American Journal of Psychiatry and Neuroscience
2022; 10(4): 169-175
http://www.sciencepublishinggroup.com/j/ajpn
doi: 10.11648/j.ajpn.20221004.12
ISSN: 2330-4243 (Print); ISSN: 2330-426X (Online)

The Idea of Projective Identification-Metatheory and Treatment Technique

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To cite this article:

Krause Rainer, Goetzmann Lutz, Ruettner Barbara. The Idea of Projective Identification-Metatheory and Treatment Technique. *American Journal of Psychiatry and Neuroscience*. Vol. 10, No. 4, 2022, pp. 169-175. doi: 10.11648/j.ajpn.20221004.12

Received: July 26, 2022; **Accepted**: November 4, 2022; **Published**: November 16, 2022

Abstract: Background: Projective identification is a term widely used in the psychoanalytic literature to describe primary and unconscious communication, usually between two individuals. The process is of high clinical relevance, especially in the therapy of borderline conditions, although the individual mechanisms are unclear. An important aspect of projective identification is a bodily experience. Current questions are how this bodily experience arising from the countertransference can be used therapeutically. Methods: The research is based on experience with supervisions, results of scientific research and psychodynamic literature. Results: We are aware that the term projective identification is quite commonly used to support the impression, the bodily feelings of the therapist are induced by the patient. In the following, based on Ogden's concept we will try to determine the model much finer than the three-phasic one and give it a general experimental empirical psychological basis. This will be undermined with two clinical case vignettes. A further clarification of its general psychological foundations that goes back to Freud will be tried. It will be shown that the use of the concept of mirror neurons as an explanation poses equal questions. Conclusion: Projective identification is a complex transdisciplinary concept that should be further explored from both a psychodynamic and neurobiological point of view. Bodily experiences certainly form the basis of projective projection. This should be taken into account in further scientific investigations.

Keywords: Affect Exchange, Facial Affect, Clinical Case Studies, Projective Identification, Metaanalytic Theories

1. Introduction

The concept of projective identification is currently frequently used, be it in case reports, examinations or theoretical publications [28]. Trying to understand what is meant by it and how the process is to be explained, one is often left alone. It is clear, that something that the analyst experiences should have been initiated by the patient. Whether it is the same inner state of the two persons or whether it may be that the experienced state is completely or at least partially due to the analyst remains open.

Ogden uses the concept to describe three phases between two persons in this process [1]:

“To refer to a group of fantasies and accompanying object relations having to do with the ridding of the self of unwanted aspects of the self; the depositing of those unwanted parts into another person; and finally, with the ´recovery` of the modified version of what was extruded.” [1].

It remains open, why or when the projection takes place, what is congruent and what should be improved. Ogden emphasizes that it is a uniform process [1]. This, although he admits it may take considerable time. During its instantiation, very complicated things happen: the generation of a self-part, which is considered unacceptable, the exercise of real pressure to implant the experiences and action tendencies associated with this self-part in somebody else, the processing of this influence by the other and a somehow curative metabolization of the projected content through the other, which is than reinternalized by the projector. Dieter Buergin (oral notification to R. K., 2020) has described the

process as follows:

1) Projection of a proportion of self-representation into the object representation (purely intrapsychic, unconsciously).
2) Then splitting the parts of the object representation from other parts of the self-representations (still purely intrapsychic).
3) Externalization of the split object representative part into the outside world (unconsciously).
4) Fixing this part on a real object (classic projection: "projection on", also automated).
5) Finally, manipulation in the outside world, so that the split-off goes into the real other person ("Projecting in"). This is a physically measurable act.

