at other times to, on the other hand, the daily subtle adjustments made by all of us in contemporary urban societies, what may be said, felt, done, or even thought varies depending on whom we are with and what the setting is. Conveniently "forgetting" in church Sunday morning what one did (or fantasized) on Saturday night is not pathological but a sign of healthy ego functioning. Recalling (especially recalling vividly) the state of consciousness of the night before might not only bring distress but also disrupt the experience of piety one is trying to maximize, an experience that is not necessarily insincere simply because it is the experience of an (almost inevitably) divided psyche.[1] Such forgetting, however—at least in the "healthy" variant—is more likely to be of the sort manifested by my M&M patient than an inability to recall even when asked. It just does not occur to one to bring the memory to consciousness—a nonoccurrence that is a function not of irrelevance but, often enough, of its *high degree* of relevance.

One conceptual medium for incorporating these new understandings is the theoretical revision that has come to be called the *structural theory* (Arlow & Brenner, 1964; Freud, 1923/1961). This theoretical revision was

[1]Recall of forbidden thoughts or feelings is not *necessarily* disruptive of piety. An intense sense of being a sinner may heighten rather than diminish a religious experience. But in many instances, what people seek in church is a focus on and commitment to a vision of themselves that contrasts considerably with their everyday choices and experiences.

so important in the history of psychoanalysis that it gave rise to a new reigning maxim for representing the therapeutic aim of psychoanalysis: "Where id was, there ego shall be" (Freud, 1933/1936, p. 80). This new vision of the therapeutic process in analysis derived from a number of important insights that modified our understanding of what it actually means to make the unconscious conscious (i.e., our understanding of the *old* reigning maxim, which the new maxim at least partially replaced). To begin with, it reflected several decades in which the focus of psychoanalytic inquiry shifted to some degree from unearthing the *contents* of the unconscious to discovering the processes by which they were kept buried.

This study of the defenses pointed to several important conclusions. First, it became clear that the defenses, too—that is, active efforts to keep certain ideas or experiences out of awareness—are outside of people's awareness most of the time. Moreover, like the experiences they are directed toward keeping at bay, the defenses are not only descriptively unconscious but *dynamically* unconscious; people do not just not notice them, they *have a stake* in not noticing them, they *resist* noticing them. As a consequence, psychoanalytic technique increasingly aimed not simply at interpreting the warded off material but at interpreting—that is, bringing to light—the defenses that *keep* the material warded off. It increasingly seemed to analysts that if they did not bring the defenses to consciousness—and thereby disrupt their smooth operation—material that was unearthed in one session might well be reburied by the next. This emphasis on "interpreting the defenses" was, the reader may recall, central to the way I addressed the emergence, months after therapy had begun, of my patient's recollections of her mother's preoccupation with her eating and the particular memory having to do with M&Ms.

The change from "making the unconscious conscious" as the guiding rubric to "where id was, there ego shall be" had another crucial significance. Although in part the change was based on the understanding that the defenses too were often unconscious, it reflected as well a recognition that *being conscious or not* was not always the be all and end all of whether something was genuinely accessible or was effectively warded off. Increasingly, analysts understood that processes such as rationalization, intellectualization, and dissociation could render an impulse or experience effectively disowned even if the experience was capable of entering consciousness.

"Where id was, there ego shall be" was a conceptualization that reflected and incorporated this new understanding. Bringing into the ego material that had previously been part of the id implied a number of crucial changes in the nature and accessibility of that material. Specifically, it implied that ideas or inclinations that had been rooted in the past and more or less impervious to the corrective possibilities of new experiences would, once they gained access to the ego, be rendered more accessible not just to consciousness but to the influence of new perceptions and to modification

by the thoughts and knowledge that the person already held. The language of ego and id posed a danger of reification and of images of actual "places" rather than functional relationships. However, the ideas this new terminology represented were efforts, implicitly, to go beyond the overly simple concept that therapy was just a matter of making unconscious ideas conscious.

THE CRUCIAL ROLE OF ANXIETY AND EXPERIENCE

As significant as were the ideas presented in "The Ego and the Id" (Freud, 1923/1961), just 3 years later Freud published another work that had even more radical implications for understanding what transpires in a successful psychoanalysis—radical implications that, unfortunately, the majority of psychoanalysts (and perhaps even Freud himself) did not fully appreciate. In "Inhibitions, Symptoms, and Anxiety," Freud (1926/1959) implicitly introduced a new guiding criterion for the psychoanalytic process. Although it was never stated this way, we might call it "where anxiety was, there less anxiety (or greater freedom from anxiety) shall be."

