

OTTO F. KERNBERG

**FREUD CONSERVED
AND REVISED:
AN INTERVIEW WITH
DAVID SCHARFF**



The Psychoanalytic Century

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An Interview with David Scharff

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DES: Thank you for speaking with me, Dr. Kernberg. What we'd like to do this morning is talk about Freud at the millennium on the occasion of this exhibit and the conference that we have organized to talk about it, and the evolution of Freud's contribution. I thought we might start by talking about theory. What do you see as having happened with the various theories that he has proposed? How useful are they? For instance, topographical theory, theories of the unconscious, and so on.

OFK: Well, it's hard to put it all into a few words. When you say "theory," you refer to the theory of mind, the structure of the mind, the unconscious motivational forces that determine development, psychopathology, and treatment. The first thing that I would stress is the importance of unconscious forces at work. I think that the most important aspect of Freud's contribution is his discovery of the extent to which unconscious motivation is overshadowing our daily life, and determines what makes us happy, how we try to avoid anxieties, how we enter into intimate relations, love, and commitment to work. Of course, in the case of pathology, he showed how unconscious motivations may distort psychic structure and functioning, and this, of course, has enormous therapeutic implications.

I want to stress two aspects of Freud's theory. First, I think that Freud's theory of drives, which he gradually evolved, and finally consolidated in the theory of libido and the death drive, or libido and

aggression, is fundamental. It's one of his most fundamental contributions, although it has remained controversial in psychoanalytic thinking. My own understanding is that this was a conceptualization of genius of the two basic forces that regulate psychological functioning in normality and pathology. I am convinced that the dual drive theory is as relevant today as when Freud formulated it, and although it has been hotly disputed and rejected by many psychoanalysts, I think that it still stands, but, in my view, with significant modifications. That unconscious libidinal and aggressive impulses are important in psychic functioning is obvious when you see patients, but Freud could not say anything about their origins, except that they were intermediate between the body and the mind.

When he formulated this theory, we were very far away in our understanding of affects from what we now know about them as primary motivational systems that operate from birth on. When Freud said that all we know about drives are representations and affects, he was remarkably close to a contemporary understanding of the structure of motivation, but formulated it in terms that did not do justice to its proper development. I believe that affects are the primary motivators, and that they can be grouped into rewarding, pleasurable,

exciting, gratifying affects, and into aggressive, painful, threatening affects, and that these two series then determine, respectively, the integration of libido and aggression. I believe that the drives are hierarchically supra-ordinate integrations of the corresponding affect states, and that drives, therefore, are constituted by subordinate affects, and not an obscure, constitutionally predetermined entity about which we don't know anything else.

That affects are the primary motivators, operating from birth on, has been known since Piaget's work. They can be divided, as I mentioned, into rewarding, pleasurable, gratifying, exciting affects that motivate the individual to move towards the stimulus that is evoking that gratifying affect. On the other hand, affects that are aversive, painful, frightening, motivate the individual to move away from the situation that evokes that kind of effect, and, I repeat, it is the sum total of rewarding affects that are going to constitute libido as a drive, and the sum total of negative effects that will constitute aggression as a drive.

DES: What do you think about Freud's formulation of sex as the primary drive?

OFK: Sexual excitement is a central affect, I think, of libido as a drive. Sexual excitement is a primary affect, but not a very early one. It develops gradually in the first few years of life. It stems from the sensual excitability of skin, particularly body surface and mucous junctions, and combines with the diffuse sense of elation when basic instinctive needs are gratified, such as feeding, breathing, freedom from pain. I am using the term “instinctive” in contrast to “instinctual,” in the sense that basic biological needs are gratified. The sense of elation is a primary, very early affect. That sense of elation gradually gets integrated with the sensual responsiveness of the skin, and in this way evolves into sexual pleasure that, of course, is maximum in the genital areas. So, gradually sexual excitement is developed as a sensual affect, but around which there evolve other gratifying aspects, related to the sense of fusion with a gratifying object. And, on the other hand, the effect of rage is an early, primary effect of aggression, but that becomes structured, in the context of internalized object relations: when rage becomes fixated, invested in a representation of self and other, it is transformed into hatred, which is the fundamental effect of the psychopathology of aggression.

