

## The primacy of emotions: a continuation of dramatology

Henry Zvi Lothane

*Le coeur a ses raisons que la raison  
ne connaît point; on le sait en mille  
choses. (Pascal)*

### Summary:

Psychiatry means healing the psyche or soul that belongs to an individual human being, that is, a person, with a body and a capacity for acting, feeling, emoting and speaking, perceived by the five senses or imagined, seen figuratively in the mind's eye, in images of dreams and daydreams. Since the total person appears before us with all the characteristics, an all-in-one package, I ask, how is it that psychiatry has lost its psyche? Dramatology approaches human encounters, events, and scenes as dramatic enactments of characters in conflict and crisis. It comprises two forms: dramatisation in thought and emotion that involves images and scenes lived in memories, dreams, daydreams, fantasy scenarios, and dramatisation in act. This paper is a continuation of my earlier publication in this journal.

emotions / dramatology / Freud

### EMOTIONS IN LIFE, DISORDER AND THERAPY

For an introduction to the concept of dramatology, please see Lothane [1].

Freud's original insight into the reciprocal relations of body and soul and its role in interpersonal relationships can be seen in an early 1890s paper which Freud published in 1905 [2, 3]: "Psychische Behandlung (Seelenbehandlung)", henceforth cited as "Psychical treatment", which begins thus: "*Psyche* is a Greek word which is translated in German as Seele, i.e. soul. One might guess what is meant by this: the treatment of morbid manifestations of one's emotional life. But this is not the meaning of the word. Psychi-

cal treatment says more than that: it is treatment that has its beginning in the soul, treatment of psychical or bodily complaints through means (*Mitteln*) which operate from the start and directly upon the psyche or the soul of the person. Foremost among such means is the use of words; and words are the essential tool of psychical treatment.

But 'mere words' is like being asked to believe in magic. And he will not be so wrong, for the words which we use in our everyday speech are nothing but watered-down magic, [due] to their former magical power" (p. 283, my translation). Words are the most important means by which man seeks to bring his influence to bear on another; words are a good method of producing psychical changes in the person to whom they are addressed. We shall explain how science sets about restoring to words a part at least of their former magical power. So that there is no longer

anything puzzling in the assertion that the magic of words can remove the symptoms of illness, and especially such as are themselves founded in psychical states (p. 292).

In ancient Greek, psyche meant the breath of life, the life principle, the living or besouled body (*empsychon*) of Aristotle. Freud [4] wrote: "the ego is first and foremost a bodily ego" (p. 26) – all ideas and feelings have their source in the body. In quoting from "Psychical treatment" I avoided Strachey's "mental treatment" for "psychical" is the better English equivalent of *seelisch*; "mental" denotes cognitive activity and discursive reason while "psychical" includes both cognitive activity and *Seelenleben*, the life of feelings and emotions, the hallmark of Romanticism as against classical intellectualism, as expressed in Goethe's *Faust*, frequently quoted by Freud. "Feeling is everything," says Faust to Gretchen, "name is sound and smoke," and "Grey, dear friend, is all theory, And green the golden tree of life." Freud also extolled the romantic *Naturphilosophie*, the philosophy of nature, as having "achieved the greatest advances alike as a science and an art" [2, p. 283], for example, with its pairs of polarities, both antagonistic and complementary, such as body and soul, day and night, matter and spirit, male and female, object and subject, conscious and unconscious, logic and intuition, real and ideal, reason and imagination.

In "Psychical treatment" Freud operationalised psychotherapy as therapy of the word, as Entralgo [5] would call it – or the talking cure [treatment] as Anna O., called it – which Freud restated thus [6]: "nothing takes place in a psycho-analytic treatment but an interchange (*Austausch*) of words between the patient and the analyst. The patient talks and tells about his past experiences and present impressions, complains, confesses to his wishes and emotional impulses. The doctor listens, directs the patient's processes of thought, exhorts, gives him explanations. To this day words have retained their ancient magical power" (p. 17). Freud omitted mentioning interpersonal nonverbal communication via emotions and bodily motions. He would incorporate such ideas in *The Interpretation of Dreams* [7]. At this stage, he studied "the indisputable reciprocal connection between the bodily and the psy-

chical, in the animals no less than in human beings" [2, p. 284], as taught by his predecessors.

Freud's first mentor was the Viennese internist Josef Breuer, who in 1882-1883 told him about the treatment of Anna O. Freud's second teacher, in 1885-1886 in Paris, was Jean-Martin Charcot, who had restored dignity to the despised disease of hysteria and the derided treatment of hypnosis [8, 9]. Returning to Vienna in 1886, Freud married, and started treating patients with psychological and bodily disorders. In 1888, he translated the book on suggestion by his third mentor, Nancy professor of medicine Hippolyte Bernheim, who, in contrast to Charcot, proved that hypnosis "was completely in the sphere of psychology", establishing suggestion as "the key to its understanding" [10, p. 75]. In 1889, Freud, reviewing Forel's book on hypnotism, noted "suggestion, familiar to physicians from time immemorial" as a method of healing "by the power of personality and the influence of words" [11, p. 94].

In 1892-1893, in the first volume of a periodical founded that year, the *Zeitschrift für Hypnotismus, Suggestionstherapie, Suggestionstherapie und verwandte psychologische Forschungen*, whose editorial board boasted Dr Sigm. Freud (Vienna) alongside Prof. H. Bernheim (Nancy), Prof. Forel (Zürich), and Dr Liebeault (Nancy), Freud published "A Case of Successful treatment by Hypnotism" [12].

The central idea of psychical treatment was the role of emotions in life, disorder, and psychotherapy. Since the last was born of medicine, Freud claimed that "it is not until we have studied the pathological phenomena that we can get an insight into normal ones." [2, p. 286]. However, he also knew that the commonest, everyday example of the influence of the psychical upon the bodily, and one that is observed in everyone, is offered by what is known as the "expression of the emotions" (*Ausdruck der Gemütsbewegungen*). A man's states of mind are manifested, almost without exception, in the tensions and relaxations of his facial muscles, his eyes, in the amount of blood in the vessels of the skin, in the modifications of his vocal apparatus, and in the movements of his limbs and in particular of his hands (p. 286), in extraordinary changes that occur in the circulation, in the excretions and the tensions under the influence of fear, of rage, of

psychical pain, of sexual delight (p. 287). Strictly speaking, all psychical states, including those that we usually regard as “processes of thought” are to some degree “affective” and not one of them is without bodily manifestations or the capability to modify bodily processes. Even when a person is quietly engaged in thinking in ideas (or images), there is a constant series of excitations, corresponding to the content of these ideas, which are discharged in smooth and striated muscles (p. 288).

