

# Intersubjectivity, enactment, and psychic change

Antonius Stufkens, The Netherlands

## *Introduction*

Once upon a time when mobile phones did not exist yet, in a 'prehistoric era' so to speak, maybe thirty years or more ago, I was in the last part of the endphase of an analysis with a male patient. I had asked him what, in hindsight, he thought had helped him. Although I do not exactly recall my question, I remember his answer vividly: "that incident with my car".

You have to know that my house and office are situated on a brick-paved road, which has some bulging, i.e. on both sides it goes down a little bit. On a very cold winter morning he had parked his car on the side of the street which was frozen and slippery due to ice. After the session, he had tried to drive onto the street to leave but to no avail. After having concluded that his effort was doomed to fail because his tyres continued to skid, he returned to my door and asked via the intercom if he could use my phone to call for help from the Automobile Club's road service. I already had another patient in the waiting room and quickly asked myself what to do. Without much hesitation I said that I would come and push him with his car onto the road (as I would have done when, for example, a neighbour had asked me for help in such a situation). So I did. He was a little bit surprised, but he gratefully took the steering wheel and he was quickly able to drive off.

Although we must have discussed this afterwards, I had forgotten the incident, it obviously was much less significant for me than it was for him. When, at the end of his treatment, many years after the event, he recalled it and made clear how important my action had been for him, I was shocked. This had nothing to do with psychoanalysis! I guess I had hoped that my brilliant interpretations would have had a lasting and life-changing impact on him, or that he had mentioned at least something connected with our work in the analysis or the ways we had weathered the storms together. Nothing of that at all. I needed some time to digest his remark, although subsequently I could live with the symbolic content of it. It was as if he had said that I had helped him to become autonomous (car=auto) and to find his way back on track and set out for his life to come.

In these summerschools, I have presented many papers on a range of topics. The first one, in Borovetz, was about psychoanalytic concepts of reality and some disputed 'new view' ideas (Stufkens 2002). I then discussed problems connected with transference and countertransference, subjectivity and objectivity, intersubjectivity, projective identification and enactments. It is not my intention to repeat what is said in that paper, although I think that it still is a valuable read. In this paper to the last PIEE summerschool, twelve years later, I will try to keep a link with the first one and briefly touch upon similar topics.

There are some modern proposals about change in clinical analysis and the question is which factors contribute to psychic change. These proposals come from the two most cited articles in psychoanalytic literature in the past five years. Daniel Stern and his colleagues (1998) wrote about the non-interpretative mechanisms in psychoanalytic therapy and Jessica Benjamin presented her version of intersubjectivity in 'Beyond Doer and Done to' (2004). Speaking about change we have the classical papers by Strachey (1934) and Loewald (1960) with divergent views of what it is that is transformational (see also Cooper 1988, Whitebook 2004). However, I will refrain from any attempt to review even a small part of the extensive literature about change. Nor is it my intention to assert that it is the extra-analytic factors like the analyst's behaviour outside the consulting room that have mutative power, although you now know that even pushing a patient's car can have a lasting effect. I would like to draw your attention to some ideas as proposed by Stern and his

colleagues, Benjamin and also Bollas because they are central in the current discussion about intersubjectivity, enactment and change.

### *Non-interpretive mechanisms*

In the introduction to their paper Stern and his colleagues say: “ Anecdotal evidence suggests that after most patients have completed a successful treatment, they tend to remember two kinds of nodal events that they believe changed them. One concerns the key interpretation(s) that rearranged their intrapsychic landscape. The other concerns special 'moments' of authentic person-to-person connection...with the therapist that altered the relationship with him or her and thereby the patient's sense of himself” (1998, p.904). The pivotal role of interpretations is acknowledged alongside what they call 'moments of meeting', the co-creation of a new intersubjective environment which equally or even more contributes to change.

The paper we are talking about is by the Boston Process of Change Study Group (Stern et al.) and describes the 'something more' than interpretation issue, which addresses the central question in our thinking about change: what is it, in fact, that causes psychic change? Since I cannot take for granted that it is known to everybody here, I will summarise some of their main ideas. They focus on the interactional intersubjective process and implicit relational knowing. Furthermore, they take for granted the differentiation between declarative knowledge, which is explicit and conscious or preconscious, and procedural knowledge of relationships which is implicit, unconscious and represented nonsymbolically. This latter knowing integrates affect, cognition and behavioural/interactive dimensions, comparable to Bollas' 'unthought known' (1987) and can remain outside awareness or (later) become symbolically (e.g. verbally) represented. Based on infant research, child development and the study of mother-child interactions, they assert that this implicit relational knowing is registered in representations of interpersonal events in a non-symbolic form, beginning in the first year of life.