Freud's dual drive theory points to the overall organization of affective systems as psychic motivators. This viewpoint cuts across, I believe, the contemporary controversy about whether or not to maintain Freud's theory of drives. Those who want to maintain it unchanged are often talking in general terms without any linkage of

drive theory to new developments in neurobiology. I think that this is a great danger. At one point, psychoanalysis as a science has to relate to its surrounding fields. Those, on the other hand, who reject drive theory altogether, and are trying to replace it by affects as motivational systems, miss the complex integration of different affects into the same dominant object relations. We experience very different affects in our relations to the most important people in our childhood, and the replacement of drive theory by affect theory does not do justice to the organization of object relations in terms of major splitting processes, by which idealized “all good” and persecutory “all bad” relationships are split from each other. The multiplicity of affects does not do justice to this integration into an aggressive and a libidinal sector of psychic experience.

DES: Right, affects alone cannot provide the bridge.

OFK: The great advantage of a theory of drives linked to a theory of affects is that it establishes relationships with neurobiology, because we know about affects that there are genetic dispositions to them, that they are constitutionally determined, that there are neurochemical systems that activate and control them, about which we are learning more and more. We know that affects have a biological function, the protection of the infant in mammals, and that the more

evolved the mammal—up to primates and human beings—the more evolved are affect systems. We can link the pathology of the neurochemical determinants of affects with the pathology of drive derived behavior. For example, we can now construe the determinants of clinical depression as a confluence of genetic predisposition and a particular organization of psychic structures derived from internalized object relations. The whole “mystery” of Freud’s concept of drives, I believe, can be taken out, without doing injustice to the complex and unconscious nature of drives. Which brings me to a second aspect of Freud’s theory, the structure of the mind.

DES: Before we get to that, I just want to take up the point that’s of interest to me about the primacy of sexuality, which I know you have been very interested, as demonstrated in your book on love relations. I’ve written about sexuality, too. That seems to me to be somewhat controversial. Whether sex is the overarching or the acme of that developmental line, or whether it is one expression of the affiliative tendency as Fairbairn really put it.

OFK: It seems to me that, as you say, this is controversial, and there are two major positions in this regard. One, as you mentioned, concerning Fairbairn, is that he considered sexuality as one aspect of the wish for closeness, the relationship to objects.

DES: Closer to attachment theory.

OFK: Yes. That theory goes together with several other related theories. One, a tendency to divide developmental stages into pre-oedipal and oedipal stages, the preoedipal stages subdivided into Mahler's stages of symbiosis, separation-individuation, and object constancy. The central characteristic of these theories is a linear model of development: there is a sequence of developmental stages.

An opposite view is that represented by French psychoanalysis. Under the influence of Lacan, but without necessarily accepting his metapsychology—his insistence that the unconscious is structured like a language—French psychoanalysis rejects linear models of development. On the contrary, their focus on affects as basic psychic structures integrated with representations, gives a very different view of the unconscious than Lacan's. But, his stress on the fact that development is both synchronic and diachronic, and Lacan's putting emphasis on Freud's concept of *Nachträglichkeit*, in other words, the retrospective modification of experience, is relevant for the French view of sexuality. Something that is not traumatic originally, may retrospectively become traumatic under the influence of later history. That concept of *Nachträglichkeit*, or *après coup*, is linked in French psychoanalysis with the concept of an archaic Oedipus complex practically coinciding with the development of separation-

individuation. It is symbolized by the “shadow of the father,” which separates the infant from the symbiotic relation with mother, breaking up symbiosis, and bringing about the infant’s separation, with a longing for reestablishing a symbiotic relation that can never be reestablished again, and that is at the origin of erotic desire. Sexual desire, therefore, becomes a structure of the mind from the beginning of life.