It is essential to underscore the similarities and differences between feelings and emotions. A feeling is an impression, a perception, an awareness of something experienced, a self state.

An emotion is a motion, an expression, experienced as *Bewegung*, a feeling-driven motion in oneself and addressed at another person. Freud spoke of psychic reality, I propose the term emotional reality inseparable from the person’s living body. Similar ideas are found in Paul Schilder [13, 14]. Paul Ferdinand Schilder, born in 1886 in Vienna, was killed in 1940 in a car accident, days after his wife, child psychologist Loretta Bender, whom he had married in 1937, gave birth to their third child. He became doctor of medicine in 1909 and obtained a PhD in philosophy in 1922. In Halle he served under Gabriel Anton, teacher of the notorious Otto Gross, in Leipzig under Schreber’s psychiatrist Paul Flechsig, acknowledged for his neurological contributions. By 1923 he began working on the body image. Schilder [13] examined “the libidinous structure of the body-image”, the connection between emotions and erotogenic zones, building on Freud ideas and culminating in the “sociology of the body-image”. He found that the body image is “a social phenomenon”, that “one’s own [body image] is at the same time the construction of the body image of others, a desire to see and to be looked at” (p. 216, 217), that “a body is always the body of a personality, that has emotions, feelings, tendencies, motives, and thoughts” (p. 218), intentions and “expressive movements that are communications” (p. 223). Thus “masturbation is specifically social, an attempt to draw the body-images of others, especially their genitals, nearer to us” (p. 237), in movements of imitation and identification, “adopting a part of the emotions, experiences, and actions of other persons” (p. 251),

in “pictures of imagination, dreams, and fantasies” (p. 280). The “needs of the total personality” lead to the “principle that the emotional life [is] the nucleus of psychic experiences and the immediate expression [of] the life forces” (p. 283). All of this is part of “the life experiences of the individual, the life situation, the inner history” (p. 300). Schilder [14] argued against “psychic elements”; emotions of joy, fear and grief and feelings are localised in the body: anxiety in the heart, restlessness or peace in the genitals, one is feeling happy around the stomach. In emotions we are aware of a great participation of the self and the body when directed towards a situation which we perceive. This definition immediately ends the artificial separation: every situation comprises perception, sensation, feeling, emotion and motility, in the total aspect of behaviour (pp. 177-180).

Polymath Schilder would have embraced the work of today’s neuroscientists working on the emotional brain [15] and self, or soul, and the brain [16]. He [14] places action in the social context: human action has aims and goals. The personality and the body express the needs of the personality, in the sense of an immediate experience, in the sense of the body image. We also experience an outer world and a direction towards the outer world. There are definite tendencies and attitudes without which a body is but a lifeless mass. From the point of view of social psychology we not only experience our own body but we also experience other human beings as personalities with definite drives and directions which are expressed in their bodies. Action means a dynamic change in the body image (p. 233). In a continual process of construction, action, trial and error play outstanding parts, and through this process a picture of one’s own body, as well as pictures of the bodies of others, is gained. Every sensory impression has its own motility. It leads immediately to action of either tonic or phasic character, which in turn enriches the impression. The separation between sensory impressions and motility is more or less artificial (p. 242). Our behaviour takes place in this world. The opinions of Kant, Berkeley and Hume neglect this fundamental relation and overrate the power of reasoning and self-observation in comparison with behaviour, attitude and perception (p. 365). The primitive unit is a sensory-motor-

vegetative unit in a unified attitude, which is either a complete or incomplete action (p. 375).

Similar ideas were formulated by the eminent Russian psychologist Lev Semionovich Vygotsky (1896-1934). In his posthumous *The Theory of Emotions* [17] Vygotsky quoted German, French, American and English sources, and a great deal of Spinoza. As clarified by philosopher Susanne Langer [18], "emotional language and representational language are older than discursive language, the latter fit for expressing purely intellectual ideas. We humans, in addition to articulating in words, express love, anger and hate in the symbolic arts of dance, music and lyrical poetry, or the language of the emotions" (p. 63). Intellectual and abstract ideas are different from feelings: to abstract is take away, to bracket emotions; René Descartes' *cogito ergo sum* is different from his *les passions d'âme*, the passions of the soul, as expressed by Blaise Pascal in the motto of this paper: "the heart has its reasons that the reason knows nothing of" [Pascal, *Pensées*, #423]. A mathematician can be passionate about mathematics, but mathematics is cool, abstract thought. However, in life the primacy of the emotions begins in the communications of the preverbal child, who expresses his needs and feelings through bodily movements and vocalisations, through babbling, calling out, crying, appealing to mother to satisfy his needs, and continues throughout life.

In "Psychical treatment" Freud [2] shows feelings and emotions to play a central role in functional or psychosomatic disorders: the so-called "functional" disorders: headaches, disturbed digestion, fatigue and sleeplessness, "pain or a weakness resembling a paralysis...symptoms [that] are very clearly influenced by excitement, emotion, worry, etc., and they can disappear and give place to perfect health... Examination of the brain and nerves of these patients with these symptoms revealed no perceptible changes and an exhaustive examination of the brain (after the patient's death) has been... without results. In every instance it is to be observed that the symptoms can disappear and give place to perfect health." [2, pp. 285-286]. Opening quotes and page number missing, please provide] This method heals psychosomatic disorders as well as "neurasthenia and hysteria, and such psychical symptoms as so-called obsessional ide-

as, delusional ideas, insanity" [p. 286]. On the other hand, there is no lack of instances of a severe fright or a sudden distress that may have a healing influence on some well-established disease state or may even bring it to an end. Finally, there can be no doubt that the duration of life can be appreciably shortened by depressive affect and that a violent shock, a burning mortification or a deep humiliation may put an end to life. Strange to say, this same result may be found to follow too from the unexpected impact of great joy (pp. 287-288).

Freud connects emotions with the psychotherapist's ethics. The modern psychical treatment began when it was realised that the physician can no longer command respect as a priest or as the possessor of secret knowledge but that he should use his personality in such a way as to gain his patient's confidence and to some degree his affection. He himself may succeed in doing this with only a limited number of patients, whereas other patients, according to their inclinations and degree of education, will be attracted to other physicians...if the right of the patient to make a free choice of his doctor were suspended, an important precondition of influencing him mentally would be abolished (pp. 292-293); Freud's emphasis.