Speaking about the intersubjective relationship in treatment they say: “Just as an interpretation is the therapeutic event that rearranges the patient's conscious declarative knowledge, we propose that what we will call a 'moment of meeting' is the event that rearranges *implicit relational knowing* for patient and analyst alike. It is in this sense that the 'moment' takes on cardinal importance as the basic unit of subjective change in the domain of '*implicit relational knowing*'. When a change occurs in the intersubjective environment, a 'moment of meeting' will have precipitated it...The relationship as implicitly known has been altered, this changing mental actions and behaviours that assemble in this different context” (p.906). So this moment of meeting, therapeutically seized and mutually realised, is the nodal event in changing something in the patient-therapist relationship. It reflects something personal of the therapist as well as of the patient, it is a here and now moment with affective immediacy and spontaneous responses and “it transcends but does not abrogate the 'professional' relationship and becomes partially freed of transference-countertransference overtones” (p.917).

All this is explained in more detail in the paper and connected with other concepts like the 'shared implicit relationship' as the locus of mutative action, by which they mean that the process of change takes place in this shared implicit relationship. This change does not correct past failures in empathy nor does it replace past deficit. “Past experience is recontextualised in the present such that a person operates from within a different mental landscape, resulting in new behaviours and experiences in the present and future” (p.918). In more global terms, the proposition may be clear now: it is in the intersubjective relationship that a change takes place in the present. This change, in its turn, causes a sort of mental transformation and psychic change, and in this process procedural knowledge (implicit and unconscious) becomes declarative knowledge (explicit and conscious).

Their clinical examples are too long to repeat here, but as an example of a 'moment of meeting' in the child's world that creates an altered domain of implicit relational knowing they

mention an event between a father and a child...”imagine a young child visiting a playground with his father. The child rushes over to the slide and climbs the ladder. As he gets near the top, he feels a little anxious about the height and the limits of his new emerging skill. In a smoothly functioning dyadic system, he will look to his father as a guide to help him regulate his affective state. His father responds with a warm smile and a nod, perhaps moving a little closer to the child. The child goes up and over the top, gaining a new sense of mastery and fun. They have shared, intersubjectively, the affective sequence tied to the act. Such moments will occur again in support of the child's confident engagement with the world“ (p.909). It is supposed that in the clinical encounter this kind of moments, of course on another level but with the same emotional and relational impact, alter the 'intersubjective environment' which functions as a vehicle for change. It seems to me that the Boston group proposes “ redefining the intrapsychic as lived experience that is represented at the implicit level” as they call it in another paper (2007, p.856). In a way this proposition turns well known ideas about mental functioning upside down. Probably this is for many analysts not only a bridge too far but it also claims priority of the intersubjective over the intrapsychic, thereby neglecting the essential interdependence.

### *A 'relational analysis' perspective*

The other most-cited paper is by Jessica Benjamin (2004), an prolific advocate of her theory of intersubjectivity from a relational-analytic point of view, which is a popular trend in the US. This movement has a long history there in psychiatry (Schwartz 2012) and is psychoanalytically connected to Ferenczi. Benjamin's ideas are considered 'controversial' by many colleagues who are of the opinion that these 'superficialize' the analytic relationship, disregard history, abolish useful concepts, neglect (oedipal) psychic conflict or water-down core analytic tenets (e.g. Marzi et al. 2006). Some opponents fundamentally disagree with her on how clinical transformation, i.e. change, is achieved in analysis (e.g. Sedlak 2009) and feel that ideas like hers make psychoanalysis into an interpersonal psychotherapy with “talk about you and me with too little space for formal regression, current expressions of infantile sexual conflicts and other deeper elements of the Freudian unconscious...”(Tuckett 2011, p.1387).