Buergin says controversially with R. K. that this last part can hardly be observed experimentally, but only analytically. The analyst would sense the pain in the body, a stupor in thinking, or most violent affective sensations. If he can endure these experiences, he would need the right piece of self-analysis. This might be so, but at the same time, the last phase, the manipulation in the outside world, is based on the actions or behaviour of the patient and is so measurable. While phases 1 and 2 expire purely intrapsychic, it is not so unique with the following phases 3, 4 and 5. Even phase 5, which describes Buergin as only analytically accessible, is based on a piece of acting of the patient. The events described in phases 3 to 5 would be at least in parts observable. Of course, we cannot easily assert that the inner life of the analyst is governed by the behaviour of whomever. Nevertheless, this work wants to focus on the observable components of the interactional process. For this, we rely on empirical research on the interaction of mentally ill patients with healthy people.

2. Empirical Investigations of Projective Identification

In several empirical studies, the Saarbrucken, Innsbruck and Kassler research **g**roups showed how to imagine this process [4, 17, 24]. On this basis, we want to suggest some conceptual and theoretical precisions of the concept. We first explain this using the example of schizophrenic people and their interaction partners [30, 31]. The observable proportion of the entire process is phase two of Ogden (pressure exercise) and phases three to five of Buergin (externalization in the outside world) can be described by a series of actions. These are essentially rotating around the affect of contempt in the facial expressions on the one hand and an extreme austerity of all non-verbal phenomena on the other hand (e.g., lack of eye contact, or continuous starring, no happiness innervations, no body movements, certainly not those who proceed synchronously with the interaction partner. In this extremely barren affective landscape, the most common facially shown is contempt. In contrast to healthy people, but also to panic patients, in which happiness comes first [5]. However, the expressiveness of the latter is also accompanied by extreme austerity. Above all, we do not find any negative affects in the facial expressions, which in contrast is the case with the healthy. The panic attack patients show a lot of disgust, and contempt but also joy. However, it can be shown that the negative affects cannot be assigned to the social partner, but to the speech content. This does not apply to the expression of joy. Benecke & Krause have called such stable atypical patterns of negative affects "guide options" [5]. We have to keep in mind only the system of expression, because of course, panic patients are dominated by separation anxiety. What is it, the paranoid sick are dominated and what could they project? At this point, we already have to deal with the idea of dissociation between the outer periphery (for example the facial expressions) and inner events. We purposely do not speak of experience because it may be that this cannot be experienced in certain troubleshooting images and can only be developed secondarily through the so-called projective identification. Now we could imagine devaluation of the self is the condition that the schizophrenic patient wants to get rid of. If that were the case, it could only be a projected self-contempt. Then and only then it would be the induction of a somehow congruent state in the other. Due to the experience of many experts, but also the examples that Ogden gives, the inner states projected are emptiness, extermination feelings and/or a wealth of chaotic body sensations and processes that have no psychic representation at all [8, 28]. According to Ogden, such processes come from pre-representational phases. Frosch leads to this [28]:

"The first thing that develops in response to the perceived possibility of the decay and the dissolution of the self is in my opinion what encounters us in the psychotic process. Ultimately, everything revolves around the problem of the dissolution of the self. His psychological representation is the fear of decay of self, the mental and emotional death." [8].

If that were the case, the patient would project his “nonexistence” in the deepest sense. However, this does not happen through contempt, but above all due to the lack of affects shown. It is just this combination of contempt and emotional scantiness which stands for the hindrance of empathy, through which something dead and empty is passed on. The schizophrenic patients in the above-mentioned study [30, 31] were all diagnosed as „paranoid". None of the interaction partners who participated in the study knew that the patients were diagnosed as psychotic. They had an object to which they were able to project freely. Contempt is very suitable for projections:” The object is not worthy at all”.