What Freud (1926/1959) clarified in that 1926 work was that behind the phenomenon of repression, underlying and motivating it, was anxiety—and, hence, that even more fundamental than making the unconscious conscious was helping the patient to be less afraid.[2] The anxieties Freud focused on were different from those typically addressed, say, by behavior therapists. Freud pointed us to people's fears of their own thoughts, wishes, feelings, and fantasies, not primarily to the external stimuli that behavior therapists tend to concentrate on. Moreover, many of the anxieties that were most central in the psychoanalytic scheme of things were not neces-

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[2]In certain respects, Freud (e.g., Freud, 1915/1958) had always known this. He stated in his 1915 paper on repression, for example, that "the motive and purpose of repression was nothing else than the avoidance of unpleasure" (p. 153; translated, perhaps more aptly, as the avoidance of "pain" in the *Collected Papers* edition [Freud, 1914/1959]) and that

> if a repression does not succeed in preventing feelings of unpleasure or anxiety from arising, we may say that it has failed, even though it may have achieved its purpose as far as [lack of consciousness of] the ideational portion is concerned. (p. 153)

In the same paper, however (indeed, on the same page), he also stated that psychoanalytic observation has revealed that the fate of a repressed instinct is either that it is "altogether suppressed, so that no trace of it is found, or it appears as an affect which is in some way or other qualitatively coloured, or it is *changed into anxiety*" (p. 153, emphasis added). This last formulation—essentially a faulty causal inference from a *correlation* between the presence of repression and the presence of anxiety—is what obscured an understanding that Freud had in certain ways achieved long before "Inhibitions, Symptoms, and Anxiety" (Freud, 1926/1959).

sarily the *experienced* anxieties that plague the person with a phobia or the person suffering from panic attacks. They included very centrally anxieties that are *not* experienced by the patient because they are the signal for *avoidances* that—at great cost to the individual—avert the manifest occurrence of anxiety. Indeed, it is because the sources or triggers for the anxiety are so often hidden and because the anxiety itself is so often hidden as well that probing what is unconscious, implicit, or warded off remains such an appropriate and important aim of the therapeutic effort.

Psychoanalysis, I believe, remains the most powerful tool (though by no means the only tool) for *identifying* what the most salient sources of anxiety are for the patient. However, much of the best work on how to effectively *reduce* that anxiety comes from other realms. My own distillation of the literature suggests that *exposure* is one of the most crucial factors contributing to the reduction of anxiety, and my understanding, as a consequence, of when psychoanalytic *interpretations* are most useful is that when they are understood as a way to promote exposure to the warded-off experience they are likely to be more effective than when they are understood primarily in terms of promoting insight (Wachtel, 1997).

One of the key factors leading to my interest in psychotherapy integration was that psychoanalysis had increasingly come to seem to me too intellectualized, too much rooted in *knowing* and insufficiently rooted in *experiencing*. Behavior therapy, for me, is most of all an *experiential* therapy, an idea that does not fit readily into the pigeon holes into which we classify the different approaches but to me seems central to what methods such as systematic desensitization, flooding, behavior rehearsal, and so forth are about. Instead of *talking about* what troubles him or her, the patient in behavior therapy actually is *exposed* to it.

Now, of course, all psychoanalysts would agree that mere intellectual knowing is unlikely to be effective. The distinction between intellectual insight and emotional insight is a central idea in psychoanalytic thought. However, although they honor this idea in the abstract, analysts have often not been very clear about how to *bring about* insights that are emotional rather than merely intellectual and have proceeded on assumptions (both procedural and theoretical) that can actually impede that effort. More than half a century ago, Franz Alexander (e.g., Alexander & French, 1946) suggested to the psychoanalytic community that insight often *follows* change rather than being its primary engine, that new memories are as likely to emerge as a *consequence* of changes in the patient's current life patterns (achieved via a *variety* of therapeutic processes and methods) as to be their singular source. What Alexander suggested is, I imagine, what happened with the patient I discussed at the beginning of this article. She was in a position to bring up a set of memories that were *potentially* available all along only after other work had made them less threatening. In addition, it is important to note that, although her *knowledge* that her

symptoms had their roots in these earlier experiences probably was not that central in helping her overcome them, her gradual acceptance of the *feelings* to which those memories were linked *was* of crucial importance, I believe.

APPROACHING THE "INNER WORLD" INTEGRATIVELY

It is also crucial to recognize that the sources of our patients' anxieties—even of their fear of their own thoughts, wishes, and emotions—do not lie just in the past. A closer analysis of the relation between the patient's way of life and the emotional imperatives or representations of self and other that are usually discussed in psychoanalytic discourse in terms of the patient's "inner world" reveals that that inner world is not hermetically sealed off from the rest of living. The inner world is not the unmoved mover or uncaused cause but part of a powerful web of *reciprocal* forces, as much a *product* of the person's way of life as the cause. Such an understanding points almost ineluctably to the importance of a multifocused, integrative approach to psychotherapy.

A wide range of processes and perspectives are essential to properly conceptualize and carry out effective psychotherapy. I have already alluded to the crucial role of exposure. But it is important to understand that the sources of change are multiple and often reciprocal. Learning new ways of behaving in relation to others, for example, is crucial not just as a way of changing the manifest or "surface" patterns in a person's life but also as a way of changing *internal* patterns of perception, cognition, and affective construction of experience. This consequence of changing manifest interaction patterns derives from the fact that new ways of behaving and the new emotional signals associated with them change the feedback one receives from others, feedback that plays a crucial role in maintaining—or modifying—the internal world.

