
Free Association as a Method of Self-Observation in Relation to Other Methodological Principles of Psychoanalysis (¹)

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ABSTRACT

The method of free association, especially in its self-observative aspect, may be seen as a useful criterion for differentiating among various clinical approaches to psychoanalysis, not only as they evolved in the course of its history but also as they are being practiced today. It is suggested that it may be of some relevance to view the existing variants of clinical psychoanalysis as being based upon differing emphases on one or another of the basic operational concepts, such as free association, interpretation, and the mental disposition of the analyst.

At a time when there is an increasing proliferation of concepts in the psychoanalytic field, it may seem anachronistic to refer back to its beginnings. Such a decision may be justified by the idea that there are still some obscure points regarding the meaning of the term "psychoanalysis" in the original use Freud made of it to describe a *psychological theory*, an *investigative method*, and a *therapeutic procedure*. The fact that the same term denotes three different objects may be seen as demonstrating just how specific our discipline is; however, it also tends to create ambiguities, both of a methodological and of a conceptual nature.

A brief glance at the various psychoanalytic orientations allows us to make the following observations by way of introduction. The most striking differences, and those which also represent the major source of controversy and division, have to do with general theories. Technical aspects, including the formal setting, are taken at times as the criteria distinguishing one therapeutic approach from another, while methodological modifications may be the least evident, but may nonetheless prove highly significant in the clinical and scientific evolution of psychoanalysis. In fact, the various methodological modifications which have taken place during the evolution of psychoanalysis have brought about important changes in our conception of psychic reality that require a very careful epistemic evaluation.

1. From Breuer's Method of Spontaneous Recall to the Free Association and Analytic Interpretation of Freud

The obvious starting point in any discussion of the analytic method must be the contribution made by Breuer (**Breuer and Freud, 1893-1895**) and his patient, Anna O. The methodological innovation which brought Breuer to a much more dynamic understanding of hysterical mental processes than the prevailing psychiatric notions allowed consisted of giving his patient the opportunity to express herself freely and structuring the environment in the way he thought most conducive to this end. He thus came to the conclusion that a patient suffering from hysterical symptoms is able to understand the latent meanings of her own symptoms and behavior, *provided that she is left free to investigate her own inner world*. In the light of the subsequent evolution in the psychoanalytic method, it is important to note how, in Breuer's abreactive method, clinical

¹ The Editors of The Psychoanalytic Quarterly were saddened to learn from Mrs. Diana Spacal of the untimely death of her husband, Dr. Savo Spacal, in September 1989. We had already accepted his manuscript for publication, and we would like to express our sympathy to Mrs. Spacal, and our gratitude to her for completing the preparation of her late husband's paper in order for us to be able to include it in this issue as planned.

interpretation is practically non-existent. As far as psychological knowledge is concerned, Freud extended the concept of *second conscience*, present in hysterics, to the conception of *repressed unconscious*, present universally. It was on the basis of the latter concept that his method came to be introduced and generally applied in preference to that of Breuer, which had to be limited to hysterical subjects who were hypnotizable. Freud commented more than once on how the principal investigative procedure he had introduced, known as the *method of free association*, came to be substituted for the technique of hypnosis. There is an ambiguity here, since Breuer's methodological principle of investigation was not hypnosis, but rather free verbal and emotional expression; the hypnotic state—and many sessions with Anna O. were characterized by self-hypnosis—can be seen as a particular aspect of the therapeutic relationship and thus as an adjuvant therapeutic principle, within the sphere of which the patient proceeded with her "talking cure." Consequently, it would be more exact to say that Freud's innovation consisted of instructing the patient to express herself freely in a mental state not altered by traditional hypnotic procedures. In this formulation, the emphasis is not on the presence or absence of the hypnotic state, but rather on the element common to both cases, which was that of organizing the therapeutic situation so that the patient could express herself as freely as possible. The different mental states involved undoubtedly had important implications for how the psychoanalytic method was to evolve, but this should not lead us to neglect the fact that Freud's modification left the investigative-epistemic priority of the patient intact, a priority which Breuer had already assigned.