This rapport between doctor and patient, related to suggestion, is thus shaped by an "expectation coloured by faith" (p. 292), as shown "in real life only by a child towards his beloved parents, or the attitude of similar subjection on the part of one person towards another in certain love relationships where there is extreme devotion, a combination of exclusive attachment and credulous obedience, among the characteristics of love" (p. 296). The fact that "psychotic people cannot be hypnotised" places limits on hypnotic suggestion as the preferred treatment method and points the way to a new one in the future: all the psychical influences which have proved effective in removing illnesses have something unpredictable about them. Thus, suggestion is not certain as a matter of course of defeating the illness. It is a good thing for the patients to be aware of these weaknesses in hypnotic therapy and the possibilities of disappointment. On the other hand, it may safely be anticipated that systematic modern psychical treatment, which is quite a recent revival of ancient therapeutic

methods, will provide physicians with far more powerful weapons for the fight against illness (pp. 301-302).

This future became a reality in 1893 with the publication by physicians Breuer and Freud [19] of their *Preliminary Communication*, their shared psychoanalytic manifesto, based on Breuer's new cathartic "method of psychotherapy, a radical one and far superior in its efficacy to removal [of disorder] through direct suggestion practised today by psychotherapists" [19, p. 17], a method he borrowed from the French psychological mesmerists such as de Puységur. Like an overture to an opera, *Preliminary Communication* contained a number of themes that would be elaborated by Breuer and Freud in their *Studies on Hysteria* [20]. Clinically the pair were influenced by Charcot's concept of traumatic neuroses, in which "the operative cause was the psychological trauma, any experience that calls up distressing affects of fright, anxiety, shame or physical pain" or a cluster of traumas in a "history of illness and suffering (*Leidensgeschichte*)" [19, pp. 5-6], resulting in observation that traumatised patients suffer mainly from reminiscences. The focus of the new method consisted in "bringing clearly to light the memory of the traumatic event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and put the affect into words, which the patient had previously wished to forget and therefore intentionally repressed, inhibited and suppressed from his conscious thought, thus making them unavailable for working through as obtains in states of uninhibited association" [19, p.6], later called free association. Trauma or stress, in life, disorder and therapy will remain Freud's enduring method: from *The Interpretation of Dreams* (the day residue of a dream), to *Beyond the Pleasure Principle* [21] (the foundation of post-traumatic disorders), to the role of trauma in Jewish history in his last published work, *Moses and Monotheism* [22]. In summary, contrary to the claims of authors influenced by Greenberg & Mitchell [23], Freud was an interpersonal psychotherapist and his treatment method was consonant with a dyadic or interpersonal theory of disorder as well [24]. I like to call it Freud's love model of theory and therapy, conjoined with the trauma model, the wounds of love threatened

with loss or injury. In Breuer & Freud [19, 20] the love model was enlarged by the addition of transference love. In 1900 it was completed by the dream model of disorder. In their 1893 preface, [20] it was Freud who regretted the "lack of evidence that "sexuality seems to play a principal part in the pathogenesis of hysteria as a source of psychological traumas and a motive for defence" ( p. xxix), and would wrongly blame Breuer for his lack of interest in sexuality. The presumed lacuna was filled in the canonical *Three Essays on the Theory of Sexuality* [25], based on a monadic drive model of disorder, a concept that kept crumbling under the weight of its own implausibility.

## SEXUAL AND OTHER FEELINGS AND EMOTIONS

### Psychoneuroses

Freud outlined the causal role of sexuality in disorder in two papers [26, 27], transitioning from sexology to psychoanalysis in the latter [27]. Thus, sexologically, the *aktual* or current neuroses were sexual dysfunctions, neurasthenia, a syndrome of exhaustion due to "excessive masturbation and frequent emissions", and anxiety neurosis due to "incomplete satisfaction and unconsummated excitation, e.g., *coitus interruptus* and abstinence" [26], long recognised by authorities [27, p. 268]. In the second paper, [27] the psychoneuroses were also defined as caused by "childhood experiences, impressions concerned with sexual life of children, capable of every psychological sexual activity" [27, p. 280], foreshadowing the *Three Essays*.

The first of the *Essays*, about "sexual aberrations" based on "the well-known writings of Krafft-Ebing" (inventor of the labels sadism, masochism and fetishism), starts as follows: "The fact of existence of sexual needs is expressed in biology by the assumption of a 'sexual instinct' on the analogy of the instinct of nutrition. Everyday language possesses no word for [sexual] hunger, but science makes use of the word 'libido' for that purpose" (p. 135). This statement is inaccurate: first, libido means lust, second, food hunger serves self-preservation and is continual, whereas sexual hunger, whether serving procreation or recreation, is intermittent. Sexual hun-

ger and desire are expressed in everyday German words *Lust* (lust), *Wollust* (sensuality) and *Wolluststempfindungen* (highly pleasurable sensations, p. 186). Freud might have read in Catullus about *cupidae mentis satiata libido est* (sating desiring mind's lust is sated), but he did read in Schiller's poem *The Philosophers* that the world is moved by "hunger and love", the words in that opening sentence [25]. In 1764 Schiller [28] used the term *Geschlechtsliebe* (sexual love), whereas Freud's word was *Liebesleben*. Freud also noted that in the act of suckling, "the child's lips behave like an erotogenic zone, and no doubt stimulation by the warm flow of milk is the cause of pleasurable sensation (*Lustempfindung*), associated with the need for nourishment, [such that] sexual activity attaches itself to functions serving the purpose of self-preservation" [25, pp. 181-182] (emphasis added), where sexual was a synonym of sensual. Equating sensual with sexual created problems for friends and foes of psychoanalysis alike, for religion had equated sexual with sinful and mired during two millennia of misunderstanding and malediction, demonising libidinous carnal desires as signs of diabolical grossness, lasciviousness, lechery and obscenity. Freud's other synonym of *Wollust*, meaning voluptuousness, is *Wonne* (bliss, delight and rapture), exemplified by "thumb-sucking (sensual sucking, *Wonnesaugen*)" [25 p.179]. On the other hand, the word sensuous is associated with sublimated aesthetic sensations: "Poetry is more simple, sensuous and passionate than rhetoric" (Milton) Entry "sensuous" in Webster's Dictionary of Synonyms, 1951, Springfield, MA: G. & C. Merriam Co.

Clearly, Freud should have started with infantile sexuality and then used it to explain so-called aberrations, i.e. perversions, the latter term showing the influence of religious teachings on the varieties of normal human sexuality. The supposed scientific intent of "introducing two technical terms, calling the sexual person from whom sexual attraction proceeds, the sexual object and the action towards which the instinct tends, the sexual aim" [25, pp. 135-6], the vaunted scientific gain in replacing everyday language with abstract terms is looking dubious. The impersonal renaming breaks up the total sexual activity into artificial elements to be recombined as diagnoses labelled perversions,

with serious forensic consequences: the religious and statutory persecution of homosexual and other variants of sexuality. In real life there are no such elements, only persons interacting with each other, sexually or otherwise. Human sexuality is more than animal sexuality: it is biological as procreation but cultural and interpersonal as recreation.