If we assume that there’s no initial normal autistic stage of development, that object relations are established from the beginning of life; if we assume also that there are moments of intense fusion experiences under conditions of peak affect states of intense elation or rage, then the rupture of such fusional states under the impact of the father as a third, excluded object signals the early activation of oedipal triangulation. The satisfied baby at the breast, or the frightened baby experiencing pain and fear, experiencing itself at the height of such affects in a highly gratifying or a highly frightening, enraged situation in which self and object can no longer be differentiated, experiences fusional, symbiotic states. They are not stages, but *states*. When they are disrupted by the resolution of that intensity, and the establishment of more reasonable, logical relations between the infant and his

parental images, one may say that these are the prototype of triangulation, of the disruption of the dyadic relationship, the origin of intense separation anxiety that evolves into castration anxiety, and of intense longing for refusion that evolves into erotic passion.

We can conceive an archaic oedipal situation as a basic condition of human existence, expressed in unconscious fantasies of fusion that acquire erotic qualities. Although initially the sexual element in the sense of genital excitement may be minimal, later experiences are retrospectively integrated into such a primitive, erotic desire, that establishes an oedipal situation years before the advanced oedipal situation originally described by Freud takes place. This consideration of the structure of the mind is a synchronic condensation of experiences from many ages that contain particular narratives—or diachronic elements—as part of the constituents of such synchronic experiences. The model of development thus becomes completely different, and then one can talk about the erotic and its oedipal implications, the search for sexual intimacy and fusion, the fear of castration as a basic developmental condition. All of this is eventually incorporated into a model of the primal scene, and what Jean Laplanche, one of the great French theoreticians, calls the “general

theory of seduction.” In other words, the mother, in relating to her infant, is already conveying unconscious erotic messages that the infant cannot yet understand, and that he will only retrospectively interpret erotically, which will then give rise to the deepest unconscious oedipal fantasies. So this viewpoint thinks of affiliation as erotic to begin with.

DES: Right, it’s a much more sophisticated view that is, however, consistent with Freud’s idea . . .

OFK: It’s consistent with Freud’s ideas. It’s an alternative to the linear models to which we are accustomed both in the ego psychological tradition, as well as in the Kleinian tradition. It is a model that focuses on the centrality of the Oedipus complex and of erotic desire—in contrast to the assumption of early stages of development that predate genitality. In recent years I have come closer to this view. One can find support for both views in Freud. Freud had very little to say about the earliest stages of development. He assumed a primary autism, which went on as a tradition even to Margaret Mahler, who really did not observe children in the first few months of life, and followed Freud’s theory.

DES: Picked up the theory and started with symbiosis . . .

OFK: But in the last few months of her life, Margaret Mahler agreed that there was no normal autism in children.

DES: Really?

OFK: She reached that conclusion. She didn't manage to write about this anymore, but she was a close personal friend, and so I can assure you of that.

DES: Had she been informed by the infant research?

OFK: Yes, she was impressed by infant-research findings. In this connection, we have learned a great deal from infant research, but we need to keep in mind that most of the research on infants is done in relative optimal conditions, in that the infant is relatively at peace, and not in one of its most frightening, or aversive, moments under which very primitive, aggressive internalizations occur. Infant research thus naturally tends to underemphasize the aggressive segment of experience. In general, object relations theories that reject drive concepts tend to diminish the importance of aggression and sexuality, while object relations theories that affirm drive theory accentuate both aggression and eroticism. In this connection, Fairbairn occupies an intermediate position, in that, although theoretically he rejected the concept of aggression as a primary drive, for practical clinical purposes he described the fundamental function of aggression in determining the early split stages of the mind.

I should say one more thing about affects and the basic structures of drives: I think that I'm no longer alone in my view. Distinguished

theoreticians, such as Joseph and Anna Marie Sandler in Great Britain, Serge Lebovici in France, and Rainer Krause in Germany, have reached similar conclusions. I really believe that this is a new development in psychoanalysis, and that it will focus more and more strongly on affect theory, and will reestablish a connection between the biological sciences and psychoanalytic thinking. I believe that neurobiology and psychoanalysis are really two basic sciences, that are not in competition with each other, but should complement each other.

DES: But you're seeing affect as a kind of link point, where the biology can be studied very effectively, which links with the drive concept as both a mental and a biological concept.

OFK: Yes, yes.

DES: In that sense, we're talking about coming full circle and reaffirming an idea of Freud's that has become more tangible as a kind of concept that can now be studied, which it couldn't be until . . .