I would now like to consider Freud's description of the method of free association, as formulated in *The Interpretation of Dreams*, since it was here that the most important modifications in the investigative methodology originated.

The patient was encouraged to avoid criticizing the ideas which occurred to him/her and to *observe rather than reflect*. A person who reflects exercises a critical attitude.

The self-observer on the other hand need only take the trouble to suppress his critical faculty. If he succeeds in doing that, innumerable ideas come into his consciousness of which he could otherwise never have got hold... What is in question, evidently, is the establishment of a psychical state which, in its distribution of psychical energy (that is, of mobile attention), bears some analogy to the state before falling asleep—and no doubt also to hypnosis ... the patient purposely and deliberately abandons [his critical] activity and employs the psychical energy thus saved (or a portion of it) in attentively following the involuntary thoughts which now emerge... In this way the 'involuntary' ideas are transformed into 'voluntary' ones (1900, p. 102).

From the passage quoted above, it seems clear that Freud was referring to a mode of introspection which he himself had practiced, and that he was paying little attention to the interpersonal context. Just as he had been able to record his own thoughts in a notebook, he presumed that his patients could observe themselves and communicate their thoughts to him. *The method of free association, then, was instituted primarily as an introspective modality, rather than a communicative one, or one producing material to be interpreted.* As further confirmation of this hypothesis, I would like to quote just one of several relevant statements by Freud to be found in the same chapter:

No doubt I shall be met by doubts of the trustworthiness of 'self-analyses' of this kind; and I shall be told that they leave the door open to arbitrary conclusions. In my judgment the situation is in fact more favourable in the case of self-observation than in that of other people ... (p. 105, italics added).

In a footnote, which is also important because it was added in 1914 during the period of his papers on psychoanalytic technique, Freud criticized Artemidorus for having assigned priority to the associations of the interpreter:

The principle of his [Artemidorus'] interpretative art ... is ... the principle of association. A

thing in a dream means what it recalls to the mind—to the dream interpreter's mind, it need hardly be said. An insuperable source of arbitrariness and uncertainty arises from the fact that the dream-element may recall various things to the interpreter's mind and may recall something different to different interpreters. The technique which I describe in the pages that follow differs in one essential respect from the ancient method: it imposes the task of interpretation upon the dreamer himself. It is not concerned with what occurs to the interpreter in connection with a particular element of the dream, but with what occurs to the dreamer (p. 98, n., italics added).

Here, Freud seems to make a clear distinction between the tasks of the dreamer and those of the interpreter. He suggests that *valuable knowledge can be obtained solely from the interpretation given by the dreamer him/herself.*

Although emphasis has been given, above all, to the self-observative aspects of the method introduced by Freud, it is important to point out that its exceptional investigative power derives from other characteristics made evident in the passages quoted above: (a) the mental organization of the self-observing subject is similar to that "before falling asleep" or to "hypnosis"; (b) this permits the formal regression of thought and the appearance of "involuntary ideas"; (c) the subject's discourse tends to become more expressive because of the modified "distribution of psychical energy," and aspects to do with emotions and drives become more prominent; (d) "the psychical energy thus saved" enhances the self-observing subject's capacity for "attentively following the involuntary thoughts"; and (e) the concurrence of attentive self-observation with the appearance of "involuntary ideas" creates a situation in which "involuntary ideas are transformed into voluntary ones."

The investigative method of free association as proposed by Freud was undoubtedly a modification, but it was not a complete reversal of the method inherited from Breuer. The same cannot be said of the introduction of the *principle of psychoanalytic interpretation*. From an operative point of view, this was the most important innovation with respect to the previous method.

What role did Freud assign to analytic interpretations? If we consider the investigative and epistemic importance he attributed to self-observation, this role can be none other than that of making the patient's task of self-investigation easier. The very content of the interpretations had its chief source in the knowledge accumulated from introspective data reported by patients, as well as in material taken from Freud's own self-analysis.

By refraining from hypnotizing them, Freud gave his patients more autonomy, thus favoring subsequent developments in the psychoanalytic method which found expression in the concepts of transference and resistance. With the operative principle of interpretation, on the other hand, he rendered the analyst's influence on the introspective activity of the patient much more conspicuous.