Freud was neo-Freudian in "Psychical treatment" [2] before he turned orthodox Freudian in the *Three Essays*. However, there was a libertarian pleading in the scientific renaming: it made prurient and criminal male homosexuality natural and respectable by explaining its genetic roots, exemplified as a mother fixation in Leonardo or a father fixation in Schreber. Lesbian sex did not require such legitimising. In the age of decriminalising and depathologising lesbian, gay, bisexual and transgender (LGBT), of legalising gay marriage, such theories are no longer needed. Already in 1920 Freud [29] proffered this, wittily summing up: "It is not for psychoanalysis to solve the problem of homosexuality. It must rest content with disclosing the psychical mechanisms" (p. 171). One must remember that normal sexuality also depends on a restriction in the choice of object. In general, to undertake to convert a fully developed homosexual into a heterosexual does not offer much more prospect of success than to do the reverse, except that for good practical reasons the latter is never attempted (p. 151).

The pivot of Freud's theory of sexuality, hetero- or homosexual, was that infantile sexuality was not only a genetic precursor of post-pubertal sexuality, when "the new sexual aim in man consists in the discharge of the sexual products" by the erect penis in man and in woman the transfer "from the clitoris to the vaginal orifice" [25, p. 221], but that it functions as a switch leading to orgasm: all the erotogenic zones are used to provide a certain amount of pleasure that leads to an increase in tension, which in turn is responsible for producing the necessary motor energy for the conclusion of the sexual act by a reflex path. The former may be suitably described as "fore-pleasure" in contrast to the "end-pleasure" or pleasure of satisfaction from the sexual act. Fore-pleasure is thus the same pleasure that has already been produced, although on a smaller scale, by the infantile sexual instinct (p. 210).

Fore- and end-pleasure are also called foreplay and endplay but, curiously, the word orgasm is never mentioned. It was left to Wilhelm Reich [30] to bestow due dignity upon orgasm and its social role, since intercourse means both interchange of sex and interchange of words. Freud maintained that man is active and woman passive in sex, a mistake corrected by the poets and by Reich [31]. Surprisingly, Freud's 1908 plea [32] against abstinence and "demands of civilisation" and for sexual gratification sounds positively Reichian, barring contradicting prejudices in the *Three Essays*. Thus, Freud classed as an aberration "the use of the mouth as a sexual organ, as a perversion, if the lips (or tongue) of one person are brought into contact with the genitals of another, but not if the mucous membranes of the lips of both of them come together" [25, p. 151]. Nowadays, fellatio performed by a woman or cunnilingus performed by a man are viewed as normal foreplay and, thankfully, in 2014 it was decriminalized in the State of Virginia (<http://thinkprogress.org/lgbt/2014/03/06/3369331/virginia-sodomy-repealed/>).

To mitigate pejorative implications, perverse habits, impulses and fantasies, exhibitionism, voyeurism, sadism, masochism and fetishism are now called paraphilias, a term invented by the prolific Wilhelm Stekel (whom Freud hated and banished). But what is in a name? "A rose by any other name would smell as sweet" (Shakespeare, *Romeo and Juliet*, paraphrase. No less interesting is Freud's observation that infants relate as sucklings to their nursing mother. A child's intercourse with anyone responsible for his care affords him an unending source of sexual excitation and satisfaction from his erotogenic zones. This is especially so since the person in charge of him, who, after all, is as a rule his mother, herself regards him with feelings that are derived from her own sexual life: she strokes him, kisses him, rocks him and clearly treats him as a substitute for a complete sexual object (pp. 222-223). Here Freud is unabashedly interpersonal: suckling is primarily dyadic while thumb sucking is derivative, autoerotic and masturbatory, "not directed towards other persons but [allowing to obtain] satisfaction from the subject's own body" (p. 181), a precursor of the concept of narcissism narcissistic nine years later. The corollary here is that the interpersonal and autoerotic are not

an either/or but a dialectic of this-and-that. Psychoanalysis must be interpersonal or it is empty of love. In the masturbatory activity of the anal zone Freud noted that "children who are making use of the susceptibility to erotogenic stimulation of the anal zone betray themselves by holding back their stool to produce powerful stimulation of the mucous membrane, causing not only painful but also highly pleasurable sensations" as well as the interpersonal significance of faeces as gift, either bestowed "as active compliance with the environment" or withheld as "as 'naughty' disobedience" (p. 186); the latter a component of the pre-genital "anal-sadistic organisation" (p. 198). Lastly, "the pleasurable feeling which the genital part of the body is capable of producing should be noticed by children even during their earliest infancy, and should give rise to a need for repetition. The future primacy over sexual activity exercised by this erotogenic zone is established by early infantile masturbation" of the phallic phase (p. 188). Here, too, the autoerotic and the interpersonal form a continuous back and forth. In addition to internal causes of infantile bodily stimuli and sensations, Freud also adduced "accidental external contingencies, the effects of seduction, which treats a child as a sexual object prematurely and teaches him, in highly emotional circumstances, how to obtain satisfaction from his genital zones, a satisfaction which he is then usually obliged to repeat again and again" (p. 190). Here the term object is valid, for the adult "clever seducer" (p. 191) uses the child exploitatively, not as a person but as an object, a thing, without respecting the child's dignity. But, similarly, "the parents' affection for their child may awaken his sexual instincts prematurely (i.e. before the bodily conditions of puberty are present) to such a degree that the psychic excitation breaks through in an unmistakable fashion to the genital system" (p. 225). Freud left unexplored this all-important issue of sexual arousal of the child by adults. Three conclusions emerge: Freud's total abrogation of the seduction theory never happened, it is a collective, tribal analytic myth.

There is no either/or between internal sources of sexuality and its arousal by others, a push from internal bodily sources and a pull from others. Children are not born polymorphously perverse: they are polymorphously pervertible [33].

There is nothing perverse about infantile sexuality, it is a normal phenomenon.

Freud [34] was explicit about “people who remember scenes of sexual seduction and abuse in their childhood years who have never been hysterical” (p. 207), “provided only that all the people who become hysterics have experienced scenes of that kind” (p. 209). Note that here ‘scenes’ is about dramatic and traumatic events. Surprisingly, Ferenczi [35], who had also written about such childhood traumas, was bitterly attacked by Freud at the 1932 Wiesbaden congress of the IPA - Psychoanalytical Association.