If this consideration is valid, this form of objectivization is Ogden’s phase 2, and already a solution. It is the other who is useless. Ogden’s Conception of "congruence" should be specified in the way that it is achieved by the fact that the patient does the opposite of what he originally experienced. He is it, who despises. It identifies itself with a contemptuous introject that comes from the relationship experience with a despised, the subject non-recognizing others. The diffuse body experiences, the fear of disintegration, etc. are bundled in an affect that works object-oriented. The affect of Phase 2 (active contempt) is not the same as the affect of phase 1

(passive shame, in the extreme case: destroyed-by), but the opposite. Using the opposite affect of Phase 2, which the subject e.g., acquires over an identification, the affect of phase 1 (death, destruction, in milder forms: shame) is implanted into the interaction partner. However, we believe that this phase division is arbitrary. Both processes run at the same time: Phase 1 (e.g., death, destructor, shame) and Phase 2 (e.g., active contempt). However, there is the above-mentioned dissociation between the periphery in which contemptuous facial expressions prevail and the interior with unbearable feelings of shame or devastating non-recognition. However, the peripheral happening would already be a developmental step away from the psychotic constitution, towards a (projective) object relationship.

3. Embedding in a General Psychological Thinking

Such a process can only work because there is something that Krause has called affect contagion, and because there is a built-in logic in the affect system, which, according to some affects that we humans have and develop, work antagonistically [20, 21]. This is empirically validated by the so-called primary affects of fear, anger, disgust, contempt, sadness, interest and happiness. Of course, there is an abundance of other emotional states beyond them. The German language has over 400 words for feelings. But only for the seven emotions mentioned above, there is proof that the affective expressions of other people, no matter the cultural circle and developmental phase of the viewer, are interpreted similarly. This does not mean that the producers of the expression actually experience what they express affectively. The identity between experiencing and expression is epistemologically a misconception.

Our experience is equally linked with the expressiveness of other persons as well as to one's own inner life. Most experts assume that phylogenesis - i.e., the species winding - has given a coevolution of expressiveness and understanding by the conspecifics [6]. The primary affect expression is thus seen as semiotic. They are signs of the central conflicts of man and his relatives - especially the primates -, Plutchik and Tomkins showed the opposing relation of the primary affects. From the clinic fear and anger have been considered as such counterparts [29, 32]. Nothing changed about that. However, it is essential to know the logic of the other primary affects, understand it and work with them clinically. In addition to the fear and anger algorithm contempt and disgust are most important. Above all, it is important here that disgust is onto- and phylogenetically a very archaic affect, which explicitly knows no subject-object separation and which is actually centered to states in which the person wants to get rid of anything, namely poison, already included in the body. The type of pseudo-objectivity we find in contempt is not given here. Antagonistic to disgust is love, associated with the experience and behaviours such as stroking, and joy, but also curiosity and interest. The projective process is now to produce the disgust in the other so that it can be disposed of there. Given the behaviours transporting the projective process, this is generally very difficult.

Here you have to distinguish between higher structured affects e.g., dispatching the shame and the chaos of an emptiness. Shame is already a structuring of emptiness. In any case, the projective identification requires an affective reaction of the other, which is under the benevolent hopefully normal circumstance of curiosity, interest and happiness. An abused patient would unconsciously enter the position of the abusing and then induce in the interaction partner disgust. Holderegger speaks of traumatizing transference [16].

4. What Is Metabolizing

Thus, we come to the third phase, namely the phase of metabolizing. This process does not seem to be as automatic and natural as it is understood by most users of the concept. At this point, most difficulties exist in the case reports and the examination cases, because the recourse to the projective identification is offered a statement that does not provide what the relevant authors demand, namely the description of the factual influence by the patient. If you ask the supervisions about the scenic information and how this happened, almost always the colleagues cannot give explicit information but have very concrete, accurate and precise memories that appear on the detour of the visualization of the scene. These memories usually lead to much differentiated emotional conditions, e.g., disgust or contempt instead of a, for example, somehow undifferentiated aggression. It will be appropriate that the majority of the induced states, which we conceptualize as countertransference reactions, are nonrepresentational. The development of images - also as an optical reminder - is a rather late action [25]. Krause has described elsewhere the meaning of odors, tactile stimuli, and heat or cold sensations [22]. What has not been adequately conceptualized so far are proprioceptive signals from the analyst´s body, which may have arisen as a consequence of the fact that the proprioceptive experience of the analysand has unconsciously been replicated in the analyst. It is hard to describe such events, partly because we are missing the words, and partly because these operations are only limited to consciousness. Therefore, we try to approach these events by scenes with a clinical attitude.