OFK: Implicitly in what I have said so far, there is a concept of development that is relatively new, although it's commensurate with Freud. Lacan really highlighted one aspect of Freud's thinking, *Nachträglichkeit*. By the way, that concept of Freud's was badly translated in the *Standard Edition* as "retrospective action." That's a wrong translation from the German. It really should be called "retrospective

modification.”

DES: The rewriting of old history.

OFK: Yes, and the reinterpretation of old experience. For example, traumatic experiences really have two times: first, the moment when the trauma occurs, when the organism is flooded by the experience; and, second, when this experience is interpreted in a certain way that fits into the preexisting structure of the individual. The trauma is elaborated by interpreting it, and it then leaves definite traces. I think that’s a concept that one* finds in Laplanche, and in Sandler. In any case, that concept of development is a shift of emphasis from Freud, and represents a modern concept, I believe, of development, a replacement of linear models by hierarchical models that include synchronic and diachronic formulations.

DES: You had a second aspect of Freud’s theorizing in mind to discuss.

OFK: The second aspect is his theory of mental structure. When it comes to psychic structure, I think there has been very little challenge of Freud’s organization of the mind into superego, ego, and id, except that the emphasis has become more and more on the constituent structures of superego, ego, and id. Here, I think, the work of Fairbairn and Edith Jacobson, independently from each other, reached the same conclusions within totally different theoretical systems. Fairbairn described representations of self and

representations of objects linked under the impact of a dominant affect, so that the basic unit of psychic structure is a self-representation and an object representation linked within a certain affective disposition. This was specified, following Fairbairn, by John Sutherland, who conceptualized these units even more clearly as the building blocks of ego, superego, and id. It's a revolutionary contribution.

Edith Jacobson applied a similar concept to the study of the superego, describing successive layers of internalized object relations out of which the superego develops. Joseph Sandler described how self-representations coalesce into an integrated concept of self, while representations of objects coalesce into integrated representations of objects. The conception of the id as the sum total of rejected, suppressed, dissociated, or projected internalized object relations reflecting peak affect states that cannot be tolerated in consciousness, transforms the id from a cauldron of impulses into a structure constituted by affective states organized into these dyadic, self-representation and object-representation units.

That is what we observe clinically in patients with severe psychopathology, where the conflicts don't seem to be interagency, inter-structural between ego, superego, and id, but *intra-structural*, in

the sense of a conflict between contradictory internalized object relations of an idealized and a persecutory nature. These object relations become mutually contradictory defense-impulse configurations in different moments. Thus a significant change regarding Freud has evolved—going back to your first question, in that we have come to think much more about the constituent structures of ego, superego, and id, as they become manifest in the activation of such primitive object relations in the transference, and are played out with reciprocal activation of self and object representations in the transference and countertransference, and in the dominant impact of an affect that now represents one of the two series of aggression or libido or their combination.

DES: This might lead—I don't know if you have more you want to say about structure—but it might lead us to talk about differences in the technical approach and the clinical approach to analysis since Freud. I thought about this in regard to what we would now say about his case histories, and his published advice about technique.

OFK: I think that when it comes to psychoanalytic technique, there are relatively few new elements that have been included, no crucial change from Freud's recommendations. Techniques, however, have become more elaborated. We now have not only a standard classical psychoanalytic technique, but

derived techniques of psychoanalytic psychotherapy. We know more about indications and contraindications, but the basic concepts really came from Freud.

First of all, the general discovery of transference as the unconscious repetition in the here and now of repressed or dissociated pathogenic experiences from the there and then: this is the central concept of psychoanalytic treatment. We are seeing in more sophisticated ways how the nature of the transference evolves in the clinical situation. At first, transferences reflect the activation of conflicts between ego, superego and id, and only gradually, the better functioning patients regress to the mutually contradictory activation of internalized object relations, the “building blocks” of the psychic structures. But basically, the unconscious conflicts from the past are still there to be activated in the transference, and haunt us in transference and countertransference developments. Now, Freud’s technique of free association stands unchallenged, and is a basic instrument of our work. Thus, interpretation of unconscious meanings, transference analysis, and technical neutrality are still valid basic concepts, although they have been modified in clinically important ways, but still conceptually clearly traceable to Freud.

DES: Also, “abstinence” in the sense in which he seemed to mean it, rather than it’s later . . .