Finally, Freud’s abstract category, “sexual object”, explains why “the sexual person from whom sexual attraction proceeds” is attractive and none other, with all the qualities of body and soul. Even though adult love choices reflect the historical record of past interpersonal impressions of childhood turned into habits, which explain “the proverbial durability of first loves: *on revient toujours à ses premiers amours*” [25, p.154] and the habitual techniques of gratification, personal preference evolve throughout life. Therefore, whereas “the pathological manifestations of the psychoneuroses, from hysteria to dementia praecox, I mean expressly, are nothing else than the sexual activity of the patient”, as stated earlier [36, p. 115] and restated [25, p. 163], its heuristic value remains limited.

Moreover, the glaring lacuna in the causality of neuroses was aggression, briefly discussed in the *Three Essays* and then shelved for years. Freud noted that “the sexuality of most male human beings contains an element of aggressiveness – a desire to subjugate. Thus sadism would correspond to an aggressive component of the sexual instinct which has become independent of the erotogenic zones, exaggerated and has usurped the leading position, derived from the apparatus for obtaining mastery” (pp. 157-159). Furthermore, the “impulse of cruelty that arises from the instinct for mastery” (pp. 192-193) is “put into operation through the agency of the somatic musculature” (p. 198); “in the active and passive forms of the instinct for cruelty, the element of suffering dominating a part of the patient’s social behaviour. It is through this connection between libido and cruelty that the transformation of love into hate takes place, of affectionate into hostile impulses, which is characteristic

of a number of cases of neurosis and indeed, it would seem, of paranoia in general (pp. 166-167; emphasis added. “Social” is the lacuna in monadic formulations of sexuality at any age.

In 1906 Freud [37] added an essential missing element, interpreting “the language of hysteria” (p. 278), pointing to the connection between the child’s language, social behaviour par excellence, and infantile sexuality. In the preverbal period the mother teaches the child about language and love in the interchanges of bodily contact, emotional communion and communication with body gesture and vocalisations. Mother and child show a biological, psychological and social adaptation to each other to ensure the survival of the child. It is thus essential to understand the thoughts, emotions and language of the child. Here is a conversation between father and child [38, pp. 13-14]:

Father: *What do we think with?*

Hilda: *Animals think with their mouth.*

Father: *And people?*

Hilda: *With their tongues.*

Father: *What does a man do when he thinks?*

Hilda: *He speaks.”*

Children do not separate perception from emotion, feeling from idea, they operate with the “primal unity of perception, emotion and action, a unity whose survival in our own processes is stressed by the ideo-motor theory. An emotion may precede an idea, may be vaguely felt before taking definite shape in consciousness and being ‘intellectualised’” (pp. 16-17). Moreover, children also think in vivid pictorial images, an activity of their eidetic imagination, and experience an “oceanic feeling of an indissoluble bond, of being one with the external world as a whole” [39, p. 65], felt “by an infant at the breast” and “at the height of being in love, when the boundary between the ego and object threatens to melt away” (p. 66). The child, the poet, the prophet and the psychotic locate thinking and speaking in the various parts of the body. The Bible locates wisdom in the *tuhot* (kidneys or adrenals) and emotions in the intestines. Freud cited Fechner stating that “*the scene of the action of dreams is different from that of waking ideational life*” [7, p. 48; italics Freud’s]. By analogy, the child’s body is the arena of the action of representations and

fantasies of his own body and the incorporated bodies of others, different from actions and perceptions in the environment. The same is true of the psychotic. Schreber felt connected with the universe and “in contact with divine rays and his head, as a consequence, illuminated by rays”; he heard voices speaking to him “not aloud but in the nerve language” and he saw visions “with his mind’s eye, light and sound sensations which are projected in my inner nervous system by the rays”. Such sensations he experienced “during the first weeks of [his] stay at Sonnenstein (early July 1894)” [40, pp. 123, 124]. “In the first year of [his] stay at Sonnenstein” he was plagued by “threatening divine miracles”, actually divine maladies visited upon him by God as in the case of Job, to whom Schreber alludes indirectly [41], with “limbs or muscles being pulled or paralysed, e.g., the most horrifying compression-of-the-chest miracle” [40, p. 151]. Schreber incorporated feelings about his wife’s miscarriages and stillborn children and imagined himself as a pregnant woman [41]. However, children and psychotic people live not only in fantasy, on the contrary, both are exquisitely aware of the traumatic impact of reality and the difference between pretending and perceiving. Thus, no matter how severe the psychosis, the healthy part of the personality is never completely extinguished. A person is known by his or her actions, including unconscious acts, whereas an organ, cerebral or sexual, is known by its functions. Freud de-personalised the person as object and personalised libido as being “invariably and necessarily of a masculine nature, whether it occurs in men or in women” [2, p. 219], but said nothing about a bi-gender libido. He closed the gap in 1921: “Libido is an expression taken from the theory of the emotions, the energy of all that may be comprised under the word love, what the poets sing of, sexual love, and also self-love, love for parents and children, friendship and love for humanity in general. Psychoanalytic research has taught us that all these tendencies are an expression of the same instinctual impulses” [42, p. 90]. It can also be argued the other way around: non-sexual love derives from the instinct of self-preservation, seeing that the infant is totally dependent for survival on parental care and love, aided and abetted by the “incentive bonus” of sex-

ual pleasure [25, p. 211]. Language [43] and love bring us back to dramatology.

## DRAMATOLOGY

Emotions of love as agape, caritas, philia: dreams and deeds of love are completed by dramatology [1, 44, 45]. Narratology tells about deeds done in the past, dramatology deals with dramatic happenings: encounters, events and emotions happening in the present, experienced and/or witnessed by onlookers. A witnessed happening is a historical fact. The stories created after the fact may be as varied as in Akira Kurosawa’s *Rashomon*, each story showing a different perspective and recollection of the event. Stories can be shaped by personal needs, desires and myths, the last shading into mythologies and ideologies. Dramatology approaches human encounters, events and scenes as dramatic enactments of characters in conflict and crisis. It comprises two forms:

dramatisation in thought involves images and scenes lived in dreams, daydreams and fantasy scenarios; these are accessible in therapy via spontaneous memories and free association [46];

dramatisation in act involves real-life scenes and situations of love and hate, faithfulness and adultery, ambition and apathy, triumph and defeat, despair and hope, and living and dying.