Benjamin mentions a large amount of thinkers who have inspired her, among others Hegel, Habermas, Lacan, Racker, Winnicott and Stern. I will give an impression of some of her ideas, for example on 'thirdness', because it is directly linked with intersubjectivity, enactment and change. In her 2004 article, she wants to move beyond thinking in terms of the one (the patient) doing something to the other (the analyst). As a result of this, she criticises Steiner (with reference to certain pages and a vignette in his book on *Psychic Retreats*, 1993), because he refuses this step. “...He does not consider the symmetry between his reaction and her [the patient's] reaction...[and] rather than “disclosing” that indeed *he was feeling responsible* and that he had gone too far, he rejects the possibility of confirming her observation... While Steiner accepts the tendency to be caught in enactment, and the necessity for the analyst to be open minded and inquiring in order to be helped by the patient's feedback, he insists that the analyst must cope by relying on his own understanding...Steiner's definition of containment excludes the possibility of a shared third, of creating a dyadic system that contains by virtue of mutual reflection on the interaction. Thus, he rejects use of the intersubjective field to transform the conflict around responsibility into a shared third, an object of joint reflection” (2004, p.34/35). Another 'thirdness' refers to her central concept of the 'moral third': “...those values, rules and principles of interaction that we rely upon in our efforts to create and restore the space for each partner in the dyad to engage in thinking, feeling, acting or responding rather than merely reacting. In psychoanalysis, the belief itself in the reciprocal dynamic of surviving rupture and repair is the heart of the moral third ...” (2009a, p.442). This means for her that the analyst has to take responsibility for enactments that result in an impasse or

breakdown.

This may sound rather cryptic and she is not always easy to understand, but these sentences give an impression of where she thinks change has to take place in the clinical situation. She, in fact, rejects the notion of the analyst as the one who is in a position to interpret the patient, she advocates for a mutual reflection on impasses and ruptures. In her eyes, the analyst must change internally and accept his participation in enactments and a 'symmetrical relation to the moral third'. The position she chooses reflects her conviction that in the clinical situation movements in and out of dissociation and impasses in both participants are the vital elements with a potential for change. These ruptures in the relationship are usually caused by or enveloped in enactments. This is also why she objects to Steiner's idea that all enactment is in principle damaging to the analytic relationship. In the discussion with Levenson (2006), who is of the opinion that enactment is a continuous and ubiquitous process, Steiner (2006 a&b) stresses that only understanding is of therapeutic value to the patient and that collusive enactments compromise the setting. For relational intersubjectivists this is not only throwing the baby away with the bathwater ('enactments are the vehicles to change'), but also too narrow a definition of enactment and an idealization of the analyst as the perfect container.

In Benjamin's contribution to the *Psychoanalytic Controversies* (2009b) and in the paper about her relational view of intersubjectivity (2010), she is much more explicit about enactments and how they can produce change through new experiences of what she calls 'lawfulness and the recognition of feelings and intentions in an attachment relationship'. She argues that rupture and repair are essential elements in the analytic relationship and that "the inevitable moments of disregulation and dissociation in our processing of what is going on, the possible enactments that result, and the ensuing repair of therapeutic "mistakes" (misattunements, failures in regulation) are what actually allow development and change to occur" (2010, p.115). This dissociation is also an activity of the analyst and, in addition to the joint (cocreated) occurrence of dissociation, rupture and repair, she uses another term which is that of the self as multiple. She asserts that the acceptance of the notion of dissociated self-states is necessary to understand ruptures, impasses and enactments. Furthermore Benjamin says: "A correlate of the multiplicity postulate is that often it is only through these clinical manifestations that unheard, unrecognized aspects of the self can be known" (p.116). She is convinced that traumatic material and painful affect from which the patient is dissociated can only be activated in relational enactments and that it means that this way of understanding enactments is a departure from thinking about countertransference. She says that "...the term transference-countertransference ...suggests an asymmetry that may no longer adequately conceptualize the interactive field ..." (p.117).

Although much of her thinking is understandable as a special way of trying to conceptualise certain elements of the analytic relationship, this last step, in my view, undermines the idea of two separate minds with their own histories and its effects on the relationship.

### *The inner experience of the analyst*

Christopher Bollas was mentioned earlier in my paper and I think that his way of understanding the analytic relationship and formulating what he sees as transformational deserves our attention. In 'Regression in the countertransference', his contribution to a book dedicated to the theory and treatment of primitive states, he presents a schizophrenic patient called Nick and describes his experiences with him (Bollas, 1990). Although this treatment was a psychotherapy with a hospitalized adolescent and not an analysis, I am convinced that what he is saying about change, not only in this chapter but also in his book 'The shadow of the object' (1987), is very relevant and will be easily recognized by the experienced analyst who has worked with severely disturbed or regressed patients. It refers to a mixture of exchanges of mental preverbal elements in the

intersubjective space and to the ways in which the analyst gets involved in the patient's pathology (Loewald 1982). Projective identification in its modern version (Grotstein 2005, Goretta 2007) is useful here, and we can safely assume that the more severe the character pathology is, the more nonverbal behaviour predominates (Kernberg, 1988). For a short description of the effects of projective identification on the clinician, I advise you to consult Cimino & Coreale (2005), especially with regard to the loss of a metaphorical mind, the contraction of the field of perception, and the loss of the sense of self with concomitant anxiety and confusion.