OFK: Abstinence in the sense of not gratifying the transference. This brings us to the importance of countertransference analysis as part of psychoanalytic technique. Freud discovered countertransference in the context of the boundary violations of the psychoanalytic relationship on part of his leading disciples. Faced with erotic transferences, some of them couldn’t control the temptations of getting sexually involved with their patients, and that was very frightening to Freud. Jung, Ferenczi, Stekel—all the great names had affairs with patients. This, I think, was frightening to Freud, who described the existence of countertransference, and stated that the analyst had to control it, to suppress it. I understand that he made the private recommendation that not too much should be written about it because he was afraid, with good reasons, that the prestige of psychoanalysis would suffer under the effect of what we now call boundary violations in psychoanalysis. There are some excellent books about this, in particular in the German literature. Anyhow, the taboo about countertransference analysis existed until the 1950s, when there appeared a spate of papers on this subject, and the psychoanalytic community became aware that countertransference was an important instrument for transference analysis. The contribution of Heinrich Racker—the description of concordant and complementary identification in the countertransference—meant a great step forward in our understanding, particularly of primitive

transferences in which the countertransference may reflect the unconscious identification of the analyst with an internal object of the patient. At times the analyst becomes the patient's infantile self, while the patient enacts an early object, and ten minutes later the patient may enact his own infantile self while projecting the object of the relationship onto the analyst. An apparent chaos results that can be perfectly understood if one keeps in mind that the same object relation is enacted with reciprocally alternating distribution.

Technically, all this means that countertransference analysis has become extremely important. It becomes a source of empathy with the patient that transcends ordinary empathy, in the sense that in concordant identification one is empathic with the patient's central subjective experience, while in complementary identification one is empathic with what the patient cannot tolerate in himself, and has to project or dissociate. The accentuation of countertransference analysis now provides the psychoanalyst with three sources of information: communication of the patient's subjective experience by means of free association, the analysis of the nonverbal behavior, which becomes practically character analysis in the transference and countertransference analysis.

DES: That is a major evolution.

OFK: That is a major evolution since Freud, and it has led to the present-day controversy about “one-person psychology,” “two-person psychology,” and “three-person psychology,” in which Freud is put in a position as if he had been proposing a one-person psychology, the problems to be analyzed being located exclusively inside the patient. The analyst only had to be a mirror, or participant observer—more of an observer than a participant. This one-person psychology then shifted because of the focus on the importance of transference and countertransference analysis, into the two-person psychology that culminated, I think, in Merton Gill’s famous statement that the transference is a compromise formation between the unconscious problems of the patient from the past and the realistic or plausible reaction of the patient to the analyst’s personality and countertransference, leading to a concept of intrinsic mutuality of transference and countertransference. This concept has been picked up in the theory of interpersonal psychoanalysis, intersubjective psychoanalysis, and self-psychology, and has become, therefore, a very important contemporary trend.

Against this two-person psychology, you finally have the three-person psychology that has been proposed mostly by French psychoanalysis, but is also commensurate with contemporary Kleinian and ego psychological analysis. The three-person psychology implies that the analyst is split between one part that participates in the transference/countertransference bind, and another part, in which the

analyst self-reflects on his or her experience in the countertransference, in combination with his or her knowledge and experience. This aspect of the analyst, therefore, remains outside the transference/ countertransference bind, while he uses his experience of the transference/countertransference bind to interpret the transference. This position of the analyst as a “third-excluded other” for French psychoanalysis is analogous to the role of the oedipal father, who disrupts the symbiotic experience of the mother-infant relationship. It recreates symbolically a triangular oedipal situation in the analytic situation, and so activates oedipalization at both an archaic and an advanced developmental level. This coincides also with ego psychological and Kleinian emphasis on that function of the analyst. I personally like the three-person psychology approach, because I think that otherwise, there exists a danger of privileging the patient’s experience as the basis for the analysis of transference and countertransference.

DES: Rather than a more balanced view where the analyst really is trying to hold both points of view in mind and stands for that experience. Actually, it also brings in the question of how it is that the analyst—maybe with the patient’s cooperation—brings in the whole

context of the wider group that the patient lives in—the society and cultural issues.