Both life dramas and staged dramas are about action and interaction, emotion and expression, intention and influence, events and encounters, communications in spoken and body language, in health and disease. The Italian playwright Carlo Count Gozzi (1720-1806) described thirty-six tragic situations [47] which impressed Goethe and Schiller. The idea was continued in 1917 by Georges Polti (born in Providence, Rhode Island, 1867-1946) who searched classical Greek and contemporary French dramatists and found thirty-six dramatic situations among parents, children and siblings, with themes such as expiation of sins and crimes; acts or vengeance; injustice, defeats and triumphs of love; victims of cruelty or misfortune; abduction or abuse of women; enmity and rivalry, envy and hatred among relatives; incest, crimes and madness; slaying an unrecognised kinsman; self-sac-

rificing for an ideal or for fatal passions between lovers and beloved; for others; adultery, dishonour and betrayal in marriage; errors and loss of love; and last but not least, conflicts with God. Such dramas frequently fill tragedies in life and in plays, operas, on stage and in film. The most important subject of tragic drama is the dreams of love, current conflicts of love, fear of loss of love, depression over love lost, joy over love regained. Art is an imitation of life and life is the source of art [1, 45].

In 1893, after more than two millennia of speculation, Breuer and Freud solved the enigma called hysteria: their case reports were stories filled with lively conversations about dramatic/traumatic events and reliving the past as therapy, with the help of “associative thought activity” and “associative correction” [19, p. 17] and aided by the catharsis (in Aristotle’s theory of tragedy), the purging or abreaction of constituent strangulated emotions. Thus, “the injured person’s reaction to the trauma only exercises a completely ‘cathartic’ effect if it is an adequate reaction – as, for instance, revenge. But language serves as a substitute for action; by its help, an affect can be abreacted almost as effectively” (p. 8). The illustrative cases were Anna O.’s paralyses [20] and Dora’s aphonia and coughing spells [36, 44]. Already in 1893 Freud “asserted that the lesion in hysterical paralyses must be completely independent of the anatomy of the nervous system, *since in its paralyses and other manifestations hysteria behaves as though anatomy did not exist or as though it had no knowledge of it*” [48, p. 169] (italics Freud’s). From the perspective of dramatology, a so-called hysterical paralysis is communicative conduct: it is neither organic nor functional paralysis, neither genuine nor pseudo-paralysis – it is no paralysis at all, they are enactments in the form of an embodied metaphor. In essence, the hysteric is someone impersonating a genuine paralytic and, as a result, frequenting medical and psychiatric emergency rooms, admitted to in-patient and out-patient services, or wandering from doctor to doctor [45]. Dramatology approaches human encounters, events and scenes as dramatic enactments of characters in conflict and crisis. Its two forms, (1) dramatisation in thought that involves images and scenes lived in dreams, daydreams and fantasy scenarios, and (2) dramatisation in act, were first dem-

onstrated by Breuer in Anna O.’s fantasied “theatre of the mind” and in her multiple enactments via facial expressions and gestures. Freud followed by showing representability and dramatisation in dreams: “dreams, then, think predominantly in visual images, but not exclusively. Dreams construct a situation out of these images, represent something as an event happening in the present, they dramatise an idea. In dreams we appear not to think but to experience, we attach complete belief to the dream hallucinations [7, pp. 49-50]. The transformation of thoughts into situations (‘dramatisation’) is the most peculiar and important characteristic of dream work (Freud, 1900, p. 653), dream symbolism, fairy tales, myths and legends, in jokes and in folklore (Freud, 1900, p. 685).

The crucial discovery of Freud is that the key to the meaning of the dream is in the dreamer’s free associations that lead from the manifest to the latent content of the dream, the foundation of the psychoanalytic method [7, pp. 100-104]. The method of free association also applies to decoding the manifest and latent meanings of enactments. The German word translated as representability is the polysemous *Darstellbarkeit*, from *darstellen*, which means to present, to represent, to mimic, to impersonate a character, on stage or in life. In 1919 Freud defined dramatisation as mimetic, i.e. pantomimic [49].

Freud’s view of dramatisation was reaffirmed by my teacher George Engel [50]: as long as affects in the form of wishes, ideas or fantasies are not blocked by intrapsychic conflict, they may be expressed in spoken words or in action or translated (“converted”), not into words, but into some bodily activity or sensation which suitably represents it in symbolic form. It is a token gesture, which substitutes for the real thing. The conscience is appeased, expression, discharge and compensation are achieved, no generalised unpleasure affect reaction takes place. A useful analogy is the game of charades, translating a verbal (cognitive) message into pantomime, gestures or other movements, into “body language” (pp. 369, 373).

But what does “converted” mean? What is converted into what when we decide to lift an arm? It is merely a *façon de parler*: a non-hysteric lifting his arm and a hysteric not lifting it are both performing an act but nothing is being

converted. The vague term conversion has died hard and in psychiatry and psychoanalysis but is as empty as the term pseudo-paralysis.

It retains some legitimacy in psychosomatic somatisation disorders, e.g. vomiting, diarrhoea or constipation, or similar observable reactions of the body to stress. Only such transient reactions can fairly be called symptoms, as they can also occur in organic disorders: these are the bodily manifestations, or symptoms of stress. A patient of mine habitually reacts to interpersonal stresses and crises with gastrointestinal upsets, or falls, bruises and cuts, with multiple visits to doctors. Otherwise what we call symptoms, under the sway of the medical model, are conducts and actions. As defined by Freud, "symptoms of psychical (or psychogenic) illness – *are acts detrimental, or at least useless, to the subject's life as a whole*, 'being ill' is in its essence a practical concept, we are all ill – that is, neurotic – since the preconditions for the formation of symptoms can also be observed in normal people" [6, p. 358] (italics added). But symptoms in normal people are nothing but symptomatic acts: *quod erat demonstrandum*. The woman called Dora [36], in real life Ida Bauer, who was born in Vienna and died in New York, dramatised her emotions in bodily acts in coughing and loss of voice. Dora was a spirited 18-year-old whose family drama was replete with scenes of unwelcome seduction by a married man; adultery, promiscuity and venereal disease in the father; love barter and betrayals between her parents and a couple called K.: "she had been handed over to Herr K. as a price for his tolerating the sexual relations between her father and his wife" (p. 34), material fit for a novel had Freud been "a man of letters engaged in the creation of a mental state like this for a short story, instead of being a medical man engaged upon its dissection" (pp. 59-60). Freud had already admitted this in 1895: "it still strikes me myself as strange that the case histories I write should read like short stories and lack the serious stamp of science" [20, p. 160]. Instead of being loyal to Dora, Freud used her merely as material to prove the sexual theory of hysteria. When Dora abruptly terminated treatment, Freud had this sad reflection: "Might I perhaps have kept the girl under my treatment if I myself had acted a part, if I had exaggerated the importance to me of her staying on, and had shown a

warm personal interest in her – a course which, even after allowing for my position as her physician, would have been tantamount to providing her with a substitute for the affection she longed for? I do not know" [36, p. 109]. He had not harboured such doubts with the people he treated in 1895: the patient has to "be capable of arousing human sympathy" in the doctor [20, p. 266], the doctor "tries to give the patient human assistance, so far as this is allowed by the capacity of one's own personality and by the amount of sympathy that one can feel for the particular case" (pp. 282-283).