Without dwelling at length on this point, I would like to propose that the technical concepts of transference and resistance, too, implied, at least in part, an extension of the patient's introspective activity. By asking them to explain themselves, with all the difficulties involved in following the method of free association and in their relationship with the analyst, Freud assigned an even greater responsibility to the patients, regardless of the fact that analytic interpretations may have helped them in their self-investigative labors.

But if the introduction of transference meant, on the one hand, increased introspective responsibility for the patient, in the sense that he/she was required to consider the relationship with the analyst as a personal construct, it was no less important, in its operative consequences, for the analyst; the concept of transference contributed to the fact that increasing attention was given to the analyst's attitude toward the patient. In this way the operative principle of interpretation was supplemented by the *mental disposition of the analyst* as the most characteristic aspect of the therapeutic setting. Hence the various considerations regarding the *mental organization of the*

analyst: the analytic neutrality and abstinence which structured the relationship with the patient; *the free floating attention* as the basis upon which to build an adequate interpretation; and *countertransference* as a sign that the first two aspects have failed. Notwithstanding all these operative norms, however, Freud never gave the impression of wishing to relegate the patient's self-observative function to second place.

2. Interpretationist and Relationist (Regressionist) Methodology

For a clearer understanding of the evolution of free association as a method of self-observation, it may be useful to take a brief detour and consider certain methodological developments which have progressively received greater attention. In these developments, the operative modes of interpretation and the mental attitude of the analyst have tended to lead toward the abandonment of the original therapeutic sphere of action and have become fundamental investigative principles, thus usurping the prime epistemic position previously bestowed on the introspective subject.

In the Kleinian approach, for example (and certainly in other psychoanalytic orientations as well), the *method of analytic interpretation* has prevailed. The other tendency, which greatly accentuates adaptation to the emotional needs of the patient, could be called relationist (or regressionist). Here, the basic therapeutic-investigative method has become that of the relationship to and the mental attitude of the analyst; its most influential proponents have been Ferenczi, Balint, Winnicott, and Kohut. While M. Klein and her school have claimed a strict adherence to Freudian principles, the relationists (regressionists) have preferred to stress the diversities and departures from Freud's original methodology (with regard to the operative principle of neutrality, or abstinence, and of countertransference seen as a hindrance to the analytic situation).

Certain passages in one of Klein's papers (1955) can be used to show how the investigative principle of free association and the operative one of interpretation have been modified in her conception of the analytic procedure. At the beginning of "The Psycho-Analytic Play Technique: Its History and Significance," we find the following statement: "... my work with both children and adults, and my contributions to psycho-analytic theory as a whole, derive ultimately from the play technique evolved with young children" (p. 122). "Play technique" immediately gives an idea of what the new method might imply: the material is "freer," and so there is greater need to interpret it (Spence, 1982). Klein did not see play as a self-observing activity, as Freud saw free association, but for the most part as material to be interpreted. Indeed, this supposition is clearly confirmed on the following page, in the very passage where Klein was reaffirming her adherence to Freudian method: "This approach corresponds to a fundamental principle of psycho-analysis—free association. In interpreting not only the child's words but also his activities with his toys, I applied this basic principle to the mind of the child, whose play and varied activities—in fact his whole behavior—are means of expressing what the adult expresses predominantly by words" (1955, p. 123). I believe this statement shows clearly how the investigative principle of free association has been overturned and transformed into the production of material to be organized and interpreted.

In this way, the interpretative phase is given enormous importance, further indicated by the following quotation: "It was always part of my technique ... to keep to the psycho-analytic procedure only, which, to put it in a nutshell, consists in understanding the patient's mind and in conveying to him what goes on in it" (p. 129). This last quotation also shows, I think, what a short step there is to the next position, in which the analyst no longer transmits knowledge, *but thinks for the patient*. In fact, this is the very step taken by Bion: his method was linked to the conception of the inability to symbolize present in the psychotic, or asymbolic, area of the patient's mind, and the analyst was assigned the task of thinking in his/her place.