OFK: Yes. You are raising a valid issue, regarding that there has been some important development. I think we have become much more alert to the danger of the analyst's theories influencing the patient's free associations, his or her indoctrination by the analyst. The Kleinians, in particular, became aware of their tendency to indoctrinate the patient, and there has been a radical shift in Kleinian technique in the last twenty years that has made it come closer to the Independents and the ego psychologists, while on the other hand, the recognition of the prevalence of the transference from the beginning of the treatment that Merton Gill brought to ego psychology, made ego psychology come closer to the Kleinians. Nowadays, I think, very few people deny the reality of the primitive object relations and defensive operations described by Fairbairn and Klein. I think that this is generally accepted in most psychoanalytic approaches—except by the most isolated ego psychologists. The various psychoanalytic schools have come closer to each other in their technical approaches, the major contemporary controversy remaining that between the two-person and three-person psychology. On the other hand, there is, as I

mentioned, still a significant criticism from French analysts regarding the Kleinians for their underemphasizing sexuality, and from ego psychologists to Kleinians in that they focus too much on the experience of the first few months or years of life. There is critique from the Kleinians to the ego psychologists that they still have a tendency to interpret too close to the surface, rather than going into most primitive experience.

DES: The Kleinians think ego psychologists stay too much on the surface, too much on resistance, and not enough on the very early months. The primitive object is a major Kleinian emphasis.

OFK: And a combined critique of ego psychologists, Kleinians, and French analysts of the intersubjective, interpersonal approach is that it tends to maintain interpretation also at a surface level, in the sense of the actual interaction between patient and analyst, instead of going into the deepest level of the patient's unconscious fantasies.

DES: That was the other thing I was going to ask about. We haven't said anything about self-psychology and inter-subjectivity as one of the most prominent recent developments, both theoretically and clinically.

OFK: Yes, well, I indirectly referred to them. Self-psychology, inter-subjective analysis, and interpersonal psychoanalysis

are really American psychoanalytic tendencies that are much less significant in Latin America and Europe. They have a common focus on the actual experience between patient and analyst, and, how shall I put it, the nurturing quality of the actual object relation in the psychoanalytic treatment. That is, perhaps, another important controversy. The personality and the actual behavior of the analyst are considered by these approaches as important therapeutic elements, in contrast to the technique of interpretation per se. Freud implied that we modify the patient's abnormal and psychic structures through interpretation. These schools, in contrast, imply that we obtain significant change through interpretation carried out by an empathic analyst. I think self-psychology puts it in the most dramatic terms: interpretation has to be carried out within a self-object/self-relationship, in contrast to technical neutrality. That is a major controversy. I stand clearly on the side of technical neutrality, and I am critical of this aspect of the self-psychological orientation. But this is a major controversy.

DES: It's a major controversy, as well as frequent criticism about their underemphasizing aggression because of the emphasizing nutrient factors.

OFK: Yes. In this regard, traditional self-psychology—by now one can talk about traditional self-psychology—denies the existence of negative introjects, of aggressively invested internalized object representations, while intersubjective analysis and interpersonal analysis accept such negative internalizations, and are therefore, closer to the British

object relations theories. I think that sets another divide within American psychoanalysis.

DES: To shift ground again, I thought that I should take some time to ask you about your current interests. What is the current state of psychoanalysis as a field of science and as a clinical entity, and what do you see for its future? Are there areas of growth? What about its being under siege, in this country [the United States] at least? These kinds of questions.

OFK: I mentioned earlier that for me psychoanalysis is a basic science, together with neurobiology. I think that psychoanalysis has still major contributions to make, and has made some fundamental contributions that have not been fully explored. I believe that the attacks on psychoanalysis are really a reaction to the isolationist tendencies of psychoanalysis, and to the impression it conveys at times of being a complete science without relationship to neighboring fields, which has created, with good reasons, serious questions. Of course, there are other reasons for that attack as well. The general reluctance of academic psychology and biological psychiatry to acknowledge the importance of dynamic unconscious process, within the individual, and in society and the group, and the reluctance to recognize the enormous importance of primitive aggression in human existence, in spite of our sad experience of the twentieth century, are other sources of animosity toward psychoanalysis. Again, as before, the reluctance to accept infantile sexuality and its fundamental influence in later life is an old and not surprisingly recurring

source of fear and hostility towards psychoanalysis. Just look at the sexual-harassment hysteria sweeping this country, and you'll see we're not so far away from 1900.