In 1906, in his second letter to Freud [51], Jung reported that he was "treating a 20-year-old Russian girl student" (p. 7) to which Freud responded in his fourth letter: "As you know, I suffer all the torments that can afflict an 'innovator'; among my own supporters I pass as the incorrigibly self-righteous crank or fanatic that in reality I am not. I can subscribe without reservations to your remarks about therapy. Essentially, one might say, the cure is effected by love (*Liebe*)" (p. 12-13). In therapy, a real-life situation, the Aristotelian unity of action, place and time is both literal and real, not just a theatrical convention, as in Dora's duels with Freud [36]. As "a girl of intelligent and engaging looks" and "sharp-sighted" (p. 34), she fired "arguments", "rejoinders", "objections" and "contradictions"; Freud, just as sharp in his rejoinders, while not feeling justified "to attack" her thoughts, repeatedly bombarded Dora for acting sexually repressed with Herr K., instead of helping her to fall in love with a young man her own age. This was a discrepancy between the theory of disorder and the theory of treatment. Retrospectively, Freud realised to his surprise that "the factor of 'transference' did not come up for discussion during the short treatment" (p. 13), that "the transference took him unawares" (p. 118), that Dora's purpose was to show up the "helplessness and incapacity of the physician" (p. 120), that "she took her revenge on me as she wanted to take her revenge on [Herr K.], and deserted me as she believed herself to have been deceived and deserted by him. Thus she *acted out* [*agierte*] an essential part of her recollections and fantasies instead of reproducing it in treatment" (p. 119; italics Freud's. But *Agieren*, from the Latin *agere* (to act) and *agir* in French, was indeed reproducing in treatment, enacting

was just as important as talking, as had been Anna O.'s *traagieren*, or dramatising before.

The suspicion is that 'transference' is Freud's sour grapes feeling, a weak alibi, and a lack of empathy for her dilemma, an action that spoke louder than words: she rejected both men because both disappointed her [52]. But even if Dora's action contained an element of irrational emotional transference, Freud redefined the therapeutic encounter as a dramatic *agon* or combat: "this latest creation of the disease must be combated like the earlier ones. This happens, however, to be by far the hardest part of the whole task. It is easy to learn how to interpret dreams, to extract from the patient's associations his unconscious thoughts and memories, and to practise similar explanatory arts: for these the patient will always provide the text" [36, p. 116]. Combat makes sense because "all the patient's tendencies, including hostile ones, are aroused" (p.117). In this way, "transference, which seems ordained to be the greatest obstacle of psychoanalysis" yes became a crisis, a danger and an opportunity, a challenge and a chance. The idea of combat was continued in Freud's 1912-1915 papers on technique, where military metaphors stand for dramatic confrontations: "This struggle", writes Freud, "between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference.

It is on that field that the victory must be won – the victory whose expression is the permanent cure of the neurosis. For when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*" [53, p. 108], in absence or in effigy, for "as the analysis proceeds, the transference becomes hostile or unduly intense [with] acting out... The patient brings out of the armoury of the past the weapons with which he defends himself against the progress of the treatment – weapons which we must wrest from him one by one" [54, p. 151]. But with this caveat: "in the dramatic here-and-now, transference should not to be applied *a priori* as an explanation of the patient's actions which can only be ascertained after a careful mutual exploration, since both the patient's resistance and transference may provoke the therapist's counter-resistance and coun-

ter-transference" [1, p. 40]. Furthermore, before transference there is a transfer of traumatising feelings and emotions, of aggression, anger, and anxiety, streaming back and forth between the two participants. No less real than dramas of aggression are those due to temptations of the flesh and the danger they pose for both protagonists in the theatre of therapy. Freud's ethics are Hippocratic: "[The analyst] has evoked this [sexual] love by instituting analytic treatment in order to cure the neurosis he must not derive any personal advantage from it. For the doctor, ethical motives unite with the technical ones to restrain him from giving the patient his love. The treatment must be carried out in abstinence. By this I do not mean physical abstinence alone, nor yet the deprivation of everything that the patient desires, for perhaps no sick person could tolerate this" [55, p. 169]. In the end Freud differentiated sexual gratification from love writ large: as affection, as *agape*, *caritas*, and *philia*: "the doctor, in his educative work, makes use of one of the components of love. In this work of after-education, love is the great educator; and it is by the love of those nearest him that the incomplete human being is induced to respect the decrees of necessity and to spare himself the punishment that follows any infringement of them" [56, p. 312], i.e., tender love, the "affectionate current" in the *Three Essays*, a concept explored by Balint [57], Ferenczi's [58] executor and follower.

Psychoanalysis as a science comprises theories of disorders and methods of their treatment. The life of the emotions, i.e. emotional reality – the heart and soul of love – should apply to both.

## REFERENCES

1. Lothane HZ. Dramatology vs. narratology: a new synthesis for psychiatry, psychoanalysis, and interpersonal drama therapy (IDT). *Arch Psychiatr Psychother.* 2011; 4: 29-43.
2. Freud S. Psychical (or mental) treatment. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud. Volumes 1-24.* London: The Hogarth Press; 1905. Vol. 7: 283-302.
3. Lothane HZ. On: from psychical treatment to psychoanalysis. *Int J Psychoanal.* 2014; 95(5): 1007-1008.
4. Freud S. *The Ego and the Id.* Standard Edition. Vol. 19; 1923.