With regard to relationist (regressionist) methodology, I would like to stress first of all that its exponents should not be thought of as theorists of object relations. The term I use has to do with the method, while the term "object relations theorist" has to do with the body of psychological knowledge. They are not always the same thing: in many ways, for example, M. Klein can be

included among the principal object relations theorists, while her clinical methodology, so strongly centered on interpretation, goes in a different operative direction from that of the relationists.

The fundamental concept underlying *relationist (regressionist) methodology* is the *psychic defect*, which is not dealt with through interpretations, but preferably with empathic adjustment to the needs of the patient. Some of the concepts elaborated by Balint (1968), such as the "basic fault" and the "new beginning," give a sufficiently clear idea, in my opinion, of the conceptual foundations of this operative mode. Its most striking and widely proclaimed feature is the rejection of the therapeutic principles of abstinence and neutrality on the part of the analyst, and the substitution of an increased attention to the relational regression of the analysand, accompanied by a complementary mental state in the analyst. Di Chiara is very explicit on this point: "The [psychoanalytic] experience ... can ... provide (and this is the point to arrive at) some idea of what dependence can be like when it takes place in a world which is benevolent as opposed to tyrannical, which is clear as opposed to confused, which is how we suppose the analyzed mind of the analyst to be" (Di Chiara, et al., 1985, p. 334). "The cure takes place—and this appears more and more clearly—in the emotional encounter between the two members of the couple at those levels where the illness appeared" (Di Chiara, 1987, p. 83). "The analyst looks for the patient's ego and attempts to lead it back to its original needs, to initiate it into the ways in which these needs have not been satisfied, and to allow these needs greater satisfaction" (Di Chiara, 1986, p. 347).

The earliest description of the methodological necessity of reliving correctively, in the here and now, the regressive experience connected to traumatic points of fixation is probably to be found in Ferenczi and Rank (1924). Initially, this methodology was conceptualized in terms of a concrete analogy to a solicitous parent, as can be seen from the following quotation from an article by Ferenczi (1931):

It might justly be said of my method with my patients that it is like 'spoiling' a child. In following it, one gives up all consideration of one's own convenience, and indulges the patient's wishes and impulses as far as is in any way possible. The analytic session is prolonged till the emotions roused by the material are composed... The analyst's behavior is thus rather like that of an affectionate mother, who will not go to bed at night until she has talked over with the child all his current troubles, large and small, fears, bad intentions, and scruples of conscience, and has set them at rest (pp. 136-137).

After Ferenczi's experiments, the adaptation of the analytic attitude to the maternal behavior model underwent a kind of "distillation" process, in the course of which attempts were made to "extract" the essential features of the maternal mental disposition, which could then be matched by the correct psychic organization on the part of the analyst. The methodological contributions made by Balint, Winnicott, Bion, and Kohut centered around the search for the common elements in the mother's mind in relation to the child and the analyst's mind in relation to the patient. In this search, a specific mental function was identified and called the "psychoanalytic function of the mind" (Hautmann, 1981). It was endowed with specific qualities capable of guaranteeing adequate development of the relational capacity (Di Chiara, et al., 1985).

The relationists (regressionists) tended to stress their point of view in opposition to the traditional role of interpretative activity, which is considered useless if directed at mental facts situated in extra- or preverbal areas (Balint, 1968). On these grounds, they criticized the "hermeneutic conception" of psychoanalysis, which, in their opinion, is guilty of making light of the patient's autonomous activity, to the extent that it reduces his/her communications and behavior to a text to be interpreted. At this point it is important to bear in mind that the discussion about the relation between analytic procedure and hermeneutics is not only complex and fascinating but is also still under way. It should not be forgotten that Freud stressed the importance of distinguishing between the hermeneutics of the observer and that of the self-observer; and it is this very distinction between the "two hermeneutics," together with their numerous connections, that could be the most

characteristic feature of the total "hermeneutic field" in psychoanalysis.