5. Clinical Vignette 1

During the Corona epidemic, one of the authors (RK) continued psychoanalyzes on the phone. Partly four hours a week. In some dyads, this resulted in regressive processes that were surprising to him. The analyst is sitting in his armchair, using headphones. They are already in his body. He hears the breathing of himself and the patient, but also silence. In this seemingly cozy situation, he is suddenly radically alone with the patient. This, for example, is in no way comparable to the presence of the silent patient in the same space. Something like containing is not felt. Maybe

that's why both of them are advised in mental spaces that they do not know otherwise. Connected are fantasies, but also interventions that are amazed. Subsequently, they appear boldly and crazy. The patient can work with them. It generates memories that were never in the analysis. Both analyst and patient are somehow at the same length. They say goodbye on phone, and the analyst tries to get up from his armchair, but he does not succeed: he must first develop ground contact on all fours, to develop the two-leggedness and the upright gear using the pieces of furniture. There is a moment in which the change from one state to the other, i.e., four-footed to two-legged, is accompanied by heavy pain in the lumbar spine. This pattern of behaviour is by no means common but astonishes him. In an intervision, a children's analyst draws attention to the fact that these physical behaviours are those of the heavily traumatized toddler that the patient once was. The substantive interpretations and classifications are centered on the deadly destructive aggressiveness of a child toward his mother. They use memories of novels and films. It's about the destructiveness of child monsters that we already know from dreaming. Understanding the clarifications, and confrontations, but also the interpretation work takes place in a timeless, multi-dimensional space. The destructiveness has settled in the meantime in the body of the analyst, and he has metabolized them, if one wants, completely unnoticed (in the form of a body symptom). This is a therapeutic dissociation. There would be no possibility to have access to these archaic states if it would not exist in the body. He then finds the result afterwards in his body. - A description comparable to this happening can be found by Haag, who has worked with autistic children for years [15].

I also propose to consider the situation from the countertransference point of view as a projective identification of the suffering of a very weak and embryo-like ego impeded in its development by the failure of the object's attention" [15].

Such clinical case descriptions can be found, if at all, in children's analysts, body and gestalt therapists and in psychoanalysts that treat serious psychosomatics that could probably not make progress without a response to the physical condition of the analyst.

As an example, the following case vignette may serve, which was first published by Goetzmann & Ruettner [11].

6. Clinical Case Vignette 2

Mr A, almost 50 years old, expressed at the beginning of the hour that he has strong headaches. He wasn't able to think because of these headaches. A hopeless silence arises. Suddenly, the analyst (L. G.) experienced an actual feeling in his body that occurs as slightly violent and unpleasant. It seems to be something that could be called an explosion. It forms in the stomach and continues in the chest. The second component of this body feeling is integral to the body's outer side, which manifests itself in the form of a concrete wall. 'After all,' the analyst thinks, 'I will not be blown up in the air. ' He feels suddenly facilitated and can breathe at once. He asks the patient, in the tone of the keys to the unknown: I mean, inside, maybe in the abdomen or in the chest seems to me an explosion, but something like concrete'. Mr A specifies: the explosion is in my head! It starts in the chest; it explodes in the head!' The analyst says, Because there is still the concrete, and he reinforces the implosive explosive effect. Mr A linked with these feelings of fainting, uselessness, - and a wave of unlikely anger, which he must not show for which he has reasons, and which relates to experiences.

Two major differences exist to the previous vignette: It is a face-to-face treatment, i.e., it is an eye-catching contact, and the analyst experienced the patient's body sensations during the meeting, he could verbalize them and relate them to anger that could be contextualized situatively. Now, the events that triggered this anger were quite common to the patient all his life long. But the analyst only looked at a pain-drawn, but friendly face. If the analyst felt despised, he had to have contempt for the subliminal. It must have been so that in the friendly face a second face was hidden, which mediated the contempt of the subliminal. In the stomach, the fleeing feeling of dispatch, against which the analyst mobilized narcissistic anger. The concrete was a defence against anger and a corset against fragmentation. The further treatment has long turned to the situation of dispatch, and non-recognition as citizens (but also as husband, or father) in recent days.