5. Enralgo PL. *Mind and Body, Psychosomatic Pathology: A Short History of the Evolution of Medical Thought*. New York: P.J. Kennedy; 1965.
6. Freud S. *Introductory Lectures on Psycho-Analysis*. Standard Edition. Vol. 15; 1916-1917.
7. Freud S. (1900). *The Interpretation of Dreams*. Standard Edition. Vol. 4, 5. [AQ37. Please add publication year]
8. Freud S. *Preface to the translation of Charcot's Lectures on the diseases of the nervous system*. Standard Edition. Vol. 1: 21-22; 1886.
9. Freud S. *Charcot*. Standard Edition. Vol. 3: 11-23; 1893.
10. Freud S. *Preface to the translation of Bernheim's De la Suggestion et de ses applications à la thérapeutique*. Standard Edition. Vol. 1: 75-85; 1888.
11. Freud S. *Review of A. Forel's Der Hypnotismus, seine Bedeutung und seine Handhabung (hypnotism, its significance and management)*. Standard Edition. Vol. 1: 91-102; 1889.
12. Freud S. *A case of successful treatment by hypnotism with some remarks on the origin of hysterical symptoms through 'counter-will'*. Standard Edition. Vol. 1: 117-128; 1892-1893.
13. Schilder P. *The Image and Appearance of the Human Body*. London: Kegan Paul; 1935.
14. Schilder P. *Mind: Perception and Thought in their Constructive Aspects*. New York: Columbia University Press; 1942.
15. Panksepp J. *Affective Neuroscience: The Foundations of Human and Animal Emotions*. New York/Oxford: Oxford University Press; 1998.
16. Eccles JC. *How the Self Controls Its Brain*. Heidelberg/New York: Springer-Verlag; 1994.
17. Vygotsky LS. *Uchenie ob emotsiakh*. In: *Sobranie Sochine-nii. Tom Shestoi: Nauchnoie nasledstvo [A treatise on emotions, Collected Works, volume 6, posthumous scientific contributions]*. Moskva: Pedagogika; 1984. [AQ38. Please provide an English translation of the titles]
18. Langer S. *Philosophy in a New Key*. Cambridge, Massachusetts: Harvard University Press; 1942.
19. Breuer J, Freud S. *On the psychical mechanism of hysterical phenomena: preliminary communication*. Standard Edition. Vol. 2: 2-17; 1893.
20. Breuer J, Freud S. *Studies on hysteria*. Standard Edition. Vol. 2; 1895.
21. Freud S. *Beyond the pleasure principle*. Standard Edition. Vol. 18; 1920.
22. Freud S. *Moses and monotheism*. Standard Edition. Vol. 23; 1939.
23. Greenberg J, Mitchell S. *Object Relations in Psychoanalytic Theory*. Cambridge, Massachusetts: Harvard University Press; 1983.
24. Lothane Z. *Freud and the interpersonal*. *Int Forum Psychoanal*. 1997; 6: 175-184.
25. Freud S. *Three Essays on the Theory of Sexuality*. Standard Edition. Vol. 7.
26. Freud S. *On the grounds for detaching a particular syndrome from neurasthenia under the description 'anxiety neurosis'*. Standard Edition. Vol. 3: 90-115; 1895.
27. Freud S. *Sexuality in the aetiology of the neuroses*. Standard Edition. Vol. 3: 363-285; 1898.
28. Schiller F. *On the aesthetic education of man*. In: *An Anthology for Our Time*. New York: Frederick Ungar Publishing. Co; 1959.
29. Freud S. *The psychogenesis of a case of homosexuality in a woman*. Standard Edition. Vol. 18: 147-172; 1920.
30. Reich W. *The Function of the Orgasm: Sex-Economic Problems of Biological Energy*. New York: Orgone Institute Press; 1942.
31. Lothane Z. *The human dilemma: heterosexual, homosexual, bisexual, holosexual? Iss Ego Psychol*. 1992; 15: 18-32.
32. Freud S. *'Civilized' sexual morality and modern nervous illness*. Standard Edition. Vol. 9: 181-204; 1908.
33. Lothane Z. *Freud's alleged repudiation of the seduction theory revisited: facts and fallacies*. *Psychoanal Rev*. 2001; 88(5): 673-723.
34. Freud S. *The aetiology of hysteria*. Standard Edition. Vol. 3: 191-221; 1896.
35. Ferenczi S. (1949) *Confusion of tongues between adults and the child: The language of tenderness and of passion*. In: *Final Contributions to the Problems and Methods of Psychoanalysis*. New York: Basic Books; 1955: 156-167.
36. Freud S. (1905). *Fragment of an analysis of a case of hysteria*. Standard Edition. Vol. 7. [AQ39. Please add year]
37. Freud S. *My views on the part played by sexuality in the aetiology of the neuroses*. Standard Edition. Vol. 7: 271-279; 1906.
38. Onians RB. *The Origins of European Thought about the Body, the Mind, the Soul, the World, Time, and Fate*. Cambridge/New York: Cambridge University Press; 1951.
39. Freud S. *Civilization and its discontents*. Standard Edition. Vol. 21; 1930.
40. Schreber DP. *Memoirs of My Nervous Illness*. London: Wm. Dawson; 1955. [German original published in 1903.]
41. Lothane Z. *In Defence of Schreber: Soul Murder and Psychiatry*. Hillsdale, New Jersey/London: The Analytic Press; 1992.
42. Freud S. *Group psychology and the analysis of the ego*. Standard Edition. Vol. 18; 1921.
43. Lothane Z. *The power of the spoken word in life, psychiatry and psychoanalysis – A contribution to interpersonal psychoanalysis*. *Am J Psychoanal*. 2007; 67: 260-274.
44. Lothane Z. *Dramatology in life, disorder, and psychoanalytic therapy: A further contribution to interpersonal psychoanalysis*. *Int Forum Psychoanal*. 2009; 18: 135-148.

45. Lothane Z. Dramatology: a new paradigm for psychiatry and psychotherapy. *Psychiatr Times*. 2010; June: 22-23.
46. Lothane Z. The analysand and analyst team practicing reciprocal free association – defenders and deniers. *Int Forum Psychoanal*. 2010; 19: 1-10.
47. Polti G. *The Thirty-Six Dramatic Situations*. Boston: The Writer, Inc.; 1917.
48. Freud S. Some points for a comparative study of organic and hysterical motor paralyzes. *Standard Edition*. Vol. 1: 160-172; 1893.
49. Freud S. Preface to Reik's *Ritual: psycho-analytic studies*. *Standard Edition*. Vol. 17: 259-263; 1919.
50. Engel GL. *Psychological Development in Health and Disease*. Philadelphia: Saunders; 1962.
51. McGuire W, ed. *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*. Bollingen: Princeton University Press; 1974.
52. Berman E. Entry "Dora." In: Erwin, E, ed., *The Freud Encyclopedia: Theory, Therapy, and Culture*. New York: Routledge; 2002: 154-157.
53. Freud S. The dynamics of transference. *Standard Edition*. Vol. 12: 99-108; 1912.
54. Freud S. Remembering, repeating, and working-through. *Standard Edition*. Vol. 12: 147-156; 1914.
55. Freud S. Observations on transference-love. *Standard Edition*. Vol. 12: 159-171; 1915.
56. Freud S. Some character-types met with in psycho-analytic work. *Standard Edition*. Vol. 14: 311-331; 1916.
57. Balint M. *Primary Love and Psychoanalytic Technique*. New York: Liveright; 1965.
58. Lothane Z. Sándor Ferenczi, the dramatologist of love. *Psychoanal Persp*. 2010; 7(1): 165-182.