3. From Free Association to the Liberalization of the Fundamental Rule

Mahony quoted Jones in saying that "the devising of 'free association was one of the two great deeds of Freud's scientific life, the other being his self-analysis ..." (Mahony, 1979a, p. 41). If we accept this rather peremptory statement, we are tempted to ask ourselves, like Mahony (1979a, p. 16), why so little attention has been given to this fundamental scientific fact. A further question could be asked regarding the fate of the *fundamental rule* in the branching out of methodologies which has taken place.

The impression one gets is that in all the different psychoanalytic orientations, the *method of free association* has lost the rigor and incisiveness of its original formulation by Freud. While no school has openly refuted it, all have re-elaborated it, almost inadvertently, assimilating it according to their own particular methodological needs.

In the methodological approach which places the accent firmly on interpretation, free associations are taken into account in their guise of "material to be interpreted"; hence the concept of association is extended to include every action or aspect of the patient, verbal and nonverbal. Clearly, since free associations include all the mental and behavioral aspects of the patient, there is no need to expound on the fundamental rule in the course of treatment. Very probably, then, this extension of the concept of association has had a significant part to play in the "liberalization of the fundamental rule."

In the relationist (regressionist) approach, the method of free association simply loses its importance in the face of the operative principle of an optimum relationship, sustained by the appropriate mental attitude on the part of the analyst.

One might wonder how it is possible that an investigative principle, considered the true cornerstone of the psychoanalytic procedure, should possess so little autonomy as to be easily assimilated by widely different methodologies. Probably there are many reasons for this, and the subject needs further study; one author who has discussed the question recently is A. Kris (1983). He is well aware of the danger that the method of free association will prove too weak in the face of a succession of conceptual innovations, and he places great stress on the close link between the topographical model, with its steady point of reference in the consciousness of the subject, and the method of free association. In his opinion, those conceptualizations which were aimed at supplanting the topographical model at the level of theoretical knowledge (such as the tripartite structure of the mind), have had the effect of depriving the method of free association of its specific and privileged investigative function.

Here I shall limit the discussion of what seems to me to be the most striking aspect of all the "reinterpretations" of the fundamental rule, irrespective of the general methodology adopted.

Since Freud's original formulation, two views of free association have gradually developed, which, while not openly conflicting, seem to be anchored to substantially different operative positions. In order to understand this evolution, it seems appropriate to distinguish between the *method* and the *rule* of free association (Mahony, 1979a).

The *method* of free association is an individual self-investigative procedure which Freud himself put to profitable use in his own self-analysis.

The *fundamental rule*, on the other hand, is a relational fact which obliges the patient to follow the self-observing method within the relational context. It is obvious that in clinical practice the two aspects of free association—that of the method and that of the rule—could not be kept distinct, just as it is quite natural that the conception of free association should, in the end, have come to have very different connotations, according to whether the emphasis is placed on the self-observing aspect or on the need to comply with the relational norm. *Free association as a method of self-observation has retained a relative autonomy only in situations of clinical practice where the self-*

investigatory project of the analysand becomes the main objective of the psychoanalytic experience from the very beginning.

But when the accent is on the therapeutic nature of the analytic relationship, the fundamental rule has necessarily had to adapt itself to the methodological needs of a relational kind. Here the "task" assigned to the patient of "associating freely" has come into conflict with the aim of leaving the analysand free to give spontaneous expression to his/her tendencies. The self-observing method of free association has been "liberalized" and has become a sort of "free expression of relational attitudes," in which the verbalization, the silence, the behavior of the patient are all utilized uniformly as indicators of his/her communicative and relational tendencies. At this point, it is not at all surprising that *the patient is left free to say whatever comes into his/her head*, and that it is not made clear to him/her that the method of free association is an integral and essential part of the psychoanalytic situation.

Perhaps the earliest clear statement of this modification of the method can be found in Little (1951, p. 47). But as Zucchini (1987) has recently pointed out, a large number of psychoanalysts had already made this important modification in method before. This change in method could perhaps be seen as a shift in the way of conceiving the analytic situation, from an authoritative-paternal code to a permissive-maternal one, possibly reflecting wider sociocultural trends. In my opinion, though, this psychosocial interpretation of the fact is not sufficient clarification for what amounts to a substantial methodological subversion. E. Kris (1956, p. 265, n.) suggested that the above-mentioned change has "far reaching consequences for the structure of the analytic situation." There is real possibility that this modification does not simply reflect greater sensitivity to the relational needs within the analytic situation but also fundamentally alters the investigative and epistemic dimension of psychoanalysis.