DES: Yes, that's true. Of course, sexual harassment really exists. But there are always puritanical efforts to stamp out sexuality throughout life.

OFK: A few more concrete areas of development. First of all, the area of personality disorders—the structure of normal and abnormal personality—what we call character pathology. I think that psychoanalysis is the only comprehensive theory that explains the entire field of personality disorders and character pathology; it has a conception of psychopathology, differential diagnosis, clinical description, and treatment. The proof of the pudding is that alternative theories have a kind of esoteric, superficial, clinically irrelevant quality that is quite impressive when you explore the literature in detail. The treatment of personality disorders, the transformation of a sick personality into a healthy personality is a major contribution of psychoanalysis and derived psychoanalytic techniques of psychotherapy.

A second major therapeutic area is the application of psychoanalysis to the understanding of intimate conflicts of individuals in close, long-term relationships: love, marriage, and family structure.

Third, the understanding of regression in groups, the influence of

that regression on the work in organizations, on the relationship between members and management of institutions. I think this is a very important field, that I trust will be developed further, and hasn't been developed much because only few psychoanalysts have really specialized in this area, relatively little research has been carried out to explore this, and to the contrary, the tendency of psychoanalysis has been to "retrench behind the couch," so to speak, and so we are missing out on important applications of our field.

I think that the development of psychoanalytic psychotherapy for patients who are too sick to be analyzed and the development of supportive psychotherapies for patients who don't have the introspection or the capacity to work intensively through self-reflection, is another important application. In clinical psychiatry, there is nowadays much competition between cognitive-behavioral approaches and psychoanalytic modalities. It seems to me that in the long run, this is going to be resolved, because cognitive-behavioral psychology has only a limited personality theory behind it, while psychoanalysis, with its rich personality theory, is able to incorporate cognitive and behavioral techniques in supportive psychotherapeutic approaches. Psychoanalysis presents an enormous potential for a more scientific,

precise, and broad theory for all kinds of psychotherapies, from standard psychoanalysis to consulting.

DES: As I hear you talking about it now, you are advocating a more active stance about reaching out to understand what these adjunctive fields have to offer so that we can make use of them, rather than isolating analysis, claiming it's the only treatment in its unmodified form.

OFK: Yes, absolutely. I believe that psychoanalytic institutes should teach psychoanalytic psychotherapy to candidates, because it's still true that quite often when psychoanalysts—particularly those traditionally trained—don't do psychoanalysis, they do some sort of chaotic psychotherapy. Using all the instruments for a psychotherapeutic technique based on psychoanalytic principles that we have available now may significantly increase the therapeutic effectiveness of derivative psychoanalytic methods.

DES: Plus so many analysts are teachers of analytic therapists, but have not themselves necessarily developed a theory of analytic psychotherapy.

OFK: Right. Yes, yes. I think that the fact that the psychoanalytic community has become much more open to tolerate different theoretical developments, to tolerate that psychoanalysts have different views about central issues, and that they can be compared and tested, is a good development. We need to strengthen psychoanalytic re-

search. I am talking about research in the broadest sense— empirical research, but also scholarly research, historical research, hermeneutic research, the research with small r that we do in our clinical practice.

DES: And this also includes in the United States nonmedical candidates?

OFK: Yes, in psychoanalytic education we have much to learn from other professionals, and I think this openness is important, but we also have to maintain a close linkage with medicine, with psychiatry, and psychology. Clinical psychology and psychiatry, it seems to me, are two fundamental fields that are closely related to the mainstream of our work.

DES: How about internationally? Areas of growth? Resistance?

OFK: Well, the International Psychoanalytic Association (IPA) has been growing significantly. Fifteen years ago North America had 40 percent of all the analysts in the world, and now this has been reduced to less than 30 percent. There is continuous growth in Europe, and particularly in Latin America. At the same time, I think psychoanalysis is under attack all over the world. There are similar problems: financial constraints; less money to pay for intensive long-term treatments; challenges from biological psychiatry and from cognitive-behavioral psychotherapies; and challenges from reimbursement agencies—insurance and government agencies. Also, the culture has become predominantly pragmatic, adaptational.