Bollas describes four stages in his countertransference to this extremely disturbing and disturbed young patient, who "...was a most strange, bizarre infant. He sat staring at me with a fixed gaze, a slightly mocking smirk playing across his face" (1990, p.342). He describes how he survived the sense of a lifeless nonentity and the loss of "the integrity of the structure of the psychoanalytic process ...I was living a marginal life, dominated by a nameless fear"(p. 346). Stage one was characterised by splitting, in which the analyst by becoming talkative adopted a false-self adaptiveness "leading to a loss of a sense of personal reality in work with the analysand". He explains that this effect was brought about by the patient presenting deep maternal refusal (of interrelating), while the analyst experienced the child's loss of personal reality. Stage two was a period and experience of terror over survival, "as the analyst is overcome by a dreadful silence that immobilizes his psyche-soma. This is understood as the patient's presentation of maternal hate, of death wishes against the aliveness of the child". The analyst mobilized his fury into speech, and by 'speaking for the child' to the patient, aggression became a way of surviving. In stage three, the analyst took on the mother's personality, Bollas calls it 'the stage of the worrying mother', which he felt was a move by the patient changing the analyst from child to mother. "The analyst uses understanding and interpretation to recover from the regression into the mother's madness". In the fourth and last stage, the patient tried to coerce the analyst to see him as a behavioral object, the 'stage of desubjectification', in which it was the analyst's work "to transform the mother's deadening of meaning into meaningfulness".

Bollas describes how he sees these internal mad states as 'informative regression' by the analyst, and as a result of how the very disturbed patient is unable to process meaning intrasubjectively, only intersubjectively. There is an intermediate area of experiencing in which the analyst bears "split-off portions of the patient's true self and its object experiences [and] is not sure at any moment who is carrying what and why at that time. This lack of boundaries is a condition for work in the intermediate area". This is followed by a sentence which I consider crucial in the context of change : "...analytic insight and interpretation are in the first place curative for the analyst, who gets better first. Psychic change, in this instance, begins within the analyst. Only gradually, through interpretation, holding, and the passing of time, does the patient get better...Finally, I think analysands unconsciously appreciate that inner experience endured by the analyst. They know that he or she is living through their inner object world and through their history" (pp. 350/351/352). Ogden (1982) describes similar phenomena and explains how the patient's retreat into a state of what he calls 'defensive nonexperience' is connected with the fact that all thoughts, fantasies and feelings are stripped of meaning as a consequence of the early maternal 'refusal' or inability to contain the infant's projective identifications. In Bollas' aforementioned book (1987, chapter 12), he says that "in order to find the patient we must look for him within ourselves" and that, speaking about countertransference, "there are two 'patients' within the session and therefore two complementary sources of free association" (p.202). He also asserted that "the infant within the adult person cannot find a voice, however, unless the clinician allows the patient to affect him, and this inevitably means that the analyst must become disturbed by the patient". As a result "much of the work of analysis will have to take place within the analyst... who, through his situational illness, is the patient in greatest need"...and as a consequence has to treat his own illness first (p.204).

Bollas is trying to find words for the pre-and non-verbal world of the patient and he conveys

his experience that “Time and again when I am working to describe the non-verbal transference, the patient will join in and use his or her own verbal representations to speak elements of himself” (p.207). He believes that what is mutative is a product of “a mutual sense of having touched upon a detail in the session that gives both analyst and analysand a sense of appropriate conviction that the patient's true self has been found and registered” (p.210). Bollas describes intersubjectivity in terms of transference and countertransference and as being the result of specific elements in what he calls the patient's “projectively-identified psychic life”. He is using well-known analytic terminology, in contrast to the words of Benjamin and Stern, which are closer to common language, such as repair, rupture and moments of meeting. As far as the content is concerned, his clinical theory and practice seems to come close to Stern's moments of meeting ('finding the patient's true self') and seems not too far away from Benjamin's goal in the relationship ('mutuality'). It is clear that his ideas about countertransference disclosure are embedded within a complex set of theoretical and technical assumptions about the therapeutic action of analysis (Cooper 1998) and that he not gets lost in only 'talking about you and me’.