After all, it is not at all clear how an investigative method which was considered of prime importance came to be radically modified for relational reasons. It is obvious that other aspects of the setting (for example, the use of the couch) can undoubtedly influence the relational experience, but this has not brought about changes in the setting: on the contrary, it has always been claimed that a careful examination of the meanings attributed by the patient to the technical procedure was a *bona fide* part of psychoanalytic *praxis*, and that, anyway, the investigative and therapeutic advantages to be derived from this outweigh the relational difficulties which may arise. It seems odd, therefore, that the attitude is not the same with regard to the more fundamental aspect of analytic methodology represented by the method of free association. It is unquestionable that the patient attributes to the rigorous application of this method a rich range of meanings which find expression in transference reactions of various kinds. But apart from this, it is important to consider the real investigative value of a rigorous application of the method of free association, irrespective of the transference reactions which it tends to promote. It may well be that it is the patient who suffers the greatest loss in this liberalization of the self-investigative method, by being deprived of the most effective tool for self-observation which can be put at his/her disposal.

4. The Variants of Clinical Psychoanalysis

It seems to me misleading to look for a model of clinical psychoanalysis which is the "true" expression of the psychoanalytic method in its pure state. This would only serve to justify all the controversies over which psychoanalysis is the "real" one.

I believe that the very concept of psychoanalytic method contains obscure points, since it embraces methodological principles belonging both to the investigative and to the therapeutic spheres. The neglected or confused distinction between one set of principles and the other is bound to create considerable misunderstanding.

I have proposed that the fundamental investigative principle of psychoanalysis at its birth was introspection (subsequently modified by the introduction of free association, resistance, and transference), which Freud called self-observation, in order to distinguish it from introspective

methods more closely centered on controlled reflective thought. The fundamental therapeutic principle, on the other hand, was that of analytic interpretation, from which the analytic attitude and the mental organization of the analyst then became partially differentiated. *Thus, the variants of clinical psychoanalysis consist of the different combinations of the methodological investigative principle and the therapeutic ones.*

I imagine that the greatest source of perplexity in this formulation will be my assigning the investigative priority to the patient, instead of to the analyst. I would like to stress, however, that the investigative priority is assigned not so much to the patient as to the introspective mode. As Kohut (1959) reminded us, introspection constitutes the psychological field; it also represents the investigative method with the closest connection to psychic reality, irrespective of how great the observer's intuitive or empathic abilities are or of how complete the general body of knowledge is on which the analysts base their interpretive formulations.

In conclusion, it must be borne in mind that "investigative" does not coincide with "cognitive," just as the latter, for its part, should not be seen as in opposition to "therapeutic." Investigative aspect implies, above all, a very close link with the reality under examination—the patient's psyche, in our case—and so it is quite natural that the epistemic priority should be given to the patient. Undoubtedly, interpretation, too, in its capacity as a therapeutic principle, yields knowledge. But it is knowledge of a mostly referential kind (Mahony, 1979b), belonging more to a sphere of logical operations connected with reordering and linking, than to the sphere connected to the knowledge of one's own subjectivity, which has predominantly existential implications (Barratt, 1984).

SUMMARY

In the course of the evolution of psychoanalytic procedure, various methodological principles have emerged, which are separated into investigative and therapeutic ones. The basic investigative principle consists of the method of self-observation by free association, due to its most intimate tie with the object of the investigation, namely, the psychic reality of the patient. The methodological principle of interpretation, together with the mental attitude of the analyst, are supposed to have an adjuvant or therapeutic function in relation to the main investigative principle.

At the methodological level it seems impossible nowadays to refer to a true, unified psychoanalytic procedure in a "pure state." The variants of psychoanalytic *praxis* incorporate, to a varying degree, and in different forms, the basic methodological principles, both investigative and therapeutic.

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