DES: Action-oriented!

OFK: Yes. Less interested in self-exploration and subjectivity. But these are historical fluctuations that I think won't be that important if psychoanalysis develops its scientific knowledge and scientific stance, relates to the sciences on its boundaries, and simultaneously psychoanalytic societies increase their relationship with the outside world, rather than rounding the wagons. In my role as President of the IPA, I have been trying to develop a number of initiatives in this regard. First, during my administration, we have created a committee on Psychoanalysis and Society, to help psychoanalytic societies deal with governments, governmental agencies, insurance, the media, the university, intellectual elites, and other professions. This committee is now working internationally. Second, we have appointed a committee on interregional conferences, to establish small conferences about selected subjects on theory and technique, developed by internationally leading psychoanalysts: three, five, eight leading psychoanalysts are brought together for the purpose for such state of the art conferences. Third, we are organizing trips of leading psychoanalysts to societies throughout the world, in order to contribute to the diffusion of psychoanalytic knowledge. Another initiative is a new committee on translations to help translate key psychoanalytic texts from other languages into English, because there are still significant language barriers between French, German, Italian, Spanish, and Portuguese psychoanalysis and the English-language psychoanalytic communities.

DES: Then a good deal of the strength would come from decreasing insularity and isolation from each other, as well as reaching out into the wider society.

OFK: Yes, yes. I have also taken the initiative of developing a fund for psychoanalytic research, which now invests \$200,000 per year to foster research projects in psychoanalysis throughout the world on a competitive basis. We have had our first rounds of proposals submitted.

DES: I understand there were seventy-seven submissions.

OFK: Exactly. It has been a very successful initiative. Another important initiative involves psychoanalytic education. It seems to me that psychoanalytic institutes traditionally have taken the stance of transmitting knowledge, but not of developing new psychoanalytic knowledge. I think that psychoanalytic institutes need to develop new psychoanalytic knowledge and be centers that foster research. They may not have the resources to do this alone, but they may organize activities together with departments of clinical psychology and psychiatry as part of outreach.

DES: More like a university that is simultaneously developing knowledge and transmitting it, so that even the students have the sense of knowledge evolving.

OFK: I think we also have to study alternative models of psychoanalytic education. Most of the world follows the Eitingon model, developed in Berlin in 1923. It's our tripartite model with training analysis, four years of seminars, and individual

supervision. There's an alternative model—the French psychoanalytic model, and there are still other modifications, both of the French model and of the Eitingon model. We should compare their effectiveness and experiment, rather than think that we have only one or two proven models for education. In all other scientific areas there's a lot of revolutionary education going on, and the IPA committee on education (COMPSED) has been given the mandate to carry out research on psychoanalytic education, and to help us develop in that area as well.

DES: Finally, I would like to ask if you can reflect on the significance of the Freud exhibit and the Freud collection—the Freud archives—for our field and for knowledge in general.

OFK: It's obvious that this is a very important public recognition of the fundamental importance of Freud's contribution to modern culture, to our knowledge in the broadest sense, and that psychoanalysis has a definite, firm, established role within the development of science as well as culture in the Western world. I think that the entire controversy around the exhibit has been artificially inflated by a few people with very private agendas, because is it not a matter of idealizing Freud and having a noncritical acceptance of everything he said, but utilizing his revolutionary thinking to develop the science further. From what I know, the spirit of that exhibition will be to get better acquainted with Freud's way of thinking, not with dogmatically accepting all his conclusions.

It is with a sense of great satisfaction that I am looking forward to that exhibition, and I hope that it will have an impact on our external environment. This is very important for our work in the next few years.

DES: Good. I appreciate your speaking with me and offering these comments. It's really been a pleasure. As always, I learn enormously from talking with you.

OFK: Thank you for inviting me to be interviewed. This is a challenge—to deal with all these issues without preparation. But then, most of the things I have talked about are close to my heart, and that helps.

DES: Yes, I noticed that you could discuss them easily. Thanks very much.