7. Subliminal Perception, Efference Copies and Mirror Neurons

Each interaction has a verbal share that manifests in body language, gestures, etc. The absence of certain signals is also information. In any case, verbal and a-verbal information form a polymodal interaction pattern [27]. It is consistent with countless interactional micro-events that transport unconscious content in the transference [26, 33]. Perception Research confirms that information is also subject to the subliminal: Subliminally presented stimuli, the experiments of Zajonc showed not only a cognitive - as represented by cognitive psychology - but initially and above all an affective reaction [34, 35]. The subliminality may be justified in the quality of the stimulus: the stimulus is too fleeting or too weak. But also, difficulties of the interaction partner to perceive a stimulus play a role. The latter is referred to as "perceptual Defense" [18]. Projective identification then occurs when information is perceived from the subliminal. The metabolization is the transformation of introjectively projected affects in body feelings, images and thoughts, i.e., in alpha elements [12, 13]. The prerequisite for this is that it succeeds in the analyst, which is what was projected into him as something digestible, i.e., as an alpha element. If he experiences it as a not digestible, i.e. as a beta element, he has to get rid of it himself: he returns it one-to-one, operates it or leads it into the body [14]. In both vignettes, the alleged contempt met the analyst physically: In the first vignette, he

lost his grip, in the second case he felt the reflection in the stomach and then burst into almost narcissistic rage. It is the question of whether the analyst succeeds in transforming these body feelings into earlier or later notifiable thoughts. If he experiences something as not digestible, i.e., as a beta element, then he has to get rid of them: he returns to the analysand one-to-one (albeit unconsciously), operates or leads this element into the body without the projected further metabolizing. What is returned to the patient as an alpha element can be understood as metabolization. In Vignette 2 it is metaphoric of the concrete, explosion, and the expression of metabolizations. The verbalization could probably only happen when the analyst - for whatever reason - was certain - that he would not be destroyed. We point out that both explosions, as well as concrete, are already images of pre-linguistic, non-represented events. The second form of projective identification (in phase 2 to Ogden, in phase 5 to Buergin) could be associated with the discovery of the mirror neurons [28, 1, 9]: The analyst creates the early childhood condition, in which he - like the historical figure – is not responsive, but acts as being dead. One could understand the 'dead' as part of the prestigious early childhood body scheme: deprived children stop their affective expressive behaviour in the form of marasmus with high inner arousal (with high levels of the stress hormone cortisol). In this case, desperate survival will be implanted in the analyst. In succession to the works of Paul Schilder, Leuschner asserts that the body scheme is not actually a representation form and certainly not an optical one [23]. Rather, it is an independent organizational form that has a creative influence both on the objects with which the person interacts as well as on the person or the subject itself. Leuschner calls this process "InterCourse". A similar idea was developed by Bion. He assumes that so-called beta elements, i.e., non-evident and traumatic experiences in the containers of the other are laid down and that the other in the best case can return these elements in a milder form [3]. For the analysis of this process, it may be helpful to map the various perceptions and percepts of the body in their ontogenetic representation forms.

It is possible to distinguish, for example, the proprioception, the feeling of movements, and synthetic events that already combine the different perceptions on a neurophysiological level. As a physical neurophysiological basis, he thought of the vestibular apparatus, the small brain and the multimodal neocortical fields. So, he assigns the muscular expressive events to the affective area. They are closely linked to the interactive event. Own research has been clear that neurophysiological events are controlled by the beginning of life [22].