Similarly, as the patient is reintroduced to and learns to become more comfortable with affective experiences that he or she had previously warded off or denied, it becomes easier for him or her to learn new ways of expressing, modulating, and integrating those experiences. Often, at least a part of the "danger" experienced by the patient in relation to those affects is a result of very real deficits and deprivations that have resulted from the earlier anxiety about those affects and the consequent avoidance of those affective experiences. Learning to express our affects in ways that are socially appropriate, emotionally satisfying, and consonant with our larger life goals is a task that is, in fact, ongoing throughout life. In the course of development we engage in countless practice trials that teach us, at each developmental level, how to integrate affect into our life in an age-appropriate manner. When we become afraid of those affects, how-

ever, we are deprived of the opportunity to hone our skills in expressing and containing them, and, ironically, we then have more reason to be afraid of them. This creates a self-perpetuating circle in which avoidance creates reason to avoid and hence still more avoidance ad infinitum. A wide variety of therapeutic interventions—whether conceptualized in these terms or not—serve to break this cycle in various ways, enabling the people we work with gradually to recover what might be called their affective birthright and to regain (and, in certain ways, to construct for the first time) a capacity to regulate, express, and enliven their life with these affects.

Put differently, it is not just making the feeling or wish conscious that is important for therapeutic change but helping the patient to *accept* this aspect of himself or herself. For many years, sometimes quite explicitly, sometimes without the therapists' full understanding of the implications of their way of proceeding, the aim of psychoanalytically guided therapies was to confront the patient with the contents of the unconscious so that he or she could *renounce* the anachronistic inclinations that were secretly harbored but could do so in a more focused, less totalistic way than had been the case when these inclinations were unconscious. (On the centrality of renunciation, whether acknowledged and appreciated or not, see, e.g., Aron, 1991.) Such a way of proceeding can lead the therapist to be unwittingly *accusatory* in his or her way of understanding and speaking to the patient and thus can be decidedly countertherapeutic (see, in this regard, Apfelbaum, 1980; Wachtel, 1993; and Wile, 1984, 1985).

Increasingly, the emphasis in psychoanalytic approaches to therapy is beginning to shift from insight (e.g., making the unconscious conscious) to *new relational experience* (see Frank, 1999, for a good summary and discussion of this development). In certain ways, this trend goes back as far as the innovative work of analysts such as Ferenczi (1926) and Alexander and French (1946). It was further developed, in different ways, in the writings of Kohut (e.g., 1977); Weiss, Sampson, and Mt. Zion Psychotherapy Research Group (1986); and others. Especially relevant here is the important point made by Stolorow, Brandchaft, and Atwood (1987) that insight and the experience of a new, empathic relationship with someone who understands one are not really alternative conceptions. It is *through* the therapist's communication of accurate understanding of aspects of experience that have previously been warded off that the real sense of being understood is generated.

CONCLUDING COMMENTS: WHAT IS THE ROLE OF INSIGHT AND MAKING THE UNCONSCIOUS CONSCIOUS?

Where, then, do I place consciousness, awareness, and insight in the overall picture of therapeutic change? I hope it is clear that my comments

here are not designed to imply that consciousness and insight are unimportant. Clearly, accurate understanding of the patient's most genuine and heartfelt aims is both a highly important goal in its own right and a prerequisite to devising *any* therapeutic strategy that is ethically appropriate or likely to be useful in any enduring way. How, for example, can the therapist promote exposure to the relevant cues at the heart of the patient's anxiety if neither patient nor therapist knows what those cues are? However, I do contend that psychoanalysts have often overestimated the role of insight, have made it more central in their understanding of how therapeutic change occurs than is consistent with the evidence. In the process of doing so, they have ruled out or placed at the margins a wide range of potentially valuable ways of helping people change (see, e.g., Wachtel, 1997).

Put differently, the hierarchical vision of therapeutic change, with insight and interpretation placed on the throne and other sources of change relegated to the ranks of the commoners in the therapeutic realm, has led analysts at times to concentrate their efforts too narrowly, to conceive of what is valuable in what they do too unimaginatively, and thereby to fail even to maximize insight. Insight is more likely to be promoted by a therapy that attends to reducing the patient's anxiety and avoidance and helping him or her rebuild the behavioral and emotional capabilities that were truncated by the avoidances the anxiety had sparked. The aim of such a therapy is to promote a stronger self via fuller self-acceptance, which means not just greater consciousness but greater capacity to embrace, rework, and affirm what has been made conscious.

Freud framed psychoanalysis primarily as a process of discovery, thereby conflating the therapeutic aims and the research aims of the enterprise. This led to crucially important new understandings of psychological dynamics, but it also constricted the imagination of analysts in thinking about the possibilities for therapeutic intervention into the dynamics that were discovered. Making the unconscious conscious remains one important aim and means of a comprehensive therapeutic effort. But that aim and that method must be understood and pursued in a larger clinical and theoretical context. Too much of a good thing—or, more accurately, too single-minded a pursuit of a good thing—can end up being counterproductive. Pursued without sufficient regard for the *other* good things that promote therapeutic change, the search for insight can crowd out these other therapeutic forces, resulting in, as I once put it in a slightly different context (Wachtel, 1997, p. 292), exquisitely articulated despair.

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