### *Concluding remarks*

Coming to the end of my presentation and referring to the question in the introduction which factors contribute to psychic change, I would like to start with the following. Psychoanalysis has a problem with concepts, their meanings and boundaries. Almost all terms I have used in this paper (change, countertransference, projective identification, enactment, intersubjectivity) mean different things to the different psychoanalytic schools of thought, and as a consequence the clinical use also differs widely (see also Eiguer 2007, Laine 2007, Ivey 2008, Bohleber et al. 2013 and Bohleber 2013).

We have to be aware of the fact that intersubjectivity is not an analytic concept and that it in essence only refers to a relationship between subjects. The so-called relational psychoanalysis with its stress on intersubjectivity is popular in North American and a sort of follow-up on the study of countertransference enactments. It is a concept not based on experienced transactions, but an abstract one that tries to describe a more equal element in the analytic encounter, without being able till now to describe and define it clearly. As far as (mutual) enactments and psychic change are connected I do not see how, in the immediacy of the unconscious communication and in the cocreation of meaning and 'recognition' (see Benjamin), both participants could *not* change. I am convinced that some of those transformations have to start in the analyst, who, with every patient but especially with the regressed or very disturbed analysand, is the one who has to think (and dream) for both himself and his patient. We should neither idealise nor condemn enactments, they are just inevitable clinical facts and have to be treated as such. I believe that, speaking about change, there is more than one way to Rome, and it can be, as Stern asserts, that there first is a change in the relationship as implicitly known which afterwards can be decoded and interpreted towards the intrapsychic constellation and become 'interpretation': from implicit to declarative knowledge so to say. I think that enactment is an important area for reflection, but that Benjamin with her exclusive attention to the intersubjective, is on too small a track, although much of what she says concerning the attitude and role of the analyst is worth studying. Working analytically asks for good analytic theory, a solid also internal analytic setting, knowledge of psychopathology including one's own and an idea and some experience how to combine all these elements into interventions that are useful for the analysand.

In my Borovetz paper of 2002, I stressed that the intrapsychic and the intersubjective are inseparable and that some new ideas contain a tendency to replace the intrapsychic by the interpersonal. I also said then, that technically we should try to avoid everything that distracts from empathy and from a thorough investigation of the multiform, multilayered and multidetermined psychic reality of the analysand. This still holds true for me today, and I believe (with Green, 2000)

that drive and object are inseparable and that as a consequence the interpersonal or intersubjective and the intrapsychic are two sides of the same coin. Although it is valuable to try to gain insight into the processes that lead to change, one has to be careful not to lose one's way in questions about priority of one essential element in the clinical encounter over the other.

Coming back to pushing my patient's car onto the road: one may wonder what my action with the patient's car has to do with the title of my paper. Has it been a moment of meeting in Stern's sense? I don't think so. Has it been something that changed the patient's implicit relational knowing? Possibly. Has it changed the intersubjective field? Question mark. Do we know whether it was an enactment in Benjamin's terms or is it useless to try to describe my action in these terms? I do not know. Is it in some way connected with Bollas' ideas about the analyst who changes or with his countertransference disclosure? I don't think so. One thing I know. Since everybody nowadays has a mobile phone, – were such a situation to happen again -, he or she will not return to my door for help. But if someone did, I would not hesitate to do it again.

Thank you for your attention.

### References

- Benjamin J (2004). Beyond Doer and Done to: an intersubjective view of thirdness. *Psychoanal Quart* **73**:5-46.
- Benjamin J (2009a). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the shared third). *Int J Psychoanal* **90**:441-450.
- Benjamin J (2009b). Psychoanalytic controversies; response to V. Sedlak. *Int J Psychoanal* **90**:457-462.
- Benjamin J (2010). Where's the gap and what's the difference?: the relational view of intersubjectivity, multiple selves, and enactments. *Contemp Psychoanal* **46**:112-119.
- Bohleber W, Fonagy P, Jiménez JP et al.(2013). Towards a better use of psychoanalytic concepts: a model illustrated using the concept of enactment. *Int J Psychoanal* **94**:501-530.
- Bohleber, W (2013). The concept of intersubjectivity in psychoanalysis: taking critical stock. *Int J Psychoanal* **94**:799-823.
- Bollas C (1987). *The shadow of the object; psychoanalysis of the unthought known*. London:Free Association Books.
- Bollas C (1990). Regression in the countertransference. In: Bryce Boyer L and Giovacchini P, editors. *Master clinicians on treating the regressed patient*, p.339-354. Northvale NJ:Jason Aronson.
- Boston Change Process Study Group (2007). The foundational level of psychodynamic meaning: implicit process in relation to conflict, defense and the dynamic unconscious. *Int J Psychoanal* **88**:843-860.
- Cimino C, Correale A (2005). Projective identification and consciousness alteration: a bridge between psychoanalysis and neuroscience? *Int J Psychoanal* **86**:51-60.
- Cooper, AM (1988). Our changing views of the therapeutic action of psychoanalysis: comparing Strachey and Loewald. *Psychoanal Quart* **57**:15-27.
- Cooper, SH (1998). Countertransference disclosure and the conceptualization of analytic technique. *Psychoanal Quart* **67**:128-154.
- Eiguer A (2007). The intersubjective links in perversion. *Int J Psychoanal* **88**:1135-1152.
- Goretti GR (2007). Projective identification: a theoretical investigation of the concept starting from 'Notes on some schizoid mechanisms'. *Int J Psychoanal* **88**:387-405.
- Green A (2000). The intrapsychic and the intersubjective in psychoanalysis. *Psychoanal Quart* **69**:1-39.