The coevolution of expression and understanding of the same through the other finds their hardware in the mirror neurons, which - simplified - leads to ensure that an optical perimeter of an affect or a foreign important physical action of high relevance activates the corresponding motor areas in the observer [9]. That would now mean that the activation of the motor areas in the analyst empowers him to generate images from his own biography and his unconscious, which match this motor pattern. It certainly does not have to be the same pictures as in the patient, but they should have sufficient isomorphism so that the analysands feel is understood both in the depth of their confusion and on a representative level. Already in 1895 Freud had anticipated almost all these thoughts:

"While we perceive W (perceptual image, R. K), the movement itself is held after, the own motion image, which is awakened on is so strong that the movement takes place. One can therefore speak of an imitation value of perception. " [7].

In the "way out" there is a match between the perception of the movement of the object with its motion image. Freud's comment coincides with the insights of affect theory that only the movements are imitated, which are genetically in the repertoire of perception already. Of course, this process opens the question of how the living thing learns to distinguish its affects of foreign affects, i.e. How to distinguish yourself from the foreign. Also, Freud developed a solution proposal a long time before the scientific processing of this problem, which Bazan has recorded [2]:

"Each outer perception creates quality excitement in W (Wahrnehmung, perception), but it is initially for ψ irrelevant. It still has to be added that the perception excitation leads to the Wahrnehmungsabfuhr and from this as of each discharge a message is send to psy (.). The discharge message of W (Ω) is then the quality or reality mark for ψ.... you have to accept for this purpose that the perceptual neurons (ωn) are originally in anatomical connection with the connections between the individual sensory organs" [7].

This is an anticipation of the in the meantime very well-investigated operations named efference copies. This refers to the fact, that of every motor movement a copy of the innervation impulse is sent to the central processing unit, which tells us that we have initiated this movement ourselves. If this copy is missing or fails for whatever reason, the perception of the stable world of objects falls apart. The emergence of the countertransference could be understood by the motor abstinence of the analyst to the effect that we cannot distinguish whether it is our own or someone else's arousal and it is precisely this relative inactivity that would allow us to immerse ourselves into the unconscious physiological-physical world.

8. Conclusion

Based on clinical experience we show, that the concept of "projective identification" is often used to treat the patient as the cause of the emotions and cognitions of the analyst. It is shown that this approach does not do justice to the process. Based on Ogden's 3 phase model, we showed that the central part, namely the social induction of the self, being split off into the other, has its own specific laws. Based on the research of various working groups on dyadic facial affect, it is shown that certain forms of induction are part of the repetition compulsion. They are, however, not only characteristic of psychotherapeutic events but also occur in everyday relationships. Two clinical case vignettes showed how to imagine the counter-transference of the analyst into

patients who are not able to have any kind of cognitive representation of their early childhood experiences.

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Biography

Krause Rainer, former head of the Department of Clinical Psychology and Psychotherapy at the University of Saarland, University teacher at the International University for Psychoanalysis, Berlin. Research and publications on affects the Dyad on healthy, mentally ill and psychotherapists. Training Analyst DPG / IPV, Swiss Society for Psychoanalysis, German Psychoanalytic Society, German Society for Psychology. Freelance psychotherapist and psychoanalyst.

Goetzmann Lutz, Psychoanalyst SGPSA / IPV, working in the own psychoanalytic practice in Berlin since 2020. Habilitation at the University Hospital Zurich on psychosomatic aspects of transplant medicine, 2011 - 2020 chief physician of the Clinic for Psychosomatic Medicine and Psychotherapy, Bad Segeberg. Founding member of the Institute of Philosophy, Psychoanalysis and Cultural Studies (IPPK), Berlin and Co-editor of the interdisciplinary magazine "Y – Journal for Atopic Thinking". Numerous publications in the field of psychoanalytic psychosomatics and cultural studies.

Ruettner Barbara, specialist in psychiatry and psychotherapy. Professor for Clinical Psychology and Analytical Psychotherapy at the Medical School Hamburg, member of the SGPsa / IPA and focusing trainer (DAF); professional management of the training course in "Psychoanalytical Psychotherapy" at the HafenCity Institute for Psychotherapy, Hamburg (HIP). Working in the own psychoanalytic practice. Publications in the field of psychoimmunology and psychosomatics.