- Grotstein JS (2005). 'Projective *trans*identification': an extension of the concept of projective identification. *Int J Psychoanal* **86**:1051-1069.
- Ivey G (2008). Enactment controversies: a critical review of current debates. *Int J Psychoanal* **89**:19-38.
- Kernberg OF (1988). Projection and projective identification; developmental and clinical aspects. In: Sandler J, editor. *Projection, identification, projective identification*, p.93-115. London:Karnac, 1987.
- Laine A (2007). On the edge: the psychoanalyst's transference. *Int J Psychoanal* **88**:1171-1183.
- Levenson EA (2006). Psychoanalytic controversies; response to John Steiner. *Int J Psychoanal* **87**:321-324.
- Loewald HW (1960). On the therapeutic action of psychoanalysis. *Int J Psychoanal* **14**:16-33.
- Loewald HW (1982). Regression: some general considerations. In: Giovacchini PL and Bryce Boyer L, editors. *Technical factors in the treatment of the severely disturbed patient*, p.107-130. New York/London: Jason Aronson.
- Marzi A, Hautmann G, Maestro S (2006). Critical reflections on intersubjectivity in psychoanalysis. *Int J Psychoanal* **87**:1297-1314.
- Ogden TH (1982). The schizophrenic state of nonexperience. In: Giovacchini PL and Bryce Boyer L, editors. *Technical factors in the treatment of the severely disturbed patient*, p.217-260. New York/London: Jason Aronson.
- Schwartz HP (2012). Intersubjectivity and dialecticism. *Int J Psychoanal* **93**:401-425.
- Sedlak V (2009). Psychoanalytic controversies: discussion. *Int J Psychoanal* **90**:451-455.
- Steiner J (1993). Problems of psychoanalytic technique: patient-centered and analyst-centered interpretations. In: *Psychic retreats*. London/New York: Routledge.
- Steiner J (2006a). Interpretative enactments and the analytic setting. *Int J Psychoanal* **87**:315-320.
- Steiner J (2006b). Reply to Dr Levenson. *Int J Psychoanal* **87**:325-328.
- Stern D, Sander LW, Nahum JP, Harrison AM, Lyons-Ruth K, Morgan AC, Bruschiweiler-Stern N, Tronick EZ (1998). Non-interpretive mechanisms in psychoanalytic therapy; the 'something more' than interpretation. *Int J Psychoanal* **79**:903-921.
- Strachey J (1934). The nature of the therapeutic action of psycho-analysis. *Int J Psychoanal* **15**:127-159.
- Stufkens A (2002a). Een tussentijdse balans; over de nieuwe theorie, de analyticus en het realiteitsbegrip. *Mededelingenblad Dutch Psychoanalytic Society* 17(7):170-183, *Berichten Dutch Psychoanalytic Association* 8(5):1-16 [Taking interim stock: the 'new theory', the analyst, and concepts of reality].
- Stufkens A (2002b). Psychoanalytic concepts of reality and some disputed 'new view' ideas. Plenary paper presented in the HGP-PIEE school in Borovetz, Bulgaria, translated into several languages.
- Tuckett D (2011). Inside and outside the window: some fundamental elements in the theory of psychoanalytic technique. *Int J Psychoanal* **92**:1367-1390.
- Whitebook J (2004). Hans Loewald: a radical conservative. *Int J Psychoanal* **85**:97-116.